Alternative Supported Housing Models

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Executive Summary

This research commissioned by the Northern Ireland Housing Executive on behalf of the Department for Communities was undertaken by Fiona Boyle Associates.   The overall aim of the research was to support informed decision-making in terms of appropriate housing for people requiring supported living arrangements and to provide evidence that will enable better strategic planning for Northern Ireland's population. It is intended that the research will supplement the DfC Housing Supply Strategy and focus on the potential for developing alternative models for housing-focused supported accommodation.

The research used quantitative desk-based analysis of data and literature as well as qualitative fieldwork with stakeholders and service users. As well as looking at supported housing models in other jurisdictions, the project focussed on developing a definition of supported housing in the Northern Ireland context. In addition, the research examined evidence of learning from service provision during the Covid-19 pandemic, and looked at the suitability of current supported housing accommodation.

Section 2 provides a review of the history and context of supported housing in NI. Supported housing in Northern Ireland is predominantly under the social housing model with Supporting People awarding grant-funding to provider organisations (see Appendices 9 and 10) to deliver housing-related support (See Appendix 8) under the regulations[1] since 2003.   The social housing model in NI is premised on being built by Housing Associations and subsidised through Housing Association Grant. The majority of tenants pay rent and service charged through Housing Benefit, the housing support costs are met through the SP programme and any health and social care assistance costs are met through domiciliary care packages paid for by the relevant Health & Social Care (HSC) Trust.   The SP programme covers four Thematic groups as follows:
-    People who are homeless or at risk of homelessness;
-    Young people;
-    Older people, including those with dementia; and
-    People with disabilities including physical, learning and mental health.

Throughout this research it was acknowledged that those living in supported housing are not a homogenous group, with different needs, pathways and routes into the housing and different expectations. For some people the provision is of a temporary or short-term nature e.g. for those leaving care or for homeless people. For other service users the provision is their long-term home e.g. older people and those in the disability and mental health thematic group. In addition, the level of housing support varies greatly across and within the client groups; and in some cases there is additional but separately provided care or supported living.

Section 2 also examines wider literature in terms of models and frameworks of supported housing, and explores the range and diversity of provision in Northern Ireland. The main framework used was by David Clapham[2], and provided an overview of four different types of supported housing: shared

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[1] The Housing Support Services (NI) Order 2002 and the Housing Support Services Regulations (NI) 2003.
[2] Clapham, D (2017) *Accommodating difference: Evaluating supported housing for vulnerable people.* Policy Press, University of Bristol. Referred to from this point in footnotes as Clapham (2017).

living, individual housing linked with communal facilities, core and cluster and own home with domiciliary support.

The development of supported housing since the 1970s means that today there are 807 supported housing schemes throughout Northern Ireland providing housing and support for around 19,000 vulnerable people (households) per year[3]. It should be noted that approximately 85% of these SP funded schemes are accommodation-based support units, with the remainder being Floating Support schemes[4].

Section 3 reviews the data around the extent and nature of supported housing in NI. The majority of the stock is sheltered housing for older people (51.5% of all supported housing units). Other client groups have smaller but significant levels of supported housing, namely people with learning disabilities (7.3% of total), people with mental health problems (7.9%), single homeless with support needs (7.7%) and women at risk of domestic violence (6.0%). Further client groups have small numbers of schemes and units. This section also looks at average scheme size and regional distribution by client group. This analysis highlighted some gaps in provision; for example no single homeless crisis accommodation service or provision for people with drug problems outside of Belfast. Coverage of provision of supported housing for people with alcohol problems and for offenders or people at risk of offending, is also patchy with no provision in a number of HSC Trust areas.

Supporting People data on supported housing demonstrates 100% occupancy (or 100% for some with 90% and above for others in that grouping) for a number of client groups including for single homeless with support needs, for people with drug problems, for offenders or people at risk of offending and for women at risk of domestic violence, pointing to the level of immediate need and demand. In contrast, a number of client groups and sub-groups demonstrate occupancy below 90% in a significant number of schemes or services across their client group. This includes provision for homeless families with support needs, young people, frail elderly and older people with mental health or dementia. Occupancy below 90% may be for a number of reasons including need and demand, geographical variations in supply and demand, referral pathways and timing and throughput of move-on opportunities.

Section 3 also reviews provision in Northern Ireland against the various Supporting People client groups and sub-groups. This section again touched on the high level of variation across the different groups requiring supported housing. A useful set of questions was included in this section, covering the broad range of provision:

What is the nature of the provision? Is it shared with other residents or does each individual have their own individual dwelling with their own front door?

How is the provision laid out? Is the accommodation grouped together in one building or connected buildings? Or is it scattered around a neighbourhood or geographical area with no physical link between buildings?

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[3] Exact figures as per SP provided data suggest 807 schemes/services with 19,262 units of accommodation or provision.
[4] The NIHE 2020/21 Business Plan had a target of 16% of total SP as Floating Support schemes.

Are there communal facilities? Does the accommodation have linked communal facilities such as social spaces including common rooms, dining facilities, craft rooms etc. Or are there no linked communal facilities?

Is there inclusion in the community? Is the accommodation integrated into or segregated from the local community? Is the accommodation one group of residents or dispersed individuals?

What are the housing or occupancy rights? Do the clients have full occupancy rights e.g. through ownership or a tenancy, or more limited rights e.g. occupancy rights? Is the accommodation a temporary or a permanent home?

What support does the individual receive, linked to their accommodation? Does the individual receive any support linked directly to their accommodation? What is the extent and nature of this support, and is it flexible or fixed support?

Section 4 of this report puts forward a draft definition of supported housing, to fill the gap of no agreed policy or legislative definition in Northern Ireland. This is in direct contrast to England and Wales where there is a definition of supported housing in law[5]. Stakeholder and service user feedback confirmed the need for a NI definition of supported housing on a number of levels; to enable discussion and debate on the need for this type of housing and potential future development, to understand what the term and model covers and does not cover, and to look at this type of housing alongside more generic housing requirements, and how it could potentially be adapted for other needs.

Definitions and terminology from all UK jurisdictions as well as the Republic of Ireland were examined. Analysis of terminology used in a NI context suggested a number of common themes which could be generally accepted as a description of supported housing, as follows:

- definitions as 'vulnerable' and requiring housing related support;
- There is a spectrum of supported housing; the definitions mention a range of length of tenancy/residency from short to long term, a variety and intensity of inputs from housing management to assistance, and from housing related support to more specialist solutions and care;
- The supported housing model is focused on enabling individuals to live in the community and to live independent lives.

The proposed definition emerged from a broad discussion with key stakeholders in the research

> *Supported housing in Northern Ireland is a range of accommodation, which has been adapted to provide housing <u>and</u> support for vulnerable people who need an additional level of housing related support. For whatever length of time (short and long-term), supported housing provides the individual with their own home or their own place/space, enabling them to be supported in a secure, safe and positive environment and working towards independent living. Supported housing is integrated into the wider spectrum of housing and services for all in our community.*

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[5] Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016.

Section 5 outlines a generally positive assessment of the suitability of supported housing by stakeholders and service users. This correlates with the 2015 Review of the Supporting People programme which concluded that supported housing delivered significant quality of life benefits for those living in this type of accommodation and service. This conclusion was confirmed in the Supporting People Strategic Needs Assessment (SNA) 2020, which reported on positive outcomes by 95% of respondents. Positive elements noted by stakeholders included the opportunity for those with additional support needs to live as independently as possible in the community, the provision of a choice of solutions within the supported housing framework, the opportunity for company and friendships counteracting isolation and potential loneliness and factors such as security, staff support onsite and the reassurance of emergency and out-of-hours telecare systems.

A key finding reported in Section 5 was the universal positivity from all of the 32 service users who took part in the research, in relation to the impact on them personally of the support and accommodation provided to them in their current temporary or longer-term supported housing. The main areas of positive impact, highlighted across all needs groups, related to an actual or perceived improvement in the service user's physical health, mental health, ability to cope and remain fully or semi-independent with support and an improvement in family and other relationships. Service users also verbalised what might have happened to them if they had not moved to supported housing, again evidencing the value they placed on both the accommodation type and the support received.   This was particularly significant for respondents in the Homelessness and Young people's Thematic groups.

From a strategic point of view Section 5 also pointed to the need for change, again correlating with the findings of the SNA; reference included the level of unmet need for the four thematic groups, the increasing complexity of needs of current and presenting service users, and changes in service users expectations, e.g. in terms of individual rather than shared accommodation. In addition, stakeholders noted the cost of provision and sustainability of the models, in some cases the lack of integration into the wider community, in some schemes the potential for institutionalisation and dependency, the size of some schemes, the need to ensure compatibility of service users both at the point of placement and ongoing. In particular the negative impact on clients of shared or communal living was noted. In addition, a lack of a clear and integrated approach to analysing the suitability of supported housing in the longer term was referenced.

Section 6 examined the themes of occupancy and value for money in supported housing in NI. In terms of occupancy levels this section pointed to the fact that supported housing is generally demonstrating a high level of occupancy with recorded levels of unmet need and predicted increases in demand and complexity of need. The SNA[6] noted estimates of need as 14% higher than housing support supply. In contrast the occupancy levels and voids across supported housing and within particular Thematic groups and sub-groups suggests that some supported housing may not be attractive or suitable, or may not be responsive to the actual needs being referred e.g. may not be responsive to clients with more complex needs. Stakeholders indicated a number of recurring themes around occupancy and voids including the drop-off in occupancy associated with the Covid-19 pandemic, current and prospective clients for the most part do not want shared or communal facilities and the small size of self-contained units can be off-putting, the needs of referred clients are more

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[6] SP-SNA-Final-Report.aspx (nihe.gov.uk)

complex than the service available, and compatibility issues. Reasons for lower or poor occupancy were reviewed against the four SP Thematic groups; these included overall size and configuration of some schemes (Homelessness TG), the impact of assessment beds and the timing of referral pathways and panels (Young people TG), cost, location and over-supply (Older people TG) and complexity of need, sharing and compatibility (Disability and Mental Health TG).

Value for Money (VFM) was also discussed in Section 6. The lack of information and evidence to know whether supported housing – as a model – is actually VfM, and what this means in terms, not only of financial and other outputs, but also in relation to outcomes for service users was noted.   It was acknowledged that considerable data is collected and monitored in relation to the SP programme, and also for other funding bodies e.g. health, Probation etc. but that there was no overall perspective on whether supported housing is the best approach for clients in general or on an individual basis. In addition, a number of respondents pointed to the need to develop quality of life indicators and outcomes, and to take service user views into account on this.   That being said, it was noted that SP funded supported housing and housing support services are generally deemed to be excellent value for money. The 2015 NICVA review: *The Financial Benefits of the Supporting People programme in Northern Ireland*[7] concluded that for every £1 spent on SP services, there is a saving of £1.90 to the public purse. The methodology used was framed around cost savings rather than the value of the outcomes for service users. The 2021 SP report: *Social Return on Investment Study: Supporting People programme*[8] concluded a ratio of £1expended:£5.71 created as the social value of the Supporting People programme, based on the period 2018 to June 2021.

Section 7 examined the evidence of any learning from and/or changes in service provision because of the Covid-19 pandemic. Considerable responses were provided on the impact of Covid-19 on service users and the organisations and staff, including an impact on staffing levels and availability relating to recruitment and retention. In addition, a number of respondents suggested that the Covid-19 pandemic had resulted in reduced interest in a move or transition to supported housing, in particular shared or communal services.   Whilst interesting points, the analysis focussed on learning and changes to service provision which had been or could be continued post-pandemic. It was clear that a number of initiatives were developed using funds from the SP Provider Innovation Fund (PIF).

The following changes were noted:
- A rapid and successful change in how Floating Support was delivered during the pandemic, moving from wholly or largely face-to-face to a total or high proportion of the use of remote interaction through technology – mobile phones for texting and WhatsApp messaging/groups and use of devices for internet/online interaction including use of Zoom;
- Improved partnership working between housing and health, and between Departments and providers including initiatives on the ground e.g. getting everyone in supported housing vaccinated, getting homeless people off the streets. Evidence of good models of working were noted; but there was also concern that post-pandemic some (or much) of the learning in this area was being lost, with processes and engagement reverting to pre-Covid approaches;
- Quicker commissioning of services during the pandemic;

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[7] NICVA, 2015, *The Financial Benefits of the Supporting People Programme in Northern Ireland,* final new (nicva.org)
[8] NIHE, 2021, Social Return on Investment Study (nihe.gov.uk)

- Increased and enhanced provision and use of technology including provision of WIFI across additional schemes where it was not previously provided, provision of devices including laptops and tablets, and encouraging communication between service users and family. Providers highlighted that they are continuing the best elements of increased use of technology, whilst also being aware that face-to-face interaction and activities are also important;
- An increased usage of outdoor space by service users during the pandemic period was noted, and in a number of cases the use of PIF or other funding to develop or enhance outdoor space associated with supported housing schemes;
- The management of double rooms or shared bedrooms, whilst small in numbers across the sector, was particularly difficult during the pandemic, with respondents suggesting that any remaining stock of this nature should be eliminated as soon as possible.

Section 8 examined a wide spectrum of alternative models of supported housing. The need to think about alternative models was emphasised at the outset of this section with reference to the static nature of the SP budget on the one hand, and the widening gap between existing and projected demand on the other hand.

Models suggested included the provision of information on what supported housing is, flexibility in terms of access routes and pathways into supported housing, sliding scale levels of housing support, the involvement of other sectors, and the potential to expand and develop Floating Support and intensive models such as Housing First. The potential for development in the private rented sector via lease-based models was examined; examples were noted in England where housing associations have signed leases with property investors, and then subsequently entered into contracts with local councils to provide housing for people with specialist needs. The model is based on the payment of higher rates of HB with no cap on what can be paid under the term 'exempt accommodation'. Whilst this model is supported by government, concern has been raised on a number of fronts in relation to this model including the perceived disproportionately high rents in order to cover the lease payments, queries over poor risk management and the inappropriate governance practices of some providers. The flexibility of such a system in Northern Ireland – including the payment of the higher rates of HB and the potential for spiralling exempt accommodation costs, and the structures and systems for regulation – would need to be tested under parity of legislation and policy, but may have wider consequences for the eligibility of rent and service charge costs under HB. Overall analysis highlighted question marks over the cost-effectiveness and sustainability of this model.

Other models were considered. These included adjusting current provision through remodelling and reconfiguration, whilst acknowledging the requirement to do this in a revenue neutral position. Suggestions included lowering the age of entry (in particular in sheltered housing), extending or changing the client group (where a scheme is no longer needed for one Thematic group but might meet the needs of other groups) and developing hub & spoke models where services were both in the accommodation-based scheme and delivered in the community. The Support Connect project developed by Clanmil Housing and Alpha Housing Association aimed at providing services to older people in the wider community around two existing schemes (example of hub & spoke) and the Radius Connect 24 service providing technology enabled support services to enable clients in their independent living were examined.

The research also suggested that any discussion on alternative models of supported housing provision should also consider whether the right types and mix of provision is in place to meet the needs of vulnerable clients. One example related to provision for older (generally male) homeless individuals, with long-term substance dependency who may be better accommodated and supported in long-term provision, rather than having the expectation that they will move-on and resettle from short-term supported housing in the homeless sector. Two Depaul Ireland models of provision, Sundial House and Back Lane in Dublin, were outlined.

Changes to allocation systems and processes for supported housing were also considered. Particular reference was made to the entry route to sheltered housing via the Housing Selection scheme. This area remains under discussion given Recommendation 20 from the DfC Fundamental Review of Social Housing Allocations[9], which proposed that specialised properties, such as sheltered dwellings and wheelchair standard accommodation, should be allocated by a separate process outside of the Housing Selection scheme. In addition, Recommendation 13 of this Review proposed a choice-based letting approach for social landlords of difficult to let properties. This approach has been piloted in Northern Ireland, and may merit further exploration. A number of other alternative models were noted, including social lettings approaches in parts of Germany and Holland, the need to bring vacant properties back into the housing market, and the option of considering increasing the overall housing stock through the use of modular housing. It was noted that these latter models could enable better use of temporary supported housing provision, and enable a faster and more efficient throughput of service users, who often do not need to be in short-term accommodation over a long period of time.

Service user responses in terms of alternative models of supported housing were limited to the individual's understanding of what an alternative might mean for them. Feedback indicated an openness to consider other models, albeit that respondents in some groupings (Homelessness and Young people) were focussed on moving on and largely felt they would not need a lot of ongoing support, for example in the form of Floating Support and respondents in the other groupings (Disability and Mental Health and Older people) were satisfied with their current model, and had no real desire to move on or try an alternative. All of the respondents felt that Floating Support and models such as 'hub & spoke' would have their place in a spectrum of broad services for the relevant client groups, and there was genuine openness to giving these a 'go' even if it meant them sharing their facilities with others. There was an undercurrent that whilst they may not avail of a different model, it would meet other people's needs.

Section 9 outlined some policy and operational conclusions and recommendations put forward by stakeholders and service users. This are outlined in below in summary format.

Stakeholders
-   Some of the legacy supported housing schemes are coming to an end in terms of (a) their reasonable building/structural lifetime and/or (b) their space standards and configuration. Decisions need to be made in terms of the continued need for supported housing in these cases, and what type of model suits best for delivery purposes.   Consideration may need to be given to closing some schemes;

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[9] [Consultation Outcome Report- A Fundamental Review of Social Housing Allocations (communities-ni.gov.uk)](communities-ni.gov.uk)

- Changes should be made to reduce any remaining institutional type living. Reference was made to where this may not be helpful in terms of hostels, foyers or refuges under the Homelessness Thematic group and for those with a mental health diagnosis under the Disability and Mental Health Thematic group;
- There should be an overarching movement towards the reduction of shared accommodation[10], with a correlated direction of travel towards an increase in self-contained accommodation where the individual has their own access point (internal or external front door) and their own facilities. One clear viewpoint was that clients should not have to share bathroom facilities;
- There should be an array of services in relation to each SP Thematic group and in each regional area;
- Remodelling and reconfiguration should be looked at in particular for some elements of the older people's Thematic group, in particular for dementia schemes and frail elderly schemes;
- Some needs are not adequately covered in terms of the provision and availability of supported housing. There is undoubtedly an issue relating to regional coverage with over-supply of certain types of supported housing in some areas and under-supply of certain type of supported housing in other areas e.g. over-supply of sheltered housing in some places. Further analysis of this would be required;
- Where there are voids and ongoing occupancy issues, there may be opportunities to amend service provision. Examples were given in terms of age of entry into sheltered housing and the possibility of diversifying needs within current schemes for disabled people;
- The need for a better joined up conversation with the DoH and the five HSC Trusts was noted. This may include consideration of the need for an oversight body which would combine the necessary threads of supported housing, and would also include the health elements relating to supported living and care;
- The need for more review and evaluation of current services, with a view to taking service user views into account. Understanding what clients actually want in terms of supported housing is a recurring theme and requires further research;
- There was acknowledgement that changes to how things are currently provided and funded could enable supported housing to widen out and enhance its current services and reach e.g. through Assistive technology, the provision of more communal space for schemes which are based on individual units and the provision of more outdoor space.

Service Users

In the majority of cases, respondents suggested no or very minimal changes to either their supported housing accommodation (in terms of the buildings and schemes) or the support available. Respondents in each Thematic group put forward some smaller scale changes; for homeless respondents suggestions were mainly around shared and communal space, Young people noted some of the 'restrictive' nature of the provision including curfews, Older people referenced things like the eligibility criteria for sheltered housing and the efficiency and effectiveness of repairs, whilst Older people and those in the Disability and Mental Health Thematic group suggested the need for an additional room in their apartment, either to use as a bedroom when friends or family came to stay or to use as a dining room, hobby room or computer room.

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[10] Where the client is sharing some or all facilities including shared bedrooms through to individual bedroom but other facilities shared including shared bathrooms, shared living and dining rooms, shared kitchens etc.

Section 1   Introduction

About the Research study

1.1   This research report on Alternative Supported Housing Models was commissioned by the Northern Ireland Housing Executive (HE) on behalf of the Department for Communities (DfC) and undertaken by Fiona Boyle (Fiona Boyle Associates).

1.2   The overall aim of the research was to support informed decision-making in terms of appropriate housing for people requiring supported living arrangements and to provide evidence that will enable better strategic planning for Northern Ireland's population. It was intended that the research would supplement the DfC Housing Supply Strategy and focus on the potential for developing alternative models for housing-focused supported accommodation.

1.3   The research focussed on supported housing models already in place in Northern Ireland and other UK jurisdictions, Ireland and further afield and examined the advantages and drawbacks of the current social housing model. In addition, the research looked at other models, from outside Northern Ireland, assessing their strengths and weaknesses and applicability for our location. The research looked at the different client groups, where there are existing models of supported housing, examining a range of factors. Any changes in service provision as a result of the Covid-19 pandemic was also noted.   A list of abbreviations is provided at Appendix 1.

Research objectives

1.4   The research study took place between March and November 2022.   It was designed to explore the following main research objectives:
   o   To provide an agreed definition of supported housing in the Northern Ireland context, taking account of issues such as supported living and interaction with social care;
   o   To identify Supported Housing models in place in Northern Ireland, Republic of Ireland, Great Britain and Europe to help improve awareness and understanding of possible alternatives, advantages and drawbacks of different approaches;
   o   To consider any evidence on learning from and/or changes in service provision because of the Covid-19 pandemic;
   o   To identify the future direction for Supported Housing and ways that the support required could be delivered more effectively and efficiently.

   In addition, secondary research objectives were also considered as follows:
   o   The suitability of current Supported Housing accommodation in meeting vulnerable clients' needs and aspirations;
   o   Potential barriers to introducing alternative Supported Housing models;
   o   Other measures that should be considered (e.g. accommodation design, lifetime homes, assistive technology, grants, care support packages, work being carried out by other Departments).

1.5   A Project Advisory Group (PAG) was set up to oversee the delivery of the evaluation. This
        comprised:
        o   Chris Henderson   DfC (Client)
        o   Ursula McAnulty   HE, Head of Research, Research Unit
        o   Patricia Devine   HE, Research Unit
        o   Liam O'Hanlon   HE, Supporting People
        o   Patrick Thompson   NI Federation of Housing Associations (NIFHA)

Research Methodology

1.6   The research methodology comprised two stages. Firstly a literature review of existing
        research including academic and 'grey literature' sources on supported housing models and
        on alternative supported housing models in NI, and then more widely in the Republic of
        Ireland (RoI), Great Britain (GB) and Europe (see Section 8). This stage provided background
        and information on different types of supported housing models (Sections 2 and 3) and
        definitions of supported housing in different jurisdictions (Section 4).   In addition, this stage
        included analysis of HE data on the provision of supported housing in Northern Ireland, by
        client group. (see Section 3).

1.7   The second research stage was a fieldwork phase with stakeholders and service users as
        follows, with findings reported primarily in Sections 5 – 7, with some input to Sections 3, 4
        and 8:
        •   Stakeholders involved in supported housing delivery and in working with the client groups
            who use it:
            o   Firstly including those involved at a strategic and planning level from the HE
                (Supporting People team, DfC, Department of Health (DoH) and Department of
                Justice (DoJ);
            o   Secondly including those involved at a more operational/day-to-day level in the
                delivery of services to service users;
        •   Service users currently or recently living in supported housing accommodation.

1.8   The stakeholder interview schedule is provided at Appendix 2 and a list of respondents is
        provided at Appendix 3.   A total of 41 individuals or organisations took part in the fieldwork
        phase, including 14 strategic/planning stakeholders from the HE and various government
        departments and 27 providers involved in the development, provision and delivery of
        supported housing across the four Thematic groups[11].

1.9   The service user interview schedule is provided at Appendix 4.   An easy-read information
        sheet and consent form (See Appendices 5 and 6) were developed for service users, and each
        participant received a 'thank-you' of £10. A total of 32 respondents took part in the study;
        eight who were living in homeless supported housing, nine under the young people Thematic
        group, ten in the older people Thematic group and five in the sub-group of mental health

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[11] SP Thematic groups – Older people, Young people, Homelessness, Disability and Mental Health.

needs in the Disability and Mental Health Thematic group[12]. In the older people's grouping there were two couples; their responses have been counted as one response. Information on this is provided at Appendix 7 in terms of the general location of respondents and methods used (Face-to-face, Zoom and phone interviews).

Background and Context

1.10   The term supported housing is well used in Northern Ireland; however, there is no agreed definition of supported housing in either policy or legislation. The current model of supported housing provision in Northern Ireland is outlined in Section 2.   This provides for a predominantly social housing model[13], with schemes built and provided by Housing Associations, and with a mix of service provision (via statutory and voluntary agencies) together with a mixed picture of revenue funding.   Supporting People (SP) awards grant-funding to provider organisations, in order to enable them to deliver housing-related support to service users, thus enabling them to live more independently. Supporting People monitors the quality of support services and also works in partnership with Health and Social Care (HSC) and the Probation Board for Northern Ireland (PBNI).   The 2015 Review of the Supporting People programme[14] recommended that the relationships and funding responsibilities of the various statutory partners within the SP programme should be clarified to ensure costs and risks are shared appropriately, with the DfC to lead on the development of a new capital and revenue model for jointly funded schemes promoting independent living and commissioned through SP (Recommendation 7).

1.11   The 2015 Review found that the SP programme, and by association the delivery of supported housing, had achieved its core aims, delivering significant quality of life benefits to those who received services, assisting the resettlement of people from institutional settings[15] and preventing problems which could have led to hospitalisation, institutional care or homelessness. Recommendation 7 also suggested the need to look at the funding mix of jointly funded supported housing models; the DfC and DoH have jointly commissioned a project on rationalising how jointly funded schemes are supported with the aim of aligning purpose and optimising the impact of the respective funding streams[16].

1.12   In addition, the DFC's Housing Supply Strategy 2022 - 2037[17] noted that the current model of delivery of supported housing had remained largely unchanged since the mid-1990s. The Strategy called for the need to examine options for alternative models of supported housing, with a particular focus on anticipated and emerging need. The Strategy also noted that this work should include an examination of 'what works' in other jurisdictions, including evidence

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[12] It was not possible to obtain any service users in the other sub-groups within the Disability thematic group e.g. physical disability, sensory disability, learning disability.

[13] The provision of supported housing is not exclusively through a social housing model. For example, some provision for older people is via the Abbeyfield Belfast Society which is not a registered Housing Association and owns its properties.   In terms of homelessness there is some supported housing provision via the NIHE, rather than housing associations e.g. NIHE family hostels and some provision is in the private sector e.g. Queen's Quarter DIME (Dispersed intensively managed emergency accommodation) provision.

[14] Review of Supporting People Final Report (qub.ac.uk) - November 2015.

[15] For example, largely under the Bamford Resettlement programme – April 2012 to March 2016.

[16] This is being undertaken by Business Consultancy Services. The aim is to develop a Financial Disbursement model that bridges both housing support and domiciliary care.

[17] Housing Supply Strategy 2022-2037 (communities-ni.gov.uk), published December 2021.

or learning from or changes to service provision because of the Covid-19 pandemic. This research study reports on alternative models and learning from changes made in response to the pandemic (Section 7).

1.13	The SP Strategic Needs Assessment (SNA) 2020[18] final report highlighted some important findings relating to the SP programme. There was positive reporting of outcomes with 95% of respondents noting that SP funded services support positive outcomes for service users and 85% indicating that SP services align with service user needs. Equally as important the SNA pointed to potential need for change in supported housing. Reference was made to significant changes in service user needs over the last five years, with common themes including increasing complexity of need, multiple needs, and increased mental health and substance abuse. In addition, the SNA pointed to a strong expectation of changing service user needs over the next five years including factors such as complexity of need and additional pressure on services. The need for housing support and provision to complement and align with other provision was also noted.

1.14	A further important area reported in the SNA was unmet need, by Thematic group, with factors including waiting lists where demand is higher than availability, and levels of utilisation relating to propensity to access public services. Baseline housing support need estimates pointed to the fact that need as a percentage of supply is higher than 100% in most Thematic groups and sub-groups, with areas such as Disability and Mental Health and Homelessness (single homeless with support, family homelessness and addiction issues) being particularly higher than availability/supply. The report noted that overall the current estimates of need is 14% higher than housing support supply.

1.15	Taking these previous assessments and current strategies in terms of unmet need and predictions of increased need and more complex need into account, there are therefore a number of drivers in this desire to think about alternative supported housing models; firstly, as noted below, because the SP budget has been static over a considerable period of time, resulting in a lack of funding for new supported housing schemes and/or for significant remodelling or reconfiguration. Whilst the SP budget has been baselined since 2008, SP have been successful in remodelling, extending and funding some new services; this was made possible due to the 'easement' of expenditure in the Older people and Disability and Mental Health Thematic areas within the £72.8M budget. However, the lack of any new or potential streams of funding, and analysis of the value of current supported housing are therefore a key consideration. The 2015 NICVA review: *The Financial Benefits of the Supporting People programme in Northern Ireland*[19] concluded that for every £1 spent on SP services, there is a saving of £1.90 to the public purse. The methodology used was framed around cost savings rather than the value of the outcomes for service users. The 2021 SP report: *Social Return on Investment Study: Supporting People programme*[20] concluded a ratio of £1 expended: £5.71

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[18] SP-SNA-Final-Report.aspx (nihe.gov.uk)
[19] NICVA, 2015, *The Financial Benefits of the Supporting People Programme in Northern Ireland,*
 final new (nicva.org)
[20] NIHE, 2021, Social Return on Investment Study (nihe.gov.uk)

created as the social value of the Supporting People programme, based on the period 2018 to June 2021.

1.16   Secondly, because the limitations on payment (for rent and other services) means that effectively individuals with revenue or capital have to self-fund, and this may not be an attractive prospect for them to move from a no cost/no rent position (in for example owner occupation where they are outright owners) to a situation where they have to pay rent and other service charges. This has led to questions from within the sector as to whether there could be any flexibility within the provision of Housing Benefit (HB). Advice from the DfC at this point is that HB cannot be used as a substitute for housing support services or as an alternative to SP funding[21]. Whilst this is a similar picture to Great Britain (GB), there is however some anecdotal evidence that some local authorities in England have been able to secure greater flexibility on costs considered eligible under HB legislation. It is worth noting that the absence of a ring-fenced SP programme in England has enabled this situation. In addition, it is worth noting that domiciliary care is free at the point of entry if a person has been assessed as 'in need', in contrast to SP services which are means tested and linked to HB, and place a huge administrative burden on SP under the DfC's 'Ability to pay' policy. This latter policy was to have been reviewed by DfC following SP's implementation in 2003.

1.17   Thirdly, a key driver is assessed need identified under the Commissioning structures as outlined below. The current supported housing model includes the provision of housing support services; some in the sector have queried whether there are more flexible arrangements which could effectively provide supported housing with no requirement for housing support services, or a sliding scale or level of housing support.

1.18   Finally, wider issues exist, namely whether the model – as it is currently configured and delivered through social housing – meets the needs and aspirations of the various client groups. Occupancy levels across supported housing are examined in Section 3. It is well documented[22] that the aspirations of people requiring support have changed over the last couple of decades (e.g. move from communal/group living to individual accommodation living, increased requirement for space and privacy, move away from shared bathrooms and facilities), and this research will also examine any alternative models in the delivery of supported housing which might respond to these changing needs and aspirations.

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[21] It is worth noting that SP have set an objective within the 2022-2025 SP Strategy to assist 20 providers to maximise HB income. At the time of this report publication this exercise was nearly complete and will provide several £M of additional income.
[22] Housing and Older People: Housing Issues, Aspirations & Needs (nihe.gov.uk) (October 2019)
www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations
Housing Studies Journal, Volume 35, 2020, Issue 1, *Understanding changing housing aspirations: a review of the evidence.* Preece et al
Full article: Understanding changing housing aspirations: a review of the evidence (tandfonline.com)

Section 2   Supported housing in Northern Ireland:

History, format and context

2.1   This section outlines the history of supported housing in Northern Ireland and explores in some depth what supported housing is. This includes an examination of different terms including housing, accommodation, support, care and supported living. This section also explores the different models of forms of supported housing, providing an overview and description of these.

History of supported housing in Northern Ireland[23]

2.2   A supported housing model, within the social housing tenure, has been in place in Northern Ireland since the 1970s[24]. However, there is no agreed Departmental[25] policy definition of Supported Housing. In addition, unlike England, there is no definition of supported housing in Northern Ireland legislation.

2.3   The provision of supported housing sits within wider housing supply policy, and links directly with two of the Programme for Government priorities as follows:
         We all enjoy long, healthy active lives
         We have a caring society that supports people throughout their lives

2.4   Despite the lack of a precise definition, Departmental policy on the provision of supported housing has been based exclusively on a social housing model, built by Housing Associations and subsidised through Housing Association Grant (HAG). The majority of tenants[26] pay rent and service charged through HB, the housing support costs are met through the SP programme and any health and social care assistance costs are met through domiciliary care packages paid for by the relevant Health & Social Care (HSC) Trust. HB legislation excludes those in supported housing considered as 'Supported Exempt' or 'Specified Accommodation' from the Local Housing Allowance (LHA) cap on rents[27].   Further amendments to HB legislation in 2014 outlined which categories would be exempt from certain welfare reform changes, such as the Benefit cap and the Spare Room subsidy; this ensured that individuals living in supported housing continued to have their housing costs covered by HB, rather than through housing costs under Universal Credit.

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[23] Much of this sub-section is based on the DfC Discussion paper on Alternative Supported Housing Models provided with the Research Specification (February 2022).

[24] Since the NI Housing Executive was established in 1971. In one sense housing with support has been in existence for centuries through provision from alms houses through to a variety of institutions.

[25] DfC.

[26] Some tenants are 'self-funders' paying their rental costs, because their capital or revenue exceed the HB limits.

[27] Exempt accommodation is defined as – a resettlement place, or accommodation which is provided by a statutory body, housing association, registered charity or voluntary organisations where the body or person acting on their behalf, provides the claimant with care, support or supervision. Specified accommodation is defined as – including supported exempt accommodation plus three additional categories: (i) managed properties, which includes supported which would meet the definition of support exempt accommodation but the care support or supervision being provided by someone other than the landlord, (ii) refuges provided for someone who has left their home as a result of domestic violence and (iii) hostels, including hostels provided by local authorities where care, support or supervision is provided.

2.5   The SP programme is led by the HE. The principal functions of the Strategic Advisory Board
        (SAB)[28] are to advise the HE Board of the strategic funding priorities of the SP Programme in
        line with the overarching policy, operational strategy, budget allocation and relevant
        governance arrangements. The SAB provides assurance that processes and practices are fair,
        transparent and equitable; that SP grant-making policies are clearly defined and that there is
        proper guidance and accountability arrangements in place with all SP strategic partners. In
        the year 2021/22 a total of four remote SAB meetings took place.   SAB comprises
        representatives from DfC, HE, DoJ, the Health & Social Care Board, the Probation Board and
        representatives from the Committee Representing Independent SP Providers (CRISPP).

2.6   The SP programme covers four Thematic groups as follows:
        o   People who are homeless or at risk of homelessness;
        o   Young people;
        o   Older people, including those with dementia; and
        o   People with disabilities including physical, learning and mental health.

2.7   This is then broken down into further groupings, which are deemed to be eligible for
        housing related support[29]. These are noted below, with reference to the four Thematic
        Groups:
        o   People who are homeless or at risk of homelessness:
            o   Homeless families with support needs
            o   Single Homeless Crisis Accommodation service
            o   Single Homeless with support needs
        o   Young people:
            o   Young people
        o   Older people, including those with dementia:
            o   Frail Elderly
            o   Older people with mental health problems/dementia
            o   Older people with support needs
        o   People with disabilities:
            o   People with physical or sensory disability
            o   People with learning disabilities
            o   People with mental health problems

        In addition, a further grouping is noted – people with alcohol problems. A number of further
        groups have been included in the data provided by SP in relation to supported housing; these
        are people with drug problems, offenders or people at risk of offending and women at risk of
        domestic violence.

2.8   The SAB is supported in its decision-making by four Regional Thematic Groups (RTG)
        which cover the client groups outlined above. The four RTGs are therefore:
        o   Homelessness theme;

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[28] SP Programme, SAB, Memorandum of Understanding, December 2020.
[29] See Appendix 2 – Housing support services.

- o Young people theme;
- o Older people theme;
- o Disability and Mental Health theme.

The aim of these groups is to produce an annual regional commissioning plan based on direction provided by the Strategic Advisory Board[30]. RTG TOR, page 3. RTG representatives include HE, HSC Trusts and Thematic Provider Advisory Groups. The successful commissioning of the current (and any future) supported housing schemes therefore requires HE approval of the capital spend and the ongoing SP costs[31].

2.9   The current capital funding model is managed via the Social Housing Development Programme (SHDP); this is the agreed development strategy between DfC and the HE to address social housing need, including supported housing need. The programme sets out the location and number of units required for the principal client or needs groups. The SHDP is managed by the HE's Development Programme Group (DPG) on a 3-year rolling basis. Once development is agreed the DPG provides grant funding to housing associations so that they can build or buy new social housing, in line with the funding agreement.

2.10   It is worth noting that there have been relatively few new supported housing schemes and/or SP services commissioned over the last number of years, mainly because the SP budget has remained static[32] as outlined earlier. Any new schemes or upgrades/remodelling of existing schemes have, in the main, been based on a revenue neutral position; that is, using the existing SP revenue allocation to increase occupancy in the scheme or to deliver the service in a different way.   SP note that the remodelling of some services has been successful in increasing the Floating Support proportion of the SP funding pot to 17.7%.

2.11   The development of supported housing since the 1970s means that today there are 850 supported housing schemes throughout Northern Ireland providing housing and support for around 19,000 vulnerable people (households) per year[33]. It should be noted that approximately 85% of these SP funded schemes are accommodation-based support units, with the remainder being Floating Support schemes[34], which are not deemed to fall under the category of supported housing. A breakdown of the distribution of the supported housing schemes by client group is provided in Section 3.

2.12   The current policy context for supported housing is anchored in the legislation, i.e. the Housing Support Services (NI) Order 2002 and the Housing Support Services Regulations (NI) 2003; however a high proportion of supported housing accommodation was built in the period before 2003. In the period from its formation in 1971 until 1996, the HE was the sole

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[30] Regional Thematic Groups Terms of Reference – page 3.

[31] It should be noted that NIHE capital is not required in all cases; om some cases supported housing may be developed via private landlord properties or properties already within Housing Association stock.

[32] It is noted that the SP budget has remained static for a period of 10 plus years; at around £70m per annum. The NIHE website notes: *The Supporting People Programme grant funds approximately 85 delivery partners that provide over 850 housing support services for to up to 19,000 service users across Northern Ireland. We manage an annual budget of £72.8m (2021/22).* The Housing Executive - About the Supporting People programme (nihe.gov.uk)

[33] Exact figures as per SP provided data suggest 807 schemes/services with 19,262 units of accommodation or provision.

[34] The NIHE 2020/21 Business Plan had a target of 16% of total SP as Floating Support schemes.

developer of new social housing. In the period 1971 to 1996, the role of housing associations was limited to the development and management of some types of supported housing – namely sheltered and other forms of special needs housing for vulnerable people who were not being provided for by the HE. From 1996 onwards, when the HE ceased to develop new social housing, housing associations developed general needs housing alongside their portfolio of sheltered and other special needs housing schemes for older people and other vulnerable client groups.

2.13   During the period pre-2003, housing associations received capital funding for supported housing, details of which were outlined in the Housing Association Guide. The key criteria outlined in this, in relation to supported housing, was that schemes must cater for tenants with 'special needs' who required intensive housing management. Revenue funding during this period, for the intensive housing management costs, was provided via HB and Special Needs Management Allowance (SNMA).

2.14   The key premise of supported housing during this period was: *fundamentally therefore, there has always been a requirement that Supported Housing is housing where support for housing related tasks is needed and provided. Or in other words if housing support is not required then it is not considered as a 'Supported Housing' model.*[35]

2.15   Changes occurred in the post 2003 period. In 1999 the UK government announced its intention to remove the provision of housing support costs through HB, SNMA and other funding streams, and to introduce a new single revenue funding scheme to help vulnerable people live independently in the community. This was the SP programme which continues to the present day. The change in Northern Ireland was supported via legislation[36] which defined 'housing support' through a broad range of services that were considered eligible (see Appendix 8).

2.16   The current status is that the SP programme grant funds the provision of housing support services through a range of statutory, voluntary and private sector SP providers. Examples include Housing Associations, HSC Trusts and charities. The list of providers[37] is outlined at Appendix 9, and then at Appendix 10 by client group.

2.17   In addition to accommodation-based schemes, the SP programme has provision to fund short-term or peripatetic 'Floating Support'[38], which is provided to vulnerable clients within their own homes (who are in receipt of HB). It is worth highlighting the list of housing related support which SP currently funds[39], as follows:
   o   Accommodation based service
   o   Accommodation based with floating/resettlement/outreach support

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[35] DfC Discussion paper on Alternative Supported Housing Models provided with the Research Specification (February 2022), Annex 1, pages 17 and 18.
[36] The Housing Support Services (Northern Ireland) Order 2002 & The Housing Support Services Regulations (Northern Ireland) 2003.
[37] Taken from NIHE website - The Housing Executive - About the Supporting People programme (nihe.gov.uk)
[38] Definition of Floating Support from Review of Supporting People Final Report (qub.ac.uk) - November 2015.
Support can also be provided to people in their own homes, whether privately rented, owner-occupied or social housing, through Floating Support services.
[39] Taken from NIHE website - The Housing Executive - About the Supporting People programme (nihe.gov.uk)

- o   Community or social alarm service
- o   Floating Support service
- o   Home Improvement Agency (HIA) service[40]
- o   Outreach service
- o   Peripatetic service

2.18   Similar to the position pre-2003, many vulnerable clients living in supported housing also have health and social care needs in addition to their housing and housing support needs. These are ineligible for funding under SP, and these costs are met through domiciliary care packages provided by the HSC Trusts. Domiciliary care may be provided by third party care services directly to the individual in their support housing scheme. Alternatively there are jointly revenue funded scheme, i.e. receiving funding from both SP and the HSC Trust, where care staff are on-site alongside support staff.

What is supported housing?

2.19   This sub-section provides a review of the available literature in relation to supported housing, with a particular focus on academic and grey literature relevant to Northern Ireland, and in Great Britain (GB).   One main text has been used to underpin this analysis, namely *Accommodating difference* by David Clapham (2017) [41]. This research-based publication is invaluable in looking at the models and frameworks of supported housing, in providing definitions and insight into provision in GB, and looking at specific provision in relation to older people, homeless people and disabled people, together with comparisons to policy and provision in Sweden.   Wider literature is then used to explore the nature and type of supported housing in Northern Ireland.

2.20   Definitions of supported housing vary greatly by context and jurisdiction. Clapham (2017) provides the following very simple definition of what is meant by supported housing:
Supported housing is defined very generally as accommodation with support provided, whether specifically linked to the accommodation or to the person living there. Support encompasses help with everyday tasks and can include practical help with cleaning and food preparation as well as social work, health care and other forms of support such as training or occupational therapy.[42]
Clapham acknowledges that this definition is wide, ranging from institutions such as nursing homes to people living in their own homes and receiving support provided to them. Within this broad definition he notes *a variety of different forms of supported housing that include sheltered housing for older people, hostels, group homes and so on.*[43]   The essence of supported housing clearly links two elements together – these being the housing or accommodation and the support.

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[40] These have been excluded from the data analysis – see later.
[41] Clapham, D (2017) *Accommodating difference: Evaluating supported housing for vulnerable people.* Policy Press, University of Bristol. Referred to from this point in footnotes as Clapham (2017).
[42] Clapham (2017), Page 1.
[43] Clapham (2017), Page 1.

2.21   The NI Federation of Housing Associations (NIFHA) in a 2014 paper providing evidence to the Health Committee on Supported Living[44] provide the following description of supported housing, noting that it is *any housing scheme where housing, support and often care services are provided as an integrated package. The following elements best describe its essence:*

- The purpose of support is to enable service users to live as independently as possible within their community;
- Service users are empowered to become socially included in the wider sense of community participation;
- The care and support provided varies and relates to the nature of the accommodation; and the assessed needs of the individual or family;
- It is finite and an increasingly limited resource which is not generally available (unlike sheltered housing) but limited to those who are vulnerable.[45]

Housing or accommodation

2.22   Clapham describes the housing element of supported housing, noting that it may take many different forms. He notes: *At one extreme will be shared accommodation, such as in some institutions, hostels or group homes. This may consist of communal dormitories where each resident has just their own bed and no private space, to situations where each resident has their own room and ensuite bathroom facilities, or, in-between, the situation where residents may share a room with one or two others. Activities such as cooking, eating, and watching television may be undertaken in private or communal space.*[46]   This description largely refers to shared living, with Clapham then describing schemes which have individual self-contained accommodation, in the form of a house or apartment, with some degree or elements of communal space.

2.23   Clapham describes the spectrum of variation across supported housing, noting that this includes variation in terms of whether the accommodation is mainstream or adapted (physical adaptations), the type and number of communal facilities and variation in rights relating to the accommodation, i.e. residents or tenants' rights. Tenure type also varies; although it is predominantly rental (mainly social renting but with some private renting), and in some cases with owner occupation e.g. Retirement housing/villages. Another variable factor is who the supported housing is for, with some available for a mix of different residents mirroring general society, whilst other schemes and provision is for specific or particular groups of people such as older people or people with physical disabilities.

Support

2.24   The other element of supported housing relates to what is meant by support, and includes what level and type of support is available or provided. When discussing support, Clapham points to a *definitional confusion around the services provided, with other terms such as 'care' and 'help' also being used.*[47]   Clapham notes that the two terms – care and support – were defined as follows, in the White Paper *Caring for our future: Reforming care and support*[48]*:*

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[44] NIFHA evidence to Health Committee on Supported Living.pdf
[45] NIFHA evidence to Health Committee on Supported Living.pdf
[46] Clapham (2017), Page 12.
[47] Clapham (2017), Page 14.
[48] Department of Health (2012) *Caring for our future: Reforming care and* support, London: Department of Health, Page 13.

Enables people to do the everyday things that most of us take for granted: things like getting out of bed, dressed and into work; cooking meals; seeking friends; caring for our families; and being part of our communities.

2.25   Another helpful reference outlining the objectives of providing support in a supported housing context is provided by Franklin[49], as covered in table 1.

Table 1: The objectives of providing support in a supported housing context

Objective	Description
Control	Maintaining discipline and authority, albeit in a velvet glove, suggesting that the recipient is naughty, stubborn or childlike
Containment	Keeping difficult people and problems under restraint and away from others who may be offended
Protection	Of the individual from society or of society from the individual, suggestive of violence, danger or contamination
Order	Re-establishing order in a life which appears disordered and in danger of disintegrating
Rehabilitation	Attempting to enable the sick or disabled to return to the position they were in before an episode of sickness or disability, even though this may not be achievable
Modification	The transformation of 'unacceptable' to 'acceptable' behaviour, whether by therapeutic or behavioural means
Compensation	To compensate for the independence which cannot be achieved, making up for something which, sadly, is not possible

Source: Franklin B (1998), page 170

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[49] Franklin B (1998) Discourses and dilemmas in the housing and support debate, in I Shaw, S Lambert and D Clapham (eds) *Social care and housing,* London: Jessica Kingsley, Page 170.

2.26   Support can also be categorised in terms of the type and nature of support tasks; again another useful analysis provided by Franklin[50] is outlined in the following table.

Table 2: The type and nature of support tasks in a supported housing context

Support task/area	Description
Rehousing processes	Such as advising on accommodation options
Functional skills	Enabling a person to function effectively in the neighbourhood and gain access to private facilities, such as shops and public services such as health care, employment services etc.
Financial skills	Income maximisation, budgeting, dealing with debt, gaining employment
Household skills	Such as cleaning, laundry, shopping, preparing food, decorating, changing a light bulb
Personal skills	Such as personal hygiene, health care, appropriate dress, socialising, taking medication, abstaining from abuse of alcohol or drugs
Self-actualisation	Development of self-worth and identify, forming relationships, sense of purpose, feeling safe and at home

Source: Franklin B (1998)

Clapham emphasises that *the type of support provided* (in supported housing) *varies widely and depends on the needs of individuals and groups as well as other factors, such as the finance available and the objectives and organisation of the supported housing, and the skills available.* He further notes: *support can be provided by professionals, working for statutory, private or voluntary organisations, but also by family and friends or by other residents.*[51]

Care

2.27   Another factor worth consideration at this point is the inclusion, in some supported housing provision, of elements of social care. Social care incorporates all forms of personal care and other practical assistance, to individuals who need extra support. In England, Wales and Scotland these are provided by the local authorities. In Northern Ireland, Health & Social Care Trusts provide social care services. Domiciliary care specifically is defined under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 (para 3.1.2) as: "An undertaking which consists of or includes arranging the provision of prescribed services in their own homes for persons who by reason of illness, infirmity, disability or family circumstances are unable to provide any such service for themselves without assistance."

2.28   A report published by the Commissioner for Older People for NI (October 2015)[52] noted that domiciliary care (referred to as 'home care') services are provided by independent and statutory providers and operate hand-in-hand with supported accommodation services.

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[50] Franklin B (1998).
[51] Clapham (2017), Page 19.
[52] *Domiciliary Care in Northern Ireland: A Report of the Commissioner's Summit,* published by COPNI, October 2015.
https://niopa.qub.ac.uk/bitstream/NIOPA/1900/1/NEWDomiciliary_Care_in_Northern_Ireland_-_A_Report_of_the_Commissioners_Summit.pdf#:~:text=Domiciliary%20care%20is%20defined%20under%20The%20Health%20and,any%20such%20service%20for%20themselves%20without%20assistance%E2%80%9D3.%201.2.?adlt=strict&to

Further discussion on the theme of social care in schemes – effectively supported living schemes – is developed at paragraph 2.34.

Models of supported housing

2.29   Clapham categorises supported housing into four main groups. The following table is replicated from *Accommodating difference*[53] with an additional column provided by the research consultant[54], to give examples of these categories in Northern Ireland. This framework provides a useful reference point for this research project, in particular when comparing supported housing to ordinary housing[55]. A further exploration of these four types of supported housing is then provided.

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[53] Clapham (2017), Page 20.
[54] Fiona Boyle Associates.
[55] We defined this as housing in contrast to that offering specific services e.g. sheltered accommodation for older people, student housing, tourist housing, housing for disabled people etc. Taken from: Definition - Ordinary housing | Insee

Table 3: Models of supported housing

ACCOMMODATION						SUPPORT			
Category	Shared[56]	Grouped or scattered[57]	Linked communal facilities[58]	Integrated or segregated[59]	Rights[60]	Extent of support	Linked or domiciliary support	Flexible or fixed support	EXAMPLES IN NORTHERN IRELAND
Shared living	Yes	Grouped	Yes	Segregated	Limited	Usually extensive	Linked	Fixed	Residential care for older people, homeless hostels and foyers, group homes, some schemes for disabled people.
Individual housing linked with communal facilities	No	Grouped	Yes	Segregated	Full	Can vary from limited to extensive	Linked (sometimes with domiciliary extra)	Fixed (sometimes with add-ons)	Sheltered housing and extra-care housing. Some homeless provision and some schemes for disabled people.
Core and Cluster	No (although may be in the cluster)	Both	Yes	Integrated	Usually full in cluster and limited in core but may be limited throughout	Can be extensive or limited, but usually same in core and cluster	Linked but may be domiciliary add-on in cluster	Flexible	Some Retirement housing, some sheltered and extra-care housing, some provision for young homeless. Some schemes for disabled people.
Own home with domiciliary support	No	Scattered	No	Integrated	Full	Varies	Domiciliary	Flexible	Person's own home with support – including home care, Floating Support etc. Models such as Housing First.

Source: Clapham and input from research consultant – Fiona Boyle.

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[56] Shared – whether the accommodation is shared with other residents or is in individually occupied dwellings.

[57] Grouped or scattered – whether the accommodation is grouped together, whether in one building or in connected apartments or flats, or alternatively is scattered around a neighbourhood with no physical link between them.

[58] Linked communal facilities – the existence or not of physically linked communal facilities such as social spaces, dining facilities etc.

[59] Integration or segregation – whether the supported housing is integrated with the community at large or is segregated into a homogenous environment with one group of residents.

[60] Rights – this includes whether they have full occupancy rights through ownership or a lease, or more limited rights such as a sub-lease or a form of limited occupancy rights. This factor also includes whether the accommodation is a temporary or permanent home.

Description of the different forms of supported housing

Type 1 – Shared living

2.30   Under the term shared living Clapham lists three main types of supported housing, These are residential homes for older people**,** hostels for homeless people and group homes for those with a disability. Whilst clearly for different needs and age groups of clients, these schemes have an element of shared living. This type of supported housing commonly provides the individual with one room (bedroom) within non-self-contained accommodation, usually grouped together into one building. Other key features often included are communal facilities and support services, and a segregated environment, that is one group of people who are physically and socially apart from their wider neighbourhood. Clapham notes that *shared living is usually associated with more limited occupation rights as residents do not have their own self-contained accommodation and so do not have full ownership or leasing rights.* In some cases residency will be temporary (e.g. hostel) whilst in others permanent (e.g. group home).

Clapham notes that shared living is the closest arrangement to institutional living. Whilst there has been a clear move away from this in Northern Ireland for all needs groups, as identified by a variety of policy directives[61] a need remains for this type of accommodation for those who cannot live more independently and/or with less support, and also to meet the 'short-term' needs of homeless people in crisis.

Type 2 – Linked housing with communal facilities

2.31   Clapham notes that this category of supported housing is a large one; it is described as *schemes where residents have their own self-contained accommodation that is linked together with others and with communal facilities.* In the UK the main examples of this category of supported housing is sheltered housing and extra-care housing for older people; where there is self-contained accommodation grouped into schemes, with communal facilities and in situ support; the latter varies and increases on a spectrum as it moves from sheltered housing to extra-care housing. Communal facilities usually include a communal room/lounge, laundry facilities and an alarm system linked to a resident warden or carer. In Northern Ireland, in the context of supported housing the latter are referred to as Scheme Coordinators. There has also been a move away from a resident, full-time Scheme Coordinator to more part-time roles and no on-site presence, with a remote emergency call system providing support. Extra-care supported housing schemes are at the other end of the spectrum and provide support staff, additional facilities and in some cases the provision of services such as meals, physiotherapy and medical/health care.

Type 3 – Core and cluster

2.32   The core and cluster model is described by Clapham as: *the provision of a core facility with a cluster of accommodation linked to it in terms of the provision of support.* The accommodation may be scattered over a geographical area. The core and cluster model is best seen in

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[61] Reference clients with learning disability or mental health needs: Bamford Monitoring Report November 2014 - (health-ni.gov.uk)
Reference older clients: Transforming your care | Department of Health (health-ni.gov.uk)

different formats including Retirement villages, Community hubs with associated sheltered or extra-care housing and provision for young homeless people in the form of an open-access hostel with self-contained accommodation in the surrounding community. This also includes some schemes for learning disability clients, and was the preferred option under the Bamford Review of Mental Health and Learning Disability, 2007[62].   The core may be used exclusively by some clients e.g. in the Retirement village model, or more widely by the community e.g. in the community hub model where the hub contains support services for internal clients and outreach support services for external clients in the community including shared health and social services. It is often a base for the provision of physical facilities as well as for care or support staff.   Clapham notes: *the basic philosophy is to separate, in principle, the accommodation from the support elements of provision, with the working assumption that the same level of support can be provided in any number of accommodation settings.*[63]   This approach allows a more flexible link between accommodation and support, with the latter increasing and decreasing as needed.

Type 4 – Domiciliary support

2.33   Clapham provides a simple definition of domiciliary support: *the provision of support in a person's own home.*[64]   Domiciliary care, in a Northern Ireland context, was touched on at paragraph 2.8.   Expanding this simple definition it is clear that domiciliary support varies greatly in its format and delivery from home care to meals, and from nursing care to cleaning and help with housework.   According to Clapham the advantage of domiciliary care is that it enables the person to enjoy the full benefits of living (and continuing to live) at home, enabling the continuation of strong links with family, friends and the community.

The diversity in these four models is clear to see from Clapham's analysis. He notes: *there is no standard solution for everyone and people will need to weigh up the different forms for themselves in light of their own lifestyles and the particular options available to them….according to their needs….*[65]

Supported living

2.34   A further term, critical to this research, is supported living, as mentioned in the Terms of Reference: *the overall aim of the research project is to support informed decision-making in terms of appropriate housing for people requiring <u>supported living</u> arrangements.* Supported living appears to be used, at times, as interchangeable terminology with supported housing. In a discussion on clients with a disability, Clapham notes the following with reference to supported living: *thus the alternative to intentional communities is reflected in the growing trend to 'supported living', where the concept is based on detaching the type and level of support provided from dependence on where someone lives. In other words, the appropriate support should be assessed and provided in whichever setting an individual chooses to live.* Thus the term supported living is much more about the support, and the opportunity to live independently with support, rather than the type or model of housing.   However, it is clear

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[62] [Bamford Review of Mental Health and Learning Disability | Department of Health (health-ni.gov.uk)](health-ni.gov.uk)
[63] Clapham (2017), Page 33.
[64] Clapham (2017), Page 33.
[65] Clapham (2017), Page 35..

that the term supported living is very often attributed to a supported housing scheme which provides a supported living service.

2.35   For the purposes of this research study supported living was taken to be an umbrella term for a spectrum of provision covering three main types of scheme/service: residential or group care facilities, supported housing and ordinary housing with Floating Support/outreach inputted to the individual. To be defined as supported living the provision must include an element of domiciliary or personal care. It is worth noting that all supported housing is not necessarily supported living; that is if there is just housing and support (but no care) the provision is not supported living – but referred to as supported housing. Supported living in Northern Ireland has been largely associated with clients with a learning disability or mental health need[66] or for older people, including those with dementia.

Again drawing on the NIFHA 2014 paper providing evidence to the Health Committee on Supported Living[67] it is useful to note that supported living has higher staff levels than other forms of supported housing because support and care services are provided in addition to housing management. *It is commonly arranged through partnerships between different organisations, including Health Trusts and Regional Thematic Groups that commission services, housing associations providing the accommodation (and sometimes care and support too), and other care and support providers, both Health Trusts and a wide range of charities that enter into management agreements with housing associations).*

2.36   Another differential between supported housing and supported living is the access pathway to accommodation and services; the former (supported housing) is largely through the Housing Selection scheme administered by the HE e.g. for sheltered housing for older people or through other NIHE processes e.g. homelessness application and placement in temporary homelessness provision, in contrast to the latter (supported living) where access is via referral from and the support of the individual's Health & Social Care Trust and other professionals. The latter is often in conjunction with the HE's complex needs list and systems. The SP team noted that many Disability supported housing schemes have removed themselves from the complex needs process and that access is now through their own waiting lists which are compiled in conjunction with the HSC Trusts.

2.37   Supported living appears to have no explicit legal definition in Northern Ireland. However, in a wider UK context the term is used by local authorities to include the range of services to help disabled individuals to retain their independence in their local community.[68] The term is well-documented in academic literature[69] and in Government policy and directives.[70]   The term is often used interchangeably with supportive living.

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[66] In particular to support the resettlement targets set under the Bamford Review.
[67] NIFHA evidence to Health Committee on Supported Living.pdf
[68] Supported living - Wikipedia
[69] Emerson, E., Robertson, J., Gregory, N., Hatton, C.,et al. (2001). Quality and costs of supported living residences and group homes in the UK. "American Journal of Mental Retardation", 106: 401-415.
[70] Department of Health of the UK. (2009). "Welcome to Valuing People: A New Strategy for Learning Disability in the 21st Century." London, UK: Author. [Original white paper, 2001]

2.38   Supported living is underpinned by a set of voluntary standards recommended by the Care Quality Commission (CQC), and referenced in *Registering the Right Support (2017)*[71].   This followed on from guidance[72] published by the Care Quality Commission in 2015 on regulated activities for providers of supported living.   Nine standard nationally recognised REACH standards[73] underpinning choice and control for the client within 'supported living' are as follows:

Standard 1   I choose who I live with
Standard 2   I choose where I live
Standard 3   I have my own home (with a tenancy or ownership)
Standard 4   I choose who supports me and how I am supported
Standard 5   I choose my friends and my relationships
Standard 6   I get help to make changes in my life
Standard 7   I choose how to be healthy and safe
Standard 8   I choose how I am part of the community
Standard 9   I have the same rights and responsibilities as other citizens

2.39   Policy and operational work in the field of supported living in Northern Ireland points to provision which mainly fits into two of the SP Thematic groups; that is older people (and in particular those with dementia or mental health needs) and people with a disability (including physical, mental health, learning disability and sensory). The term appears to be less used or relevant to the Thematic of young people, although there are some references to supported living for younger people e.g. care leavers, and is not utilised in relation to the Thematic group of Homelessness.

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[71] *Registering the Right Support* (2017), CQC
www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf
[72] Care Quality Commission, Housing with Care: Guidance on regulated activities for providers of supported living and extra-care housing, 2015. http://www.cqc.org.uk/sites/default/files/20151023_provider_guidancehousing_with_care.pdf
[73] Taken from *A Practical Guide to the Reach Standards,* Sally Warren and Jo Giles, 2019.
REACH_STAGE_07-1.pdf (paradigm-uk.org)

Section 3   The extent and nature of supported housing in Northern Ireland: A review of data, literature and research feedback

3.1   In this section we comment on the extent and nature of supported housing in Northern Ireland, looking specifically at specially built or developed supported housing accommodation schemes. As noted in Section 2 the SP Programme also funds housing-related support services to vulnerable people by way of Floating Support into the individual's own home (defined as ordinary housing[74]); but this is not the primary focus of this study.   This section uses quantitative data provided by the HE and then also explores qualitative information describing supported housing from the literature review and feedback from stakeholders.

Extent and nature of supported housing: Analysis of quantitative data

3.2   As part of this research the SP team provided a list of categories and number of supported housing schemes under each Thematic group. This quantitative information is now analysed in tables 4 to 7. It should be noted that the accuracy of this information was the responsibility of the HE. The research consultant met with Supporting People and the following items were agreed as part of the development of the data requirements for this research project:

- The dataset does not include information on Home Improvement Agency provision or Travellers Floating Support;

- The dataset does include some Floating Support which is not delivered to people in their own homes, rather being provided through a central point. Examples of this include the Floating Support services provided by Loughgiel Community Association in the Causeway Area (Loughgiel Peripatetic Support Service) and the Welcome Organisation in Belfast (Welcome Drop-in Floating Support).

- The dataset also includes Floating Support services.

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[74] Definition of ordinary housing – as housing in contrast to that offering specific services e.g. sheltered accommodation for older people, student housing, tourist housing, housing for disabled people etc. Taken from: Definition - Ordinary housing | Insee

3.3   Table 4 indicates that there are 19,262 units of supported housing accommodation or Floating Support in Northern Ireland for a variety of client groups and sub-groups. It should be noted that units may be for one person but can also cover circumstances where two or more people live in the supported housing unit or receive a service such as Floating Support e.g. a couple in one unit in a sheltered housing scheme or a homeless family or women with children in one unit in a domestic violence refuge. This means that more than 19,300 people are receiving a service by way of supported housing or Floating Support.

It is also worth noting that one client group stands out as more than half of supported housing units, namely older people with support needs; this accommodation is primarily sheltered housing stock (9,917 or 51.5% of all supported housing units). Other client groups have smaller but significant levels of supported housing, namely people with learning disabilities (1,411 units or 7.3% of total), people with mental health problems (1,522 units or 7.9%), single homeless with support needs (1,488 units or 7.7%) and women at risk of domestic violence (1,159 units or 6.0%). Further client groups have small numbers of schemes and units.

Table 4: SP – List of supported housing in Northern Ireland

Overall client group	Sub-group	Number of schemes/ projects[75]	Number of units	Proportion of overall units[76]
People who are homeless or at risk of homelessness	Homeless families with support needs	31	968	5.0%
	Single Homeless Crisis Accommodation service	2	31	0.2%
	Single Homeless with support needs	41	1,488	7.7%
Young people	Young people	33	877	4.6%
Older people, including those with dementia	Frail Elderly	10	270	1.4%
	Older people with mental health problems/dementia	23	555	2.9%
	Older people with support needs	351	9,917	51.5%
People with disabilities	People with physical or sensory disability	20	430	2.2%
	People with learning disabilities	137	1,411	7.3%
	People with mental health problems	116	1,522	7.9%
Other	People with alcohol problems	12	307	1.6%
	People with drug problems	1	30	0.2%
	Offenders or people at risk of offending	6	297	1.5%
	Women at risk of domestic violence	24	1,159	6.0%
TOTALS		807	19,262	100%

Source: NIHE, Supporting People

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[75] Schemes are generally accommodation-based. Projects may include Floating Support services.
[76] Percentages provided to one decimal place. Smaller numbers have been rounded to the nearest number. Numbers may not add to 100% because of rounding.

3.4   The average scheme or project size[77] also varies considerably by client group as outlined in table 5. Schemes or provision for people with learning disabilities and for people with mental health problems appear to be smaller (10 and 13 units respectively), whereas schemes and projects for offenders or people at risk of offending and women at risk of domestic violence are much larger (50 and 48 units respectively). The overall average scheme or project size across Northern Ireland and all client groups is 27 units.

Table 5: SP – Average scheme or project size (by number of units)

Overall client group	Sub-group	Number of schemes/projects	Number of units	Average scheme size[78]
People who are homeless or at risk of homelessness	Homeless families with support needs	31	968	31
	Single Homeless Crisis Accommodation service	2	31	15
	Single Homeless with support needs	41	1,488	36
Young people	Young people	33	877	27
Older people, including those with dementia	Frail Elderly	10	270	27
	Older people with mental health problems/ dementia	23	555	24
	Older people with support needs	351	9,917	28
People with disabilities	People with physical or sensory disability	20	430	21
	People with learning disabilities	137	1,411	10
	People with mental health problems	116	1,522	13
Other	People with alcohol problems	12	307	26
	People with drug problems	1	30	30
	Offenders or people at risk of offending	6	297	50
	Women at risk of domestic violence	24	1,159	48
TOTALS		**807**	**19,262**	**27 units**

Source: NIHE, Supporting People

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[77] Schemes are generally accommodation-based. Projects may include Floating Support services
[78] Numbers rounded up or down from decimal point.

3.5   The distribution of supported housing across the five HSC Trust areas is outlined in table 6.
        This analysis indicates that the largest number of schemes are in the Belfast and South Eastern
        HSC Trust area. This analysis also shows up gaps where there is no provision for particular
        client groups and sub-groups in specific HSC Trust Areas; for example with no single homeless
        crisis accommodation service or provision for people with drug problems outside of Belfast.
        Coverage of provision of supported housing for people with alcohol problems and for
        offenders or people at risk of offending, is also patchy with no provision in a number of HSC
        Trust areas.

Table 6: SP – Distribution of supported housing across client groups by HSC Trust Area

Overall client group	Sub-group	By HSC Trust Area				Total schemes
		Belfast/ South Eastern	Northern	Western	Southern	
		Nr	**Nr**	**Nr**	**Nr**	
People who are homeless or at risk of homelessness	Homeless families with support needs	14	8	7	2	**31**
	Single Homeless Crisis Accommodation service	2	-	-	-	**2**
	Single Homeless with support needs	21	8	4	8	**41**
Young people	Young people	12	4	10	7	**33**
Older people, including those with dementia	Frail Elderly	2	4	4	-	**10**
	Older people with mental health problems/dementia	10	7	4	2	**23**
	Older people with support needs	168	94	45	44	**351**
People with disabilities	People with physical or sensory disability	11	1	3	5	**20**
	People with learning disabilities	65	32	16	24	**137**
	People with mental health problems	45	27	21	23	**116**
Other	People with alcohol problems	6	-	5	1	**12**
	People with drug problems	1	-	-	-	**1**
	Offenders or people at risk of offending	4	-	1	1	**6**
	Women at risk of domestic violence	6	6	10	2	**24**
TOTALS		**367**	**191**	**130**	**119**	**807**

Source: NIHE, Supporting People

3.6   Table 7 provides an indication of occupancy levels across the broad client groups and sub-groups. This information can be indicative; firstly in terms of the level of need and demand for supported housing as a whole and per client groups (as per the individual occupancy levels), and secondly in terms of any areas where the need may be reducing or the provision may no longer meet the assessed need (as deemed by a low occupancy level).

Table 7 clearly outlines a number of client groups and sub-groups where occupancy is below 90% in a significant number of schemes or services across the client group. This includes provision for homeless families with support needs, young people, frail elderly and older people with mental health or dementia. Occupancy below 90% may be for a number of reasons including need and demand, geographical variations in supply and demand, referral pathways and timing and throughput of move-on opportunities. These factors are explored in the qualitative feedback in this report.

Supported housing for other client groups demonstrates 100% occupancy (or 100% for some with 90% and above for others in that grouping), perhaps pointing to the level of immediate need; for example for single homeless with support needs, for people with drug problems, for offenders or people at risk of offending and for women at risk of domestic violence.

Table 7: SP – Occupancy levels in supported housing, over last four quarters (2021 – 22)

Overall client group	Sub-group	Nr of schemes or services with 100% occupancy	Total number of schemes or services	Occupancy – over 90% including services with 100%
People who are homeless or at risk of homelessness	Homeless families with support needs	4	31	13 over 90%
	Single Homeless Crisis Accommodation service	0	2	1 over 90%
	Single Homeless with support needs	8	41	33 over 90%
Young people	Young people	5	33	13 over 90%
Older people, including those with dementia	Frail Elderly	0	10	4 over 90%
	Older people with mental health problems/ dementia	1	23	10 over 90%
	Older people with support needs	49	351	272 over 90%
People with disabilities	People with physical or sensory disability	6	20	13 over 90%
	People with learning disabilities	53	137	97 over 90%
	People with mental health problems	24	116	71 over 90%
Other	People with alcohol problems	2	12	5 over 90%
	People with drug problems	1	1	Not applicable
	Offenders or people at risk of offending	1	6	5 over 90%
	Women at risk of domestic violence	9	24	15 over 90%
TOTALS			**807**	

Source: NIHE, Supporting People

Extent and nature of supported housing: Analysis from the literature review

Examples of models of supported housing

3.7   This sub-section now looks at the type and nature of supported housing for the four different client groups in Northern Ireland under the SP Thematic headings – older people, young people, Homelessness and Disability and Mental Health. A review is provided in terms of the different formats of supported housing generally developed or provided for these groupings, in the context of the four broad models of provision outlined earlier Section 2, with reference to the available literature and qualitative data, and with commentary in terms of provision in Northern Ireland.

Supported housing for older people

3.8   One of the key difficulties when discussing supported housing for older people is the wide range of terms and definitions used. This is covered by Hadjri, K (2010)[79], referencing work undertaken by Croucher et al[80] as follows:

One of the difficulties associated with the literature on housing that includes care for older people is the use of a range of terms to describe and categorize different schemes. A variety of terms and phrases, such as very sheltered housing, enhanced sheltered housing, supported housing, integrated care, extra-care, close care, flexi-care, assisted living, retirement village, retirement community, and continuing care retirement community, are used to refer to grouped housing schemes for older people (Croucher, Hicks, & Jackson, 2006).

3.9   Clapham's analysis[81] referenced a wide range of different types of supported housing for older people including domiciliary care (*domiciliary care*), sheltered housing and extra-care housing (*linked housing with communal facilities and core and cluster*), retirement villages (*core and cluster*), and residential and nursing care (*shared living*).   As noted earlier these fall into all four of the different types of supported housing, as indicated by italics in the brackets in the previous sentence, and as outlined earlier in table 3. Some elements of this would be described as supported living e.g. some of the extra-care housing.

3.10   All of these arrangements are available in Northern Ireland to one extent or another as demonstrated in table 8 overleaf. Discussion of these items has been ordered from a position of an individual older person remaining in their home with support through to an individual moving into residential or nursing care. Whilst some people may progress through a number of these elements of supported housing, it is recognised that it is not a linear progression for everyone. It should be noted that the provision of residential care and nursing care homes is not exclusively for older people; the provision noted in table 8 is for all age groups e.g. including younger people with physical disability, learning disability, mental health needs etc.

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[79] Hadjri, K. An assessment of sheltered housing design in Belfast, Northern Ireland. Journal of Housing for the elderly, 2010-05-25, vol 24 (2), Pages 171-192.
[80] Croucher, K., Hicks, L., & Jackson, K. (2006). Housing with care for later life: A review of the literature. York: Joseph Rowntree Foundation.
[81] Clapham (2017)

Table 8: Range of supported housing for older people

Format of supported housing for older people	Number of units available in Northern Ireland		Source
	Number of homes/schemes	Number of units/spaces	
Domiciliary care	22,693 clients NI wide – 84% aged 65 and over = 19,062 older people		[Domiciliary care services for adults in Northern Ireland 2021 (health-ni.gov.uk)](#)
Sheltered housing	351 schemes	9,917	Taken from NIHE, SP data Extra-Care housing would include supported living schemes
Extra-care housing	10 frail elderly schemes 23 older people – MIH/dementia schemes	825	
Retirement villages	-	-	No specific Retirement villages – some private and HA developments with elements of this model.
Residential care	230 homes	5,277 places	[Regulation and Quality Improvement Authority - Social & Healthcare Services Directory Northern Ireland	Regulation and Quality Improvement Authority (rqia.org.uk)](#)
Nursing care	243 homes	10,616 places	

Source: Various – see column in table, NIHE, Supporting People

Domiciliary Care

3.11   Although somewhat dated the following research indicates that older people generally wish to stay in their own homes, rather than moving into some form of supported housing. Research throughout the UK has shown that the majority of older people wish to remain in their own homes for as long as possible.[82]

The majority of older people would prefer to stay in their own home, given the choice. They may have many positive reasons for making this decision:

- *wanting to retain control and independence over their lives;*
- *emotional and practical ties to their home or local community;*
- *wanting sufficient space for family and friends to stay as guest.*

But there may also be less positive reasons such as:

- *a lack of realistic alternatives;*
- *not knowing enough, or having enough information about the alternatives that are available;*
- *fear of change and the unknown;*
- *not wanting to lose their homes and savings if they go into supported housing.*[83]

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[82] Age Concern/Help the Aged, Joint Submission (October 2005).
[83] Oldman, J (2006), Help the Aged, *Housing Choice for Older People – a discussion paper*.

3.12   Domiciliary care enables an older person to stay at home; enabling the continuity of ties with their community, a feeling of independence and a feeling of well-being. The DoH defines it as follows:

Domiciliary care is defined as the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home.[84]

3.13   HSC Trusts provided domiciliary care services to 22,693 clients on average per week in 2021. This amounted to an estimated 299,824 contact hours of domiciliary care, an increase of 7% (20,845) on the previous week. An average of 13.2 domiciliary care contact hours per week were provided per client. Around three quarters (76%) of domiciliary care was provided by the independent sector, with 24% from the statutory sector. In terms of client group approximately four-fifths (80%) of clients receiving domiciliary care services were in the elderly client group, with the remainder split across physical disability (11%), learning disability (5%), mental health needs (4%) and less than one percent with other needs.   In terms of age profile over four-fifths (84%) of clients receiving domiciliary care services were aged 65 and over, with less than one-fifth (16%) aged 18 – 64 years. [85]

3.14   Domiciliary care provision is regulated[86], in Northern Ireland by the Regulation and Quality Improvement Authority (RQIA). This is done by monitoring and inspecting the quality of home care providers and other health and social services against agreed care standards. Inspection reports are published and made publicly available.

3.15   In Northern Ireland all domiciliary care providers have a legal responsibility to ensure their services meet the required standards set out in the Quality standards for health and social care[87].   The standards in Northern Ireland, which are the minimum that all providers must uphold in order to ensure safe and effective practices are as follows:

1.   The views of service users and their carers/representatives shape the quality of services provided by the agency
2.   Prospective service users are provided with information on the services provided by the agency
3.   Referral arrangements ensure the service user's identified needs can be met by the agency.
4.   Each service user has a written individual service agreement.
5.   All activities undertaken in relation to the service user's care plan are recorded and relevant information communicated to the appropriate people.
6.   The agency contributes to the review of the service user's care plan.
7.   The agency has arrangements in place to ensure that care workers manage medicines safely and securely.

[84] Domiciliary care | Department of Health (health-ni.gov.uk)
[85] Domiciliary care services for adults in Northern Ireland 2021 (health-ni.gov.uk)
[86] Information source: Domiciliary Care Standards and Quality Assurance - homecare.co.uk advice
[87] Quality Standards for Health and Social Care (health-ni.gov.uk)

8. Management systems and arrangements are in place that support and promote the delivery of quality care services

9. There are policies and procedures in place that direct the quality of care and services.

10. Clear, documented systems are in place for the management of records in accordance with legislative requirements.

11. Staff are recruited and employed in accordance with relevant statutory employment legislation.

12. Staff are trained for their roles and responsibilities.

13. Staff are supervised and their performance appraised to promote the delivery of quality care and services.

14. Service users are protected from abuse.

15. All complaints are taken seriously and dealt with promptly and effectively.

16. The agency has systems that ensure safe and healthy working practices.

3.16   One example of the domiciliary care model in GB is the KeyRing scheme[88]. The essence of this model is a network of dwellings lived in by those receiving support (usually about 10 properties) and one dwelling occupied by an unpaid community-living volunteer who is living rent-free and also providing localised support. In addition, there is a call line if professional help is required, together with domiciliary support provided by KeyRing or other agencies. Whilst domiciliary support is most commonly aimed at older people, KeyRing started for people with learning difficulties and now also provides support to vulnerable young people and those with mental health problems.

Established in 1990, the KeyRing model[89] aims to improve the quality of life of vulnerable adults, initially focussing on those with learning disabilities and then expanding to other groups. The aim of KeyRing Living Support Networks is to enable members to *take control and responsibility for their lives, live successfully in a place of their own and make a contribution to their local community.*[90] The community-living volunteer provides at least 12 hours of support each week for issues such as bills and budgeting, assisting the clients to get into education, training and employment, and providing support to build links with neighbours and in the community. *KeyRing was initially set up to develop and provide an alternative housing and care model to a group of people with learning disabilities who were in institutional care and wanted to be able to live in a home of their own. This model uses an asset-based approach which grows the capacities and skills of Network Members.*[91]

3.17   An independent assessment of the KeyRing model in 2018[92] pointed to cost savings in terms of the investment for this model compared to more traditional delivery of support.   Other evaluations[93] have shown positive financial outcomes in terms of cost savings, as well as individual and personal outcomes for those supported by this model.

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[88] Clapham (2017), Page 33.
[89] Governance International - KeyRing Living Support Networks (govint.org)
[90] Governance International - KeyRing Living Support Networks (govint.org)
[91] Governance International - KeyRing Living Support Networks (govint.org)
[92] Housing LIN (2018), *The Financial Case for KeyRing, http://www.keyring.org/research/the-financial-case-for-keyring*
[93] Alder (2013), *Summary of the updated Evaluation of KeyRing Networks Plus in Walsall, http://www.keyring.org/uploaded_files/1101/images/KeyRing%20Network%20Plus%20Evaluation%20Summary%20-%20Alder.pdf*

Sheltered housing in Northern Ireland

3.18   There are currently just under 10,000 units of sheltered accommodation - flats or bungalows - for older people in Northern Ireland, being provided by 12 Housing Associations, HSC Trusts and voluntary organisations.[94]   Sheltered accommodation, which emerged in the 1970s and 80s, is a term used to describe a group of dwellings built in accordance with specific guidelines set by the DfC, designed for older or disabled people and with support provided on site. Sheltered accommodation aims to promote residents' independence for as long as possible while at the same time ensuring contact with support staff and others, enabling residents to access help and assistance when needed.

3.19   The Housing Association Guide[95] includes a list of Needs groups. A number of these are relevant in terms of older people and relate to sheltered housing, housing with care and what DfC term – group homes. These are as follows:
Elderly – Relatively Fit   CAT. 1
Elderly – Sheltered   CAT. 1 and CAT. 2
Elderly – Housing with care (supported living)   CAT. 3
Elderly – Group home

The categories refer to an increase in the level of shared facilities. For example, Category 1 housing is physically detached units with limited support facilities. Category 2 housing refers to sheltered schemes, usually within one block which have heated corridors, a Common Room, a system for calling the onsite or offsite staff, and a communal laundry. Category 2 ½ refers to schemes which have more than the bare minimum of Cat 2. Category 3 relates to schemes which include a care element on site, also referred to as extra-care; these would fall into the category of supported living. It should be noted that schemes that have an element of both housing support and care, funded through the HSC Trusts, are subject to regulation by the RQIA for the care element.

3.20   Descriptions of sheltered housing are diverse. In research conducted in Northern Ireland Hadjri, K (2010)[96], highlighted common factors in sheltered housing such as security, call systems for emergencies, maintenance by a housing association or the local authority, with a focus on enhancing the quality of life of the resident and in particular enabling independent living. Physical adaptations such as lowered worktops, walk-in showers and raised electric sockets are noted, as are access and space for those using mobility and other aids.

3.21   Sheltered housing is not without its critics.   Clapham comments: *the rather unsuccessful history of sheltered housing has meant that little is currently being built. However, rather than use the experience to question the concept, the policy reaction was merely to upgrade the facilities to extra-care housing, which is sheltered housing with more in situ support services[97].*

Emerging Horizons (2015), *Addicts4Addicts & Keyring Recovery Network: Final Report*, *http://www.keyring.org/uploaded_files/1101/images/Recovery%20Network%20evaluation%20-%20Emerging%20Horizons.pdf*
[94] Details are available on the EROSH website – www.shelteredhousing.org Directory of Services. Also listed in Appendix 10.
[95] The Housing Association Guide | Department for Communities (communities-ni.gov.uk)
[96] Hadjri, K. *An assessment of sheltered housing design in Belfast, Northern Ireland*. Journal of Housing for the elderly, 2010-05-25, vol 24 (2), p.171-192.
[97] Clapham (2017), Page 145.

Sheltered housing faces a number of challenges as follows:

- Younger people (50+) accessing services
- The wide age range of residents (aged 50 to 100+)
- The complexity of needs
- The varying levels of support required
- Issues over the desirability and suitability of physical design
- Providing services to older people in the local neighbourhood[98].

Extra-Care housing

3.22   A number of Housing Associations have developed Category 3 schemes, also referred to as extra-care housing or housing-with-care. Some estimates suggest that there are 18 extra-care schemes in Northern Ireland[99], provided by Housing Associations including Apex, Clanmil and Radius. Schemes cater for older people with increasing care needs and who need more support than is generally available in normal sheltered housing schemes, and tend to accommodate frail older people and/or older people with dementia. For the purposes of this study the schemes are categorised under the heading of supported living schemes.

Extra-care housing enables the older person to have their own flatlet and where practically possible, remain in control of their own affairs, combined with access to 24-hour care and support provided by onsite trained staff, as well as assistance in terms of personal care and provision of all meals.   However, Clapham is negative about some aspects of extra-care housing, and questions whether older people will want to and/or actually use it[100]. Clapham references evaluations of extra-care housing: *In a review of extra-care housing in Wales, Burholt et al (2010) found that the support provided lacked both depth and breadth, and was particularly unsuitable for those with cognitive difficulties.*[101]

Retirement Villages

3.23   Retirement Villages are listed, within Clapham's framework, under two headings; firstly individual housing linked with some communal facilities, and secondly as core and cluster. The Retirement Village model emanated in Australia and the United States and then latterly in Europe and GB.   However, the development of Retirement Villages in Northern Ireland remains fairly limited, albeit that there have been some discussions and coverage about potential developments (outlined below).

3.24   Whilst Retirement villages and the services provided vary considerably, the following generic definition sums up this model:
Retirement villages are usually self-contained developments that offer housing, care and support in an environment that aims to promote independence and offers a range of social and leisure facilities. A range of tenures are commonly provided, including rental, outright

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[98] *Housing Related Support Strategy 2012 – 2015,* NI Housing Executive, page 25.
[99] [Extra Care Housing in Northern Ireland (carehome.co.uk)](carehome.co.uk)
[100] Clapham (2017), Page 158.
[101] Clapham (2017), Page 145.

purchase and shared ownership. Flexible care packages can be purchased by residents to meet their changing needs, and some retirement villages have onsite care homes.[102]

3.25   An *Analysis of the need and demand for retirement villages in Northern Ireland in their various forms* (2008)[103] [104] reviewed the various definitions under the headings of retirement villages and housing with care. At that point there was no directory of such services within the UK or the RoI. The definition developed as part of that research study was as follows:
Retirement villages are for people aged 55 and over. They offer housing in a secure development, often with gates/restricted access. Residents have their own front door, a range of facilities and social activities alongside a range of care and support services that can cater for a person's health and care needs as they get older.

3.26   These definitions of Retirement villages point to considerable commonality in the type and nature of provision. These were summarised by Croucher et al[105] in terms of common and related aims in the evolving definitions of retirement villages (note this was in 2006) as follows:
- To promote independence – own front door, tenants or owners, barrier-free environments, use of assistive technology and philosophy of 'working with' rather than 'doing for' residents;
- To reduce social isolation – allowing greater opportunities for social contact, neighbourliness and mutual support;
- To provide an alternative to residential or institutional models of care – emphasis on housing and its associated autonomy, but with the common features that residential care setting have in order to allow, in theory at least, ageing in place;
- To provide residents with a home for life – ageing in place suggests that retirement villages can offer a home for life, without residents having to move again, and
- To improve the quality of life of residents – this overarching aim of providing a good quality of life via all of the above, compared to what an older person would have in the community or in a residential care setting.

3.27   One driver for the development of Retirement Villages, identified by Clapham was as follows:
the growth of owner occupation and the reduction in public rented housing has resulted in a decline in the demand for traditional models of supported housing that were largely public sector oriented (sheltered housing). *Housing developers saw the growing potential and introduced models of owner-occupied retirement housing.*[106] Further drivers and justification for the model appear to surround the opportunity for residents to remain in the same home or location over a period of time. Clapham notes: *there does seem to be some justification for the use of the core and cluster model, however, whether in the form of the retirement village or the community hub in Britain. This form offers flexibility and enables residents to change*

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[102] Evans, S (2009), *Community and ageing: Maintaining quality of life in housing with care settings,* Bristol: Policy Press, Page 47.
[103] Boyle, F (June 2008), NI Housing Executive, *Analysis of the need and demand for retirement villages in Northern Ireland in their various forms.*
[104] This research also acknowledged a range of other accommodation options for older people, outside of the discussion on supported housing. These included downsizing or moving, staying in current accommodation but releasing equity via schemes and other models such as Retirement caravan parks with some examples in NI including Sea Haven in Groomsport and at Ballyhalbert.
[105] Croucher et al (2006), Page 13.
[106] Clapham (2017), Page 146.

their housing and support situation while retaining neighbourhood and social ties by staying in the same home or location[107]*.*

3.28   Clapham highlighted the advantages and disadvantages of Retirement villages.[108] In terms of advantages it is acknowledged that that model does enable older people to downsize and release equity, and *to move to a modern apartment with few maintenance worries.* From a downside Clapham notes that this model comes *with the added burden of service charges, which could be higher than many households predicted.*

3.29   The HE commissioned research[109] examined developments in GB and further afield, as well as undertaking market research to establish the level of knowledge of retirement villages and people's propensity or interest in moving to this model, at the appropriate age and stage. Respondents verbalised a number of perceptions which may mean that older people in Northern Ireland are less likely to be interested in the retirement village model. These included that older people tend to live in close proximity to a close family member who can provide support into older age, that older people in Northern Ireland are less likely to move a significant distance away from their current community with a preference to stay within a 5 – 10-mile radius of their current accommodation, and that traditional views such as 'live out my day here' and 'leave here in a box' would preclude older people wanting to leave their current home.

3.30   Recent planning applications for Retirement Villages in Northern Ireland are worth noting. Planning has been underway since 2017 for a significant scheme in Carrickfergus. Original proposals included 321 residential units for over-55s, a medical centre with a further 40 assisted living units, and a 94-bed nursing home, together with a spa/wellbeing centre and retail outlets and a park and ride scheme to the town centre[110]. This overall plan received planning approval.   Plans were then amended and resubmitted in 2021[111], with the removal of the medical centre and assisted living units, and an increase in the nursing home units to 125, and a reallocation of the proportion of flats and houses in the main part of the scheme with an increase in the number of houses and a decrease in the number of flats. The Retirement Village project is being managed by Causeway Asset Management on behalf of Kilmona Holdings.

3.31   Similar plans were developed for the former Thornhill College site in Londonderry[112]. Plans have been passed by Derry and Strabane Council's planning committee and include a residential care home for 65 people, 68 semi-independent living units and two community buildings.   Other developments which could fall into the definition of Retirement villages include Harberton Hall in Belfast[113]; these are referred to as independent living apartments,

[107] Clapham (2017), Page 159.
[108] Clapham (2017), Pages 146 & 147.
[109] Boyle (2008), *Analysis of the need and demand for retirement villages in Northern Ireland in their various forms,* NIHE.
[110] Taken from - 'Retirement village' plans for Carrickfergus | NorthernIrelandWorld
Unveiled: Northern Ireland's first retirement village - 360 homes planned for Carrick - BelfastTelegraph.co.uk
[111] Health centre dropped from redrafted retirement village proposal for Carrickfergus - The Irish News
[112] Plan to build retirement village on site of former Derry college gets green light - BelfastTelegraph.co.uk
[113] New independent living apartments in Belfast | Harberton Hall | Abbeyfield
Abbeyfield Belfast (harbertonhall.org)

but do not appear to include provision for personal care or nursing care. The scheme does provide a restaurant, a cleaning and personal laundry service, security, on-site hairdresser and opportunities for exercise and activities.   The weekly charges at Harberton Hall vary from £648 to £976, and include 24-hour security, evening meal, broadband and landline, heating and electricity, and the cleaning and laundry services.

3.32   A key question for the potential applicability of Retirement Villages in Northern Ireland remains, particularly when compared to GB and the RoI where there has been a steady growth in this model. Questions arise around the scalability of the model in Northern Ireland, where developments elsewhere suggest a trend towards larger developments (up to 600 units – Evans 2009) or whether the factors raised in the 2008 research by Boyle for the HE still remain (that people in Northern Ireland remain in their area, have family to support them, and prefer to stay at home). Undoubtedly this model of supported housing merits further investigation, particularly because of the increasing proportions of older people and people living longer. The DfC may wish to explore potential incentives for this model.

Residential and nursing care

3.33   A residential care home is a residential setting where a number of older people live, usually in single rooms, with access to on-site care services which include personal care[114] and some meals. A nursing home provides the additional element of care by a team of registered nurses. Table 8 indicated that there are 230 residential care homes in Northern Ireland (providing maximum places for 5,277) and 243 nursing care homes (with 10,616 places)[115]. *Transforming your Care: A Review of Health and Social Care in Northern Ireland* (2011)[116] recommended a reduction in residential and nursing home provision and a move to more care at home for older people.

3.34   Clapham compares the level of residential/nursing care in the UK to that of Sweden, where it is normally referred to as 'assisted living'. Clapham notes: *According to Nord (2011), there are only about 100,000 older people in Sweden in 'assisted living' or residential care in 2010… Swedish support services for older people are extensive by any international comparison…*[117]

3.35   Examination of supported housing provision for older people points to a wide diversity of provision including the person living in their own home and receiving domiciliary care, sheltered housing, extra-care housing , retirement villages, and finally residential and nursing care. Provision which includes care in addition to the housing and support is referred to as supported living. The vast majority of provision for older people within the supported housing bracket is sheltered. In the main individuals receive housing and support, and in some cases may have assessed needs which require domiciliary care provided by the HSC Trust. Other more developed models exist including Retirement villages and extra-care schemes; the latter providing an increasing level/ratio of care for the individual.

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[114] Source: What is a Residential Care Home? - carehome.co.uk advice
[115] Source: Regulation and Quality Improvement Authority - Social & Healthcare Services Directory Northern Ireland | Regulation and Quality Improvement Authority (rqia.org.uk)
[116] Transforming Your Care Strategic Implementation Plan (hscni.net)
[117] Clapham (2017), Pages 137 & 139.

3.36   NIFHA highlight the advantage of supported living for frail elderly people and older people
        with dementia as follows:
        • Maximise independence
        • Reduce mental health deterioration and overall deterioration in health and wellbeing
        • Avoid or delay the need for more expensive residential or nursing care
        • Reduce health emergencies
        • Reduce admittances to hospital
        • Enable palliative care in a community setting[118]

3.37   Exploration of the housing needs of older people, including the need for supported housing
        are embedded within wider health, social care and housing discussions at local authority level
        and regional/national level. In England evidence points to considerable consultation with
        older people about independent living[119]. This is evidenced by consultation and review
        documents, the development of Independent living housing strategies, and housing for older
        people strategies[120].

        Sheffield City Council's Strategic Housing Market Assessment found that whilst some older
        households wanted independent accommodation, many would prefer supported housing, but
        that there was a lack of availability or affordability of current specialist housing for older
        people[121]. Reasons for the lack of supported housing provision were cited as the lack of
        specialist developers in the city, and the uncertainty surrounding the funding framework for
        supported housing in recent years (this was agreed in June 2020). There was also recognition
        that some older people faced barriers accessing supported housing, and that the Strategy
        should improve understanding of these barriers and explore opportunities to improve access
        to this type of accommodation[122].

        Stevenage Borough Council has a Housing for Older People Strategy, which notes:
        *Stevenage has a well-established and productive Strategic Supported Housing
        Accommodation Board, where the County Council and Borough Council meet regularly to
        discuss and agree initiatives to bring forward new supported housing and housing related
        innovation in the town*[123].   In this strategy supported housing is described as: *housing
        combined with support services, which is allocated based on scheme specific criteria. This
        accommodation is usually offered in a shared setting although it can extend to self-contained
        accommodation*[124]. The strategy examines the housing needs of older people, referencing a
        specific policy in relation to sheltered housing and supported housing.

3.38   In Scotland, the theme of housing for older people is encapsulated in the strategy published
        in 2011[125]. This document sets out the vision that older people in Scotland are valued as an

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[118] NIFHA evidence to Health Committee on Supported Living.pdf
[119] The term independent living is often used in place of the term supported housing.
[120] Sheffield City Council - Decision - Sheffield Older People's Independent Living Housing Strategy 2017-2022
Item 7 - Appendix A - Draft Housing for Older People Strategy.pdf (stevenage.gov.uk)
[121] Sheffield City Council - Decision - Sheffield Older People's Independent Living Housing Strategy 2017-2022
, pages 96 & 97.
[122] Op cit, page 106 & 107.
[123] Item 7 - Appendix A - Draft Housing for Older People Strategy.pdf (stevenage.gov.uk), page 5.
[124] Op cit, page 49.
[125] National Strategy for Older People - Independent living - gov.scot (www.gov.scot)

asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting. The strategy specifically references the development of further supported housing as follows:

We will prepare a practical guide to the redevelopment of existing sheltered housing to provide a varied and flexible range of supported housing for older people. This will be prepared as a priority in recognition of the immediate issues for social landlords who have sheltered housing, which is no longer fit for purpose or which could be used more effectively[126]*.*

3.39   The value of supported housing for older people has been well documented in the Republic of Ireland[127] with estimates of significant accumulated benefits for the State through an increase in the level and availability of this form of housing and support[128]. An increase of 11,400 additional units was estimated to potentially produce a saving of €900 million to the State over a 30-year period.

This followed on from the Thinking Ahead research report[129]. This report included findings from a national survey of the attitudes to housing needs of older adults with a particular focus on 'independent living with care for older adults/supported housing'. Research methods included Creative Design Workshops to provide insights into the attitudes of older adults and other key stakeholders, exploring views about living in clustered or supported housing units, and in particular what support, services and other features would inhibit or enhance the attractiveness of supported housing as an option. Key themes from this research included the need for older people to have choice, and that this choice would be beyond limited options such as nursing care. In addition, the report noted that current supportive housing in Ireland is mainly targeted at low-income older people, with limited options for those from higher income brackets, or who desire a more varied and flexible model of provision. Perceptions and attitudes were also highlighted in the research; with references to the perception that institutional care is the only alternative to one's own home.

3.40   Wider research points to a gathering impetus to thinking about the care and support needs of older people[130]. The ability to live in supported housing clearly has to take into account the individual's own needs across a spectrum of factors including health, family/friends contact, mobility etc. and needs to include reference to the provision of care and support via social services or other sources.

Research on older people living at home highlighted the importance of the supported housing model or shared housing, in particular pointing to the opportunities for social interaction. Participants described their living conditions and housing, relating these to the opportunity to

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[126] Ibid, page 51.
[127] Thinking-Ahead-Supported-Housing.pdf (housingagency.ie)
Thinking Ahead: The Financial Benefits of Investing in Supported Housing for Older People (2016)
[128] Op cit, page 43.
[129] Layout 1 (housingagency.ie)
Housing for Older People – Thinking Ahead Research report (2016) .
[130] Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF) | BMC Geriatrics | Full Text (biomedcentral.com)   (July 2019)

have activities and live in close proximity to others, together with having their own private space[131].

Supported housing for young people

3.41   There are 33 supported housing schemes for young people in Northern Ireland, providing a total of 877 units of accommodation and Floating Support; some are combined with Floating Support, outreach and/or resettlement support. A relatively small number of providers cover this area as outlined by Table 9. The supported housing is in the main targeted at young people aged 16 – 21, with some provision extending to 25 years old. There are other Floating Support services provided by the HSC Trusts.

Table 9: Supported housing for young people by remit and location

Provider	Remit	Locations
Action for Children	Supported accommodation and Floating Support services – providing support for young people who are homeless, at risk of homelessness or leaving residential care.	Enniskillen and Omagh
Barnardo's	Range of housing and support services to young adults who are leaving residential, foster or family care.	Belfast
Belfast Central Mission	Supported housing and Floating Support services for young people at risk and young people leaving care.	Bangor, Belfast, Dungannon and Magherafelt
First Housing Aid & Support Services	Supported housing and Floating Support services for young people	Londonderry
MACS Supporting Young People	Range of housing and support for young people leaving care or experiencing homelessness	Belfast, Lisburn, Newry and Downpatrick
Praxis Care	Housing and outreach support	Londonderry
Shelter (NI) Ltd.	Accommodation and support	Omagh
Simon Community NI	Temporary accommodation with support, Floating Support and resettlement support	Belfast, Coleraine and Portadown

Source: NIHE, Supporting People

3.42   The models of supported housing for young people in Northern Ireland fall largely into small to medium sized schemes, where the young person has their own single and self-contained accommodation. Whilst there are some more communal/shared living schemes, this is generally lower than is found in the general homelessness provision. The focus of supported housing for this client group is to help them develop the independent living skills necessary

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[131] Older people living at home: experiences of healthy ageing | Primary Health Care Research & Development | Cambridge Core (March 2021)

for independent living, with the intention of move on towards ordinary housing in the community. Assessment beds are provided in a number of schemes.[132]

3.43   A review of the literature around the best model of supported housing for young people points to a number of key themes:

- young people's schemes tend <u>not</u> to be large hostels (as per temporary accommodation) but smaller schemes with self-contained accommodation;

- the focus is on building up the resilience and skills they need for independent living and the aim is ultimately successful resettlement;

- the majority of young people accommodated are from a care background or care-experienced - in care, leaving care, foster care – or who have lived independently and now are either at risk of homelessness or breakdown of tenancy[133]. Clapham places discussion around models of supported housing for young people within the wider discussion on homelessness. Clapham[134] outlines the core and cluster model in provision for young homeless people, noting that this provides a combination of emergency accommodation plus assessment point, together with self-contained accommodation in the community. Support is provided from staff in the core to young people in the independent accommodation, whilst the core also houses the provision of training and support facilities that young people can avail of;

- the literature also points to recurring experiences for the young people who need supported housing (that is young people who are care-experienced or aged 16 – 17 and homeless). Johnsen and Quilgars[135] noted that almost half of young homeless people have experienced a breakdown in the relationship with their parents, which in almost half of cases is accompanied by violence. A range of other complex support needs is well cited in the literature including drug or alcohol abuse, financial problems and debt, poor educational attendance and attainment, low self-esteem and mental health problems. Pleace et al[136] noted that young homeless people experience depression and anxiety at a rate of three times that of the general population of the same age.

3.44   Discussion on the background to youth homelessness in Northern Ireland and linkages between young people leaving the care system was included in two recent reports for the HE; firstly on homelessness service user journeys[137] and secondly on experiences of youth

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[132] There are 12 'Assessment beds' Northern Ireland wide, located in four of the five HSC Trusts. These beds are available to the HSC Trusts for the assessment of young people aged 16 – 17 years old presenting as homeless, for the 10-day assessment period.
[133] Alongside the Housing (NI) Order 1988 (as amended) the Children (NI) Order 1995 defines a 'looked after' child as one who is in the care of the HSC Trust or who is provided with accommodation by the Trust. Furthermore, the Children (Leaving Care) Act 2002 provided guidance in terms of entitlement for homeless applicants who are in need and vulnerable.
[134] Clapham (2017), Page 32.
[135] Johnsen S and Quilgars D (2009) *Youth homelessness,* in S Fitzpatrick, D Quilgars and N Pleace (eds) *Homelessness in the UK: Problems and solutions.*
[136] Pleace N, Fitzpatrick S, Johnsen S, Quilgars D and Sanderson D (2008), *Statutory homelessness in England: The experiences of families and 16 – 17-year-olds.*
[137] *Homelessness Service User Journeys – A Report for the Northern Ireland Housing Executive,* Fiona Boyle Associates, July 2021. Homelessness Service User Journeys (nihe.gov.uk)

homelessness[138]. A further report on young people in jointly commissioned services is due for publication by Supporting People and the HSC Trusts.

3.45   Housing First for young people covers accommodation and community-based elements and is targeted at complex young people, and is delivered at times when the young person is at their most vulnerable and most in need of support. A Housing First for Youth Service was delivered in 2018 as a partnership between Simon Community NI, the Northern HSC Trust and the HE.   The model draws on and is informed by similar models operating effectively in some local authorities in Scotland and England (examples referenced[139]), incorporating the Housing First for Youth core principles.

3.46   Whilst supported housing for young people is generally seen as a better route than moving into mainstream (adult) homeless hostels or other arrangements such as sofa surfing and rough sleeping, Clapham noted that segregated provision for young people may also have its disadvantages.   *Supported accommodation schemes may place young people with chaotic lifestyles together and this may create situations of fear or lead to inappropriate collective behaviour.   Many young people have found age-specific environments such as hostels threatening places in which they feared for their safety. Age segregation in this situation may also lead to an increase in the stigmatising of young people in an identified scheme among the population at large.*[140]

Supported housing for homeless people

3.47   Whilst we may not automatically think of hostels as being supported housing, in part because of their temporary nature, they are in fact categorised under this heading, as noted above in the review of Clapham's framework and classification. In this sub-section we look at the extent and nature of supported housing for homeless people in Northern Ireland, including hostels and foyers. Clapham emphasises the diversity and range of types of supported housing for homeless people, with particular reference to their age and needs. He notes: *there is a wide range of supported accommodation available for homeless people, such as hostels, bed and breakfast hotels, and supported lodging schemes*[141].

3.48   The Supporting People Directory and data provides a comprehensive overview of the type and nature of hostel provision in Northern Ireland; this is summarised in table 10. This indicates the number and type of provider of homeless hostels. In addition, provision relating to 'other' categories has been included: people with alcohol problems, people with drug problems, offenders or people at risk of offending and women at risk of domestic violence.

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[138] *Experiences of youth homelessness – A report for the Northern Ireland Housing Executive,* Fiona Boyle Associates, With Professor Nicholas Pleace, Centre for Housing Policy, The University of York, October 2021
Experiences of Youth Homelessness (nihe.gov.uk)
[139] Fife Council in Scotland - Housing First for Youth | Fife Council
Housing First For Youth - Rock Trust
[140] Clapham (2017), Page 95.
[141] Clapham (2017), Page 177.

Table 10: Range of supported housing for people who are homeless or with additional support needs

Overall client group	Sub-group	Number of schemes	Number of units
People who are homeless or at risk of homelessness	Homeless families with support needs	31	968
	Single Homeless Crisis Accommodation service	2	31
	Single Homeless with support needs	41	1,488
Other	People with alcohol problems	12	307
	People with drug problems	1	30
	Offenders or people at risk of offending	6	297
	Women at risk of domestic violence	24	1,159

Source: NIHE, Supporting People

3.49   Hostels for families with support needs provide temporary accommodation for families with one or more parents and with one or more children. The HE has a legislative duty towards this group. Provision mainly falls into the category of individual housing linked with communal facilities. Service users have their own individually occupied dwellings (mainly flats and houses) and share a range of communal facilities in the same block or scheme e.g. laundry facilities. One difference with this model, for family hostels, is that this is generally temporary accommodation and the family do not have full occupancy rights. This aspect of the provision is more akin to the description of shared living under the framework of models.

3.50   There are just two hostels providing a single homeless crisis accommodation service in Northern Ireland, both in Belfast – for men at Centenary house provided by The Salvation Army and for women at Annsgate provided by the Welcome Organisation. These are viewed as emergency temporary accommodation providing crash facilities. The service user has limited occupancy rights, and in most cases has to apply for a bedspace on a daily basis and is not enabled to be in the facility during the day. This provision falls largely into the shared living model of supported housing with linked communal facilities and limited occupancy rights.

3.51   Hostels for single homeless with support needs are spread throughout Northern Ireland, although with more provision in regional towns and cities. The history of the development of this element of supported housing shows in the distribution of different voluntary sector providers, including those from religious based organisations, and also in the distribution of targeted needs e.g. specific hostels for men (Utility Street Men's hostel) and for women (Regina Coeli – now closed with new provision open for 10 single women – The Welcome Organisation, Catherine House) and for specific client groups e.g. offenders (Must hostel) and young Mum's (Shepherd's View).

Table 10 indicated that there are 41 hostels for single homeless people with support needs, as well as provision for young people (examined below), and hostels/supported housing for people with needs such as alcohol problems (12 hostels), people with drug problems (one hostel), hostels for offenders or people at risk of offending (six hostels) and hostels or refuges for women at risk of domestic violence (24 hostels). The majority of this latter list of hostels responding to specific needs are provided by specific groups with the knowledge and expertise in that area.

For example, the provision of supported housing for those with alcohol problems includes the Council for Social Witness (PCI), Cuan Mhuire and First Housing Aid & Support Services. The provision of supported housing for young people involves organisations such as Action for Children, MACS Supporting Young People and the Simon Community NI amongst others. In the case of homeless provision for younger people this is frequently as a result of them leaving home at an early age, in many cases as a result of a breakdown in relationship with parents/carers and being asked to leave, or from leaving the care system[142].

3.52   Also within this category is the specific type of supported housing called foyers.   Foyers for young homeless people were developed in Northern Ireland in the 1990s. There are currently two in Northern Ireland, one in Londonderry (Strand Foyer) and one in Belfast (Flax Foyer). A third foyer (Belfast Foyer provided by Simon Community NI) has been recategorised as temporary accommodation for young people rather than a foyer. The overall aim and ethos of the foyer model is to enable young homeless people aged 16 – 25 years old to live independently, providing them with support to do so, alongside opportunities for training and employment. The overall aim is that the young person can be supported to successfully transition to independent living and a sustainable livelihood.   The provision of foyers in Northern Ireland has decreased from four in the mid-1990s to a total of two. Given this reduction, and in particular the reorientation of the purpose and function of Belfast Foyer, this is perhaps a form of supported housing that needs to be reviewed in Northern Ireland.

3.53   Table 10 indicated 24 hostels for women at risk of or experiencing domestic violence. The majority of these are provided by Women's Aid.[143]   The refuges provide a safe place for whatever length of time required and resettlement and follow-up support. They also often provide a dedicated service for children and young people, as well as support groups and group work programmes.   In addition to accommodation-based services, provision includes community-based services such as Floating Support and wider support work.

3.54   Other supported housing models for young people are in their early stage of development. For example, MACS Supporting Young People have developed a shared tenancies project[144], which could be defined under the core and cluster model of supported housing provision, where facilities are not shared and the accommodation is scattered.

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[142] NIHE website notes: Young people leaving care are at greater risk of becoming homeless.
The Housing Executive - Avoiding homelessness (nihe.gov.uk)
[143] Women's Aid Federation Northern Ireland (womensaidni.org)
Women's Aid Directory - Women's Aid (womensaid.org.uk)
[144] Our House - Shared Tenancy Project - MACS Supporting Children & Young People (macsni.org)

3.55   Housing First (already referenced earlier under young people's services), as a model of
        provision for those who are homeless and who have additional support needs, is worth
        highlighting at this point. In terms of where it might be placed on the framework of models;
        undoubtedly one could argue that the person is in their own home with domiciliary and other
        support. The accommodation is scattered rather than linked, and the individual has full
        occupancy and in most cases tenancy rights. Boyle and Palmer noted: *'Housing First' is a tried
        and tested approach to providing permanent housing for homeless people who are dependent
        on alcohol and drugs or who have mental health issues, with the support, social care and
        health services they need provided to them in their own homes or locally in their community…
        It is the dominant homelessness policy in the USA at Federal, State and City levels; and it is also
        the preferred policy in a number of EU countries notably France and the Republic of Ireland. It
        has also been adopted with variations in Canada, Australia, New Zealand and Japan*[145].

3.56   This review of provision of supported housing for homeless people and households in
        Northern Ireland, highlights the diversity and range of types of schemes and approaches. It is
        evident that these fall into the wide classification and framework outlined earlier in table 3.
        For example, homeless hostels and foyers are examples of shared living where service users
        have their own bedroom but share communal facilities, and where there is usually high levels
        of support. In contrast some supported housing for homeless clients may be in individual
        housing e.g. family hostels and women's refuges, with linked communal facilities, albeit that
        tenancy rights are generally limited. Some provision, particularly for younger people and care
        leavers falls into the core and cluster model, whilst approaches such as Housing First correlate
        more closely with the service user being in their own tenancy, scattered throughout a
        community and with support being flexible to their needs.

3.57   Clapham draws a number of interesting conclusions on hostels and foyers as forms of
        supported housing as follows:
        *They offer their residents very little chance of an attachment to home or neighbourhood. They
        signal difference to others and have low symbolic status, although foyers were a conscious
        effort to break from the existing view of hostels and to reduce the stigma associated with
        them.*[146]

        Clapham concludes: *on the basis of the evaluation here, there is little justification for the
        pursuance of these models and the policy focus needs to be shifted to more flexible support
        arrangements servicing mainstream accommodation in the core and cluster or domiciliary
        models… diversion of funding away from particular supported housing models, such as foyers
        and the remaining hostels, and towards core and cluster and domiciliary forms of provision
        would be a step in the right direction.*[147]

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[145] *The Efficiency and Effectiveness of the Housing First Support service piloted by Depaul in Belfast, Funded by Supporting People: An SROI
Evaluation*, Final report June 2016, Fiona Boyle and John Palmer, with Salma Ahmed The Efficiency and Effectiveness Of The Housing First
Support Service piloted by Depaul In Belfast, funded by Supporting People: a Social Return On Investment evaluation. (nihe.gov.uk)
[146] Clapham (2017), Page 187 & 188.
[147] Clapham (2017).

3.58   It is also important to point out changes in approaches to homelessness including the provision of accommodation/supported housing, but also in relation to prevention, education and awareness. The current and previous Homelessness Strategies[148] point to a movement towards prioritising prevention. This gradual shift mirrors changes in policy in GB as identified by Jones and Pleace[149]. They noted *the closure of large hostels and the growth of smaller supported schemes with more support geared to resettlement; more move-on through resettlement programmes in hostels; more direct placement of homeless people in mainstream tenancies with Floating Support, in addition to a growth of tenancy support services to prevent homelessness and support those resettled*[150].

Supported housing for disabled people

3.59   Supported housing provision for disabled people in Northern Ireland is categorised by SP into three main groups – people with physical or sensory disability, people with learning disabilities and people with mental health problems. Table 11 indicates the number of supported housing schemes per each client group. These are provided by voluntary sector providers and also by HSC Trust providers.

Table 11: Range of supported housing for people who are disabled

Overall client group	Sub-group	Number of schemes	Number of units
People with disabilities	People with physical or sensory disability	20	430
	People with learning disabilities	137	1,411
	People with mental health problems	116	1,522

Source: NIHE, Supporting People

3.60   Supported housing for disabled people includes examples of all the models outlined earlier in table 3. Older supported housing schemes are shared living models; where the service user has a bedroom, but all other facilities are communal and shared. In some cases the individual also receives all their meals. More recent schemes are based on the individual housing with linked communal facilities or a core and cluster model, providing the individual with more independence and private space.   Following resettlement under the Bamford Review many disabled people moved out of long-stay hospitals and institutional care and into their own home with domiciliary support. Supported housing schemes in all three sub-groups include provision which falls into the supported living category.

3.61   Supported housing for people with physical or sensory disabilities have been developed and are delivered by a small number of providers: the PCI[151] Council for Social Witness, Leonard Cheshire Disability and the Cedar Foundation.

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[148] Homelessness Strategy for Northern Ireland 2012-2017 (nihe.gov.uk)
Ending Homelessness Together Homelessness Strategy 2022-27 (nihe.gov.uk)
[149] *A review of single homelessness in the UK 2000 – 2010,* Jones A and Pleace N, 2010.
[150] Clapham (2017), Page 179.
[151] Presbyterian Church in Ireland.

3.62   Supported housing for people with learning disabilities is provided by a mix of providers including HSC Trusts (all 5 Trusts), Housing Associations (Apex, Radius and Triangle) and some voluntary organisations including Autism Initiatives, Camphill Community (Clanabogan and Mourne Grange), Council for Social Witness, Harmoni, Inspire Mental Health, Kilcreggan Homes, L'Arche Belfast, Livability, Mainstay DRP, Mencap, Positive Futures, Praxis, the Beeches Professional and Therapeutic Services and the Cedar Foundation. Provision in this sub-group varies although most on the basis of models 1 and 2 in table 3. Some provision, such as Camphill and L'Arche, work on the basis of group homes where volunteers live within the community, providing housing support. Some schemes across this sub-group are for specific types of learning disability e.g. Down's syndrome, whilst there is often management within clusters of similar levels of learning disability.

3.63   Similar to provision for people with learning disabilities, supported housing for people with mental health problems is provided by a mix of HSC Trusts (all 5 Trusts), Housing Associations (Apex Housing Association) and some voluntary organisations. The latter includes: First Housing Aid & Support Services, Inspire Mental Health, Mind Wise New Vision, Praxis Care and Threshold. Similar to the learning-disabled theme, supported housing for this group has latterly been related to enabling people with mental health problems to leave long-stay hospitals and institutions; within recent years a focus on the Bamford Review in Northern Ireland. A key focus for this group has been the social inclusion and enabling of independent living in the community, rather than separation or social exclusion, with studies noting: *various supported housing settings aim to promote housing competencies and social inclusion in service users.*[152]

3.64   Supported housing for people with learning disabilities has grown substantially following the recommendations of the Bamford Review whilst this research indicates that there are shared/communal supported housing schemes for people with learning disabilities, a higher level of this group, compared to any of the other SP Thematic groups or sub-groups, live in what can be referred to as individual supported living (ISL) arrangements. These have been developed in a bespoke way for the individual because of a combination of their intellectual disabilities and high support needs. Wider research from Australia[153] points to the benefits of an ISL approach.

3.65   Clapham notes a number of interesting comments on supported housing for disabled people as follows:
- the categories (in the NI context the sub-groups) are restrictive and mask the similarities between groups, and the fact that individuals can fall into more than one category e.g. someone with a learning disability and a mental health need, and that people from other categories e.g. an older person or a homeless person may also have a disability. In effect, this

[152] Independent Housing and Support for non-homeless individuals with severe mental illness: randomised controlled trial vs. observational study – study protocol | BMC Psychiatry | Full Text (biomedcentral.com)
[153] https://www.ahuri.edu.au/research/final-reports/380
Accommodating adults with intellectual disabilities and high support needs in Individual Supported Living arrangements, (June 2022)

means that any supported housing provision should not be viewed as exclusively for only one sub-group;

- in the category of supported housing for disabled people, housing and support are more likely to interface with a medical/treatment model of care. This is important for a number of reasons including factors around physical accessibility and provision to enable someone with a physical impairment to live as independently as possible, through to any interventions around behaviours for people with a learning disability or mental health need;

- segregation versus integration, and a movement towards normalisation are also important discussion points when considering supported housing for people with a disability.

Extent and nature of supported housing: Analysis of stakeholder feedback

Models of supported housing in Northern Ireland

3.66   Analysis of stakeholders responses suggested a range of models of supported housing in Northern Ireland. Table 12 below summarises this analysis; indicating the different names associated with different types of models. This feedback largely correlated with the analysis of provision in Northern Ireland earlier in this section and Clapham's framework of provision referenced in Section 2 and covered in table 3.   It is worth noting that this framework of models provides a blanket coverage of supported housing which perhaps does not highlight the breadth of variation in terms of what is considered by stakeholders as supported housing under each heading. It was evident from the research that supported housing can mean many different things to different providers and different client groups. Even within a Thematic sub-group there can be great variation; for example in terms of homelessness there are emergency/temporary/crisis hostels through to specialist hostels including provision for offenders (approved accommodation and more generic provision) and refuges for those experiencing domestic abuse.

3.67   Another variation in supported housing models highlighted by respondents related to the funding arrangements; some are purely based on housing related support (SP funded) with accommodation costs funded via HB and/or additional client paid charges, whilst other models include an element of additionality paid for by the HSC Trust. These latter schemes are referred to as jointly funded or jointly commissioned, and relate mainly to provision under three of the four Thematic groups: Young people, Older people (mainly frail elderly and dementia) and Disability and Mental Health (mainly mental health and learning disability). As noted earlier this supported housing provision may also be referred to as supported living.

3.68   A further variation noted by stakeholders when looking at the models and range of types of supported housing across the four Thematic groups centred on whether the accommodation element was short-term and temporary e.g. for up to two years or was more longer-term in nature or for life. Broadly speaking there was a split depending on the nature of the client, their vulnerabilities and the nature and complexity of their needs. The focus of two Thematic groups – Homelessness and Young people – was clearly on short-term interventions, providing housing support so that the individual could build up the necessary skills to move-on at the appropriate time from supported housing and into ordinary housing in the community. The

focus of the other two Thematic groups – Older people and Disability and Mental Health – was more around providing supported housing over the longer time period, and if necessary providing a home for life.

3.69   This sense of variation, under the umbrella term supported housing, was summed up by one respondent referencing provision in the Thematic group of young people: *all of them will accommodate 16- to 21-year-olds. But there is difference right across the board, with significant variations in how these models are set up, what the eligibility and referral criteria are, and also differences in how they are managed and the outcomes experienced by the young people.*   (Strategic stakeholder) Stakeholders noted the following identifying or common factors of supported housing irrespective of the nature of the needs of the different client groups.

What is the nature of the provision? Is it shared with other residents or does each individual have their own individual dwelling with their own front door?

How is the provision laid out? Is the accommodation grouped together in one building or connected buildings? Or is it scattered around a neighbourhood or geographical area with no physical link between buildings?

Are there communal facilities? Does the accommodation have linked communal facilities such as social spaces including common rooms, dining facilities, craft rooms etc. Or are there no linked communal facilities?

Is there inclusion in the community? Is the accommodation integrated into or segregated from the local community? Is the accommodation one group of residents or dispersed individuals?

What are the housing or occupancy rights? Do the clients have full occupancy rights e.g. through ownership or a tenancy, or more limited rights e.g. occupancy rights? Is the accommodation a temporary or a permanent home?

What support does the individual receive, linked to their accommodation? Does the individual receive any support linked directly to their accommodation? What is the extent and nature of this support, and is it flexible or fixed support?

Table 12: Analysis of stakeholder feedback on description of supported housing models

Model	Name of model	Description of model
1	**Shared living – also referred to as Group or Communal living**	The accommodation is shared with other residents – this can vary from one other resident upwards, in some cases 10 and up to 60 in some Thematic groups. The accommodation is grouped together either in one building or in connected buildings including apartments or flats; this is also referred to as congregated living. There are shared or linked communal facilities across the range of shared bathrooms, shared living or dining space, shared kitchens etc. This model is largely segregated from the wider local community into one group of residents. Clients in this model tend to have more limited housing or occupancy rights, and are in what is referred to as a 'temporary' rather than a permanent home. This model tends to have extensive housing and often other support e.g. care. This type of arrangement is also more prevalent in terms of supported living schemes.
2	**Individual housing which is linked**	The accommodation in this model is separate for each individual, i.e. own front door and there are no shared living elements, although there are often linked communal facilities on the site, e.g. common room. Accommodation is more likely to be grouped into one development. This model tends to have an element of segregation from the wider community, and clients have full housing or occupancy rights. The level of support and care varies in relation to the individual's assessed needs, from very limited through to extensive, and this can vary over time.
3	**Core and Cluster, also referred to as Hub and Spoke**	The accommodation in this model is separate for each individual, i.e. own front door in the supported housing element. The accommodation may be grouped together or scattered over a neighbourhood area with no physical link between properties. The model has some level of communal facilities which clients in the accommodation can avail of. This provision is also referred to as the 'core' or the 'hub' and clients living independently in the community (not in supported housing) can avail of services at the core or the hub (referred to as inreach). This central element also provides the opportunity for services to go out into the community e.g. as a series of spokes from the hub or into clusters (referred to as outreach). This model is traditionally more integrated into the local community. Clients usually have full housing or occupancy rights in the cluster or the spokes, but may have more limited in the core or the hub element of the provision. The extent of support in both elements can vary, again according to the client's needs.

Model	Name of model	Description of model
4	**Domiciliary care**	This area is covered by Clapham under the theme of supported housing. For the purposes of this research domiciliary care into a person's own home was not discussed in-depth as a model of supported housing, i.e. accommodation or a scheme developed specifically for the delivery of supported housing. However, it has been included here as it interconnects with Floating Support and models such as Housing First. This provision goes into a person's own home in the community, scattered over a wide area, with no shared facilities or linked communal facilities. The individual is integrated into the wider community and has full housing rights. The extent of support varies in according to the individual's needs.

3.70   It is perhaps also worth noting that there was differing opinions from stakeholders on whether the continuum of supported housing did or did not include peripatetic housing services and/or Floating Support services. For the purposes of this study, the focus was on scheme or accommodation based supported housing. Floating Support also provides housing related support and is delivered to service users in their own home regardless of the tenure or setting. Floating Support is limited in time-frame to two years, meaning that it is not suitable where support needs to be ongoing and with no time limits. Peripatetic housing services is provided to service users without any time limits. Both types of housing support can be associated with core and cluster or hub and spoke models, or within the wider model where a person is receiving this support plus domiciliary care. Interviewees also provided more insight into how the various models were represented under the four SP Thematic groups. The following discussion summarises their feedback.

Thematic group – homelessness

3.71   The main model of supported housing provision under the Thematic group of Homelessness was shared living, including group or communal living (model 1). These were generally referred to as hostels (with different additional terms – temporary, emergency, crisis move-on) or refuges (for those experiencing domestic abuse) or supported accommodation (for offenders). Interviewee feedback suggested that the majority of hostels falling into this model of supported housing were older style buildings or developments with individual bedrooms for clients with shared facilities. It was noted: *those that were built in the last 10 years are brighter and newer, with their own ensuite…but most of the others are older and with shared facilities which isn't ideal.* (Strategic stakeholder)

3.72   In some cases e.g. family hostels and foyers, the supported housing model was more akin to individual housing which is linked (model 2), i.e. the client had their own accommodation and own front door in a wider linked setting. An individualised service is provided based on need e.g. in foyers there is a focus on education, training and employment as well as other basic needs in terms of physical or mental health, addictions etc. It was noted that whilst the foyer concept is still valid, the complexity of need of the presenting client group has changed in recent years, meaning that foyers are doing more initial work with young people prior to them being ready to move into education, training or employment. In these cases respondents were positive about the provision based on self-contained flats: *this is a very important part*

for the young person's personal development, to enable them to develop the ability to live independently, with support. (TG Homelessness)

3.73   In a small number of cases the accommodation could be viewed as core and cluster or hub and spoke (model 3), as the individual units of accommodation were dispersed in the wider community. In some cases this was referred to as DIME (Dispersed intensively managed emergency accommodation) and was viewed in a positive light, overcoming some of the perceived drawbacks of communal or shared living in hostels. One respondent noted: *particularly for complex homeless people; some hostels are not equipped to manage that sort of person…this is dispersed accommodation so it's not everybody under one roof.* (Strategic stakeholder) Advocates of the DIME model suggested that direct access hostels perpetuated the difficulties faced by clients because of low tolerance or threshold and exclusion policies.

3.74   Whilst the overall focus of supported housing for this Thematic group was short-term provision and move-on into ordinary housing, a number of respondents pointed to the need for longer term provision for certain needs groups where a two-year cut-off of services was inappropriate e.g. chronic homeless, and suggestions that some clients may need long-term supported housing provision including nursing care, as their complex needs and health requirements mean they are unlikely to be able to maintain a tenancy in the community. Feedback under this Thematic group also pointed to the extreme diversity of needs and responding provision from wet hostels for those with alcohol addictions, to treatment provision for those with an addiction, and the wider range of services providing under model 1, including in some cases meals.

Thematic group – young people

3.75   The main models of supported housing provision for the Thematic group of young people were similar to homelessness; shared or communal living settings (model 1), i.e. hostels, and schemes which fell into the category of individual housing which is linked (model 2). In the cases coming under model 2 the young people lived in supported housing schemes with some level of linked communal facilities, but had their own individual accommodation, i.e. a flat or in some cases a bedsit. Provision such as shared tenancies, where there were two young people living in the same tenancy, with the provision of housing related support did not fit neatly into any of the categories. On the one hand this model has elements of shared living and communal space, but is scattered within the community.

3.76   Feedback from stakeholders indicated a desire to move away from model 1 and increasingly towards model 2 for young people. One respondent noted: *the young people were in what I could only describe as an HMO…they should all have their own front door, space and privacy. Be able to make their own meals rather than him stealing this, and her taking that. Otherwise it's just an extension of the children's home model – and it's not independent living.* (Strategic stakeholder) Another respondent said: *it's about the young people having choice and control over their own accommodation. It also cuts down on management problems because when you get groups of young people together and they all peer associate, sometimes what one has experienced can be taken up by another, and then they're all doing downhill together. Whereas*

you can concentrate the support on the ones that need it, if they are in individual apartments. (Strategic stakeholder)

3.77   Comments were also made about the age of provision under this heading, with older buildings tending to be less suitable for the needs of the age group, and newer schemes being configured in a bespoke way to respond to clients' needs. Overall there was universal support for the concept of supported housing for vulnerable young people in this Thematic group, to enable them: *to develop their independent living skills in a safe and supported environment.* (TG Young people) There was however recognition that the current models of supported housing may not adequately respond to more complex young people with higher needs. One respondent noted: *service users with high-risk needs are often not allocated a place within supported housing as staff feel they are not skilled enough to deal with the presenting needs of these service users.* (TG Young people)

3.78   Reference was also made to the variation in types of provision under the umbrella term supported housing for younger people, with some respondents noting the inclusion of assessment beds[154] within certain schemes. Concern was raised that these were not being used as initially intended. One respondent noted: *What I would say is that the assessment beds are not being used appropriately. They are being used as an extension of care. In quite a number of cases these are young people already known to the HSC Trust. They don't need assessment but they're being placed there because they've nowhere else for them to go.* (Strategic stakeholder)

Thematic group – older people

3.79   The main model of supported housing provision for the Thematic group of Older people was sheltered housing. As noted earlier this accounts for more than half of all supported housing across Northern Ireland, and yet interestingly was not considered as falling into the category or definition of supported housing by a number of providers, given the nature of the low-level support. However, Clapham's framework and table 12 clearly places sheltered housing into the model of individual housing which is linked (model 2).   One respondent described sheltered housing as follows: *Sheltered housing is very low-level support. There is a Scheme Coordinator on site at some point during the day. They do the support plans, looks at the needs and risk assessments for the tenants. If the tenants need any care provision, that is completely separate through the HSC Trust or other providers. They are all self-contained flats or apartments, but there is a common room in the scheme for activities.* (Strategic stakeholder) Other stakeholders queried if sheltered housing actually was low-level support, suggesting that it provides much more than it appears on paper. One respondent noted: *It is really so low level? It's actually not, when you see the different types of major incidents coming through that the Scheme Coordinator has to deal with…from mobility issues to intoxicated tenants to additional care needs.* (Strategic stakeholder) Reference was made to the fact that many current sheltered housing tenants have aged in place and as a result have additional needs.

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[154] There are 12 'Assessment beds' Northern Ireland wide, located in four of the five HSC Trusts. These beds are available to the HSC Trusts for the assessment of young people aged 16 – 17 years old presenting as homeless, for the 10-day assessment period.

3.80   Some supported housing for older people also fell into the category of model 1; for example, supported sheltered housing had more elements of shared and communal living, as did schemes relating to frail elderly or dementia. The latter, as previously noted, are often referred to as supported living schemes, given their joint commissioning and funding arrangements, and the inclusion of an element of care built into the provision. This type of supported housing was described as follows: *The accommodation could be self-contained as in a bedsit type with a bedroom or bathroom or it could be a bedroom with all shared facilities. The meals are provided for the clients onsite. And then whatever care and support is provided.* (Strategic stakeholder) There were discussions on different care and support models ranging from one provider for all elements – housing, support and care - through to different providers for different elements. Issues around voids and occupancy in these schemes are discussed in Section 6.

3.81   This Thematic group also had elements of model 3; some of these were already in existence with others being piloted or developed. This core and cluster or hub and spoke model incorporated accommodation onsite with housing related support (and elements of care), with Floating Support going out into the community (cluster/spoke) from the core/hub (outreach) and clients coming into core or hub for certain services e.g. cooked meals, health appointments, community activities etc. (inreach).   Model 4 – domiciliary care – in the community was also prevalent for this Thematic group albeit that this was not a specific focus of this research.

Thematic group – Disability and Mental Health

3.82   The models of supported housing for the Disability and Mental Health Thematic group covered models 1 and 2. Some provision, for example for those with a mental health need or learning disability included model 1 – communal or shared group living through to model 2 – where the client had their own front door but within a linked model of other communal facilities and support. Again, similar to the Thematic group of older people there were examples of models 3 and 4, as well as a significant level of provision which falls into the category of supported living schemes.

3.83   Provider respondents talked about the need for: *different models to suit different people.* They also referenced the need to have models tailored to different types of disability. One respondent noted: *I think what's important for people with an intellectual disability is that they enjoy company at certain times. So they want their own sitting room, bedroom and bathroom – their own space, but they also need to have a communal space so that people can gather together.* (TG Disability and Mental Health) There was also recognition within this Thematic group that the nature of certain disabilities, and disabilities for certain individuals, had a very direct bearing on the type and model of supported housing that is suitable. One respondent summed it up: *there's also a need for bespoke accommodation for people with particular behaviours that mean they are incompatible with other people; they need individual and separate accommodation.* (TG Disability and Mental Health)

Section 4   Definition of supported housing

4.1   The project Terms of Reference outlined the lack of an agreed definition of supported housing in the Northern Ireland context, and also noted the need to take account of issues such as supported living and interaction with social care in any discussion on definitions. A key objective of the project was therefore to provide a definition of supported housing for Northern Ireland.

This section looks at this from a number of perspectives as follows:
o   Firstly, looking at the need for a Northern Ireland definition of supported housing;
o   Secondly, outlining the definition of supported housing in other UK jurisdictions;
o   Thirdly, examining references to what supported housing means in a Northern Ireland context;
o   Fourthly, through feedback from key stakeholders, considering what a definition might look like for Northern Ireland.

Taking all of this into consideration and based on the findings outlined in this section, a suggested definition of supported housing for Northern Ireland is provided.

Need for a Northern Ireland definition of supported housing

4.2   Whilst recognising the absence of an official definition of supported housing in legislation, there is good reason to move towards developing and agreeing a definition of supported housing for Northern Ireland, even at policy level. On the one hand, this enables discussion and debate on the need for this type of housing and potential future development, with all stakeholders having the same understanding of what it comprises and includes, and highlights or confirms what it does not cover. In addition, discussion on the need for supported housing is important alongside any generic discussion about the need for social housing in general, and in conjunction with the generally agreed methodology of the Net Stock Model[155]. This is used to project future housing requirements, looking at three main components comprising (a) newly arising need and demand due to projected net growth in the number of households, (b) existing unmet need (referred to as the backlog of unmet need or the shortfall between current provision and accommodation needs of existing and not yet formed households) and (c) accompanying demand relating to second homes and supply-side adjustments such as vacant dwellings, conversions etc.[156]

4.3   Forecasting demand for supported housing was examined in the research report *Demographic Change and Future Housing Need in Northern Ireland* (pages 59 & 60)[157]. Respondents in this research were critical of what was seen as a lack of collaboration over high-level planning to meet the housing needs of vulnerable people, between the health and social care sector and the HE. Respondents did suggest how the need for supported housing could be determined,

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[155] Definition of Net Stock Model.
[156] Taken from NIHE*, Strategic Housing Market Analysis: Belfast Metropolitan HMA,* Final Report December 2020, Economic Research and Evaluation.   Belfast Strategic Housing Market Analysis (nihe.gov.uk)
[157] Demographic Change and Future Housing Need in Northern Ireland November 2014 (nihe.gov.uk)
Research undertaken by RSM McClure Watters (Consulting), in association with Professor Chris Paris (University of Adelaide), Dr Peter Williams (University of Cambridge) and John Palmer (North Harbour Consulting).

citing a combination of Census and other demographic data, with data held by the HSC Trusts. The research noted that using these sources of information in combination would enable planners to see the prevalence of certain conditions over time, and therefore use this information for planning purposes. Reference was made, under the heading of supported housing to dementia in older people, the rates of physical, sensory and learning disabilities among the general population, the prevalence of certain kinds of mental health conditions, numbers involved in serious drug and alcohol abuse, the numbers of young people leaving care, and the numbers and types of vulnerable homeless people etc. across Northern Ireland and for sub-regions. As noted in Section 2 all of this is relevant to the Thematic groups outlined by SP in terms of supported housing.

4.4   Respondents talked about a growing need for supported housing and the need for a bottom-up and holistic modelling approach, and in particular insight or knowledge on the proportion of people between the different categories and how then housing and support can be developed in response to their needs, both by SP (housing) and Social Services (support). Reference was also made to when a person might move from being able to live in what is defined as 'ordinary' housing in the community and require supported housing. The research respondents talked about *older people with lower needs, people with low to moderate learning disabilities and mental health issues probably don't make very specific demands on the nature of the accommodation.* Reference was also made to the possibility of adapting current ordinary housing for their needs, rather than a requirement for supported housing for all.

4.5   One initial requirement of the work by RSM McClure Watters was to consider the need for supported (social) housing in the context of demographic change and government policy. However, after consideration by the Project Advisory Group it was agreed that this research project was most suited to consideration of the provision of additional social housing overall, and could not provide a detailed estimate of the need for supported housing in the social housing sector.

4.6   For all of these reasons – the lack of a current agreed working and policy definition, the need to forecast demand for supported housing overall and by client needs/groups, the desire to think about how ordinary housing can be adapted for support needs – the need for an agreed definition was a clear starting point of this research project.

Definitions of supported housing in Great Britain and Republic of Ireland

4.7   Supported housing is defined in law in England and Wales in the Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016[158]. Supported housing is defined (Paragraph 2, Interpretation) as follows:
'Supported housing' means low-cost rental accommodation provided by a registered provider which –
(a) Is made available only in conjunction with the supply of support;

[158] https://www.legislation.gov.uk/uksi/2016/390/regulation/2/made

(b) *Is made available exclusively to residents who have been identified as needing support, and*

(c) *Falls into one or both of the following categories:*

   (i) *Accommodation that has been designed, structurally altered or refurbished in order to enable residents to live independently,*

   (ii) *Accommodation that has been designated as being available only to individuals within an identified group with specific support needs.*

4.8 The Regulations go on to list what is defined as support under the terminology of supported housing. This covers the following:

(a) Sheltered accommodation

(b) Extra-care housing

(c) Domestic violence refuges

(d) Hostels for the homeless

(e) Support for people with drug or alcohol problems

(f) Support for people with mental health problems

(g) Support for people with learning disabilities

(h) Support for people with disabilities

(i) Support for offenders and people at risk of offending

(j) Support for young people leaving care

(k) Support for teenage parents

(l) Support for refugees.

4.9 The Regulations also provide definitions and information in relation to what is referred to as 'specialised supported housing', the key difference to supported housing being that the former provides a high level of support, *which approximates to the services or support which would be provided in a care home, for residents for whom the only acceptable alternative would be a care home.* In addition, 'specialised supported housing' references the opportunity *to adjust to living independently within the community*, thus expanding the definition under supported housing. There is also reference to agreement or arrangements with the local authority or the health service.

4.10 Other definitions and terminology from the other UK jurisdictions – England, Scotland and Wales, as well as the Republic of Ireland are outlined below in table 13.   The Department for Work and Pensions (DWP) *Supported Accommodation* Review (2016)[159] notes that *'supported housing' has been defined in a variety of ways depending on the context and nation. These definitions are complex and have been developed for different purposes.*

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[159] As outlined at the DWP 2016, Supported Accommodation Review.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/572454/rr927-supported-accommodation-review.pdf

Table 13: Definitions/terminology used in relation to supported housing – in GB and RoI jurisdictions

Jurisdiction	Definition/terminology
Great Britain	An umbrella term applied to a whole range of housing solutions for vulnerable people - Housing & Learning Improvement Network, *What is the future of Supported housing?*
	Any housing scheme where housing is provided alongside care, support or supervision to help people live as independently as possible in the community - House of Commons, Communities and Local Government and Work and Pensions Committees, *Future of Supported Housing,* 1st May 2017.
England	The Homes and Communities Agency[160] (HCA)'s definition of supported housing, found in the guide to the Affordable Homes Programme 2015 – 18[161]. The HCA distinguishes between 'housing for older people' (including sheltered housing, extra-care housing, retirement housing etc.) from other 'supported housing' for 15 broad client groups (not including older people). Within this definition HCA further distinguishes between purpose designed supported housing and designated supported housing for specific client groups with an overall focus to enable independent living/adjustment to this.
Wales	In Wales the definition of supported housing is contained within national SP guidance[162] referred to as 'housing-related support services', which have the aim of providing help to vulnerable people to develop or maintain the skills and confidence necessary to live as independently as possible. In this case the definition/terminology points to a set of principles as follows: o To support the client to access, maintain and manage accommodation by assisting them to develop or maintain the necessary skills and confidence to live as independently as possible o To prevent the need to move to more dependent forms of accommodation o To prevent homelessness o To provide support to people who are presently, or have a history of, living unsettled patterns of life that may have contributed to chaotic patterns of behaviour.[163]

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[160] The RSH provides in England, as well as the provider of capital funding for affordable housing.

[161] 'HCA Affordable Homes Programme 2015-18 Housing for Vulnerable and Older People Supplementary information' see https://www.gov.uk/government/uploads/system/
uploads/attachment_data/file/344438/240114_supplementary_information_concerning_
housing_provision_for_older_and_vulnerable_people.pdf

[162] 'Supporting People Programme Grant (SPPG) Guidance' published by Welsh Government (2013), see http://gov.wales/docs/desh/publications/130607sppgrantguide en.pdf

[163] As outlined at the DWP 2016, Supported Accommodation Review. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/572454/rr927-supported-accommodation-review.pdf

Jurisdiction	Definition/terminology
Scotland	Scotland has a slightly broader definition, related to the regulatory framework, and including both accommodation-based and non-accommodation-based services, aimed at enabled people to live independently regardless of their tenure. The National Care Standards in Scotland note the following about housing support services: *Housing support services help people to live as independently as possible in the community. They can either be provided in your own home or in accommodation such as sheltered housing or a hostel for homeless people. Housing support services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings, and help with shopping and housework. The type of support that is provided will aim to meet the specific needs of an individual person.*[164]
Republic of Ireland	The Irish Council for Social Housing (ICSH)[165] noted that there is no legal definition of supported housing. In the RoI there is a long history of approved housing bodies (AHBs) in the Republic of Ireland providing housing for people who needs accommodation with some element of support. AHBs provide this form of housing through the Capital Assistance Scheme funded by the Department of Housing, Local Government and Heritage, via local authorities. There are a number of widely used definitions for housing which has some element of support, including supported housing for older people, disabled people or people leaving homelessness with complex needs.

The ICSH has used the following terminology and definitions in recent years: *Housing for Disabled people – many AHBs provide supported housing to disabled people who require either visiting or onsite support to stay in their homes, often in a group setting and including communal facilities. AHBs provide practical and care support to tenants to support their independent and ensure their specialised needs are met.*

Housing for Older people – while the model of supported housing for older people can vary, the provision of accommodation with some level of support is at the heart of the service. Accommodation can be grouped, individual, self-contained homes, or may be supported housing, with or without shared communal facilities.

The ICSH note that the language around supported housing is still evolving and terminology such as sheltered housing, assisted/supported independent living, housing with supports is frequently used and inter-changed with the term supported housing. associated concepts include ageing-in-place, rightsizing, age-friendly neighbourhoods, walkable communities etc.   The ICSH's publication[166] notes: |

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[164] 'National Care Standards: Housing Support Services' published by Scottish Government (2009), see
http://www.gov.scot/Resource/Doc/349567/0116840.pdf
[165] Irish Council for social housing - https://icsh.ie
[166] ICSH, *An Overlooked option in caring for the elderly: A report on sheltered and group housing provided by Housing Associations in Ireland,* (2005).
https://icsh.ie/wpcontent/uploads/attach/publication/358/attach_publication_358_reportonshelteredandgrouphousing.pdf

Both group housing schemes and sheltered housing are part of the 'assisted independent living' options for the elderly and are essential elements in the continuum of care for older people. Indeed these assisted independent living options can be easily applied to other special needs groups such as the homeless and people with disabilities who equally require housing and care options to assist them lead independent lives.

Much of the discussion about supported housing in the Republic of Ireland centres around housing for older people.   The Housing Agency provides the following definition of housing with support in their toolkit document[167], referencing it as 'sheltered housing plus':

Housing with Support is a housing option, primarily for older people (defined as 55+), whereby:
(i)   Occupants have tenancy agreements that allow them to occupy self-
           contained dwellings;
(ii)   Occupants also have specific agreements that cover the provision of care, support, domestic, social, community or other services;
(iii)   The wider community also benefits by way of access to clearly defined
           communal areas. The model thus provides an alternative housing option for older people that falls somewhere between living independently in the community and nursing home/residential care. It is perhaps useful to think of it as "sheltered housing plus", in that it also incorporates care, support and community dimensions (in addition to wardens and alarms systems).

A further publication[168] by University College Cork defined sheltered housing as: *a unique form of social housing, which provides communal and supported living, primarily to lower income older adults (Cullen et al., 2007). It bridges the gap between living independently at home and residential care (ALONE, 2018).*

The 2018 Housing Agency publication, *Thinking Ahead: Independent and Supported Housing Models for an Ageing Population*[169] , whilst not providing a specific definition of supported housing does describe a wide range of models of independent living with differing levels of support including social and medical care.

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[167] *How to develop a Housing with Support Scheme for Older People Framework,* 2018
Toolkit (https://www.housingagency.ie/sites/default/files/publications/17.%20Housing-with-Support-Framework-Toolkit-Web.pdf,
[168] "Making a house a home: The lived experience of older adults residing in sheltered housing in Ireland" by Gráinne Dolan and Rachel Foley (2019) (https://www.ucc.ie/en/media/research/carl/GrainneDolanandRachelFoleyCARLReport2019.pdf)
[169] Housing Agency publication, *Thinking Ahead: Independent and Supported Housing Models for an Ageing Population* (2018) (https://www.housingagency.ie/publications/thinking-ahead-independent-and-supported-housing-models-ageing-population.

Terms used for supported housing in Northern Ireland

4.11   A number of definitions or terminology have been published or used by DfC or the HE over the years to define what is meant by supported housing in Northern Ireland and what it comprises. None of these have been confirmed from a policy stance as the authoritative definition.   Analysis of these is provided in table 14.

Table 14: Definitions/terminology used in relation to supported housing – in Northern Ireland

Definition/terminology	Source	Date
(Social) housing which caters for tenants with a need for a more supportive and intensive style of housing management than is found in 'ordinary' housing[170]	Current Housing Association Guide, Part 5 – Supported Housing[171]	-
Supported housing: housing usually for a special needs group where varying degrees of extra support may be provided.	Current Housing Association Guide, Glossary of Terms[172]	-
A range of housing or housing and care solutions (for vulnerable people) ranging from sheltered housing, where assistance is modest, through to very specialist solutions with a strong ongoing care component	DfC Golden Lane, Outline Business Case, paragraph 4.1[173]	April 2017
A range of both long and short-term (social housing) accommodation provided for people who need an additional level of housing related support, to help them lead an independent life	HE *Housing Investment Plan*[174]	2015
Housing with support provided so that the individual is assisted to maintain their home and to develop independent living skills	NIHE & RSM McClure Watters *Demographic change and Future Housing Need in NI*[175] page 43	November 2014

4.12   An analysis of different definitions and terminology in use in Northern Ireland indicates a number of common or underlying themes, across what could be generally accepted as a description or definition of supported housing, as follows:

-    This type of housing is aimed at people with additional needs, referred to in some definitions as 'vulnerable' and requiring housing related support;

-    There is a spectrum of supported housing; the definitions mention a range of length of tenancy/residency from short to long term, a variety and intensity of inputs from housing

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[170] The terms 'ordinary' housing or 'ordinary tenancies' are increasingly being used by the housing sector in Northern Ireland.   It is referenced in the Homelessness Strategy 2022-2027, where it is referenced as private rented or social rented flats for people who avail of Housing First, and also by Crisis in a similar manner. One definition can be found at: Definition - Ordinary housing | Insee
[171] Part 5 - Supported Housing | Department for Communities (communities-ni.gov.uk)
[172] Housing Association Guide - Glossary | Department for Communities (communities-ni.gov.uk)
[173] Insert reference
[174] The Housing Executive - Housing Investment Plans (nihe.gov.uk)
[175] Demographic Change and Future Housing Need in Northern Ireland November 2014 (nihe.gov.uk)

management to assistance, and from housing related support to more specialist solutions and care;

- The supported housing model is focused on enabling individuals to live in the community and to live independent lives.

4.13   This analysis therefore points to the importance of including these aspects in the development of a definition of supported housing; in short, firstly taking into account additional needs and vulnerability, secondly covering a wide range of types of accommodation and support and thirdly, a focus on working towards and achieving independence. These can be summed up as responsive to needs, providing tailored solutions and enabling independence.

Views of key stakeholders in considering a NI definition of supported housing

4.14   This sub-section now explores stakeholder feedback on what a Northern Ireland definition of supported housing might look like.   Stakeholders were asked to provide a description of supported housing. The fact that there were 41 different and diverse responses to this open question points to the need for an agreed common definition. There were some recurring themes, summarised below. All of these are important in working towards a proposed definition of supported housing in Northern Ireland.

- Supported housing has two elements: the bricks and mortar element of the accommodation or scheme and the housing support element. One respondent noted: *it's the housing element and the support element* (Strategic stakeholder);

- There was a tendency to point to the list of housing support services outlined in Article 4 of the Housing Support (NI) Order 2002, albeit that there was recognition that these are services rather than housing. Respondents provided different and varied descriptions in terms of what they felt constituted housing related support;

- That supported housing is for a wide range of different needs (reference to the four SP Thematic groups) and for different levels and complexity of need from very low through to very high/complex needs. The key emphasis being that supported housing is for those with a specific vulnerability who need extra or additional support to enable them to live independently;

- There is considerable variation in terms of how support is delivered onsite including number and type of providers, whether 24/7 or for specific number of hours, whether by a set team of staff or different professionals;

- That the models of actual accommodation within supported housing are extremely diverse from individual self-contained homes through to communal/shared/group living and from small numbers through to large numbers;

- That within the understanding of what supported housing is, there are different types of arrangements from short-term or temporary (up to two years) to long-term to lifelong provision, and varying levels of housing rights from full tenancy rights through to occupancy or residents rights;

- That the overall aim of supported housing is about enabling someone to live independently and to achieve their full potential;

- That supported housing, particularly but not exclusively for those where the provision is long-term or lifelong, the focus should be that this is the individual's home. One

respondent commented: *I suppose supported housing is about creating a home for young people. It's their home, their own front door, it's very much about letting them live their lives.* (TG Young people)

- Different types of supported housing focus on a different interpretation of independence. For some client groups the focus is on unlocking full potential to live as independently as possible in that setting, whereas for other client groups e.g. homelessness and young people, the focus is on support and skills development to enable them to move on into full independence in the wider community/ordinary housing[176];

- That supported housing provides a positive environment and minimises, as far as possible, an institutional approach or regime.   Furthermore that supported housing supports a policy agenda of resettlement from or prevention of movement into long-stay hospital or other institutional settings;

- That housing support is person focussed and person centred; that housing support is targeted at the individual's assessed needs;

- That supported housing has been built (bespoke/purpose-built) or structurally adapted to meet a group or individual's specific needs, in order that they can live as independently as possible. Reference was made to building adaptations, access and assistive technology;

- That supported housing frequently encompasses 'additionality' beyond the recognised elements of housing related support, connected to the client group e.g. for young homeless people in a foyer there may be a focus on education, training and employment, for older people in different settings there may be a focus on social activities;

- That supported housing provides an element of safety and security for the client.

4.15   The biggest divergence in descriptions and understanding by different respondents was around the interface between supported housing and supported living. As noted previously (2.22), supported living can be described as *any housing scheme where housing, support and often care services are provided as an integrated package*[177]. Some respondents felt strongly that supported housing per se did not include supported living; that these two concepts and models were distinctly separate with supported living being more of a health model or term, whereas other respondents suggested that supported living was a sub-group of the wider umbrella grouping of supported housing, for those with higher level or more complex needs. Respondents also pointed to confusion around terms being used interchangeably including supported housing, supported living, supported accommodation.   The essence of this discussion was summed up by one respondent: *it gets blurry between supported housing and supported living.* (Strategic stakeholder)

For those who did see supported living and its associated care elements as being a key element of supported housing a typical response was as follows: *My understanding of supported housing is accommodation with help provided to enable vulnerable adults to live independently. The type of support could include personal care provided by the HSC Trust or the provider, and housing related support provided through the SP programme.* (Strategic stakeholder) Another respondent noted: *Supported living seems to be short-hand for more*

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[176] Ordinary housing – as previously defined.
[177] NIFHA evidence to Health Committee on Supported Living.pdf

intensive supported housing services, usually in a purpose-build environment and jointly commissioned between SP and the HSC Trust, for people with very high-level care and support needs. It includes people with dementia, or people with very serious physical or learning difficulties. It's that higher end service where usually care and support is provided. (TG Older people) These respondents suggested that any development of a definition of supported housing should allow for the inclusion of care support as well as housing related support.

At the other end of the scale some respondents felt that sheltered housing did not fall under the description of supported housing, because the level of support was viewed as minimal and because it did not incorporate a care element. One respondent noted: *we wouldn't consider sheltered accommodation to fall under the remit of supported housing.* (Strategic stakeholder)

Another conundrum in the description of supported housing was that some respondents felt this should include Floating Support, whilst others limited their description to buildings or units of accommodation. One respondent: *It can be part of a specific service/scheme or within a person's own home in the community.* (Strategic stakeholder) Another noted: *I would describe supported housing as housing related support delivered either in an accommodation-based setting or in a person's home as Floating Support or peripatetic support.* (Strategic stakeholder) As previously stated this research did not look in depth at the provision of Floating Support, as part of a continuum of supported housing, although there was recognition that some models incorporated both accommodation-based and community-based support services e.g. core and cluster or hub and spoke.

Respondents also used the four SP Thematic groups as a mechanism for describing supported housing, by cross-referencing back to the needs of wide or very specific client groups. For example, homeless providers described hostels, foyers and refuges whereas providers for the Thematic group of older people described sheltered housing and specific provision for the frail elderly and those with dementia. This also heightened the difficulties around describing supported housing because by its nature the programme is responding to a very diverse range of clients. Respondents described supported housing in a number of ways and some examples are outlined below to indicate the broad range of descriptions:

Housing for people who cannot live independently without support, both in terms of the physical structure of the accommodation and ongoing housing support through the SP programme. (Strategic stakeholder)

Accommodation with housing support delivered on site rather than in the community. (Strategic stakeholder)

I understand it as a model of support housing, in terms of the support given to people. Its broad, its diverse and its widespread. (TG Young people)

Supported housing means 'housing with support'; it speaks for itself. (TG Older people)

Supported housing is exactly what it says. It is housing for those who are unable to live independently on their own. And it's a basic human right to live in their own independent house and have the support they require. (TG Disability and Mental Health)

Supported housing is providing our service users, who need the help to live independently, some extra support in order to be able to do that. It is needs based, and it has to be variable. ….It's a range of services, a range of support, which either enables them to be able to live more independently or to help in that transition on towards independence. (TG Disability and Mental Health)

4.16   The need for a definition was considered by strategic stakeholders and providers, with the majority saying that it would be useful to have an agreed definition of supported housing. They cited a number of reasons for this including the benefits of having a shared understanding of the term and the associated models for strategic policy makers and providers alike, the helpfulness of a clear definition or clarity for decisions on responsibility and funding, and to overcome any confusion, misunderstanding or misinterpretation between different types of provision including the line between housing related support services and supported living, as well as being able to assess if need has been met or if there is residual unmet need. Respondents also pointed to the 2015 Review of the SP programme which recommended looking at a definition in this area, noting that whilst the current housing legislation outlines what housing related support is, there is no clear cross-over to what exactly supported housing could (or should) look like. Providers in particular felt that there were multiple different variations on the definition or understanding of supported housing depending on who you talked to and the context of different Thematic groups.

The need for an agreed definition was highlighted as follows:
We should be striving for an agreed definition. So that all the stakeholders – policy, funders and commissioners, and providers – are all on the same page as to what we understand supported housing is and what the expectations are. I think there have been difficulties over the years as to what is supported housing? And even in terms of the support that is being delivered on site. (Strategic stakeholder)

I definitely agree that there should be a definition in place because supported housing differs fundamentally from generic social housing, so there needs to be a clear definition of what supported housing is, who it's for and what it's there to do, or what it's main objective is. (Strategic stakeholder)

4.17   Respondents also suggested that a definition would be advantageous in terms of assessing whether supported housing was meeting the assessed need. One respondent commented: *You need to know what you're dealing with in order to fund it. And also to regulate it. You also need to know what you're looking for in terms of outcomes and how you're going to measure it.* (TG Young people) A number of respondents also felt a definition could be used at both policy and legislative levels to ensure integration of responsibility and funding for supported housing across different sectors e.g. housing and health. This was noted by one respondent: *I believe it is important to have an agreed definition so that all*

providers and partnership agencies can work within and have defined roles and responsibilities.   (TG Young people)

4.18   Another more minor angle taken by a couple of respondents was that the need for an agreed definition of supported housing went beyond its usefulness for those involved in its commissioning or provision.   One respondent said: *It's actually wider than just housing providers and Government understanding the definition. The entire population needs to be educated on the different types of accommodation that are out there. People don't know what supported housing is.*   (TG Older people)   This comment was specifically linked to understanding of the term sheltered housing, but the need for wider understanding was raised across the different Thematic groups. For example, one provider in the Disability and Mental Health Thematic group said: *I think it* (an agreed definition) *is really important because for people who are in transition, and their parents and carers, they don't understand what is available and the opportunities they could have in terms of accommodation.*   (TG Disability and Mental Health)

4.19   A small number of respondents from across all groups did not think an agreed definition was essential, noting that the lack of one has not, in their opinion, been detrimental to date although they did feel a policy definition would provide some clarity, in particular to providers. One respondent noted: *I think we have managed without one. I haven't seen any queries where we've thought, if we had a definition that would have answered it for us.*   (Strategic stakeholder) Some respondents felt that striving to develop a definition would be extremely difficult given the range of needs groups covered and the wide variety of supported housing models in existence. One respondent noted: *I think it would be useful but given the broad areas I'm not sure that it's going to even be possible to find a definition that everyone will be happy with.*   (TG Homelessness) A small number of respondents were concerned that a definition could be used in a negative or restrictive way. One respondent commented: *Would it be to restrict funding…that's immediately what you think* and another stating: *the danger with a definition is you then restrict what you can do.* (Both quotes - TG Homelessness)

4.20   In terms of the type of definition – whether it should be in policy or law - the majority of respondents felt that a policy definition would be more beneficial than a legislative definition. One respondent noted: *I think a policy definition. The implications of going down a legislative route and the timescales involved in that would be crazy.* (Strategic stakeholder) A number of respondents suggested that a tight legalistic definition would strangle opportunities for flexibility and development under the broad heading of supported housing. A number of respondents also pointed to the absence of a working Executive and a non-functioning NI Assembly, and the implications of this in terms of achieving legislative change.

4.21   In contrast a number of respondents said the definition should be based in law. One respondent noted: *I'd prefer it in law. If it's in policy it's not strong, it's less defensible. If it's in law, it's a statutory duty to be delivered. If it's in policy it could be changed very quickly, on a whim and depending on funding.*   (Strategic stakeholder) A small number of respondents were indecisive; one respondent said: *my instinct is that it should be in policy as it maybe gives*

you more flexibility which is welcome. But having said that accountability is important and the law gives you that. (Strategic stakeholder)

Overall the discussion on the need for a definition was summed up by this respondent:
I think it is important that we have an agreed definition. To have the umbrella term and generic definition, but that it's broad enough that it covers the needs of all. And that concept that it is different for different groups. I think that shared understanding would be a help in terms of collaborative working and collaborative commissioning, moving forward. (TG Disability and Mental Health)

Content of a definition

4.22   Stakeholders were asked to consider a number of definitions or descriptions of supported housing as part of the interview discussion. These are contained in the interview schedule at Appendix 2. These included the English definition (contained in the Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016, a description of housing support services contained in the National Care Standards in Scotland and two Northern Ireland descriptions[178].

4.23   In looking at the other jurisdictions there was divided thinking on the approach taken in England and Scotland. Some respondents felt the English definition was too wordy, too rigid and overly legalistic and focussed nearly entirely on the accommodation element, with criticism of the term 'low-cost rental' as many respondents felt supported housing did not fit into that description or was not reflective of the Northern Ireland context. There were queries over the use of the term registered provider as respondents felt that referred to a Registered Social Landlord (RSL) in England and was less applicable in Northern Ireland, as well as the inference to social housing that this pointed towards. In addition, respondents felt the English definition described the production of the housing but left out the element of 'why' supported housing was needed.

4.24   Those in favour of the English definition made comments such as:
I actually quite like the English definition and it's something we should strive for.   (Strategic stakeholder)

I like the bit that says it's been designed, structurally altered or refurbished to enable residents to live independently. (Strategic stakeholder)

Some respondents were less positive: *When I read it I thought it was more of a cost-cutting exercise. That it was about low-cost accommodation. It's very much focussed on the bricks and mortar, the building, rather than the support for the person.*   (TG Homelessness)

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[178] From the Housing Investment Plan 2015 - The Housing Executive - Housing Investment Plans (nihe.gov.uk)
NIHE & RSM McClure Watters *Demographic change and Future Housing Need in NI,* November 2014, page 43. Demographic Change and Future Housing Need in Northern Ireland November 2014 (nihe.gov.uk)

4.25   In contrast significant numbers of respondents favoured the Scottish description, noting that it was more client-focussed and talked about outcomes in terms of the individual living independently, albeit that this approach was similar to a listing of housing relates support services which we already have in Northern Ireland.   One respondent noted: *I have more affinity with the Scottish one because it is about standards and about the provision of housing support services. And the Scottish one is not just about bricks and mortar, it's about people.* (Strategic stakeholder) Another respondent said: *I think we're closer to the Scottish definition. The English one seems more of a structural definition and what the building is like, but the Scottish ones describes what happens in supported housing.* (TG Homelessness) A further respondent commented: *My preference would be for something more akin to the Scottish definition, that broader concept of housing support services is more encompassed by the Scottish definition. Whereas the English definition is much more tied towards specific accommodation and the specific type of provider, which is a bit limited I think.*   (TG Older people)

Some respondents criticised the Scottish wording, suggesting that it did not provide a clear definition of supported housing, and was more of a list of housing support services. It was acknowledged that this was what was available in the absence of a statutory definition in Scotland.   One respondent noted: *the Scottish definition is just too woke. It's too everywhere…it's trying to encompass everything. The English one is stronger.*   (TG Disability and Mental Health)

4.26   Respondents were also very positive about the much more succinct and focussed definitions developed in the Northern Ireland context, with more respondents favouring the first definition as follows, whilst removing the term social housing from this example. Respondents suggested 'social housing' should be removed in order to enable the development of supported housing across all tenures and funding models, i.e. not tenure specific. Overall the definition that respondents were most positive about was as follows:

A range of both long and short-term accommodation provided for people who need an additional level of housing related support, to help them lead an independent life[179].

One respondent summed this up by saying: *I think the definition above is more progressive. It's about assisting the individual to move forward and on towards not needing support.*   (TG Young people)

Comments were made about the second definition around the use of the wording *to maintain their home* and *to develop independent living skills*, with respondents suggesting that this did not cover all the circumstances of clients living in supported housing.

In addition, respondents considered the approach taken in the Republic of Ireland where there is a generic overarching definition of supported housing for all types of client and models of provision, with more specialised definitions underneath this e.g. for each client group.

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[179] From the Housing Investment Plan 2015 - The Housing Executive - Housing Investment Plans (nihe.gov.uk)

There was universal support for this broader approach; with respondents suggesting that it would enable all stakeholders to have one common understanding of what supported housing is, whilst having the opportunity to more clearly define elements of it viz a viz the different Thematic groups. Respondents suggested that it would be nearly impossible to: *succinctly define something that covers a variety of client groups and need.* (Strategic stakeholder)

What should a definition include?

4.27   In the discussion about definitions stakeholders were asked to think about terms or phrases they would want to include in any definition; the following suggestions were made:

- Who supported housing is for, including reference to vulnerable clients and/or people with additional support needs, and the diversity of these needs, plus some reference to the fact that their needs are assessed without going into the specifics of who by and how as this is so variable across the different Thematic groups;
- A focus on the accommodation or building which is developed, adapted or bespoke, to meet an individual or client group's specific additional needs;
- Inclusion of the type and range of holistic housing related support services that are included in supported housing, with potentially a reference to the mixture of ways in which this support is delivered;
- Reference to the fact that supported housing is responsive or tailored to people's assessed needs, i.e. people centred and that these are on a spectrum of need and can change over time;
- A focus on enabling or promoting independence, whether that is in situ in the supported housing provision or in movement towards ordinary housing/the community. This should include phraseology around enabling people to reach their full potential, as well as references to temporary or permanent, short or long-term, focus on maintenance/sustainment versus resettlement;
- A focus on enabling community integration and cohesion, as well as social inclusion and social connection through engagement and interaction;
- A reference within the definition to the potential provision of other services over and above housing related support e.g. care, and the joined-up provision of overall services;
- Inclusion within the definition of an outcomes focus including outcomes for the individual;
- Reference to supported housing being 'a place to call home'.

4.28   In conclusion to this sub-section a number of respondents suggested combining two or more of the definitions or approaches. One respondent said: *Have a short definition first, then like the English one the structure of the actual housing and then a follow-up like the Scottish one covering a description of what it is.* (TG Disability and Mental Health)

Proposed definition of supported housing for Northern Ireland?

4.29   This section concludes with a proposed definition of supported housing for Northern Ireland, incorporating analysis of existing definitions in other jurisdictions, examining definitions and descriptions developed for Northern Ireland and thinking about stakeholder feedback from strategic stakeholders and providers in each of the Thematic groups. The development of a definition in policy is a matter for the DfC and any movement towards developing and agreeing a definition would, as is standard practice, require public consultation.

4.30   The following proposed definition is put forward arising from this research study:

> *Supported housing in Northern Ireland is a range of accommodation, which has been adapted to provide housing __and__ support for vulnerable people who need an additional level of housing related support. For whatever length of time (short and long-term), supported housing provides the individual with their own home or their own place/space, enabling them to be supported in a secure, safe and positive environment and working towards independent living. Supported housing is integrated into the wider spectrum of housing and services for all in our community.*

Explanation of various terms in the definition are as follows:
-   The inclusion of housing related support is paramount to the type of provision defined as supported housing;
-   The 'bricks and mortar' accommodation is bespoke; it has been designed, structurally altered or refurbished to cover the individuals and group needs;
-   The accommodation is diverse in terms of the number of units, types and layout;
-   The provision is separate to support which can and is provided in an individual's own home in the community (often referred to as 'ordinary housing');
-   Vulnerable people are deemed to include anyone in the four SP Thematic groups – including Older people, young people, Homelessness and Disability and Mental Health;
-   Need for supported housing is identified with reference to the recognised and established needs of the four SP Thematic groups in policy and in some cases by legislation e.g. homeless individuals, care leavers etc.
-   The goal of leading an independent life can include two scenarios; for some individuals supported housing will be their long-term and life-long accommodation. In contrast for others supported housing will be for a short-term period, with a focus on resettlement and move-on to their own accommodation (ordinary housing) in the community;
-   Independence within either a short-term or long-term setting is viewed as central; individuals are provided with housing related support in order to live as independently as possible;
-   The type and format of support is tailored to the specific needs of the individual. It is person focussed;
-   Access to supported housing involves assessment of need against agreed criteria; these vary by Thematic group and needs;
-   In some cases supported housing may include an additional layer of non-housing provision, namely care provided as domiciliary or personal care by the relevant HSC Trust. In these cases the supported housing is referred to as supported living.

Section 5   Stakeholder and service user feedback:

The suitability of supported housing in Northern Ireland

5.1   This section provides an analysis of qualitative feedback from stakeholders and service users in response to the secondary research objective: to examine the suitability of current supported housing accommodation in meeting vulnerable clients' needs and aspirations. Qualitative data was collected through the interviews with stakeholders and service users. It is worth referencing the findings of the SNA[180] which highlighted 95% of respondents in that study pointing to positive outcomes service users of SP funded services and with 85% of respondents indicating that SP services align with service user needs.

Suitability of supported housing in Northern Ireland - stakeholder feedback

5.2   Stakeholders were asked to comment on what they perceived to be the positive and negative elements of supported housing, the latter highlighted as drawbacks, disadvantages and barriers to entry. A summary of analysis of this feedback is provided below; key elements are highlighted in **bold**. This draws together qualitative evidence of the suitability of supported housing in Northern Ireland from the perspective of strategic stakeholders and providers. There was recognition that supported housing needs to have a range of models and approaches, and that one type of model cannot meet the needs of the diverse range of clients under the Supporting People programme.

Positive elements

5.3   Stakeholders talked about the overarching positive nature of supported housing as a mechanism to enable people, with additional support needs, to **live as independently as possible** in the community. One respondent put it like this: *It does help people to live independently. The model is absolutely brilliant.* (Strategic stakeholder)

     In some cases they highlighted that this was a home for life, fulfilling a longer-term need, whilst in other cases the supported housing aimed to provide a short-term, temporary (and often emergency or crisis) setting, whereby the client could avail of housing related support and then move on into more independent accommodation in the community. In the latter cases, respondents talked about the need for positive opportunities to practice independent living skills and that this was best done under model 2 schemes rather than model 1. One respondent noted: *It would allow them to learn those independent living skills and give them that bit more independence and freedom.* (TG Homelessness) A number of stakeholders in the Thematic groups of Homelessness and Young people outlined the range of services provided to enable the client to deal with their issues, learn new skills, get support to develop their independent living skills and be ready to move on into their own home. One respondent noted: *staff are there to help guide them – support plans on finance, how to cook on a budget.* (TG Homelessness)

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[180] [SP-SNA-Final-Report.aspx (nihe.gov.uk)](SP-SNA-Final-Report.aspx)

5.4   The provision of a **choice of solutions** within the framework of supported housing was viewed as a positive, including different delivery models, different configuration and models of shared or individual accommodation, together with wider services defined as Floating Support or peripatetic housing support delivered in a person's own home.

One respondent, talking about the Thematic group of Disability and Mental Health said the following: *The positive element of supported housing is that it has and still does enable appropriate discharge from long-stay hospital or other institutions. It enables the person to live in the community. It has also enabled some people to move back to Northern Ireland. It provides a long-term housing solution.* (Strategic stakeholder)

5.5   As well as housing related support, and in some cases wider support and care, stakeholders suggested that various models of supported housing provide clients with **company and friendships**, where they would otherwise be isolated and potentially lonely. One respondent noted: *one key benefit is the mixing in the communal areas – that wee community.* (Strategic stakeholder)   Another respondent talking about sheltered housing said: *they can be independent. But they can also be connected and have social interaction.*   (TG Older people)

5.6   Specific types of supported housing were highlighted as working very well; one recurring theme was around **security** in sheltered housing provision. One respondent noted: *I think sheltered housing is working very well with assessments showing positive feedback – good activities, signposting to different organisations etc.* (Strategic stakeholder)   Other positive factors included having **staff support onsite** and the **reassurance of the emergency telecare out-of-hours system.** Provider organisations spoke very positively about sheltered housing provision and felt there were negative connotations when it was referred to as a legacy service or legacy model[181]. One respondent noted: *I think that sheltered housing is working well. I think the low-level support that it provides is very important and needed….The low-level support and social activities, the reassurance of the telecare and the out-of-hours, the opportunity for tenants to support each other. All of that is incredibly effective.*   (TG Older people)

5.7   In terms of the Thematic group of Disability and Mental Health, respondents pointed to the fact that there are very few large schemes, with more of a slant towards smaller sized schemes and/or small units (3 – 5 individuals) in wider group schemes e.g. up to 20 on the one site.

Positive outcomes of supported housing

5.8   Interviewees also provided feedback on what they thought are the positive outcomes for clients living in supported housing in terms of outcomes for individuals, their family and for the wider community. The opportunity to live independently was viewed as the most significant individual outcome, with recognition that this varied greatly depending on the different Thematic groups and on the client's individual needs. Quality of life and well-being were also emphasised as key outcomes.   Overall there was acknowledgement that supported housing provided an opportunity for an individual to: *the model allows the person to achieve*

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[181] Legacy schemes – schemes in place prior to the establishment of the SP programme in 2003.

certain goals within the support plan. (Strategic stakeholder) Another stakeholder noted: *…We can see first-hand how supported housing services enable service users with a learning disability to live in their own home, make their own choices and lead very happy active lives. Some service users who have previously spent many years living in long-term hospitals are now choosing their daily routines, managing their own finances, shopping and cooking for themselves with prompting from support staff. Some service users are now engaging in volunteering and have secured employment. This previously would never have been contemplated.* (Strategic stakeholder) Respondents noted that in some cases quality of life may be as fundamental as preservation of life; this was noted in relation to client groups including young people and those with a mental health need.

5.9   Stakeholders said that supported housing provided family outcomes in the shape of reassurance that a family member was receiving housing related support to live independently in supported housing.

Respondents also referenced community outcomes including the opportunity for different needs groups to live in an inclusive way in the wider community and the associated benefits this brings, together with savings (actual and perceived) to the public purse from the supported housing model. Particular reference was made to sheltered housing as a value for money. One respondent noted: *In terms of financial bang for your buck, those low-level types of support services are the most cost effective, as well as having a massive impact in terms of quality of life.* (TG Older people)

Negative elements

5.10   Stakeholders highlighted what they felt are negative aspects of supported housing. From a provision point of view recurring themes included the **cost of provision, and sustainability of the model(s)** in terms of availability and retention of staff[182] and responding to what interviewees defined as **increasingly complex client needs and risks**. From a service user point of view various negative elements were identified including the length of time or placement (if supported housing was a short-term or temporary arrangement), the impact of shared or communal facilities, lack of community integration, and the potential for institutionalisation or dependency.

5.11   Stakeholders pointed to what they deemed to be the **lack of integration into the wider community**, attributed to some models of supported housing and/or Thematic groups. One respondent summed this up: *we need to think about how people can resettle in the community in a more integrated way.* (Strategic stakeholder) Respondents felt that some types of supported housing models did not enable or encourage community inclusion or integration. One respondent noted: *I don't think it connects enough with other things in the community.* (Strategic stakeholder)

5.12   Another negative element put forward by a number of stakeholders was the assertion that supported housing, and in particular certain models, can lead to **institutionalisation or**

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[182] This theme has not been examined in detail as it relates to factors outside an examination of supported housing models.

dependency.   One respondent noted: *I think the negatives for some of our service users is that they do become institutionalised. We do recognise that for some clients that may be suitable, but is that where we want to be across the board? …the whole point of housing related support is to encourage independence and to allow people to live their best lives.* (Strategic stakeholder)   Respondents confirmed that in some cases the type and nature of clients' needs meant that some level of communal or shared living was necessary, particularly in longer-term supported housing provision for older people and people with a disability, but they noted concerns that institutional living was not helpful if the client was in receipt of supported housing for a temporary or short-term period.

5.13   A repeated theme linked to shared accommodation, which can have negative impacts in terms of occupancy, management of client's needs and outcomes for clients was summarised as **compatibility.** The requirement to ensure that any referral being considered for placement in the shared model of supported housing is compatible with the other clients was seen as being vital in terms of the overall management of a scheme. However, stakeholders noted that it frequently meant that referred clients were deemed inappropriate for the scheme. One respondent noted: *when vacancies arise in services with shared facilities compatibility can be an issue that can result in long term voids.* (Strategic stakeholder)

5.14   The theme of potential institutionalisation was also inter-linked to **size of supported housing provision**, with particular reference to model 1 (shared, group or communal living). Examples were provided of some very large homeless hostels, with two Belfast hostels accommodating 50 plus individuals in the one building. One respondent noted: *I think in terms of the bigger hostels we need to move away from those, especially given the increased complexity of clients. They are just really big warehouses for men. And then you have less complex men going in with more complex men. You need to have a more tailored solution.* (Strategic stakeholder) Another respondent noted: *I think that some of the older and larger hostels that exist in Northern Ireland need to be remodelled and redefined…in big hostels there is a risk to the individuals who live there, and increased risk to the staff, and a risk to individuals in terms of community integration because there's a stigmatisation.*   (TG Homelessness)

5.15   Feedback varied on acceptable number of units/clients within homelessness provision; this varied according to the model of provision, the type of service, the nature of the client and other factors. On the positive side, some stakeholders suggested that shared living and the hostel environment clearly did have its place. One respondent noted: *One size does not fit all. Shared living and the hostel environment suits some people, and at a certain stage in their journey. It doesn't suit everybody, but for those people who need more intensive support, having staff present with them on their journey – there is a definite space for that.* (TG Homelessness)   Respondents also mentioned the sense of camaraderie and peer support within a hostel setting, and the advantages of being able to provide support in a single location in terms of efficiency and productivity.

5.16   Providers in the Homelessness Thematic group also recognised that moving fully away from shared provision into self-contained units did not provide the client with a realistic insight into what they could reasonably be eligible for and afford in terms of move-on accommodation.

For the majority of under-35s coming out of supported housing in the homelessness sector, the only option is shared accommodation. This was emphasised by one respondent: *By putting somebody in a self-contained flat. It doesn't support people to understand how to live together, sharing, how to do that, to have social interactions.* (TG Homelessness) A similar theme was put forward by stakeholders in the young people Thematic group. One respondent noted: *young people get this lovely new shiny flat with everything in it, and then their move-on accommodation is of very poor standard. We set the bar way up here, and then your reward for moving out is away down here…the shared accommodation does help young people prepare for what the reality is, that is having to share because that's the only affordable way of living.* (TG Young people)

5.17   A number of stakeholders voiced wider concerns about the demands on supported housing under the Thematic group of Homelessness, including **capacity of sector to respond to demand, changing needs and complexity of clients and a movement towards longer-term placements.** One respondent noted: *Homelessness has had a lot of focus on it. It's not to say it's not working well overall because it is. But those schemes really need to be responsive and adapting to need. In the last few years the need has really changed, and the structural things around that maybe haven't changed. One issue is the length of time people spend in temporary accommodation…and in many ways we should be using the funding to build houses. We shouldn't be building more temporary. But at the same time there is a massive shortage of temporary, so you can't argue that more is needed….It's a good model if it's doing what it was designed to do, which was to be short-term.* (Strategic stakeholder) Another respondent said: *We try to limit the overall period of time that people stay within a hostel but that will be dependent on being able to successfully gain permanent accommodation in the community. And given the clientele (offenders) that in itself can be difficult.* (Strategic stakeholder) Difficulties associated with lack of move-on accommodation were highlighted as the main driver in extending length of stay in short-term or temporary supported housing, including for the Thematic groups of Homelessness and Young people. The difficulties for transition from prison to the community were noted by some stakeholders, with reference to both mainstream homeless supported housing and 'approved' accommodation for certain high-risk offenders. The difficulty for this group of securing move-on accommodation was also noted, together with the link between homelessness and re-offending, and whether current provision assists in supporting desistance from offending, given its shared nature.

5.18   Providers in the Thematic group of Older people also talked about the negative impact of the changing needs of clients referred to and placed in sheltered housing, and how this impacts the individual and the wider client population in a scheme. Stakeholders also talked about having two generations now living in sheltered housing whose needs and aspirations may result in clashes. One respondent noted: *Undoubtedly we're finding a broader range of needs and people coming into sheltered housing. At one end of the spectrum you've got people coming into sheltered generally at a much later stage in their life…this means that tenancies are shorter and their care and support needs are higher. And then at the other end of the spectrum you have increasingly younger tenants, in their 50s and 60s, with a wide range of issues including alcohol or drug usage, mental health issues, who really do require a much higher level of support which we're not well set up to provide. And you can also ruin the*

dynamic and the quality of life for other people in that sheltered scheme, given that they are living cheek by jowl, albeit in their own accommodation.   (TG Older people)   A further recurring negative comment about sheltered housing was the **size of units**; this included factors relating to people's expectations and aspirations for accommodation size, the difficulties of down-sizing from much bigger accommodation to a small one-bedroom apartment, the lack of space including having the capacity for family members to stay.

5.19   One recurring theme across all stakeholders related to the potential **negative impact on clients of shared or communal living.** This was particularly relevant, but not exclusive, in discussions under the Thematic groups of Homelessness and Young people. One respondent noted: *in terms of the individuals using the hostels, what I can say is that we know in terms of reoffending that there is a huge relationship between addressing those vulnerabilities and harm factors around reoffending and their needs.   When you think about communal accommodation that's shared, and people for example who are trying to overcome an addiction and staying in a hostel where they are seeing drug taking behaviour and other things.* (Strategic stakeholder) Another respondent said: *That can have a really negative influence on someone. Can be a pull for them when they're really trying to walk away from that lifestyle and that behaviour.* (TG Homelessness)

5.20   Other stakeholders queried whether shared accommodation *was still viable in this day and age?* They suggested that some element of sharing might be positive, but that clients should have their own ensuites and not have to share bathrooms. Negative feedback on the concept and practice of sharing was noted for various different sub-groups e.g. young people's supported housing, foyers, families in domestic violence refuges, clients with a mental health need or learning disability and was interconnected to changing aspirations and expectations. One respondent described their assessment of shared living in refuges. They noted: *the shared model doesn't work in refuges. Whilst they might say they're ok in the refuge, as soon as they come to the HE they are saying, I want out. They want their own space and own door. The fridge was like a free for all. They were niggly arguments about everything. In this day and age that's about different expectations as well. If I'm a woman with five kids in one bedroom and I've to queue for the shared bathroom – we're beyond that.* (Strategic stakeholder) Another negative factor raised in relation to refuges was the mix of single women and women with families.

5.21   The use of shared models was also viewed as negative within the Thematic group of young people. One respondent summed it up: *the self-contained model is a much better model. It allows for young people to have their own privacy. Sharing brings issues around compatibility and where there's complexity of need.* (Strategic stakeholder) In terms of the desirability of shared or communal facilities for those in the Disability and Mental Health Thematic group, one respondent referred to the differing viewpoints since many of the legacy schemes were first established. They noted: *You had a lot of people exiting a ward or hospital setting and they were content with shared schemes. They are now ageing, in their 60s, 70s and 80s. Young people now coming off acute mental health wards do not want to live with older people in shared settings.* (Strategic stakeholder)

5.22   Shared or group living was seen as negative within the Homelessness Thematic group. Respondents talked about hostels and foyers where the higher levels of needs amongst clients was not compatible with shared living. One respondent noted: *clients are no longer happy to share those types of facilities.*   (TG Homelessness) One respondent referenced a domestic abuse refuge which has self-contained accommodation, noting that this means: *the client is able to close the flat door and have a home, and separate things out…when women are very distressed from the situation they've left, and then they're having to live in a communal arena, this has an impact on their mental health.*   (TG Homelessness)

5.23   The discussion on the value of shared, communal or group models in the Thematic group of Disability and Mental Health, again referenced the need to develop provision on the individual's assessed need, and that in some cases individual accommodation, with no element of sharing or communal living was essential. As previously noted stakeholders did reflect on the advantage for some clients in having interaction in communal areas, but emphasised the desire to move away from shared bathroom facilities. One respondent said: *I think moving forward that most people would prefer to have their own facilities. Communal facilities don't suit everyone's needs in terms of privacy requirements. It's much more preferable in terms of quality of life that people would have their own specific accommodation.* (TG Disability and Mental Health) Respondents in this grouping also highlighted that the majority of schemes e.g. for mental health or learning disability, whilst they may have 20 units are broken down onsite into smaller units or clusters in bungalows or houses of 3 – 5 clients.

5.24   The balance between communal/shared living or 'own front door' was a key discussion point amongst providers in this Thematic group. One respondent summed it up: *How can we say we are maximising people's independence when they don't even have their own front door? I think that's a fundamental and something we would want to deliver, where possible…why would we put people to live together, who have no other connection other than they have mental health issues or a learning disability?*   (TG Disability and Mental Health) However, other providers emphasised the benefits for their client group in terms of group living, albeit they noted the need for more individual space and private facilities within this.

5.25   Stakeholders did recognise that some element of sharing may be valuable (for certain client groups) and in certain circumstances, for example in emergency settings such as crisis accommodation. In addition, those advocating model 2 (individual self-contained units) also recognised that in some settings it was useful to have some level of communal space, so that clients could meet together for social activities or other opportunities, e.g. in sheltered schemes, in young people's schemes etc.

5.26   Feedback included references to the **lack of a clear and integrated approach to analysing the suitability of supported housing.** Stakeholders suggested that consideration should be given to a whole range of factors including:
   -    The age and state of the building; references were made to the lack of lifts, accessibility, space standards etc.
   -    Configuration of accommodation and services

- Whether the model meets the group and individual needs under the various Thematic groups and sub-groups in terms of the physical building and support provided.

One respondent noted: *Apart from my own eyes we have no remit or benchmark in terms of what makes a good service. SP do not have any benchmarks in terms of the accommodation. There is no definition of what good supported housing should be….*(Strategic stakeholder)

Suitability of supported housing in Northern Ireland – service user feedback

5.27   In the interview stage service users were asked to comment on a number of different aspects of their experience of supported housing. Anonymised background information on the service users is provided at the outset of this sub-section, to provide the reader with relevant context to the analysis. This sub-section then includes an analysis of what housing related support service users said they received and feedback on the model of supported housing they lived in. Finally this sub-section provides service users assessment of the impact on them personally of the support and accommodation provided to them in their current temporary or longer-term supported housing. Overall this feedback indicates that service users, on the whole, felt that that their supported housing – both the housing and the support elements – was suitable for them and had a positive impact on their lives.

Background information on service users

5.28   The service users involved in the interviews had lived in supported housing for a range of timescales. For those in the Homelessness and Young people's categories, where the supported housing was generally of a temporary nature the length of stay varied from a few weeks to two years, and in some cases over two years albeit that this was over the recognised cut-off time period. Respondents in the older people and disabled categories had lived in their supported housing for much longer periods of time. For the older respondents this varied from three months to 29 years[183], and similarly for the five disabled respondents this ranged from three to six years.

5.29   Whilst service users had moved to supported housing for the same overarching reason – the need for housing related support and a supported housing environment – the specific and more personalised reasons for their move, their circumstances and situations and the drivers involved, varied across the four SP Thematic groups. The key driver for those in the Homelessness category was lack of any other housing option. Several respondents referenced threats against them, which had resulted in them having to leave permanent accommodation or a previous hostel. Others talked about the range of accepted reasons for homelessness including breakdown of family unit and relationship breakdown, loss of tenancy in social rented or private rented sectors, domestic abuse, loss of accommodation due to addictions etc.

The key driver for young people was in most cases a movement from a Children's home or the wider care system, with a small proportion coming through a homeless route as a result

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[183] The respondents in the older people's category ranged in age from 65 to 96 years old.

of breakdown within the family home or their previous accommodation. In this category all respondents were aged 18 – 21 years old.

The main reasons given by respondents in the older people's category were linked to a number of key factors – the loss of a spouse/partner, declining health and mobility and declining ability to do all activities without support. Respondents noted factors such as: *health beginning to fail* and *the house wasn't suitable, there were steps back and front* and *I was worried about security and safety.* One respondent summed up her needs by noting: *it was too big for me and too difficult to manage on my own.*

This was similar to the drivers for respondents in the Disability and Mental Health Thematic group, with the key factor being that they could not manage their own accommodation or day to day living without some support.

5.30   Irrespective of whether they had recently moved or had been there a long time, and across all four SP Thematic groups, there was feedback that their current accommodation felt like home. This was stronger for those in more permanent accommodation (Older people and Disability and Mental Health Thematic groups) compared to those in temporary accommodation (Homelessness and Young people Thematic groups), albeit that the latter two groups did verbalise that it was their home.

One homeless respondent said that it felt like home *at the moment, but I do want to be finally housed.* Another homeless respondent, living in family accommodation, stated: *we are really happy here. It's like living in your own home, no-one is interfering here.* A further respondent in this category touched on the fact that it was temporary: *it's home in so much that I'm glad of my own space. I do like it, but obviously it's not my home home. I feel calm and I'm glad it's mine.*

One respondent in the young people's category noted: *It was the closest thing to a home my entire life.* Another respondent said that it felt like home and he *felt settled the first week I moved in.* There was also acknowledgement of the temporary nature of the supported housing, with one respondent saying: *it has to be home, for the time being.* This connection to home, within the young people's grouping was not universal. One respondent commented: *it's not my home, there's not a homely feeling. It's a temporary place.*

Respondents in the older people's Thematic group did say it felt like home, although a number of them suggested it did not feel like their previous home or their family home, with some suggesting it took a while for it to feel it was their home. One respondent commented: *I'm very much at home, it's what you make it. It feels like home.* This stronger connection to home is likely to have been linked to the length of time respondents in this needs group had been living there; this varied from a small number of months through to in three cases 20 years plus (20, 25 and 29 years respectively).

Service users in the Disability and Mental Health Thematic group also said that their longer-term accommodation felt like home, with one respondent noting: *very much so, it's home.*

Provision of housing related support in supported housing

5.31   All of the service users talked about the housing related support they received as part of their accommodation/stay in supported housing. Respondents were then asked to comment on what level of support they had received under each of the eight headings of housing related support (See Appendix 4).   Analysis of this element indicated a high level of satisfaction with the type of and provision of support they had received.

In a number of cases it was clear that the respondent did not perceive that they needed a particularly high level of ongoing housing related support. This was evidenced in the older people (support needs) and some sub-groups of the Homelessness Thematic group (namely single homeless people).   Service users who fell into the category of mental health needs (both adults and older people), as well as service users in the younger people category indicated a much higher level of need for support, as well as the frequency and length of support delivered and the number of elements from the list of eight that they required.

5.32   Table 15 provides an analysis of the housing related support received, as reported by each respondent. It should be noted that this may be an underestimation since some people may receive more support than they perceive or reported. In addition, analysis is at Thematic group level rather than for sub-groups where in some cases there was only one respondent who could be identifiable by these responses.

Table 15: Receipt of housing related support by service user responses

Element of support	Thematic groups				Totals	%age of total respondents
	Homelessness	Young people	Older people	Disability and Mental Health		
Develop domestic/life skills	3	5	2	4	**14**	**44%**
Develop social skills/behaviour management	2	4	0	3	**9**	**28%**
Find other accommodation	8	9	0	1	**18**	**56%**
Establish social contacts and activities	7	7	7	5	**26**	**81%**
Gain access to other services	7	7	1	3	**18**	**56%**
Manage finance and benefit claims	3	5	0	3	**11**	**34%**
Set up and maintain home/ tenancy	8	9	2	5	**24**	**75%**
Maintain the safety and security of the dwelling	8	9	5	5	**27**	**84%**
Total number of respondents per Thematic group	8	9	10	5	**32**	**100%**

5.33   Table 15 shows that the three elements of support, reported as being received by the most service users were maintaining safety and security (84%), establish social contacts and activities (81%) and set up and maintain the home/tenancy (75%). The three areas noted less frequently by respondents were develop domestic and life skills (44%), manage finance and benefit claims (34%) and develop social skills and behaviour management (28%). However, as indicated in table 15 there was significant variation across the four Thematic groups. For example nearly all the disabled clients indicated they needed help with domestic and life skills, in contrast to older people, where only two respondents (who were living in supported sheltered housing) said they needed this support. Furthermore very few older people said they needed help to manage their finances or gain access to other services, where in contrast much higher numbers of the homeless and young people's respondents said they needed these types of support. Another clear variation was in relation to support to find other accommodation. Nearly 100% of homeless and young people's respondents said they were receiving support in this area, whereas no older people and only one disabled respondent referenced this, with these Thematic groups indicating that they did not wish to move from their current supported housing.

5.34   The following quotes illustrate the diversity of needs noted by service users under the heading of housing related support.

The staff helped me to get the doctor, as I needed to change doctors….and they phone for you to the Health Centre….I struggle a lot in taking the first step to do anything. I wouldn't have ever made the change. They helped with that.   (TG Homelessness)

They helped me get a GP and a counsellor. They set it up. The support was efficient and quick. It was very direct and the staff were excellent.   (TG Young people)

They helped me develop better skills. I knew how to budget but they helped me get onto Universal Credit. They made sure I wasn't stuck.   (TG Young people)

Yes I got lots of support. The Key Worker takes me out shopping once or twice a week. And they helped me with the washing machine.   (TG Young people)

The Key Worker sits down and helps us try to budget out our money for electricity, for gas, for service charges and food. There is progress when you learn.   (TG Young people)

It was already furnished. And they actually had stuff waiting for me – the essentials – pots and pans, microwave, cutlery, bedsheets.   (TG Young people)

Everything that's arranged I go to it. I talk to everyone that talks to me.   (TG Older people)

They make appointments for me, and tell me when there's an appointment.   (TG Disability and Mental Health)

Staff gives me help with cleaning – brush and mopping floors, washing bed sheets, Health & safety checks.   (TG Disability and Mental Health)

5.35   Service users in the older people and Disability and Mental Health Thematic groups responded to a number of the support areas by saying that they were partially or fully supported in this area by their family. This was particularly relevant to areas such as domestic and life skills, gaining access to other services, managing finance and setting up their home/tenancy. For example, one older respondent noted: *the family makes the doctors' appointments mostly.*

5.36   A further factor worth noting was the number of service users who indicated that they did not need particular types of support, but that they knew the support was available and accessible from staff in the supported housing scheme/service should they require it.

Staff would offer if they thought you can't manage – they try to help. (TG Homelessness)

I never needed that help…but it's there if you need it. I do my own cooking day by day. (TG Homelessness)

It's there if I wanted it, but I don't need it – support with finance. (TG Older people)

Feedback on different types of supported housing

5.37   Twenty five of the 32 service user respondents lived in supported housing in which they had their own individual flat or bungalow, with its own front door and within a supported housing scheme of varied sizes (from smaller schemes of six flats through to much larger schemes with 50 or more individual units). The remaining seven service users were in what was defined as shared supported housing, where they had their own bedroom but then shared kitchen, living space and bathrooms. In three cases the schemes provided catering (one hostel and one Abbeyfield & Wesley supported sheltered housing scheme).

5.38   The vast majority of service users favoured the individual versus the shared model of supported housing. Whilst this may have been related to their own current lived experience, these respondents highlighted why they would not want to be in shared accommodation. These included a desire for personal space and privacy, storage space, independence and concerns about how they would live in a shared environment.

5.39   Whilst making some positive comments about shared accommodation, respondents living in shared hostel space mentioned arguments about food and kitchen interaction, and access to bathrooms as well as having limited personal space. One homeless respondent who was now in an individual flat but had previously been in a shared hostel noted: *If I was still living in shared accommodation I would have ended up moving out. I couldn't live there. People were stealing from the fridge and from your food. The toilets were dirty.* Another homeless respondent commented: *I could not live that that. I think it's very degrading. And it could play on someone's mental health, affect it.   It's not something I would want. You want your*

own space. And you don't know who you are sharing with. A further homeless respondent living in a shared hostel said: *I would love my own space but it's hard to get. You don't know what's going to happen. People arguing and fighting. You just have to roll with it, go up to your room, that's everything.*

5.40   For young people in supported housing, who had previously been in the care system, various factors were noted including that sharing accommodation can be intimidating because of the mix of ages, not knowing the other people, being an introvert and finding it hard to mix with others, previous bad experiences of living with others and trust issues. One young person noted: *individual accommodation is better; privacy is the ideal thing to have. A lot of teenagers struggle with their mental health and can't be sociable and don't want to interact.*

On the other hand some of the young people said that individual accommodation can be isolating and lead to loneliness and isolation. One young respondent said: *The main thing I like is the independence, to be able to come and go. And having no fear of someone walking into my space. There is privacy at all times….But much as I like the privacy I would like a conversation and company.* Respondents in the young people's Thematic group appeared to want more of a balance between the options of individual apartments and shared schemes. One service user noted: *I would like to have a space in a shared place with other people to interact with. It would be more social and you could meet other people.*

5.41   Service users from the older people's Thematic group were very against the idea of sharing, except for a couple of service users who had moved into shared supported sheltered housing, following in one case a spell in sheltered housing and in the other from her own home.   Older respondents commented: *Definitely not. I wouldn't like that at all. It wouldn't suit my personality. I'm used to my own space.* And: *I like it the way it is. I'm used to being on my own and I like to do my own thing.* Another respondent said: *It's really good to have your own space, and not always to be in company. There can be lots of problems from sharing – cleanliness, tidiness.*

The two respondents in supported sheltered housing noted that they would prefer their own apartment, but were not in a position that they could not manage this on their own. Service users living in sheltered housing schemes were praiseworthy of the combination of individual space (flat or bungalow) together with the opportunity to meet others in the communal space. One respondent noted: *These are ideal because you have your privacy. You can be on your own if you want and have company if you want. It's safe and secure, you have your own space….You need your own front door.*

5.42   Service users from the Disability and Mental Health Thematic group indicated their preference for individual units, with direct reference to their mental health. One respondent noted that he had previously been in a shared scheme: *it didn't go well. I don't get on well with people I don't know. It makes me a bit nervous.* Another said: *Shared – No! I don't do well in crowds. I am overwhelmed.* A further respondent with mental health needs commented: *At this time of my life it's the individual apartment. I am more stable in myself, more independent in myself, more settled.*

The impact of living in supported housing

5.43   There was universal positivity from the 32 service users in relation to the impact on them personally of the support and accommodation provided to them in their current temporary or longer-term supported housing.

The main areas of positive impact, highlighted across all needs groups, related to an actual or perceived improvement in the service user's physical health, mental health, ability to cope and remain fully or semi-independent with support and an improvement in family and other relationships. Examples of the positive impact of living in supported housing are provided below, with the service user's Thematic group in brackets after each quote.

It's been a better move. I got out of the other situation….I was suffering from depression. This place has helped me. I was lost until I got here – getting a roof over your head. My physical health has got better. I don't have the stress with the landlord. My experience here has been pretty good. They have helped me a lot and with my mental health. (TG Homelessness)

For my and my son's mental health…we are now much more content. I'm really happy and my son is really happy. This is our home. (TG Homelessness)

There's been a big difference in me. It's not the way people perceive it to be. It's very clean. And they try to help and support you. I have my own space and security and I feel safe. There's no-one coming in and saying how to do things. It's a safe place for children and they're a lot happier and content.   (TG Homelessness)

Definitely has helped me – one million percent. I feel all free here. It's helped my mental health and I'm not just staying in bed…Every part of my life has improved.   (TG Homelessness)

It was a good move, I made good friends. My physical health definitely improved. My mental health fluctuated a wee bit. There was a lot of stuff going on – I felt angry and sad. (TG Young people)

It's been a good time for me, and a good step. It's helped me with how to keep the flat and how to keep up the rent. Coming here has significantly improved my mental health. Before my mental health had been low.   I've met new people now, better people – and I can trust people are there for me.   (TG Young people)

5.44   For those in temporary or shorter stay accommodation, the difference of living in supported housing was often quite immediate and distinctive. One homeless respondent noted: *things have got better…even having a bed and somewhere for your belongings when I first moved here…where I was before was not a good place – lots of drugs and chaotic.* In addition, these service users talked about progress in developing the range of skills needed to live independently. One young person said: *It's a wake-up call, it's the first step out the door, a*

reality check. You mature more and you learn how to manage your money. Personally it's helped me.

5.45   For those in longer term accommodation (older people and Disability and Mental Health Thematic groups) the focus of their impact was more on the positivity of support to enable them to continue living as independently as possible, as well as positivity around safety and security. One older respondent said: *My husband's condition worsened. I couldn't have coped in our home and this gave me better access to services.* In the case of older respondents other positive impacts included a reduction in loneliness and having more social interaction and company, together with a positive impact for their family as noted by one older service user: *My family know I am safe, no-one can get in or take advantage of you. That means a lot.*

It was a benefit for both of us at the time. We were in the community and joined in things. (TG Older people)

This has been a very good move for us. This makes our lives comfortable, bearable. Independence is the main thing. (TG Older people)

Yes it's a secure building. I like the fact that staff are here 24/7, it gives a sense of safety. I needed help with my mental health….and now at this point I'm able to do my own medication. (TG Disability and Mental Health)

For me it has been a good move. My physical health has improved…and I think my mental health is better with more people around me. In the previous place I was somewhat isolated. (TG Disability and Mental Health)

5.46   Service users also verbalised what might have happened to them if they had not moved to supported housing, again evidencing the value they placed on both the accommodation type and the support received. This was particularly significant for respondents in the Homelessness and Young people's Thematic groups. One homeless respondent said: *I would probably be homeless, living in a tent on the street.* One young care leaver noted: *I don't know where I would have gone…into a hostel? I had no choices or options. Most young people get support. They live with parents and they are not having to pay rent. To have that security over their head. What other choice did I have? Having support here makes all the difference.* Another young person commented:: *There's a strong possibility I'd probably be arrested and in jail. The circle I was in was all drink and drugs – or I would be severely hurt.*

Positive outcomes of living in supported housing

5.47   Whilst this section has been based on qualitative feedback from stakeholders and service users it is helpful at this point to also consider the quantitative data collected by SP in relation to service user outcomes, as outlined in Table 16. This is amalgamated data for the four Thematic groups; analysis of the data for each Thematic group shows some variation in percentage levels achieved.   Analysis of the generic data points to very high levels of outcomes in relation to the housing support provided to service users in supported housing, both enabling them to remain independent and also in enhancing their quality of life.

Table 16: SP Outcome totals for all Thematic groups[184]

SP Outcome Indicator	SP Outcome Description	Percentage of service users who achieved outcome as a result of support provided
1A	SU supported to access relevant welfare benefits	94%
1B	SU supported to gain employment (paid or voluntary) and/or enhance skills	72%
2A	SU supported to remain in own home	95%
2B	SU supported to achieve independent living	74%
2C	SU supported to move into alternative temporary living arrangements	88%
3A	SU supported to manage their physical/mental health	93%
3B	SU supported to access healthcare	100%
4A	SU supported to access services to make them feel secure	96%
4B	SU supported to feel secure and protected	96%
5A	SU supported to contribute to wider society and enhance social networks	90%

Source: NIHE, Supporting People

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[184] SU = service user; percentages are rounded to nearest whole number.

Section 6   Stakeholder and service user feedback:

Occupancy and Value for Money in supported housing in Northern Ireland

6.1   This section provides qualitative feedback from stakeholders and service users on occupancy and value for money within supported housing, with a specific focus on contributing to a discussion on the future direction for supported housing, and in thinking about how support could be delivered more effectively and efficiently. Key themes included thinking about schemes or provision for a Thematic group which are displaying voids and may not been deemed to be value for money.

Quantitative data on occupancy and value for money has already been provided in Section 3. This highlighted that occupancy levels and voids across supported housing and within particular Thematic groups and sub-groups suggests that some supported housing may not be attractive or suitable, or may not be responsive to the actual needs being referred e.g. may not be responsive to clients with more complex needs.

6.2   However, as noted in Section 1 supported housing is generally demonstrating a high level of occupancy with recorded levels of unmet need and predicted increases in demand and complexity of need. The SNA[185] noted estimates of need as 14% higher than housing support supply.

6.3   During the interviews stakeholders were asked about occupancy levels across supported housing, with particular comments on their area of specific knowledge. Follow-up questions were used to probe the possible cause of any occupancy issues including whether this was a result of changing aspirations and expectations on the part of clients, whether it was related to assessed need and the service on offer, if it was to do with the age and configuration of buildings including the mix of shared, communal and individual living, or if it was related to the cost of supported housing for the individual. The following analysis combines feedback from both strategic stakeholders and providers. Service users were also asked about occupancy, and in particular what factors in their supported housing they thought might be off-putting to other prospective tenants.

Occupancy - overall themes for supported housing - stakeholder feedback

6.4   A number of key themes emerged with relevance across the four Thematic groups linked to why there may be (have been) fluctuations in occupancy and suggesting that some elements of what is offered through supported housing may no longer fit the current or emerging needs in the sector. It was acknowledged that there is a gap between need and provision in multiple Thematic and geographical areas, as demonstrated in the SP SNA[186], but that voids and occupancy difficulties, both short- and long-term can emerge for different reasons.

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[185] SP-SNA-Final-Report.aspx (nihe.gov.uk)
[186] Ibid

One recurring reason for a drop-off in occupancy was the Covid-19 pandemic; this reason is taken as read across this research, with the viewpoint that as we move out of the pandemic this reason for reduced occupancy will gradually correct itself, notwithstanding that there may be some continued dip in a post-pandemic setting. This is noted in Section 7.

6.5   Recurring themes on occupancy were as follows:
-       Current and prospective clients for the most part do not want shared or communal facilities. One respondent noted: *maybe there are things that have just had their day, attitudes have changed. In many cases the building can outlast its original purpose and then we have queries around whether the building can be repurposed?* (Strategic stakeholder);
-       The small size of self-contained units is not what prospective clients want;
-       Cost is a factor for particular Thematic groups and sub-groups e.g. older people in sheltered housing, some clients in mental health and learning-disabled schemes;
-       Client's needs in general are becoming more complex and supported housing providers are deeming more referrals from the different sources as inappropriate for the services available;
-       Compatibility issues can negatively impact occupancy, in particular in smaller supported housing units, and this can be time-consuming and result in referrals being turned down. One respondent noted: *Compatibility is essential when sharing facilities. Preparing service users for someone new coming into their home.*   (Strategic stakeholder)

Reasons for lower or poor occupancy, as noted in stakeholder feedback, are now reviewed by respondents in each of the four SP Thematic groups.

Thematic group – Homelessness

6.6   It was acknowledged that occupancy, in terms of lack of referrals or demand, was not an overwhelming issue within this Thematic group, albeit that occupancy in some schemes was on a continuum of recovery post-pandemic, and some schemes and types of facility appeared to be less attractive than others. One respondent noted: *there's still massive demand for homelessness supported housing…people don't have an option to go anywhere else.* (Strategic stakeholder)

A number of providers referenced a couple of larger hostels in Belfast which they believed are being allowed/enabled to run with considerable voids (specific hostels were named). Providers were frustrated as they felt they were being held to account to retain high occupancy levels whilst a different set of rules was in play for other providers. Discussion on this centred around whether it was to do with staffing levels, maintenance issues, the structure or configuration of buildings, or related to wider policies e.g. HMO regulations. Providers also felt they were being put under pressure to take people off the streets when they knew there were empty beds in the system. This perceived inequity was verbalised by a number of providers; one summed this up: *I know that it does cause frustration within the sector because other providers, at times, are asked to put people up who are on the streets, in*

a common room, if they have sufficient staff. Often we have facilitated this…and we know there are empty beds in the system. (TG Homelessness)

Thematic group – young people

6.7   Feedback under the Thematic group of young people pointed to high occupancy levels, albeit that these had dipped during the Covid-19 pandemic. Providers felt that this was largely because the supported housing was in self-contained accommodation with no or minimal levels of sharing, and because for care-experienced young people, and homeless young people aged 16 – 17 years old, the individual is referred to the provision.

Respondents noted one factor which does reduce their overall occupancy figures, relating to the assessment beds for 16- and 17-year-olds. One provider noted: *when the assessment beds are not utilised. Either because they are lying empty or the HSC Trust requires you to keep beds 'free' for someone they know will be referred into the system.* (TG Young people)

Other factors which were noted as affecting occupancy amongst provision for this Thematic group relate to referral pathways and the timing of referral panels, and whether a provider can accommodate service users with higher risk needs. The smaller nature of some schemes also can show a disproportionate lower occupancy level e.g. in a five bedded scheme, one void can result in an 80% occupancy level.

Thematic group – Older people

6.8   Cost in some of the supported housing provision for older people was noted as a contributory factor in reducing referrals or potential clients deciding not to make a move. This was indicated in relation to sheltered housing, and for wider schemes and models where self-funders paid a proportion of any costs.   *Why would you move into accommodation where you're paying rent and a service charge? When you've owned your own home.*   (Strategic stakeholder)

However, it was also noted that there is no significant voids issue across sheltered housing, with only small pockets of low occupancy relating to specific schemes or particular areas where there may be over-supply. One respondent noted: *It's usually because the scheme is in a very rural area or on a border, and we can't get anyone in there.* (Strategic stakeholder) A further respondent said: *it depends on where the scheme is. And it also depends on the Scheme Coordinator and how the scheme is managed. Some people have the attributes and the disposition.*   (TG Older people)

6.9   Another type of model with one provider, referred to as supported sheltered housing, acknowledged that they did have an issue with occupancy, although they put this down to the reduction in referrals during the Covid-19 pandemic, and higher levels of turnover because of the later age at which clients enter their service (mid to late 80s).

Reference was also made to occupancy in specific jointly commissioned and funded schemes for those with dementia and frail elderly people. It was noted that many of these schemes

have never achieved full occupancy with reasons pinpointed as low levels of referrals, time-lag in getting dementia assessments done, financial detriment to family if in receipt of Carer's Allowance.   One respondent talked about two Belfast schemes, noting: *we have never ever got up to full occupancy. We've done a lot of work to try and pinpoint the issues…about the community knowing that it was there, about GPs knowing it was there. But it's very time consuming to get that dementia assessment done, and by the time it's done the scheme is no longer suitable for the referral. And some families get the Carer's Allowance and they would have to give that up if the person went into the supported housing scheme.*   (Strategic stakeholder) A provider talked about one of these schemes noting: *It has never been fully occupied. All of the projections at the time showed that it could be easily filled, but this doesn't always translate to places being filled. The big issue for us as a landlord is that we are carrying the void loss. We have very little control over the partnership with the HSC Trust, and in particular the speed at which the Trust assess people and turn this into an allocation.* (TG Older people)

6.10   Respondents suggested that one option in relation to some of these half-filled schemes may be to add on an additional client group e.g. those with a disability or to reduce the age group for dementia schemes which currently sits at people aged 65 plus. This is considered later in this Section.   Reference was made to one scheme which whilst it was commissioned as a dementia service has now (a) reduced the age restrictions for entry and (b) is taking people with physical disabilities. Again comments were noted in terms of how need is assessed at a regional and localised level, and how services are funded and commissioned. One respondent said: *I think the reason we're seeing this is because the needs assessment, the demand doesn't seem to materialise for some of them.*   (Strategic stakeholder)

6.11   Space and scheme configuration or model were also identified as having a potential negative impact on occupancy levels. Respondents again highlighted the small size of one-bedroom apartments or bungalows associated with sheltered housing. One provider noted: *When we get refusals it's the size of the apartment. Everyone wants a bungalow and you have to be realistic with people and say – your chances of getting a bungalow are very slim to zero.* Respondents suggested that any remodelling of sheltered schemes, with a view to increasing occupancy, should look at incorporating CAT1 space standards into the design.

6.12   In addition, providers were clear that any form of sharing results in persistent voids. One provider highlighted one of their sheltered housing schemes noting: *sadly it is practically empty. The need is just not there. My view is that the shared housing model is just not for everybody, moving into a shared house with five strangers. It worked in the past but now people's needs and aspirations have changed. And family members struggle with it as well.* (TG Older people) Respondents noted that clear cases of empty provision, if it is still fit for purpose from a building point of view, should be remodelled for a different client group where the needs are evidenced.

6.13   Providers also highlighted other barriers to entry into supported housing for older people, including the need to either sell or terminate the tenancy agreement for their current home and to downsize the level of furniture and possessions. One respondent noted this as a key

barrier: *Even the thought for clients of having to pack up your house, empty all your possessions, it's just overwhelming. Very often they move as a result of a fall or a crisis, where they can't go back to their own house because it's unsuitable.* (TG Older people)   A number of respondents talked about the need for a service to help older people downsize and clear their houses, so that they can move on to other options including supported housing.

Thematic group – Disability and Mental Health

6.14   Respondents under this Thematic group pointed to lower occupancy levels in some schemes and for some sub-groups of clients as a result of perceived or actual increases in the complexity of need presenting. One respondent said: *Some providers have noted that there are more complex needs being referred through from the HSC Trust. However, when I've then talked to the Trust, they're saying that's not the case.* (Strategic stakeholder)   Others suggested that because of the long-term nature of tenancies in supported housing for this Thematic group, with low levels of throughput, that occupancy was at a consistently high level.

6.15   Respondents suggested there was no significant voids issue in terms of mental health or learning-disabled supported housing, albeit that two factors – the issue of sharing and compatibility – can negatively impact occupancy levels. One respondent noted: *given the nature of mental health, if there's any type of shared accommodation, that will always be the case. There's always going to be compatibility issues in mental health services and that will contribute to a small number of voids if a service is shared.* (Strategic stakeholder) Another respondent said: *it takes a bit longer for people with a learning disability, preparing them for the move, doing a story book with them, having time to get ready for someone to make a transition into supported housing.* (TG Disability and Mental Health)

6.16   Another factor highlighted for this sub-group was that the majority of clients coming into supported housing do not want to share, and they are therefore turning down the offer of a space in a communal model. One respondent said: *Service users now just have an expectation that they don't want to share anymore and they want their own front door. They are reluctant to go into services, even when they've been accepted by the panel, because it's shared.* (Strategic stakeholder) A further respondent highlighted that the age and style of buildings can be a barrier: *some of the time it's because the properties are older and this isn't what people want. We find people want the service but the accommodation is letting us down* (TG Disability and Mental Health)   Another respondent noted: *some of the buildings are not in good repair and are not attractive places to live either.*   (TG Disability and Mental Health)

A mismatch between demand/need and geographical area or location was also noted under this sub-heading, with the suggestion that many of the supported housing schemes are legacy schemes, set up to respond to specific needs in specific areas at a certain time.

Supported housing – Value for Money?

6.17   A further discussion point in the semi-structured interviews was whether supported housing overall and by sub-group was deemed to be Value for Money (VfM); this term was deliberately not defined in a specific way for the interview enabling respondents to bring their own

interpretation to this. A variety of general points were made about the lack of information and evidence to know whether supported housing – as a model – is actually VfM, and what this means in terms, not only of financial and other outputs, but also in relation to outcomes for service users.   One respondent summed this up: *I think it's definitely a question which we haven't really asked with fresh eyes before.* (Strategic stakeholder) It was acknowledged that considerable data is collected and monitored in relation to the SP programme, and also for other funding bodies e.g. health, Probation etc. but that there was no overall perspective on whether supported housing is the best approach for clients in general or on an individual basis. In addition, a number of respondents pointed to the need to develop quality of life indicators and outcomes, and to take service user views into account on this.

However, it is worth placing this discussion in the context of past assessments which have indicated that SP funded supported housing and housing support services are generally deemed to be excellent value for money. To reiterate from Section 1 the 2015 NICVA review: *The Financial Benefits of the Supporting People programme in Northern Ireland*[187] concluded that for every £1 spent on SP services, there is a saving of £1.90 to the public purse. The methodology used was framed around cost savings rather than the value of the outcomes for service users. The 2021 SP report: *Social Return on Investment Study: Supporting People programme*[188] concluded a ratio of £1expended:£5.71 created as the social value of the Supporting People programme, based on the period 2018 to June 2021.

Feedback from stakeholders on the theme of VfM is now analysed by Thematic group.

Thematic group – Homelessness

6.18   In terms of the Homelessness Thematic group, concern was voiced that the model itself, alongside the increasing demand and the lack of move-on options, has created a pressure on the system, and that this approach (of accommodating a person in supported housing for a considerable period of time) may not be the most cost effective. Respondents highlighted that a better approach would be to capital invest in the housing market, across different tenures including social rental, to enable all individuals to have access to affordable housing. One respondent noted: *You almost wonder have they created the pressure on temporary accommodation by the model. We need to address some of those issues. How much do we know about the general housing shortage that we have? If people have to keep going through temporary accommodation? Or keep coming back to it?*   (Strategic stakeholder)

6.19   Other respondents talking about VfM in the homeless provision noted the need to look at outcomes for the client, in particular whether they can move on into independent living and whether their quality of life improves. There was a general view that VfM in this area could not solely look at financial benchmarking.

In discussing VfM some homeless providers talked about the need to think about the proportionate split between hostel accommodation and Floating Support, with some

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[187] NICVA, 2015, *The Financial Benefits of the Supporting People Programme in Northern Ireland,* final new (nicva.org)
[188] NIHE, 2021, Social Return on Investment Study (nihe.gov.uk)

expressing the viewpoint that if housing was not a barrier, the direction of travel should be towards 20% hostel accommodation and 80% Floating Support. Another aspect of outcomes in relation to this was that the latter would enable more or better community integration, which brings better outcomes for the client group. One respondent noted: *Is it normal for a family to live in a hostel, and that be the children's memory of childhood? We should have less supported housing and more independent living with support, because that being part of a community is a benefit to the client.* This respondent further developed this thinking: *Supported housing* (in homelessness) *should be for specific categories, for a specific length of time – and the shorter the better. Yes, there is a place for it. But we should be looking at hybrid models which would be more VfM.* (TG Homelessness)

6.20   Other providers under the Thematic group of Homelessness pointed to the significant savings their services provide in terms of potential costs to health, criminal justice and other Departments, if the client was not in supported housing. Providers also suggested that a Social Return on Investment (SROI) analysis would pinpoint the considerable added value from their services. One respondent noted: *I would say that we are great VfM. Through our Support workers we are able to, and take a load off Social Services, solicitors and now the Home Office.* (TG Homelessness) This was reiterated by another respondent: *It's not just in terms of housing related support services. You're seeing VfM in relation to health, justice, the impact of providing support for people on their journey and coming out of homelessness.* (TG Homelessness) A further respondent concluded: *I think the difficulty is that VfM is measured against the cost benefit of the contract value for the commissioner – what you're getting out of the contract? Rather than VfM in relation to the difference it's been making to people's lives.* (TG Homelessness) Another respondent said they were concerned that the VfM agenda was predicated on the cost of running services; they suggested: *the wider focus should be on, what are the benefits to individual clients? What is the benefit to society? And how much are you saving, for example, for hospitals and other institutions and services by properly investing in housing support.* (TG Homelessness)   Homeless providers suggested that VfM also needs to be considered in relation to homelessness prevention, an area which some respondents felt is not currently being measured.

Thematic group – older people

6.21   In terms of the older people Thematic group several respondents suggested that sheltered housing is very good value for money, given the level of funding, the low level of staff (generally one Scheme Coordinator) and the number of older people that are able to retain their tenancy and live independently through the provision of low-level housing support. One respondent summed it up: *In terms of sheltered housing they have the lowest unit rates in the entire programme. A staff member will support sometimes up to 30 individuals, they have massive caseloads. I think it's seen as low level funded and low-level support, but that doesn't always reflect the reality of people's needs. Given the funding SP gives them they do a very good job.* (Strategic stakeholder)

6.22   Reference was made to supported sheltered housing as follows: *It really is VfM because they have all of their food provided for them. They don't have to worry about anything. The only*

thing they have to pay for are their own clothes, a phone line, that's it. In comparison with residential care, it's a very good option. (TG Older people) Another provider noted: *When you look at VfM it's about two things – financial value and quality of life – and the two things go hand-in-hand. The big thing for me on the VfM bit is the prevention of hospital admission which is so expensive.* (TG Older people)

Thematic group – young people

6.23   Providers under the Thematic group of young people suggested that their provision was very good VfM. One respondent noted: *these schemes are dealing with much more than housing-related issues…covering health, education, social services. It's not really our role, and this all needs looked at in terms of commissioning and funding.* (TG Young people)

Another respondent said: *Before you get to what we're paid to do, there's that softer stuff of ensuring the young person is kept alive. That's before we get to doing a budget plan or teaching them how to cook. There's a lot of stuff that isn't measured that supported housing contributes to society.* (TG Young people)

Thematic group – Disability and Mental Health

6.24   In discussions about the Thematic group of Disability and Mental Health it was noted that VfM can be difficult to assess, particularly as the client's period in supported housing is ongoing and in many cases for their lifetime. In terms of mental health supported housing it was noted that it can be difficult to identify and measure clear outcomes. Respondents noted that in many cases, and in particular under this Thematic group, the costs were considerably higher than other client groups because the majority of clients have high and/or complex needs. With regards to those with a mental health diagnosis one respondent talked about the real value of services, noting: *In my opinion and in what I've seen of the services, they are genuinely keeping people alive. They're preventing suicide in a lot of cases. And that's not an outcome you can account for or put into VfM.* (Strategic stakeholder)

6.25   In terms of those with a learning disability, respondents pointed to the longer-term value of supported housing. One respondent noted: *Are we all talking about the same thing when we talk about VfM. Are you talking about the cheapest unit? Or are you talking about something that will work in the longer term? A better way of looking at it is in terms of a SROI. If you invest the money into it, what value comes out of it for the person? Do their behaviours reduce? Does it help bring about long-term occupancy and keep them out of long stay hospitals?* (TG Disability and Mental Health)

Supported housing – what might lead to low demand or occupancy – service user feedback

6.26   Service users were asked to think about what factors in their supported housing might be off-putting to other prospective tenants. This interconnected to discussions with external stakeholders about why there is low occupancy and voids in some specific schemes/regions and across some specific needs groups. In the main service users said they could not identify any reasons why someone would not want to live at their supported housing scheme. This

linked to the very high satisfaction levels service users verbalised about where they lived and the service they received.

Not that I can think of. The location is good, near to the college, right next to the town, the building is bright and inviting. I wouldn't see any reason why it would be off-putting. Not the cost, it's all paid for.   (TG Homelessness)

I can't see why (people) *would not want to move to the scheme, but it could be down to a person's preferences.*   (TG Young people)

I don't see any reason why not to move in here, it's nice. The location is good and actually quite convenient to the Post office and shops. The building is pretty good. It's a big house. (TG Young people)

6.27   However, service users did identify a number of specific factors relating to demand and occupancy as follows:
-    **Location** – in a number of cases respondents noted that the actual location of their scheme/setting was not what they had wanted or was not in their preferred 'community'. One homeless respondent said: *it's too far out of the road, away from the city.*
-    **Perceptions** – this was a factor highlighted by a small number of the homeless respondents and also by older people in relation to the terminology and meaning of sheltered housing. One homeless respondent said: *Everyone knows it's because of your addiction. People say, how do you live in there? People think it's just you are on the street and drunk.* One older respondent said: *the name, They* (sheltered housing) *are perceived as an old person's home. There's a stigma.*
-    **Lack of outdoor or garden space** – this was highlighted by a small number of homeless respondents.
-    **Restrictions** – this was noted by some of the respondents in the young people's Thematic group, where they talked about having to be in by certain hour and not being able to bring friends back. One young respondent said: *You should be allowed at least 12 midnight to make it more appealing.*
-    **Type of accommodation** – respondents in the Homelessness and Young people's Thematic group noted that the format of the accommodation and the level of sharing may be an off-putting factor for some people, and some older people noted the size of the accommodation which they felt was too small. One older respondent said: *the size of the flats, the one person flat is very tiny.*
-    **Type of clients** – this factor was exclusively mentioned by a small number of respondents in the older people's category. One respondent said: *now there's a lot of people who actually need more than we are able to give them, and they can't cope with the limited support from the sheltered housing.* The potential for personality clashes was also mentioned by some older respondents.

6.28   As noted above there did appear to be some overarching concerns voiced by those in sheltered housing relating to the size of accommodation and the mix of clients. This was

summed up by one respondent: *Some might feel claustrophobic because of the size of the apartments and too many people know what you're about.*

Section 7   Stakeholder feedback: Learning from the Covid-19 pandemic for supported housing in Northern Ireland

7.1   One of the main research objectives of this research was to consider any evidence of learning from and/or changes in service provision because of the Covid-19 pandemic. A question on any changes in service provision as result of the Covid-19 pandemic was therefore included in the interview process with stakeholders. Responses were varied and diverse; considerable responses were provided on the impact of Covid-19 on service users and the organisations and staff. In addition, a number of respondents suggested that the Covid-19 pandemic had resulted in reduced interest in a move or transition to supported housing, in particular shared or communal services.   Whilst interesting points, this analysis focusses on learning and changes to service provision which have been or could be continued post-pandemic. Findings from this analysis are outlined below, providing a description of any changes in practice or learning from Covid-19, with particular reference to continued changes post-pandemic. Strategic stakeholder and provider feedback is interspersed, with quotes attributed to specific groups of respondents. A number of initiatives developed during Covid-19 are mentioned in this section and also in section 8 on alternative supported housing models; some of these were developed using funds from the SP Provider Innovation Fund (PIF).

In addition, service users were asked to comment on initiatives or learning in their schemes from the Covid-19 period. It was clear from the interviews that the service users lacked insight into this area, tending to comment more on how life had been for them during the pandemic and/or that they had to abide by the Government health regulations. There is therefore no analysis of service user feedback from this area. The rest of this section provides analysis based on stakeholder feedback.

Floating Support

7.2   Multiple respondents (both strategic and provider) pointed to a very rapid change in how Floating Support was delivered at the start and during the pandemic. In some cases an element of this changed approach has been retained by providers, but not exclusively, with recognition that face-to-face interaction is important in this service delivery.

In the very early weeks (of the pandemic) Floating Support adapted, and just phoned people and asked if they were ok. (Strategic stakeholder)

There has been good learning, and the biggest change was in Floating Support with the use of technology. This equipped staff, by using their mobile phones, in the delivery of housing related support. You can reach more people – it's doubled the numbers – there was a reduction in driving time (between clients), *it was much faster and more people were reached.* (Strategic stakeholder)

Occupancy in supported housing schemes

7.3   This was a recurring theme, in particular relating to shared or communal supported living schemes, where Covid-19 regulations required changes in relation to occupancy levels, distancing in communal spaces etc. Respondents referenced the Covid funding that was made available to providers until the end of March 2022 to cover the costs of reducing occupancy. There was a feeling that returning to pre-Covid occupancy levels may take a longer period of time than initially anticipated.

We had to reduce occupancy because of the distancing requirements. (Strategic stakeholder)
Because of the nature of supported housing – the shared aspect, shared rooms and shared meals, occupancy was affected. (Strategic stakeholder)

Coming out of Covid our numbers are still below where we'd like to be. One of the reasons for that is that during covid a lot of clients were housed in non-standard accommodation, quite plush accommodation.   They've learnt the system and they're not for moving. (TG Homelessness)

Impact on staffing

7.4   Various respondents highlighted the impact of the pandemic on staffing levels and availability. Feedback also pointed to significant difficulties in the housing and support sectors in the post-pandemic period both in terms of recruiting and retaining staff. This was particularly highlighted by respondents in the homelessness sector.

There wasn't a pool of experienced individuals who could come in and manage the hostels and provide the support. That contingency planning wasn't there. (TG Homelessness)

A lot of the gaps are now held up by Agency staff. Realistically that's just a person for safeguarding purposes, it's not going to help to support clients…so to bring in clients with complex needs around mental health, addictions, self-harm and suicide attempts, when we have a very limited staff base, which has been stressed and strained through Covid. It's just not wisdom to do that. (TG Homelessness)

We'll not take any new referrals because I don't believe that it's safe. (TG Young people)

7.5   Another theme under this heading was the actual impact of the pandemic on staff working directly with service users, with the additional stress of their changed working conditions. *There was a concern, and still is, for the staff's mental health. Because they were dealing with the clients, dealing with the deaths. It was horrendous. People going into hospital and not returning.* (Strategic stakeholder)

Improved partnership working between housing and health, and between Departments and providers

7.6   Again this was a recurring theme; that the onset and continuation of the Covid-19 pandemic had resulted in significantly better arrangements for partnership working between housing and health. This was evidenced by various respondents in terms of initiatives on the ground e.g. getting everyone in supported housing vaccinated, getting homeless people off the streets. Evidence of good models of working were noted; but there was also concern that post-pandemic some (or much) of the learning in this area was being lost, with processes and engagement reverting to pre-Covid approaches.

Coming out of Covid we have better working with Health. But needs something to be formalised on this, as now we have different priorities and budgets. (Strategic stakeholder)

I think Covid had a positive impact on the relationship between DfC and DoH and direct engagement with the sector itself. It cleared lines of communication, because we had to respond to pressures within the system. I'm thinking about things like the provision of PPE, income guarantees, additional funding. Also we had to work very closely together, and there was co-design of guidance with the sector, and this led to better understanding. The providers are the experts. (Strategic stakeholder)

I think we've discovered that we're good in terms of working together with providers and inter-departmentally – and across divisionally in this organisation – in a crisis….I think we were very forward thinking in how we operated. We are very capable of highlighting risks moving forward. We showed great compassion and understanding with providers. We were ahead of the game in providing analysis of where difficulties were going to lie. (Strategic stakeholder)

We had virtually no cases of covid – we had a few cases at the end of 2021, but at the height of the pandemic cases were very low. This was evidence of how well services were managed and run. There's also evidence of good relationships with Health – people were vaccinated, people who were symptomatic were identified very quickly, we were able to provide supports to isolate within the building. (TG Homelessness)

Quicker commissioning of services

7.7   A number of respondents highlighted that some services appeared to be commissioned in a much faster timescale during the pandemic; that there was more of a focus and desire to get things done. *We commissioned a service in a really quick turnaround. It's a service delivered by the Belfast HSC Trust called Woodstock Bank.* (Strategic stakeholder)

Increased and enhanced provision and use of technology

7.8   Another recurring theme was the increased and enhanced provision and use of technology during the Covid pandemic both by service users and staff in supported housing provision. This ranged from providing WIFI across additional schemes where it was not previously provided, in providing devices including laptops and tablets, and encouraging communication between service users and family. The latter was often facilitated by staff members e.g. in

supported housing for people with a disability or older people. There was recognition that around 80% of supported housing schemes now have WIFI[189] and that there would be merit in providing 100% coverage, albeit that there would be cost implications.

Respondents referenced the significant input in this area from the Provider Innovation Fund, and how early evaluation of funding shows a positive impact for service users and their well-being. One provider outlined funding received for the 'remarkables' system and associated tablets, and how this has significantly cut down on paperwork and handwritten notes.

The PIF provided enhanced WIFI, it provided laptops for young people who were in lock-down and they couldn't leave the facilities, they couldn't go into the common areas. It gave them a connection with others. (Strategic stakeholder)

Our staffing levels were limited so we relied heavily on technology. We really developed our technology during the pandemic. There's lots of things we are going to maintain and keep. (TG Homelessness)

We were able to access counselling services remotely. I feel that we kept a lot of pressure off the front-line services and hospitals because we kept our clients in supported accommodation. (TG Homelessness)

What we discovered, using technology, it really did work…one client would not come to a workshop or a meeting as she had serious anxiety. So we started off on zoom, no camera – just a voice. By the time she left us it was a complete transformation. (TG Homelessness)

One good thing from Covid was communication with relatives and families.   You find that families can become disengaged when someone moves in, and it dwindles off after the first six months. We used Zoom and WhatsApp and we've been able to harness interaction with relatives a bit more. It also helped with some of the work with HSC Trusts, fine-tuning referrals and being able to take referrals a lot quicker and the assessment process via Zoom. (TG Older people)

7.9   Many providers highlighted that they are continuing the best elements of increased use of technology, whilst also being aware that face-to-face interaction and activities are also important. This included keeping in touch with service users once they have moved out of a service/resettled, and continued contact with family and relatives.

We used more technology, and service users were more involved with this. Because sometimes the written word is much more difficult to understand than using WhatsApp or a Zoom call. They did that with the assistance of our staff, and are still keeping those connections.   (TG Disability and Mental Health)

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[189] Figure provided by strategic stakeholder.

The use of technology was good, as in maintaining the contact with families. And this included an individualised regular newsletter with photos for their family. (TG Disability and Mental Health)

Respondents also pointed to the situations where they felt the use of technology as the main mechanism for contact with clients was not helpful, and they were supportive of a return to face-to-face interaction.

We did have a situation where we weren't doing face-to-face assessments and the level of contact with the young people wasn't a positive for us. We are glad to be back to normal. (TG Homelessness)

We all got up-to-date with technology, with WhatsApp and all that. And that was really good. But you wouldn't want that to be long term. It's ok for meetings but not for the young people's services; they need the face-to-face support. (TG Young people)

Use of outdoor space

7.10   Respondents referred to an increased usage of outdoor space by service users during the pandemic period, and in a number of cases the use of PIF or other funding to develop or enhance outdoor space associated with supported housing schemes.

We introduced an outdoor garden space and using the outdoors because there was nowhere to go for the young people. On the one hand we went futuristic in terms of giant leaps with technology but then on the other hand we went back to old fashioned conversations and being outside. And we've managed to keep that going, and we're looking to our next aim of polytunnels. (TG Young people)

Consideration of communal and shared facilities

7.11   Strategic and provider respondents indicated that the management of supported housing throughout the pandemic period was difficult the more communal or shared space existed in a scheme. Double rooms or shared bedrooms, whilst small in numbers across the sector, were particularly difficult, with respondents suggesting that any remaining stock of this nature should be eliminated as soon as possible.

There are a small number of hostels with double rooms, although they are few and far between (reference was made to specific hostels). *They need to go in my opinion. It's not a major problem but it's one that Covid brought to the fore. I think it's part of the Temporary Accommodation Action plan.* (Strategic stakeholder)

I think the pandemic does evidence that people should probably have their own front door. During Covid when there were outbreaks, the services shut down in the shared and communal schemes. Where in other services where people did have their own front door, that person just had to keep the front door closed and isolate. (Strategic stakeholder)

Section 8   Alternative supported housing models

8.1   This section outlines a range of models which could be deemed to be alternative models of
or to supported housing. The discussion covers the other UK jurisdictions (England, Scotland
and Wales), the Republic of Ireland and Europe, with some models already in existence in
Northern Ireland.   In identifying models the main focus of this section is research objective
2: *To identify supported housing models … to help improve awareness and understanding of
possible alternatives, advantages and drawbacks of different approaches.* This section is
based on a number of sources including available literature and discussions with providers in
other jurisdictions.   Comment on the applicability of any of these models for Northern
Ireland, and/or to different housing tenures and needs groups is made at the end of each
sub-section.

Some examples relating to one or two of the SP Thematic groups are also provided. It is
worth noting that this section does not specifically cover the model of supported living,
where there is an element of care funded by the HSC Trust. The viability of such schemes
was noted earlier in stakeholder feedback at paragraphs 6.9 and 6.10.

8.2   Stakeholder and service user feedback on alternative supported housing models is
interspersed throughout this section. Service users were asked to think about other types of
accommodation or support services that would meet their needs. In some cases there was a
lack of understanding or comprehension around what exactly that might look like e.g. the
respondents in the disability category, and care was taken not to unsettle any respondent in
terms of thinking about if their supported housing was going to be replaced with a different
service. For these reasons only two types of alternative model – Floating Support and Hub &
spoke – were discussed with service users.

8.3   Service user responses in terms of alternative models of supported housing were limited to
the individual's understanding of what an alternative might mean for them. Feedback
indicated an openness to consider other models, albeit that respondents in some groupings
(Homelessness and Young people) were focussed on moving on and largely felt they would
not need a lot of ongoing support, for example in the form of Floating Support and
respondents in the other groupings (Disability and Mental Health and Older people) were
satisfied with their current model, and had no real desire to move on or try an alternative.
All of the respondents felt that Floating Support and models such as 'hub & spoke' would
have their place in a spectrum of broad services for the relevant client groups, and there was
genuine openness to giving these a 'go' even if it meant them sharing their facilities with
others. There was an undercurrent that whilst they may not avail of a different model, it
would meet other people's needs. In terms of Floating Support there was a clear message
that this should be firstly dovetailed with the person's current support for continuity of
relationship and secondly, that it should be ongoing for as long as the person needs it.
There was a concern that ending Floating Support could, in some cases, be detrimental to a
person's mental health and ongoing ability to cope. Feedback also indicated that support
type services have some value, but that the cluster of supported housing with communal

facilities provides recipients with access to company and activities, in contrast to loneliness and isolation in the wider community.

8.4   It is important to reflect on the need for alternative supported housing models at the outset of this section. The static nature of the SP budget means that there have been relatively few new supported housing schemes and/or SP services commissioned over the last number of years. As noted earlier in this report (paragraph 2.10) any new 'bricks and mortar' schemes have comprised upgrades or remodelling of existing schemes, and have been based on a revenue neutral position, using the existing SP revenue allocation. Alongside this the gap between existing and projected demand and level of services is getting wider (paragraph 6.4); hence the need to look for alternative ways of delivering supported housing in the traditional model, and the driver to look for completely different service provision. In particular the research context and Terms of Reference included looking at the future direction of supported housing and ways that the support required could be delivered more effectively and efficiently.

Supported housing: potential to support entry into supported housing - assistance to think about options

8.5   Whilst not an alternative supported housing model per se, another possible option is to ensure that the information and signposting for individuals considering supported housing as an option, is adequate and well targeted. This would not only ensure that those in need of supported housing can avail of it but would also have the added value of ensuring that occupancy is as high as possible, with full utilisation of accommodation-based services.

8.6   As part of this study a small-scale desk-top review was undertaken of where and what is provided online, which enables vulnerable clients in need of housing support to access information about their housing option. This small-scale review established the following:
-   The **HE website**[190] provides various mentions of supported housing. The Housing Selection Scheme booklet provides one mention in relation to the support/care needs matrix. The Supporting People section also references housing related support, and a range of services, as well as the SP Directory. However, an individual/family member would need to know what they were looking for in advance – there is no one part of the HE website where information on supported housing is pulled together in one place;
-   **Housing Rights** (HR) again provides various mentions of supported housing; although on their main website[191] these are mainly in relation to briefing documents and responses to policy consultations. HR do also have a separate website[192] which provides extensive information and advice on a range of topics[193] including supported housing. Interestingly this advice website only mentions sheltered housing and young people's housing (foyers), and notes that supported housing is usually accessed through Social Services. Readers are directed to the Housing Care website[194].

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[190] The Housing Executive - Welcome to the Northern Ireland Housing Executive website (nihe.gov.uk)
[191] Housing Rights |
[192] Visit Our Advice Site for Members of Public | Housing Rights
[193] Housing options in NI including Housing Association tenancies, HE tenancies, private tenancies etc.
[194] Property Directories : HousingCare

-   The **Advice NI website**[195] has limited specific or targeted information on supported housing, although it does have a breadth of links to housing and housing association information.
-   **Housing Associations** – a review of a number of relevant Housing Associations[196] indicates a good level and range of information on supported housing, usually tailored to what a specific Housing Association provides/covers. In contrast the NIFHA website[197] provided no results for a search of 'supported housing'.

This review suggests that the individual who needs or would be best suited to supported housing, or their family member or advocate, almost needs to know the system and what might be available, in advance of seeking more in-depth information about it. There may therefore be merit in making this information firstly more explicit and detailed in nature and secondly more coordinate and linked between the different housing and advice bodies. In addition, the review indicated that there is a lack of consistency in terms of how supported housing is described across the sector.   The following examples in Great Britain, highlight mechanisms to help individuals understand and navigate housing options.

8.7   One example is Kirklees Council which has produced a clearly written guide to help families understand and navigate the housing options available for people with a learning disability and autistic people[198]. This information uses plain language to guide families through the housing options, how they work, and the value of each option, enabling people to be conversant with the financial implications and advantages/disadvantages of different housing options. Another example is the Mencap website including a video[199] about their supported living services, which outlines a range of options for service users.

8.8   In addition, the literature review pointed to several GB local authority-based strategies, aimed at thinking about the accommodation needs of people requiring support. For example, Kirklees Council's learning disabilities accommodation strategy[200]   provides one example, whilst the Royal Borough of Greenwich also has a learning disability housing strategy[201].

Applicability in NI: The area of awareness raising and information provision could be further developed in Northern Ireland, with more developed information leaflets and appropriate coordinated information on the range of websites discussed above. In addition, there may be merit for the HE and Housing Associations to look at developing and publishing specific housing strategies and responses to the different needs groups identified under the SP Thematic groups.

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[195] Welcome to Advice NI | Advice NI
[196] Seven of the total 20 Housing Associations in NI - Radius - Home | Radius Housing, Triangle - Triangle Housing | Housing Association NI, Apex - Apex Housing Association | Derry~Londonderry | Belfast, Choice – Choice Housing | Social Housing (choice-housing.org), Alpha – Alpha Housing NI | Sheltered & Affordable Housing, Clanmil - Clanmil Homes | Clanmil and Habinteg - Home | Habinteg Housing Association.
[197] NIFHA | Housing Associations Northern Ireland | Representative | Belfast
[198] Accommodation options for people with learning disabilities (kirklees.gov.uk)
[199] Supported living services | Mencap
[200] Learning disabilities accommodation strategy (kirklees.gov.uk)
[201] Learning disability housing strategy 2017-2022 | Learning disability housing strategy | Royal Borough of Greenwich(royalgreenwich.gov.uk)

Support in own housing: the potential for expanding informal and formal care and housing support

8.9   Undoubtedly housing support is also provided informally by family and friends, to a family member or friend with additional and/or support needs. For example, this may be for an adult child living in the household with mental health needs or a learning disability, or for an older person with dementia. The Census 2011 notes that *a person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age*[202]. Interestingly, in the context of housing support, this definition includes the word 'support'. Statistics from the 2011 Census indicated that a total of 214,000 (12% of the population) people were providing some form of unpaid care on Census, compared with 185,066 in 2001, an increase of 16 per cent.

8.10   Care and support is largely provided within the nuclear and extended family. The NI Life and Times Survey recorded the following for 2016; it found that in more than four out of ten (44%) of cases the carer was caring for a parent or parent-in-law, followed by spouse or partner (29%), child (10%) and other relative (13%). Only 5 per cent cared for a person outside of the family including a neighbour or friend[203].

8.11   A number of research studies have attempted to put a cost or value on the provision of this 'informal' care at home.[204] Work by the University of Warwick calculated the value of informal care on the basis of an equivalent to the carer's time, as if they were paid as home-helps by Social Services. The results of this study indicated that the value of informal care of frail/disabled adults was 1.3 – 1.0% of Gross Domestic Product (GDP) and for older people 0.9 – 1.5% of GDP in 2000.

        It is therefore recognised that there are high levels of housing support provided at home, in informal and often invisible settings, and covering the spectrum of what is described as 'care' through to 'housing support' per se. It is also worth noting that those providing care (and support) at home to a family member may be entitled to either Carer's Allowance (currently £69.70 a week if you care for someone at least 35 hours per week and they get certain benefits[205]). The type of care listed under eligibility for Carer's Allowance includes helping with washing and cooking, taking the person to a doctor's appointment and helping with household takes like managing bills and shopping. To be eligible for Carer's Attendance, the individual must, amongst other things, earn £132 or less per week after tax, National Insurance and expenses. As of November 2021, 48,600 individuals in Northern Ireland were in receipt of Carer's Allowance[206].

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[202] NISRA (2015) 2011 Census Definitions and Output Classifications, updated April 2015.
[203] Devine, P. and Gray, A.M. (2016) The Impact of Caring. ARK, Research Update No. 109, November 2016.
[204] elder care - time use, values and costs (warwick.ac.uk)
Accepted_manuscript.pdf (uea.ac.uk)
Costs of formal and informal care at home for people with dementia: 'expert panel' opinions from staff and informal carers — University of East Anglia (uea.ac.uk)
[205] The person must already get one of the following benefits – PIP - Personal Independence Payment (daily living component), Disability Living Allowance (middle or highest care rate), Attendance Allowance etc. Taken from: Carer's Allowance: Eligibility - GOV.UK (www.gov.uk)
[206] Benefits Statistics Summary Publication (National Statistics) - November 2021 | Department for Communities (communities-ni.gov.uk)

8.12   In addition a person can be maintained in their own home, through the provision of care services, whether that is paid for privately of funded via Social Services. This effectively enables them to continue to live at home, and ensures their independence. Again the terminology talks about personal care support[207] and domiciliary support, but this can be interlinked to housing support.

8.13   If we conclude that housing support is being provided in effect in an individual's home by informal carers, then this is an area worth consideration by DfC. Questions remain however, as follows – is this an alternative route for those with housing support needs who previously might have moved into a supported housing scheme? Can all housing support needs be covered by family members and at home? Does this area – the provision of housing support at home – have the capacity for further growth, and if so, what factors or funding would need to be put in place to enable this? Is this informal route viable and can it adequately provide the full coverage of housing related support, as provided through supported housing?

8.14   One key factor for consideration is the significant negative impact caring has on an individual's own ability to continue in employment and in the overall national productivity rates. On the one hand, as noted by Casey (University of Warwick)[208] *a substantial share of principal care-givers do not work at all… whilst care-giving does lead to a substantial reduction in participation in full-time employment, not all whose employment is affected give up work entirely; some simply switch to part-time or occasional work.* However, the level and availability of Carer's Allowance has attracted criticism on a number of fronts including the strict eligibility criteria (only one in five carers receive it[209] and the low level of payment. Carers NI note: *"Carer's Allowance is £62.10*[210] *a week for the people who can actually claim it. People find that it's a pittance really. They feel they should be getting something equal to the minimum wage."*[211]

In addition, the impact of caring on a carers physical and mental health is well-documented. Recent research by Carers NI[212] found that people providing unpaid care for sick or disabled family members in Northern Ireland are living with 'shocking levels of poor health' as they struggle to access support services or breaks from caring. In a recent survey of over 1,600 unpaid carers more than one in four (27%) described their mental health as bad or very bad, whilst one fifth (20%) noted this about their physical health.

8.15   Thinking still of an individual's own home, and the things which might enable them to stay there and not move into supported housing, brings the theme of domiciliary care into discussion once again. This was covered in Section 3, where it was noted that this might enable an older person to stay at home, and not for example, move into sheltered housing.

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[207] Covering assistance with dressing, washing and toileting, eating and drinking, getting ready for bed, taking medication and communication.
[208] elder care - time use, values and costs (warwick.ac.uk)
[209] Background Information and Statistics on Carers in Northern Ireland (niassembly.gov.uk)
[210] This was the amount at the time of this statement – 2016.
[211] The Detail (2016) Who Cares for our Carers? Leslie Fergus, 6 June 2016. Available at: http://www.thedetail.tv/articles/whocares-for-our-carer.
[212] One in four unpaid carers in NI suffering 'shocking' levels of poor health – survey - Carers UK

In addition, at paragraphs 3.16 and 3.17 a model of practice – the KeyRing scheme – was outlined. There may be merit in looking at this model in more detail, whereby an unpaid community-living volunteer provides a certain level of support in exchange for living rent-free in the scheme. The benefit to the service user is that they can live independently with support. The model is applicable to a number of needs groups including learning disability, mental health and young people.

Applicability in NI: Whilst a move to more reliance on care and support at home for those falling into the four SP Thematic groups, whether strategically or by default, may assist a small number of people, for those needing supported housing it is not a generic answer or long-term solution. Firstly, this model is not relevant for those in at least two of the four groups – Homelessness and Young people. Secondly, the detriment to the carer is clear. Those providing care and uplifting Carers Allowance are already stretched to the limit, and there are shortcomings in trying to provide the necessary types of housing support in a family home setting. There may be merit in investigating the applicability and viability of the Key Ring scheme for certain groups of service user in Northern Ireland.

Support in own housing: the potential for expanding Floating Support

8.16   As outlined earlier in some cases housing support (and other forms of support including domiciliary care) can be provided in situ, in an individual's current home without the necessity of a move into a specific supported housing scheme. Clearly this provides a more cost-effective model.   This often comes in the form of Floating Support – non-accommodation-based services aligned to an individual – which generally float in and out as and when it is required by an individual. It is often for a fixed period of time e.g. up to two years, and is frequently provided for a specific purpose e.g. a young person leaving care and getting established in their own tenancy, or an individual coming out of an institution including prison or a homeless hostel, where some housing support is required for the initial period of resettlement.

8.17   Floating Support currently equates to around 38% of the overall SP funded housing support. Table 17 provides data on the distribution between accommodation based and Floating Support services under the heading of housing support, and across the four Thematic groups. It is clear from this that two Thematic groups – namely Homelessness and Young people – rely more heavily on Floating Support as the larger proportion of housing support. In contrast, the services for older people and the Disability and Mental Health Thematic group are more accommodation-based schemes.

Table 16: Housing Support units per Thematic group, 2019/20

Thematic group	Type of housing support		Total units
	Accommodation based units	Floating Support units	
Homelessness	1,693	2,575	**4,268**
Young people	233	564	**797**
Older people	9,811	1,338	**11,149**
Disability and Mental Health	2,596	902	**3,498**
Totals	**14,333**	**5,379**	**19,712**

Source: The SP Strategic Needs Assessment (SNA) 2020[213]

Taking all of this into consideration, there may be some potential for further expansion of Floating Support. This was noted in the SP Strategic Needs Assessment; the importance of both services for older people was highlighted, together with suggestions that there will be a need to maintain and refresh accommodation-based services and increase Floating Support services. In terms of disability and mental health the limitations of time-bound Floating Support provision for some individuals and in single unit facilities was noted. In addition, a number of respondents noted that the SP programme provides no financial support for FS in relation to a mix of 'medium term accommodation' and 'move-on' accommodation. One provider noted that they would welcome a move towards this, enabling them to support people as they move from emergency homeless accommodation into move-on or medium-term tenancies, enabling their staff teams to continue providing ongoing support alongside other agencies.

8.18   The provision of Floating Support for different client groups and by different providers has already been well-documented in other recent research reports. The Chronic Homeless Women report[214] referenced the following SP funded Floating Support services:
- Homecare Independent Living Floating Support – a peripatetic homeless service for 'complex needs' clients living in the community;
- NICRO, APAC service – Floating Support for individuals and families (including family members) guilty of or subject to anti-social behaviour;
- Triangle Floating Support – Floating Support for clients with drug related dependency in their own homes;
- First Housing & Support services – Floating Support service plus provided street outreach in Londonderry.

8.19   A number of respondents in the Homelessness and Young people's Thematic groups had prior experience of Floating Support, and they were generally very positive about how it had helped them. One young person said: *it would be good for some people, to see how they are*

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[213] SP-SNA-Final-Report.aspx (nihe.gov.uk)
[214] The Impacts of Chronic Homelessness for Women (nihe.gov.uk), Fiona Boyle Associates for NIHE, June 2021.

doing, give a hand if needed. They could be independent and doing stuff on their own but a helping hand when needed.

Some negative comments were made ranging from whether people would want or agree to support, such as Floating Support, coming into their homes: *I don't know if people want to be bothered with it, but it does help some people* and that in some cases Floating Support had been ended prematurely or had not been available.

Overall respondents in these groups emphasised that Floating Support, without supported housing, was not enough. One respondent noted that for people who are homeless or leaving care Floating Support at an early stage in their journey may not be sufficient. They said: *Floating Support wouldn't have been enough. Supported housing is needed because of the background of why we ended up leaving the family home.* In addition, some respondents saw Floating Support as follow-on from the supported housing, and that the two approaches were needed and were not mutually exclusive. One homeless respondent noted: *Floating Support maybe in the future once I've properly got on my feet, sorted out things.* A young person commented: *I needed a period of time in the accommodation to realise how much I needed support. I couldn't have gone straight into the community with Floating Support.*

Respondents in these two Thematic groups (Homelessness and Young people) also commented that whilst Floating Support was helpful, ultimately they wanted to move out of their temporary supported housing and into their own tenancy. One homeless respondent said: *I want a longer-term place and not to have to move.* A number of them mentioned other types of accommodation they had been provided with including hotel and B&B accommodation. Overall these respondents suggested that: *there needs to be a variety of different services so if one doesn't work, then there are different avenues.*

8.20   A discussion on alternative models of supported housing provision was significantly different for respondents from the Older people's and Disability and Mental Health Thematic groups, mainly because these individuals saw themselves living where they were in the longer term, and found it difficult to envision themselves either living back in the community with support or with a different type of accommodation and/or support.   One older respondent replied by saying: *I'm not interested in leaving.* In particular the older respondents highlighted their potential of increasing health and care needs, and were unsure how these might be met. These respondents talked about the need for support to do shopping, to get out and about and for company. Floating Support as an option was considered, but some of the older respondents felt it was quite functional and would not provide them with the elements of company and activities that they benefitted from in sheltered housing. This was highlighted by one respondent who talked about the fact she would have liked someone coming in to chat with her when she was still living in her own home.

8.21   In terms of the respondents under the Disability and Mental Health Thematic group it was clear that they needed high levels of individual and ongoing support, and provision such as Floating Support would not fully meet their needs. A number of these respondents said they were not ready to move out of supported housing. These respondents also said they would

like any support to be provided by the staff they had been used to in the supported housing scheme; the sense that having built up trust and rapport the service continues in the community. One respondent also said that Floating Support should not be curtailed after two years. He noted: *I've had Floating Support in the past…But it was taken away because I was doing well. They decided to cut me lose, and then my mental health went down.*

8.22   Housing First is a particular model of support which comes into the individual's own home, which is well documented. The main focus is on services and programmes designed for homeless people with high and complex support needs, with some provision also suitable for those defined as chronic homeless people. Pleace, NP in *The impact of Chronic Homelessness for Women*[215] noted that Danish, Dutch and French Housing First programmes are designed to work with homeless people with high and complex needs[216], while other programmes and strategies are designed to work on chronic/long-term homelessness, including examples in Finland[217] and the USA. The model was covered earlier in this report at paragraphs 3.45 – 3.46 (Housing First for young people) and paragraphs 3.55 – 3.56 (general Housing First).   To date the model has largely been rolled out in Northern Ireland by Depaul, with some more specific developments such as Housing First for young people by the Simon Community NI. The former service was evaluated at the pilot stage in 2016[218].

Applicability in NI: The direction of travel appears to be an increase in the level and coverage of Floating Support, as noted in the SP Strategic Needs Assessment. This makes sense where it meets the service users' needs, but as noted earlier may not be suitable for some Thematic groups including Disability and Mental Health.   A couple of factors need further thought. Firstly, Floating Support and Housing First are not appropriate for every needs group, and significant flexibility is necessary even within client groups.   Secondly, the two-year cut off of Floating Support services needs consideration, in particular if an extension of time could assist in a service users continued placement or tenancy.   Thirdly, further work may be necessary in evaluating the outcomes from and impact of both Floating Support and Housing First.

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[215] The Impacts of Chronic Homelessness for Women (nihe.gov.uk), Fiona Boyle Associates for NIHE, June 2021.
[216] Pleace, N.; Baptista, I. and Knutagård, M. (2019) Housing First in Europe: An Overview of Implementation, Strategy and Fidelity Brussels: Housing First Hub Europe.
[217] Y Foundation (2017) A Home of Your Own – Housing First and ending Homelessness in Finland Helsinki: Y Foundation https://ysaatio.fi/en/housing-first-finland/a-home-of-your-own-handbook.
[218] The Efficiency and Effectiveness of the Housing First Support Service piloted by Depaul in Belfast, Funded by Supporting People: An SROI Evaluation; Final Report, June 2016, Fiona Boyle and John Palmer, with Salma Ahmed.

Supported housing: the potential for development in the private rented sector – lease-based models

8.23   One area for consideration is to think about possible supported housing outside of the social housing field. For example, thinking about the model within the private rented sector or indeed within owner occupation. To a large extent, support is already provided in these other tenures via Floating Support, which as noted above is not considered to fall into the definition of accommodation-based supported housing per se.

8.24   One direction in relation to supported housing in the private rented sector has been noted in England; the Bureau of Investigative Journalism (BIJ)[219] found that a number of housing associations had signed leases with property investors, and then subsequently entered into contracts with local councils to provide housing for people with specialist needs. However BIJ noted evidence that the housing associations were then charging disproportionately high rents in order to cover the lease payments[220].

For example, BIJ states: *Civitas*[221] *owns 21% of supported housing in the lease-based system in England (information from the Regulator of Social Housing (RSH)). It provides specialist housing for vulnerable people who are covered by this uncapped rent policy. Civitas collected £45.9m in lease payments in 2019/2020 to accommodate 4,216 people across 613 properties. That means it averages at about £75,000 per property for owning the lease.*

8.25   This lease-based model is fully supported by government as outlined in the Regulator of social housing's report[222].   The BIJ report provides the following explanation of this new funding model, and how it relates directly to specialised supported housing (SSH): *Over the last few years a new funding model has developed that uses a lease structure to allow a rapid expansion of SSH provision. This model has seen a number of property funds, private equity investors and individuals provide accommodation on long-term leases (typically 20 years and more) to a Registered Provider (RP) who lets the home to an individual via nomination arrangements with a LA, which also commissions a care package for the tenant alongside the home.*

A further explanation by the government is as follows:
Tenants are responsible for paying the rent and service charges to their landlord (registered provider - RP) and are often eligible to receive Housing Benefit to cover the cost of their housing. The LA *administers the Housing Benefit payments on behalf of the Department for Work and Pensions and will r*eview *claims made to ensure that they are not unreasonably high*[223].

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[219] Taxpayers handing millions to private companies for housing the vulnerable — The Bureau of Investigative Journalism (en-GB) (thebureauinvestigates.com)
[220] Evidence of rents of up to £700 per week being charged.
[221] Company called Civitas Social Housing - Civitas Social Housing | Real Estate Investment Trust UK (REIT)
[222] Lease-based providers of specialised supported housing Addendum to the Sector Risk Profile 2018 April 2019
Lease-based_providers_of_specialised_supported_housing_-_April_2019.pdf (publishing.service.gov.uk)
[223] Lease-based providers of specialised supported housing - GOV.UK (www.gov.uk)

8.26   The following diagram indicates how the model works[224].

Structure of a lease agreement

Source: RSH, *Lease-Based Providers of Specialised Supported Housing*, April 2019
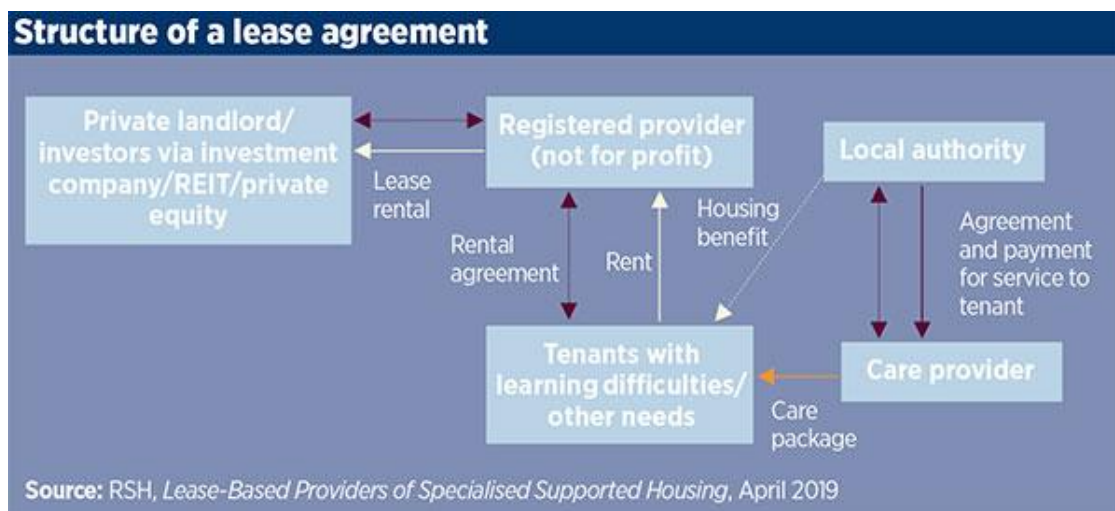
8.27   This model – where commercial investors and private companies are funding the housing element - is predicated on the UK Government paying for SSH by enabling the payment of higher rates of HB, with no cap on what can be paid. The use of this lease-based system, accommodating more than 20,000 people in England[225], is worthy of consideration in a Northern Ireland context, not least because at least one of the private companies involved have plans to expand into Northern Ireland (Civitas). The flexibility of the system in Northern Ireland – to pay SSH – would need to be tested under parity of legislation and policy, but may have wider consequences for the eligibility of rent and service charge costs under HB.

8.28   A further factor, relates to what is referred to as exempt accommodation. This is defined as follows: *'Exempt accommodation' means accommodation which is provided by a housing association, registered charity or voluntary organisation where that body or a person acting on its behalf also provides the claimant with care, support or supervision.'*[226]

In the case of England and Wales this is in part the attraction of the lease-based model. As Councils can treat claims made by tenants as 'exempt accommodation', who are entitled to enhanced HB above the capped levels imposed on general needs social housing. In addition, the payment burden is then removed from the local authorities per se, with the support delivered and funded by the care provider and the local authority's social care budget, the cost of exempt accommodation shifts to central government.

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[224] Lease-based providers of specialised supported housing Addendum to the Sector Risk Profile 2018 April 2019 Lease-based_providers_of_specialised_supported_housing_-_April_2019.pdf (publishing.service.gov.uk)
[225] The Regulator of Social Housing has identified 34 housing associations that use the lease-based system. More than 260 councils in England house vulnerable people in this way, with some areas becoming dependent on the model for providing specialist supported housing. In 2015, such housing associations accommodated just 5,500 people – today it is more than 20,000. Areas where high dependency on this approach for the supported housing market have been identified including Birmingham (66% of the supported housing market), Wigan (49%) and Co. Durham (41%). Taken from: Taxpayers handing millions to private companies for housing the vulnerable — The Bureau of Investigative Journalism (en-GB) (thebureauinvestigates.com)
[226] Source: Paragraph 4 (1)(9) of the Housing Benefit Consequential Provisions Regulations (SR 407 of 2006).

8.29   The potential for spiralling exempt accommodation costs is another potential factor associated with this model, as noted by the Research and Analysis report published by the Regulator of Social Housing in April 2019[227]. This report noted that all of the providers they engaged with for this piece of work were reliant on 100% rental coverage from HB.

This report also highlighted five key themes relating to lease-based models including poor risk management, inappropriate governance practices by some RPs and a 'lack of assurance as to whether appropriate rents are being charged'. Other factors related to concentration of risk, tight margins and exposure to inflation through long-term Consumer Price Index-linked leases[228]. In addition, the RSH has voiced concerns that the lease-based model assumes income will be covered by HB, and that this is exposed to any future changes in welfare and in particular HB policy.

8.30   In addition, there are question marks over the cost-effectiveness and sustainability of the model for Housing Associations given the spiralling costs of leases and repayment to the private investors leaving associations with less money to run their business. And from the perspective of whether this is the best approach for the individual being housed in terms of the type, nature and suitability of accommodation used, living conditions and the regulation of this type of approach. At the time of writing (September 2020) the BIJ referenced calls from the opposition to look at how this model is delivered and regulated. They noted: "*The pricing and quality of housing offered through this lease-based model should be better regulated,"* said Thangam Debbonaire, the shadow housing minister. *"People who need specialist support deserve better. Labour has proposed a 10-minute rule bill to regulate supported housing, and will be pushing the government to take it up."*[229]

8.31   As noted the long lease-based model of SSH has come under scrutiny over the last couple of years by the RSH, in particular the governance and financial arrangements of some RPs that lease all or most of their housing stock from other organisations, typically private investors. Regulation of supported housing RPs of social housing, which includes supported housing, are regulated by the RSH. These concerns were noted in December 2020: '*Since the near failure of First Priority Housing Association in early 2018, the RSH has been engaging with providers of this type of accommodation whose business model is predicated on taking long-term leases from property funds, to establish whether the issues at First Priority are replicated elsewhere. As a result of this work, the RSH has published Lease-based providers of specialised supported housing (Addendum to the Sector Risk Profile 2018. April 2019). This includes: A number of regulatory judgements and notices where it has identified concerns about the governance or financial viability of these providers.'*[230] There is concern that the sector is effectively under-regulated, as noted in the House of Commons Library Research Briefing in June 2022[231]. This

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[227] RSH - Research and analysis, *Lease-based providers of specialised supported housing,* Published 4 April 2019
Lease-based providers of specialised supported housing - GOV.UK (www.gov.uk)
[228] Social Housing, Insight, May 2019 – *Lease-based supported housing model in question,* by Sarah Williams.
Social Housing - Insight - Lease-based supported housing model in question
[229] Taxpayers handing millions to private companies for housing the vulnerable — The Bureau of Investigative Journalism (en-GB) (thebureauinvestigates.com)
[230] 5.88 Specialised supported housing advice_PRINT_VERSION_with_endnotes_02 (002).pdf (local.gov.uk)
[231] House of Commons Library Research Briefing, 30th June 2022: Supported exempt accommodation (England)
Supported exempt accommodation (England) - House of Commons Library (parliament.uk)

noted: *there is a view that the growth of exempt provision "is associated with investors looking to maximise returns using the higher rents permitted by the exempt HB provisions." Some providers are argued to be putting profit before the needs of residents, resulting in poor housing conditions and ineffective care and support.*

In the case of First Priority Housing Association, having fallen into severe financial difficulty, they then reached a company voluntary agreement, with some of its landlords moving their leases to other RPs.   First Priority recorded a loss of £5.8m in its accounts for the year ended 28 February 2018, citing "high bad debt provision, the majority of which relates to void income invoiced to care operators, as well as a shortfall of service charge income against service charge costs".   This provider then focussed on implementing the recommendations made following its review, and have been actively working to take on new business in a more sustainable way. It is worth noting that a number of other lease-based providers have been found non-compliant by the regulator – Prospect Housing, New Roots, Trinity, Westmoreland[232], Inclusion and Sustain (providers with more than 1,000 homes) and Larch, Expectations, Encircle, Bespoke Supportive tenancies and First Priority (providers with fewer than 1,000 homes).[233][234] It is worth noting that Fairholme Group PLC have been in discussions with Encircle Housing Association (which is not registered in Northern Ireland) in relation to a model of housing provision for vulnerable adults with supported living needs in Mallusk.

8.32   This area has led to considerable discussion and concern in England and Wales. It is interesting to note that the Levelling Up (Housing and Communities select committee) launched an inquiry into exempt accommodation in December 2021. In addition, the Government have published plans on the introduction of minimum standards of support, and changes to HB regulations to clarify the definition of care, support and supervision. In addition, the RSH is implementing more rigorous oversight of the sector, resulting in more non-compliant regulatory judgements[235].

8.33   Consideration of a mixed economy of provision, taking into account the criticism in relation to local authorities which have wholly changed to a long-leasing approach, is also useful. Worcestershire County Council is one example of a mixed market approach, encouraging the development of supported housing, including for people with a learning disability and for autistic people. The Council has developed partnerships with a mix of long-established stock owning RPs, whilst at the same time working with a small number of lease-based RPs, providing specialised supported housing[236].

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[232] In the case of Westmoreland – following scrutiny of their practices and concerns raised by the RSH, 23 properties containing 136 bed spaces had their leases terminated. They were 'empty and in an unlettable condition'. In addition, Westmoreland also transferred leases on a further 82 properties to other housing associations or agreed their cancellation with the head landlord. Taken from: Inside Housing: *Lease-based housing association admits 'material uncertainty' over ability to stay afloat,* by Nathaniel Barker, October 2020.
Inside Housing - News - Lease-based housing association admits 'material uncertainty' over ability to stay afloat
[233] Social Housing, Insight, May 2019 – *Lease-based supported housing model in question,* by Sarah Williams.
Social Housing - Insight - Lease-based supported housing model in question
[234] Inside Housing: *Lease-based housing association admits 'material uncertainty' over ability to stay afloat,* by Nathaniel Barker, October 2020.   Inside Housing - News - Lease-based housing association admits 'material uncertainty' over ability to stay afloat
[235] House of Commons Library Research Briefing, 30th June 2022: Supported exempt accommodation (England)
Supported exempt accommodation (England) - House of Commons Library (parliament.uk)
[236] 5.88 Specialised supported housing advice_PRINT_VERSION_with_endnotes_02 (002).pdf (local.gov.uk)

8.34   Other Councils e.g. Leicestershire County Council have worked towards ensuring a mixed market approach, by firstly undertaking extensive analysis of the future need for different types of supported accommodation based on quantitative and demographic data as well as through engagement with client groups, and then secondly, by producing an investment prospectus[237] for supported accommodation, based on the established needs[238].

Applicability: This direction of travel in England and Wales is worth consideration for the Northern Ireland context. However, analysis suggests that there are a range of factors that would need to be considered, not least the applicability of exempt accommodation in Northern Ireland and the interest amongst any private registered providers in assessing and developing this model here.   In addition, the concerns raised in England and Wales should not be overlooked, in terms of governance and long-term viability. This review noted that there have been queries over the standard of accommodation let to housing associations which is then in turn sub-let to local authorities and then to tenants. Furthermore the approach has potentially resulted in massive increases in rent levels, and this is passed on to the Government.

Supported housing: the potential for development without housing support

8.35   Another theme for consideration in this research relates to vulnerable clients living in the private rented sector. There is anecdotal evidence that some HSC Trusts wish to develop supported housing (in line with the DoH terminology relating to supported living). This would be with domiciliary care packages, but without the direct provision of housing support services. It is worth noting that this approach was the key element of the Golden Lane Business case[239], where Financial Transaction Capital (FTC) is used for the capital build element, and a combination of HB and domiciliary care packages cover the rent, care and support costs. Golden Lane Housing (GLH) was established by Mencap, and owns around 750 homes across England, Wales and Northern Ireland. The DfC worked with GLH and Mencap, looking at the development of a supported housing project for people with more complex learning disabilities. This was based on the Ordinary Houses, Ordinary Streets scheme. At the time of publication of their Briefing Paper[240], Mencap's Personal Support service supported around 80 people in Northern Ireland to live independently in a mix of individual and shared flats/houses. Since 2016 the partnership between Mencap NI and GLH had delivered 22 supported housing tenancies, privately rented homes for 12 people (referred to as Great Tenants) and bespoke accommodation for 10 people (referred to as Ordinary Homes).

Applicability in NI: This model, whilst limited in its reach in Northern Ireland at present, is worth evaluation and consideration for further development. Key factors would need to be taken into account, not least that the service user's needs would need to be at the lower end of support needs. There could be a concern that certain service users could 'slip through the

[237] https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2019/10/25/ Building-accommodation-to-meet-the-needs-of-people-in-Leicestershire.pdf
[238] Ibid.
[239] Inside Housing, 13th October 2017, *NI government in talks with association over supported housing schemes,* by Nathaniel Barker.
[240] Mencap NI Briefing Paper No.2 Ordinary houses in ordinary streets: Independent social care and housing solutions for people with a learning disability May 2018 By Mary Anne Webb with Barry McMenamin
MencapNI_HousingBriefingPaper_web.pdf

cracks' if they required a higher level of support or their support needs changed over time. In addition, the availability of suitable accommodation in the social and private rented sectors may be a limiting factor for development.

Supported housing: the potential for development in the private sector, all or majority costs covered by the recipient

8.36   There are a number of models of what can be deemed to be housing with support in the private sector. Perhaps the most commonly cited are Retirement villages. Whilst these are largely for older people, the definition of older varies across providers and schemes, and in many cases is for the over-50s. Developed initially in the US and Australia, Retirement villages (or gated schemes as they are referred to in the US) are an increasing type of provision in England, Scotland and Wales. This type of scheme has previously been considered by the HE[241]. The essence of a Retirement Village is that the individual makes the choice to move there, and does so on the basis of either purchasing or privately renting accommodation, and paying for whatever level of support they need – including housing support, domiciliary care, nursing care etc. All of the latter can be on a sliding scale as the individual's needs increase over time. One benefit of this type of provision is that the individual can 'age in place' without having to have multiple moves from their original accommodation to sheltered housing to residential care and then nursing care.

8.36   One recent development by Abbeyfield Belfast is Harberton Hall[242]. This purpose-built scheme has 32 apartments (28 x 1 bedroom and 4 x 2 bedroom), together with a wide range of facilities including a social lounge, restaurant, coffee dock, garden terrace (indoor and outdoor), hairdresser and various studios for exercise, arts & crafts, as well as a sports lounge, reading gallery and various other spaces. The age range of residents is around their mid to late 80s. Many are still very active, drive and have varied interests outside of the scheme, whilst others are more dependent on the support and activities provided on-site.

The following services are provided on site:
-    Meals – all meals can be provided or the resident can make their own breakfast/lunch
-    Safety and security with staff on-site 24 hours per day
-    Support with tasks such as form filling, shopping, booking appointments etc.
-    Cleaning and personal laundry services

The resident pays for the following with cost starting at £648 per week which includes:
-    Rental of apartment and utilities – heat & light
-    Evening meal
-    Cleaning service and personal laundry service
-    Internet, WIFI and phone
-    Activities

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[241] Analysis of the need and demand for retirement villages in Northern Ireland in their various forms (nihe.gov.uk)   June 2008, Fiona Boyle Associates.
[242] Abbeyfield Belfast (harbertonhall.org)

Whilst Abbeyfield Belfast do not provide care services, if eligible an individual can organise this through Belfast HSC Trust. In a similar way, if eligible, the individual may receive Housing Benefit.[243] One key attribute of this development, is Abbeyfield Belfast's assessment of what older people want. They found increasing numbers who no longer wished to live alone or who were finding the day-to-day management of the home too much for them. Equally they noted changing expectations, where residents wanted more space, more storage, to live more independently in their own space, to have choice about spending time alone or with others, and for whom coming together on a daily basis for an evening meal enabled a sense of community and company.

Applicability in NI: Retirement Village developments as well as schemes which include care (extra-care developments) are likely to be of increasing interest in Northern Ireland for older people, given the rapidly increasing number of people living well into their 80s and 90s, and the need for a range of different types of provision and pricing structures. The Harberton Hall model provides another option in terms of supported housing, with various add-on supports if required.

Supported housing: Adjusting current provision – remodelling and reconfiguration

8.37   Earlier in this section we looked at how awareness of supported housing could be further developed, with one outcome being lower voids and higher occupancy. A further suggestion which would involve adjusting current provision through remodelling or reconfiguration could also result in better occupancy. This would largely be undertaken in a revenue neutral approach, with any small additional costs or potential small losses covered by either SP budget flexibility or by other small-scale funding sources. During the course of this research stakeholders put forward a number of small-scale adjustments, which could lead to a more efficient and effective use of provision. In particular reference was made to supported housing doing more, supported housing reaching more clients and supported housing providing wider support for service users living in the community.   Suggestions included lowering the age of entry (in particular in sheltered housing), extending or changing the client group (where a scheme is no longer needed for one Thematic group but might meet the needs of other groups) and developing hub & spoke models where services were both in the accommodation-based scheme and delivered in the community.

8.38   There are a number of pilots of the hub & spoke model. The Support Connect project developed by Clanmil Housing and Alpha Housing Association will provide services to older people in the wider community around two existing schemes. The pilot is being funded by the HE Provider Innovation Fund. The project will focus on two sheltered housing schemes (hubs) – Carr's Court (Alpha Housing) and Hughes Court (Clanmil Housing), and is designed to test the viability and sustainability of a new supported living support service incorporating a social prescribing model to support service users who will comprise existing tenants and older people living in the local community within a 2-mile radius of the two Hubs. The project will

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[243] As a general rule if someone is only receiving state pension and does not own their own home or have savings over £16,000 they would be entitled to Housing Benefit.

use the Elemental social prescribing model and software[244]; the basis of this model is that one in five GP visits are for social rather than medical problems, including things like loneliness, mild mental health issues, social problems, concerns about housing or debt. The overall aim of Support Connect is to broaden access to existing Floating Support services for those in the community, to improve the uptake of existing activities in sheltered housing schemes, and in an overall sense improve health and well-being for all users. Another positive outcome may be the identification of new tenants for sheltered housing schemes.

This pilot is due to run for at least one year from November 2022 to October 2023, and aims to ensure that two thirds of pilot participants are non-tenants of the partner organisations. The project will involve a wide range of stakeholders including local GP practices, local pharmacists, community groups, Housing Solutions teams and Scheme Coordinators. Overall this type of model provides potential for widening out the use of existing resources in the supported housing field, reaching more people and ensuring their ongoing independence.

8.39   The idea of a 'hub & spoke' model, whereby people living in the community come into the sheltered scheme as the hub for a hot meal or other support services and also that staff could go out on the spokes into the community, was discussed with respondents in the older people's Thematic group. These respondents were very positive about this option, with only a few saying they would not want 'outsiders' coming into the scheme. One respondent said: *It's a good thing. It would enable people to see how the lunch club is run and the facilities* with a view to potentially thinking about sheltered housing for themselves. Another said: *it would be nice for whoever is coming in to meet up with people.* There was acknowledgement that this type of approach could disrupt the status quo of current residents, as noted by one older respondent: *it would need to be very carefully introduced as it could cause disruption. It depends on what they would make of people coming in from the community. It could throw up issues. As people get older they are more outspoken.* Another respondent said that some residents might worry about 'undesirables'.

8.40   A further mechanism to enhance the provision of supported housing is via the inclusion and use of technology; again this may lead to a range of efficiencies for the provider and enhanced effectiveness for the service user. The TAPPI Inquiry Report (2021)[245] referenced the need for a transformational Framework to support everyone, and particularly those who are in the older age groups, to embrace technology and use its potential to support people to live independent, happy and healthy lives.

One example of the inclusion and use of technology is Radius Connect 24[246] which provides a range of technology enabled support services to maintain independent living for individual clients.   Established in 1993, Radius Connect 24 currently provides services to over 20,000 households throughout the island of Ireland. There are just under 10,000 individuals in sheltered/supported housing, 3,000 clients with technology-enabled care plans funded by health and social care, and 7,000 clients who are self-funders.

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[244] Social Prescribing Software | Digital Social Prescribing Platform | The Access Group | Support
[245] The TAPPI Inquiry Report (2021)[245]: *Technology for our Ageing Population*: Panel for Innovation - Phase One Lois Beech and Jeremy Porteus, October 2021, HLIN-TAPPI-Report.pdf
[246] Information provided by Radius Connect 24.

Radius Connect 24 provides a range of services including their alarm call monitoring service for sheltered/supported housing and for individuals[247]. In the former the system is grouped in the housing scheme, and in the latter, the service is direct to the individual's own home. In sheltered housing this includes the monitoring of pendant and pullcord alarms, and can be extended to include an array of automated sensors such as individual smoke alarms, or fall sensors which automatically raise an alarm in the event of an incident. Once an alarm is activated the client is connected directly to the Radius Connect 24 Response Centre where the call advisor will answer the call, assess the situation and arrange an appropriate response. There are over 10,000 households receiving this service.

Individuals in the wider community can choose a home smart hub unit or a wristwatch – both of which are provided with a dedicated SIM connecting via mobile network. Once an alarm is activated the client is connected directly to the Radius Connect 24 Response Centre, with the same response as above. There are over 10,000 households receiving this service.

A further development being trialled is the Pacsana bracelet which allows family and/or nominated carers to discreetly monitor movement within the home 24/7 and to send an immediate alert to a smartphone app if the pattern of movement is outside the expected norm for the individual concerned.   As an additional safety feature there is also a button on the bracelet which can be pressed in case of emergency.

Radius Connect 24 has also developed a new service of a Health and Wellbeing check/call for vulnerable clients which uses the 'Yokeru' platform. This is an outbound automated call to a client's mobile or landline phone at the same time every day. The individual can simply press '1' on their phone if they do not require help or assistance. If the tenant does need help or does not respond to the call, Radius Connect 24 follows up with a call from the call advisor. This new service is currently delivered across 3,000 households in Radius sheltered housing schemes, and will be available more widely from January 2023.

Applicability in NI: A number of 'hub & spoke' pilots are underway in sheltered housing provision. These will need careful monitoring and evaluation, to assess the benefits and reach of this type of provision. Depending on the findings, there may be significant opportunity to roll this model out across Northern Ireland, benefitting older people living in the community. The case-study of Radius Connect 24, and their vision to continuously adapt and develop technology enabled support services is also encouraging. Given the large number of people in supported housing, there is clearly much more that could be done through the provision of technology which might result in efficiencies in terms of the delivery of support services.

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[247] www.radiusconnect24.com

Supported housing: set up for different groups, moving from short-term to long-term provision

8.41   Discussion on alternative models of supported housing provision should also consider whether we have the right types and mix of provision in place, to meet the needs of vulnerable clients. Feedback from a number of strategic stakeholders and providers (paragraph 3.74) suggested that one group of clients – older (generally male) homeless individuals, with long-term substance dependency – would be better accommodated and supported in long-term provision, rather than having the expectation that they will move-on and resettle from short-term supported housing in the homeless sector.

8.42   Depaul Ireland have a number of relevant models of this type of provision, namely Sundial House and Back Lane in Dublin, which are the first of their kind in Ireland. Both these projects are defined as long-term accommodation, with Sundial House defined as Category 1[248], with the highest level of health and mobility needs, and provision to respond to this, and Back Lane defined as Category 2, where service users have slightly lower levels of need (compared to Category 1) and have access to a nurse for health needs. Both have 24-hour onsite staffing; the former's staffing model includes on-site carers.

Sundial House[249] is a supported housing model providing long-term accommodation. It was established by Depaul following recognition of the very specific needs of long-term street homeless, with multiple hospital admissions and chronic health problems, and entrenched alcohol use issues. Depaul had found that these service users were unable to sustain tenancies on their own, and that the type of supported housing e.g. crash facilities for one night only were not appropriate. In partnership with Tuath Housing, Sundial House provides low threshold housing.

Sundial House has 30 places, and provides accommodation, support and care through a multi-disciplinary team of support workers and health care assistants, and is staffed 24/7. The scheme was purpose built with 25 single ensuite rooms and five double rooms for sharing or couples. The assessment of an individual is undertaken by a panel including representatives from Dublin Regional Homeless Executive, Dublin City Council, health authorities and Depaul. Assessment is made of the individual's physical health, mental health, level and type of alcohol intake, personal care needs, ability to live independently and their age. Sundial House works with a range of partners including Saint James hospital, Dublin Regional Homeless Executive, Dublin City Council and Dublin Simon.

Service users are provided with three meals per day, access to communal areas and opportunities for volunteering and activities. They are allowed to drink on-site and alcohol management plans are in place, which whilst not a requirement, work with the individual on reduction in their alcohol intake.   Overall Sundial House provides warm, homely and long-term accommodation for people with alcohol addiction and needs, together with other needs

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[248] Accommodation is defined as Category 1 – 4, with categories 1 and 2 being long-term accommodation. Reference: Dublin Regional Homeless Executive.

[249] Sundial House - Depaul Ireland (depaulcharity.org)

including complex mental health and disability. Representatives from Depaul noted that the majority of funding for Sundial House comes from the Health budget, as this is what the scheme is categorised under.

8.43   Back Lane[250] is a 62-bed scheme, with 44 beds of direct access, emergency short-term accommodation and 18 beds of long-term accommodation. In contrast to Sundial House, Back Lane can accommodate those who have/are alcohol and/or drug users. Whilst there are no carers on-site, service users have access to a mental health worker on-site and also to a nurse as required. Both these examples of long-term accommodation provision enable a service user who cannot sustain a tenancy to remain in a settled location, rather than moving around the system, in a place which is their home. Both schemes have service users who have been in this location for 10 plus years, with a small number resident for 15 plus years. Depaul note the need for such provision, and the positive outcomes for the individual including continuity of care and support, engagement in personal care, and an opportunity for social interaction and company. In some cases this service can also enable the service user to plan end of life care and arrangements. Depaul also note the importance of maintaining connections between other long-term accommodation providers; the nature of the service user and associated behaviours mean that on occasion move-on is necessary.

Applicability in NI: This research has pointed to a number of categories of service users within the four Thematic groups that could benefit from a different model of supported housing. Based on feedback from strategic stakeholders and providers, focus should be given to those with long-term addictions who are unable to sustain tenancies. Depaul's Sundial House and Back Lane models are worth exploring in relation to applicability in Northern Ireland.

Supported housing: Changes to allocation systems and processes.

8.44   Another potential area for change relates to the access pathway into supported housing. For two of the Thematic groups – young people and disabled people - the entry route is via an assessment and referral from the HSC Trust, in relation to the individual's specific needs e.g. leaving care, disability covering physical, mental health, learning disability and sensory disability. The pathway for homeless people is via the Housing Executive and the relevant homelessness legislation, together with any additional needs such as release from prison or interconnection to young people's needs under the Children (NI) Order 1995. For one significant sub-group under the older people's Thematic group, the entry route to sheltered housing is via the Housing Selection scheme. This area remains under discussion given Recommendation 20 from the DfC Fundamental Review of Social Housing Allocations[251], which proposed that specialised properties, such as sheltered dwellings and wheelchair standard accommodation, should be allocated by a separate process outside of the Housing Selection scheme. In addition, Recommendation 13 of this Review proposed a choice-based letting approach for social landlords of difficult to let properties. This approach has been piloted in Northern Ireland, and may merit further exploration. Choice-based lettings

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[250] Back Lane Hostel - Depaul Ireland (depaulcharity.org)
[251] Consultation Outcome Report- A Fundamental Review of Social Housing Allocations (communities-ni.gov.uk)

provides a different approach to allocating social housing, including certain elements of provision. Whilst applicants can exercise a degree of choice under the Housing Selection scheme, by refusing offers made to them, choice-based lettings enables the individual to register their interest as and when a vacant property is advertised. The property is then allocated to the applicant with the highest priority (or points). This approach puts the onus on applicants to seek out suitable properties, rather than the social landlord responding to applications. The choice-based lettings approach has been shown to produce greater customer choice and transparency, but it can also lead to unrealistic expectations in high demand areas[252].

Applicability in NI: Whilst not a specific model of supported housing, the pathway into and allocation of sheltered housing in particular requires further consideration in response to DfC's Fundamental Review of Allocations.

Supported housing: Alternative models of housing provision

8.45   Strategic stakeholders and providers in the interview stage put forward a number of housing options, with or without support, as part of the discussion on alternative models. These are outlined below. These relate more to alternative styles of tenure and capital development, and suggestions around the provision of accommodation and potential substitute housing at a low cost, rather than specifically looking at what is described as supported housing in Northern Ireland.

8.46   Stakeholders referenced the social lettings approach in the rental sector in parts of Germany and Holland. In this model properties are managed by an independent social lettings agency. The agency interacts with the tenants. The properties are largely privately owned by investors. There is a cap on rental levels and rent increases are kept to a minimum level. Whilst not strictly a supported housing model, the agency does provide a level of representation and intervention on any issues that may arise, and there is an element of skills building for tenants.

It was suggested that this could be developed for the Northern Ireland setting, and modelled on the Berlin Tenants Association model[253], providing the HE with the opportunity to consider creating an ALMO (arms-length management organisation) to enable and encourage better access to rental options. On the one hand this would eliminate the fees added to rental charges by agents and property management companies, and most importantly would provide support for tenants in obtaining and retaining rental accommodation. The advantages of a social lettings agency model include that it can be self-financing, it addresses various entry barriers to the private rented sector including the requirement for deposits and the tenant support services can be incorporated on a block or individual basis. Again whilst not strictly a supported housing model, it could invigorate the private rental sector, providing access for vulnerable clients with the option of Floating Support or other types of support being added on in order to provide the housing related support element.

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[252] CIH *A guide to choice-based lettings*, November 2017   a-guide-to-choice-based-lettings.pdf
[253] https://www.berliner-mieterverein.de/sprachen/englisch.htm

8.47   A number of respondents referenced what was previously known as the 'Empty Homes' strategy, and noted that in the Republic of Ireland the Housing Agency are using an incentive approach to bring vacant properties back into use, primarily as stock for their Housing First approach. Again, whilst this is not a supported housing model in itself, securing further accommodation for Housing First could indirectly bolster that model of housing related support provision.

8.48   Respondents also noted examples where modular housing and/or tiny homes have been used to provide rapidly constructed and affordable housing, thus enabling move-on from temporary or short-term supported housing e.g. homeless hostels as well as responding to housing need more generally on a shorter- and longer-term basis. Examples were noted of Red Barn in Co. Mayo[254], the Macari Foundation in Manchester[255] and the Republic of Ireland's use of this approach in Dublin as noted in their Residential Construction Activity report in Q4 2016[256]. Again, whilst this is not a model of supported housing per se, there is some merit in thinking about options which would encourage better use of temporary supported housing provision, and enable a faster and more efficient throughput of service users, who often do not need to be in short-term accommodation over a long period of time.

Applicability in NI: As noted, whilst these are not alternative models of supported housing, each of these suggestions are worth consideration for a number of reasons. Firstly, they enable us to think differently about the use of the general housing market and tenure-wide rather than tenure specific solutions. Secondly, they generate discussion around what might be possible, if Floating Support was available more widely in the community. Thirdly, they help to focus on some of the difficulties in the supported housing sector e.g. silting up, people in short-term provision too long, and make suggestions around how this could be alleviated.

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[254] Modular Homes | Big Red Barn | 8 Week Turnkey Solution | Mayo (modularhomesireland.ie)
[255] Home - Macari Foundation (macari-foundation.co.uk)
[256] Surge in Residential Construction Activity in Q4 2016 - Construction Industry Federation (cif.ie)

Section 9   Policy and operational conclusions and recommendations

9.1   This research has covered a wide range of themes under the overarching aim of thinking about alternative supported housing models. The overall aim of the research was to support informed decision-making in terms of appropriate housing for people requiring supported living arrangements and to provide evidence that will enable better strategic planning for Northern Ireland's population. It was intended that the research would supplement the DfC Housing Supply Strategy and focus on the potential for developing alternative models for housing-focused supported accommodation.

9.2   Sections 1 and 2 provided background and context to the topic, including the history of supported housing in Northern Ireland, the policy context, the SP programme and the current capital and revenue funding arrangements. In addition, the lack of an agreed Departmental policy definition of supported housing was noted. Section 2 provided a wider review of literature, focussing on a classification of four supported housing models including shared living, linked housing with communal facilities, core and cluster and domiciliary support; with cross-references to this provision in Northern Ireland. This section also defined the range of terms used including housing/accommodation, support and care.

9.3   The agreed research objectives were as follows:
   o   To provide an agreed definition of supported housing in the Northern Ireland context, taking account of issues such as supported living and interaction with social care;
   o   To identify Supported Housing models in place in Northern Ireland, Republic of Ireland, Great Britain and Europe to help improve awareness and understanding of possible alternatives, advantages and drawbacks of different approaches;
   o   To consider any evidence on learning from and/or changes in service provision because of the Covid-19 pandemic;
   o   To identify the future direction for Supported Housing and ways that the support required could be delivered more effectively and efficiently.

   In addition, secondary research objectives were also considered as follows:
   o   The suitability of current Supported Housing accommodation in meeting vulnerable clients' needs and aspirations;
   o   Potential barriers to introducing alternative Supported Housing models;
   o   Other measures that should be considered (e.g. accommodation design, lifetime homes, assistive technology, grants, care support packages, work being carried out by other Departments).

   This section now brings together the findings, highlighting conclusions and indicating suggested actions from the research.

9.3   Section 3 looked at the extent and nature of supported housing in Northern Ireland. A review of HE data indicated just over 19,000 units of supported housing across the four Thematic groups, with over half attributed to one sub-group of the Older people's Thematic group, namely sheltered housing. Supported housing for other categories were proportionately

smaller, with provision for people with a learning disability (7.8%), people with mental health problems (7.8%) and single homeless (7.4%) as the next biggest groupings. This section also looked at average scheme size, geographical distribution and occupancy levels.

The nature of supported housing was then examined; firstly via a literature review of the range of different types of provision, and secondly from the perspective of what is available in Northern Ireland under the four Thematic groups – Older people, Young people, Homelessness and Disability and Mental Health.

9.4   This section also reported on stakeholder's analysis of the models of supported housing in Northern Ireland. This highlighted the variation of models and provision under the umbrella term – supported housing.   Stakeholders noted the following identifying or common factors of supported housing irrespective of the nature of the needs of the different client groups.

What is the nature of the provision? Is it shared with other residents or does each individual have their own individual dwelling with their own front door?
How is the provision laid out? Is the accommodation grouped together in one building or connected buildings? Or is it scattered around a neighbourhood or geographical area with no physical link between buildings?
Are there communal facilities? Does the accommodation have linked communal facilities such as social spaces including common rooms, dining facilities, craft rooms etc. Or are there no linked communal facilities?
Is there inclusion in the community? Is the accommodation integrated into or segregated from the local community? Is the accommodation one group of residents or dispersed individuals?
What are the housing or occupancy rights? Do the clients have full occupancy rights e.g. through ownership or a tenancy, or more limited rights e.g. occupancy rights? Is the accommodation a temporary or a permanent home?
What support does the individual receive, linked to their accommodation? Does the individual receive any support linked directly to their accommodation? What is the extent and nature of this support, and is it flexible or fixed support?

9.5   Section 4 addressed the question of a lack of and a need for a Northern Ireland definition of supported housing. The research concluded that an agreed working and policy definition would be useful on a number of levels, not least to enable common understanding across different funding and provider organisations, to enable forecasting of demand for supported housing overall and by client needs/groups, and to include discussion on how ordinary housing can be adapted for support needs.

Definitions from other UK and RoI jurisdictions were examined, as well as previous explanations of supported housing in Northern Ireland. Taking all of this into consideration, as well as feedback from stakeholders, has produced a suggested draft policy definition for Northern Ireland, as follows:

> *Supported housing in Northern Ireland is a range of accommodation, which has been adapted to provide housing <u>and</u> support for vulnerable people who need an additional level of housing related support. For whatever length of time (short and long-term), supported housing provides the individual with their own home or their own place/space, enabling them to be supported in a secure, safe and positive environment and working towards independent living. Supported housing is integrated into the wider spectrum of housing and services for all in our community.*

9.6   Sections 5 – 7 provided stakeholder and service user feedback on a number of themes, and in line with the research objectives as follows:
   - The suitability of supported housing in Northern Ireland
   - Occupancy and Value for Money in supported housing in Northern Ireland
   - Learning from the Covid-19 pandemic for supported housing in Northern Ireland

9.7   Section 5 reported on the suitability of supported housing in Northern Ireland, both from a stakeholder and service user perspective. Stakeholders emphasised the positive elements of supported housing, including the opportunity for vulnerable people with additional support needs to live as independently as possible.   Stakeholders were positive about the success of supported housing – providing for many a home for life, fulfilling a longer-term need, whilst in other cases providing a short-term, temporary (and often emergency or crisis) setting, whereby the client could avail of housing related support and then move on into more independent accommodation in the community. Other positive elements highlighted were: choice of solutions and options, the opportunity for company and friendships and reduction in loneliness and social isolation, security and safety through staff support onsite and the reassurance of emergency telecare and out-of-hours systems.   Feedback from strategic and provider stakeholders overall indicated that supported housing resulted in positive outcomes for service users, their family and for the wider community. Quality of life and well-being were viewed as key outcomes.

9.8   Some negative aspects of supported housing were also acknowledged by stakeholders, including the cost of provision and the long-term sustainability of the model, the suitability of the model in responding to increasingly complex client needs and risks, a lack of integration into the wider community in some cases, and a concern by some around institutionalisation and dependency. The need for compatibility in shared accommodation, and the potential negative impacts in terms of occupancy and outcomes for clients was also noted. Some of these concerns were inter-linked to the size of some supported housing provision, whilst others related directly to the potential negative impact on clients of shared or communal living.

9.9   In addition, various negative points were highlighted in relation to each of the four Thematic groups. For the homeless provision this related to concerns about the capacity of the sector to respond to demand, changing needs and complexity of clients and a movement towards longer-term placements.   In terms of provision for older people comments were made about the mix of two generations now living in sheltered housing whose needs and aspirations may

result in clashes. Stakeholders suggested the need to have a clear and integrated approach to analysing the suitability of supported housing, taking various factors into account – the age and stage of buildings, the configuration of accommodation and services, and whether provision meets the needs of the client group. SP noted that this requires a multi-agency approach including input from SP, the NIHE Development programme group, DfC, Housing Associations and providers. They note that this currently occurs when a service's performance and attractiveness (voids level) demonstrates that it is no longer fit for purpose. SP then usually leads on remodelling or decommissioning.

9.10   Service users commented on their experience of supported housing, and varied levels of receipt of housing related support.   Firstly, service users said that their current accommodation felt like home; this was stronger for those in long-term accommodation compared to those in temporary accommodation. Secondly, the vast majority of service users favoured the individual versus the shared model of supported housing. Whilst this may have been related to their own current lived experience, these respondents highlighted why they would not want to be in shared accommodation. These included a desire for personal space and privacy, storage space, independence and concerns about how they would live in a shared environment. Finally, there was universal positivity from the 32 service users in relation to the impact on them personally of the support and accommodation provided to them in their current temporary or longer-term supported housing.   The main areas of positive impact, highlighted across all needs groups, related to an actual or perceived improvement in the service user's physical health, mental health, ability to cope and remain fully or semi-independent with support and an improvement in family and other relationships.

9.11   Section 6 examined occupancy and value for money in supported housing from a stakeholder and service user perspective. Stakeholders suggested that some elements of what is offered through supported housing may no longer fit the current or emerging needs in the sector. It was acknowledged that there is a gap between need and provision in multiple Thematic and geographical areas, but that voids and occupancy difficulties, both short- and long-term can emerge for different reasons. The impact of the Covid-19 pandemic on occupancy was noted. Other reasons noted by stakeholders about reduction in occupancy included service users not wanted to share or have communal facilities, the small size of some self-contained units, and client's needs being more complex and therefore unsuitable for supported housing. Reasons varied by Thematic group.

9.12   Stakeholder assessment of VfM varied by Thematic group.   In terms of homelessness, feedback suggested that the model itself, alongside the increasing demand and the lack of move-on options, has created a pressure on the system, and that this approach (of accommodating a person in supported housing for a considerable period of time) may not be the most cost effective. There was also consideration that VfM in this area could not solely look at financial benchmarking. In contrast, comments were made that supported housing for homeless people is resulting to significant savings for various Departments, including health and criminal justice.

9.13   Stakeholders commenting on the Thematic group of older people suggested that sheltered housing is very good value for money, given the level of funding, the low level of staff (generally one Scheme Coordinator) and the number of older people that are able to retain their tenancy and live independently through the provision of low-level housing support. Similar positive comments were made about VfM of the supported housing for younger people. Comments on VfM in the Disability and Mental Health Thematic group pointed to difficulties in assessing this, although overall there was positive feedback.

9.14   Service users talked about factors that might result in low demand or occupancy for certain types of models and specific schemes. These included location, public perception and reputation, restrictions and policies, type of accommodation and lack of outdoor or garden space.

9.15   Section 7 outlined some learning from the delivery of supported housing during the Covid-19 pandemic period. These included the delivery of Floating Support from face-to-face to technology, the increased and enhanced provision and use of technology, better use of outdoor space. Stakeholders suggested that a return to pre-Covid occupancy levels may take longer than initially anticipated, and that this will be difficult for providers given Covid funding ended in March 2022. A further Covid related impact was in terms of staffing levels and availability, linked directly to staff recruitment and retention, together with the stress of working throughout the pandemic period.

Stakeholders were very positive about certain aspects of service delivery during the pandemic, and suggested that this should continue; these included quicker commissioning of service, and an improved partnership working between housing and health and the various Departments and providers. There was concern that post-pandemic some (or much) of the learning in this area could be lost, with processes and engagement reverting to pre-Covid approaches.

9.16   Recommendations relating to these areas (suitability, occupancy, VfM and learning from the pandemic), with a particular focus on any amendments and adjustments to current supported housing provision in Northern Ireland, are now outlined from strategic and provider stakeholders.   A number of stakeholders suggested that no or minimal changes were necessary, indicating that in their opinion the provision met the need and was fit for purpose. This finding relates to a number of providers in two of the Thematic groups, namely supported housing for older people, and in particular comments relating to sheltered housing, and supported housing for people with learning disabilities.

9.17   The views of strategic and planning stakeholders, on whether the current provision or portfolio could or should be changed of adjusted are summarised below. All quotes in this paragraph are from strategic stakeholders.
-       There is a need to close some services, but this can be difficult. One respondent summed this up as follows: *We need to identify services that aren't really working and that are no longer strategically relevant. A lot of the services were in place when SP came on; they are legacy services… We have very few tools to close a service, we're toothless…and for us it's about the client, not the service;*

- Changes should be made to reduce any remaining institutional type living. Reference was made to where this may not be helpful in terms of hostels, foyers or refuges under the Homelessness Thematic group and for those with a mental health diagnosis under the Disability and Mental Health Thematic group;
- There should be an overarching movement towards the reduction of shared accommodation[257], with a correlated direction of travel towards an increase in self-contained accommodation where the individual has their own access point (internal or external front door) and their own facilities. *There needs to be a move away from the shared accommodation to more independent self-contained flats;*
- There should be an array of services in relation to each SP Thematic group and in each regional area. This was summed up by one respondent in terms of the Thematic group of Disability and Mental Health for people with a mental health need: *Each individual Trust area should have a menu of mental health services available – the really high supported schemes, move-on accommodation for service users, Floating Support, peripatetic support….so that no-one is missing out based on their geographical location;*
- Remodelling and reconfiguration should be looked at in particular for some elements of the older people's Thematic group, in particular for dementia schemes and frail elderly schemes. A number of respondents highlighted that although many of these schemes are relatively new, a number of factors have played out in terms of their referral routes and referral rates, occupancy levels, joint or partnership working;
- Some needs are not adequately covered in terms of the provision and availability of supported housing. One example was the lack of provision for chronic homeless women following the planned closure of one hostel, and the focus on trying to develop and establish new provision in Belfast;
- Respondents suggested that where there are voids and ongoing occupancy issues, there may be opportunities to amend service provision. Examples were given in terms of age of entry into sheltered housing and the possibility of diversifying needs within current schemes for disabled people. The need to ensure that this does not dilute or detract from the service for current users was emphasised;
- The need for a better joined up conversation with the DoH and the five HSC Trusts was noted. This was highlighted in relation to a number of factors including policies that worked against each other according to some respondents (Thematic group older people: *If the thrust of Health is to keep the person at home for as long as possible then that does go against the whole supported housing thing, so we're working against each other*), split responsibilities in terms of referral pathways and revenue funding allocations (Thematic group younger people: Discussion on needs of care experienced young people: *I think if they were properly funded to address those complexities of needs so that the appropriate staff could be in place*). One respondent highlighted the need for more crisis accommodation (homelessness) in both Belfast and Derry, and noted that this needs a joint response from both a housing and health angle. *There's a real difficulty with crisis accommodation. Should it really come under the heading of homelessness and housing? Or is it a health matter? That's the debate. My own opinion is that there are elements of*

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[257] Where the client is sharing some or all facilities including shared bedrooms through to individual bedroom but other facilities shared including shared bathrooms, shared living and dining rooms, shared kitchens etc.

both that need to be fulfilled. Unfortunately it's housing that bears the brunt of both the placements and the finances;

- A number of respondents took this point (joined-up discussion and working) further by suggesting the need for an oversight body which would combine the necessary threads of supported housing, and would also include the health elements relating to supported living and care.   One respondent noted: *We do need a separate body, either in the HE or wherever, to look at both capital and grant revenue funding, and where it's best placed. There needs to be a Memorandum of Understanding with Health – there could be clear drivers going forward…with policy direction on the bricks and mortar element of supported housing, and direction on the ongoing revenue requirements.* Respondents suggested that the current approach is insufficient in terms of strategic direction, and that having one responsible body would produce a more streamlined service for service users and their families;

- This discussion was taken further in the sense that SP recognised that whilst they can respond to proposals for remodelling or reconfiguring current services, they are no longer commissioners of new services; this is the role of different statutory bodies for the different Thematic groups including the HE, DfC, DoJ/Probation, DoH and the HSC Trusts. Concern was voiced that the drive for overall collaboration across all the needs groups and looking at supported housing requirements (gaps and oversupply) has been lost. One respondent put it like this: *It's all very well to suggest different models but we need a clear system for the identification of need, recognition of what to support, clarity around overseeing and delivery and then funding;*

- Respondents also pointed to the need for more review and evaluation of current services, with a view to taking service user views into account. *We could be learning from the service users, not reinventing…more co-production... what do they need? What do they want? Do they want shared or individual?*

9.18   Table 16 outlines providers views on what could or should be changed in current provision, by Thematic group.   There is a level of overlap with the views put forward by strategic stakeholders.   All quotes are from provider respondents by their Thematic group; this is highlighted in the final overlapping section.

Table 16: Feedback from providers: Amendments to current provision

Thematic Group	Views	Quotes
Homelessness	Need to remodel within current hostel settings to provide additional communal meeting spaces, improved provision and access to technology and the use of assistive technology. The provision of communal space was specifically noted by providers of hostels/refuges where units are self-contained.	*We have remodelled to a certain extent. We have additional meeting spaces, places where young people can talk with staff more. We have improved the service in terms of WIFI throughout the building and made more IT equipment available.* *My biggest concern about our accommodation is the lack of communal areas. Because we have the accommodation in separate units the communal area is not big enough.*
	Some respondents suggested that the Foyer model (based on young people participating in training and/or employment) is no longer functionally viable given the increased needs of young homeless people. Suggestions were noted around a move towards clusters (3 – 5 people in each cluster) for foyers and some hostel provision.	*The young people and their needs have changed. Also these young people are not going to be able to get their own accommodation, so they need to have an experience of sharing, where they can build social contacts, have a community and learn those skills of living with other people.*
Young people	Some respondents talked about reconfiguring current services from one site into a more dispersed model.	*What we'd really like to do is to develop a scattering of flats, a dispersed model. It doesn't need to be in a very wide area, but not on the same street. And you could have a mix of both shared and single lets.*
	Respondents suggested that smaller schemes were more favourable for younger people, reducing or negating the impact of influences from their peers. There was cognisance of the fact that larger schemes are more cost-effective in terms of capital development costs as well as revenue costs relating to staffing. Respondents highlighted examples of good practice where scheme numbers were distributed over 2 – 3 blocks rather that in one block, also enabling placement by level of assessed need.	*In my working experience smaller schemes work better for 16 – 21-year-olds… as they have less opportunity to become involved with other young people who may introduce negative peer influences.*
	Respondents highlighted the need for more specialist supported housing provision for certain groups of young people.	*For young people with 'super high' needs in terms of substance misuse and mental health issues associated with trauma and attachment disorders.*

Thematic Group	Views	Quotes
Older people	Respondents were very positive about the ongoing good occupancy of sheltered housing (CAT2 schemes), albeit with acknowledgement that there is over-provision in some geographical areas. Whilst noting that some CAT2 schemes may no longer be fit for purpose in terms of building standards, age of buildings, external and internal access e.g. lifts, there was concern that remodelling and reconfiguration should not automatically be in terms of a movement from CAT2 to CAT1 without the inclusion of support. Respondents highlighted a recurring theme around the term 'sheltered housing' with suggestions on the need to update this or better explain what it is; with a specific viewpoint of clarifying that it is not residential or nursing care. There was specific discussion on the provision of what is generally referred to as supported sheltered housing, which is provided by one Housing Association.	*I think there needs to be imminent and proper consideration of demolition and rebuild of some existing sheltered schemes. But I think that DfC and the HE will want any rebuild to be towards CAT1 which obviously doesn't have a support element, which I think would be a travesty because there's still a lot of older people that need that low level support.* *The accommodation is quite pokey, small one-bedroom flats. I think increasingly for the next generation of older people, when they view it – they say – this is just too small, I couldn't see myself being in such cramped accommodation.* *I think it's important that we shouldn't just assume it's not a viable option or outdated. There's so much that sheltered housing offers around health and wellbeing, around isolation, around loneliness. We've got amazing stock in place but it needs a strategy to modernise it and to reinvest in it.*

Thematic Group	Views	Quotes
Older people continued	Accessing older people's supported housing, and in particular sheltered housing, was discussed. One viewpoint was that the age of entry should be dropped, for those with specific additional needs.	*We say over 55s, but you could have a 50-year-old who maybe has a lot of ailments or disability and this accommodation would be suitable for them…but at the same time it's for older people, not young people from a lifestyle point of view…People make that conscious choice to move into the accommodation because this is the type of housing and the life they want.*
	Respondents also talked about a need for wider consideration of where older people's housing best sits; in other words if it should be separate or included within general needs housing and the Housing Selection Scheme.	*There are lots of other opportunities to interlink with other building schemes, with general needs housing. Mixing people in with communities. Why are we isolating them from the community just because they are getting older? I think there's a lot of potential there but the capital needs to follow that.*
	Respondents referenced the need to develop the use of Assistive technology within older people's supported housing.	*I think we could do more in the area of Assistive technology but we need to agree the funding mechanisms for this.*
Disability and Mental Health	Respondents noted the diversity of needs across the different sub-groups within this Thematic group – learning disability, mental health, physical disability, sensory disability. The individual assessment of need was seen as the key driver in this Thematic group, to a greater extent that the other three Thematic groups; as a result feedback on what remodelling or reconfiguration should be done varied more widely. Some respondents indicated that certain clients benefitted from shared living whilst others needed single person accommodation. A recurring comment was the need for more specialist supported housing for particular needs groups e.g. more complex mental health, more complex learning disability, and also the fact that these clients are more likely to be in a longer-term tenancy and are ageing in place, with additional needs coming from the ageing process.	*In terms of mental health needs, we need to remodel our services. There needs to be some sort of unit for the more complex clients.* *If they have a learning disability, as they get older it's not just the learning disability heed; they have other physical and health needs. So we probably do need that graduation from the low-level to the residential or nursing.*

Thematic Group	Views	Quotes
Disability and Mental Health continued	Respondents referenced schemes which needed remodelled. These were largely 'legacy schemes' where the building is at the end of its lifetime. Whilst there was some suggestion of the need to move from any shared type schemes to individual units with support, respondents noted that some clients continued to benefit from shared provision and needed this in terms of health and safety factors e.g. clients with Korsakoff syndrome.	*Where the shared living model still works sometimes the building is no longer suitable.*
Two or more of the thematic groups – Common themes	Suggestion that there should be a lower maximum scheme size, depending on the Thematic group. A number of homeless providers noted that new schemes should have a reduction in the total number of units and/or move to a model of smaller group living. This theme was continued by providers in the Disability and Mental Health Thematic group.	*We wouldn't build bigger schemes, and we would go for more self-contained units, but ensuring that you also have the communal space.* (TG Disability and Mental Health)
	Need to remodel within current hostel settings to provide outdoor space (or access to it). Respondents reflected that this had become particularly important during the Covid-19 pandemic.	*We have no outdoor space at all. So when the residents first come in, we take them out and show them where the parks and different areas of outdoor space are. We've also now got an allotment which the service users are tending.* (TG Homelessness)
	Need for co-funding and partnership working. Respondents suggested that this would require Departmental buy-in with inter-departmental agreements in terms of funding and responsibilities, with some noting the need for a legislative framework. A number of respondents noted that putting forward suggestions for remodelling or reconfiguration of services to SP was not without its barriers. One key factor noted was that this could only be done from an existing service, and that there was a feeling that proposed changes were resisted by the HE, with the default requirement being to deliver schemes within an existing contract, and from a revenue neutral stance.	*Homelessness is not just a housing issue. We need to be able to provide holistic services and support to those individuals. Most services are not co-funded with health. There is an absolute need for services to be co-funded and co-designed. And Health and Justice need to be part of those discussions. SP have been definitive that their funding is for the support needs of the individual. But we know that homelessness is not just a housing issue – self-harm, addiction, mental health etc.* (TG Homelessness) *The Government and the DfC need to take responsibility for this. And it needs to be put into legislation because if it's not then there is no driving force to this, there's no accountability to it. And there's not the mandates for the other Departments to become part of this.* (TG Homelessness)

Thematic Group	Views	Quotes
Two or more of the Thematic groups – Common themes continued	The need for co-funding and partnership working was highlighted with reference to specialist provision for those with addictions, underlying and enduring mental health needs and some homeless categories e.g. chronic homeless women.	*I think we need some specialist sites rather than just generic sites. Chronic homeless women who are trying to move out of addictions or stepping out of treatment, they need that space for recovery, but that can't be housing only. This would need to be co-funded.* (TG Homelessness)
	The current joint commissioning and joint funding of supported housing was highlighted by respondents across a number of the Thematic groups e.g. re young people's schemes, for learning disability and mental health schemes and for older people's provision in terms of dementia and frail elderly. Concern was raised, particularly in relation to schemes established with the HSC Trusts under the older people Thematic group, which appear to have hit difficulties in terms of referral pathways, the funding model, the management of separate contracts, the cohesion of the service, leading to high levels of voids/occupancy issues.	*What I find extremely frustrating is that there's no joined-up cohesion in the service for those elements. There could be a lot more done in partnership, understanding the role of the housing provider, understanding the role of the HSC Trust…I don't think the total voids loss should sit with the housing provider when we have no control over the allocations system to the scheme. At the very least it should be a shared risk.* (TG Older people) *I don't think that you can have proper transformation of health and social care without an increasing provision of a range of supported housing for older people. And at the moment the Health & Social care side just aren't interested. For supported living we have to move the funding of care and support over to the health side completely, because the housing side can't fund it through SP.* (TG Older people)
	Need to review current supported housing provision taking into account the views of those with lived experience.	*In the review of any of these services and the model, and a combination of how they should work and how they could work in the future, we need to be involving at a high level and throughout these processes, people with lived experience. Because they are the experts in this and have lived through this. And they've experienced if from their end. I don't think there's enough asked of or from them.* (TG Homelessness)

Thematic Group	Views	Quotes
Two or more of the Thematic groups – Common themes Continued	Need to review current supported housing provision taking into account the views of those with lived experience.	*In the review of any of these services and the model, and a combination of how they should work and how they could work in the future, we need to be involving at a high level and throughout these processes, people with lived experience. Because they are the experts in this and have lived through this. And they've experienced if from their end. I don't think there's enough asked of or from them.* (TG Homelessness) *Seeking the views of those who use our services…I think that needs to be taken into consideration in terms of what that might look like.* (TG Disability and Mental Health)
	Need for move-on or step-down from certain elements of supported housing e.g. Thematic groups of temporary/short-term supported housing for homelessness or young people. One respondent noted that when the allocated period of time was completed in supported housing, the only move-on options for young people were often poor, damp and expensive private rentals or sofa surfing with friends or family. In many cases the young person was moving from young people's provision into a homeless hostel. Some providers noted that they were currently in discussions about remodelling some of their provision to include step-down options e.g. still receiving some support into accommodation associated with the scheme.	*Because of the housing situation we can't move them on as quickly as we would like to, and as quickly as they are ready for…because we don't have the housing supply.* (TG Homelessness) *We have no step-down accommodation for young people, we've no move on. So that after two years when the time's up, there's nowhere for them to go.* (TG Young people)
	There were differing views on the proportional division between individual self-contained or shared accommodation across the four Thematic groups. One common area of agreement was that shared toilets/bathrooms should be minimised, with a move towards each service user having their own ensuite or bathroom facilities.	*I would like most of the schemes to be bungalows because it does provide opportunities to bring in more complex clients.* (TG Disability and Mental Health) *I would absolutely give every service user an ensuite, and that privacy and that dignity to be able to have their own bathroom.* (TG Homelessness)

9.19   In summary this sub-section, looking at what changes could be made to the current provision of supported housing, provides the following broad conclusions:

- There are differing views, depending on the client group, about the proportional distribution of communal/shared accommodation versus individual/self-contained accommodation. One clear viewpoint is that clients should not have to share bathroom facilities;

- Some of the legacy supported housing schemes are coming to an end in terms of (a) their reasonable building/structural lifetime and/or (b) their space standards and configuration. Decisions need to be made in terms of the continued need for supported housing in these cases, and what type of model suits best for delivery purposes;

- Some supported housing schemes should be brought to a conclusion. This finding relates back to occupancy/voids issues, and other themes in terms of whether specific provision meets actual needs;

- There is a critical need for all interested parties to be involved at every level – from assessment of need to commissioning and development, and in relation to joint funding and delivery including referral pathways and service provision;

- There is acknowledgement that changes to how things are currently provided and funded could enable supported housing to widen out and enhance its current services and reach e.g. through Assistive technology, the provision of more communal space for schemes which are based on individual units and the provision of more outdoor space;

- There is a broad need for access into supported housing (known as step-down models inwards) and for move-on housing/accommodation for those leaving supported housing (known as step-down models outwards);

- There is undoubtedly an issue relating to regional coverage with over-supply of certain types of supported housing in some areas and under-supply of certain type of supported housing in other areas e.g. over-supply of sheltered housing in some places. Further analysis of this would be required;

- Understanding what clients actually want in terms of supported housing is a recurring theme. Again this is worthy of further research.

9.20   Service users were also asked to recommend any changes they thought should be made to their current accommodation and/or the support they received. In the majority of cases, respondents suggested no or very minimal changes to either their supported housing accommodation (in terms of the buildings and schemes) or the support available. One homeless respondent said: *they're always there, checking in on you.* Another said: *No, it's all good. I wouldn't change anything.* A further homeless respondent said: *Definitely nothing I would change about the support. I love the staff, they're friendly and professional.* Similar positive comments were made by respondents in the young people's Thematic group with limited suggestions on what should be changed in the current provision. One young person noted: *I wouldn't change anything to be honest. The support is very professionally done by staff, how they talk to young people. They are well trained and get down to the young person's level.*

Older service users also provided positive comments about the supported housing where they were living and the support received. One respondent said: *I can't complain about*

anything or say would change anything. I'm happy with what I've got. Disabled service users were equally content; one respondent noted the following about the service received: *I have no worries about the support. They really do help. I have no complaints.* Another said: *the staff are doing a really good job. They are very helpful if you have problems.*

9.21   A number of changes were suggested by each Thematic group. For homeless respondents who were in shared hostels comments were made about difficulties they had encountered such as cleanliness and availability of bathroom space, use of kitchens, the number and availability of laundry facilities etc. Other homeless respondents in hostels with individual apartments noted the lack of or small size of communal space as well as an absence of outdoor garden areas both for adults, and in family hostels for children. There were other smaller niggles such as the food in catered hostels and lack of outdoor space for smoking or drinking in. One respondent said: *the food sometimes, it's always the same thing.* In terms of support, some respondents in the homeless sub-group also noted that there was no overnight, in situ support available, and they felt that would be important.

9.22   Young people suggested changes such as being allowed to keep a pet, being able to change the paint colour in their room/flat, getting new carpets and blinds, provision of a double rather than a single bed, getting rid of any curfews for coming in at night and being able to stay longer than the two-year cut-off. The latter was reiterated by a number of respondents as they reflected on the difficult circumstances they had come from with little or no knowledge or skills, and the lack of wider family support they would have when they came to move on.

9.23   Older people made a number of suggestions for change to the service. One respondent said the criteria for access to the sheltered housing scheme should be changed, noting: *some of the people sent here are totally unsuitable in a health sense; they need care. It's not fair to them, and the Scheme Coordinator doesn't have the time or expertise to deal with them so it's not fair to the Scheme Coordinator. And it's not fair to other tenants….This is people who can't cook or do laundry themselves. When we came here 20 years ago we were asked – can you do these things?* Respondents who had been living in sheltered housing for some time also commented in the turnover of staff and a reduction in staff on-site. One commented: *There used to be a Coordinator every day, now it's three days a week. It's a bit haphazard and you can never quite depend on when they will be here.*

Another factor raised by some of the respondents in sheltered housing was around the efficiency and effectiveness of repairs; this was one element of the service which they thought should be improved. One respondent noted: *the repairs can take a long time, they are slow.* Another said: *there's nothing I would change about the Scheme Coordinator…but some of the contractors for repairs are hopeless…they never tell you when they are coming.* In a number of cases respondents also suggested that the building had become a bit rundown and work was needed on the heating system and radiators and doors, and the lack of an internal lift was referenced.

9.24   Respondents in two categories – older people and disabled – suggested the need for an additional room in their apartment, either to use as a bedroom when friends or family came to stay or to use as a dining room, hobby room or computer room. This may have related to the fact that these respondents were in long-term supported housing, and felt they needed more space.

9.25   The inclusion in this study of service users of supported housing was vitally important in order to hear their feedback on the lived experience of moving to, living in and in some cases seeking to move on from this model of accommodation and support. This section sought to answer the research objective of the suitability of current supported housing accommodation in meeting vulnerable clients' needs and aspirations. The high level of reported satisfaction with their current accommodation points to the suitability of meeting their needs, as well as the analysis of housing related support services taken up or received by each respondent. The satisfaction levels were confirmed by the fact that most respondents felt their accommodation was 'home', even though in a number of cases it was of a temporary nature.

9.26   The delivery and receipt of the various elements of housing related support was tailored to the needs of each respondent. Feedback indicated that they were very clear in terms of what they did receive and what they did not receive, with the latter including areas that they felt they were sufficiently skilled in. There was also clear variation in terms of take-up of different elements by individuals in the different Thematic groups. The analysis suggests a number of things about the current model of supported housing; firstly that it is based on assessed need and responds directly to what the client requires, secondly, that the support can increase or decrease over time, and thirdly that a client can access particular support if a need arises.

9.27   The research pointed to the positive impact for most of the respondents of living in supported housing. They cited positive outcomes in terms of their physical health, mental health and well-being, ability to cope and remain fully or semi-independent with support and an improvement in family and other relationships. The perceived corollary of this was that they would have ended up homeless or without stable accommodation (Homelessness and Young people Thematic groups) or would have been unable to cope at home or have needed alternative provision such as residential care (Older people and Disability and Mental Health Thematic groups). These findings again support the positive arguments about the suitability of current supported housing, together with indicating the advantage to the individual.

9.28   Respondents also pointed to some of the drawbacks or disadvantages of the supported housing they were living in, and made a number of suggestions around potential improvements. These included factors relating to location, perceptions, lack of outdoor or garden space, restrictions, type of accommodation and type of clients.

9.29   There was universal support for the model of supported housing where the individual has their own unit (apartment, flat or bungalow) within a wider housing scheme and with

communal facilities e.g. common room, in some cases shared laundry, in contrast to the case where the individual has their own bedroom and all other services and facilities are shared. It should however be recognised that three quarters of respondents were in the former model, and this may have biased the findings in this area. The reasons for this preference are documented in the analysis and include a desire for personal space and privacy, storage space, independence and concerns about how they would live in a shared environment, in contrast to concerns about sharing kitchens and bathrooms and a lack of personal space. The feedback from respondents does call into question the desirability of the current stock which is shared, and how potentially if demand is low for these units, that there is a need to think about remodelling and reconfiguration where possible.

9.30   Finally Section 8 provides a review of alternative models of supported housing under a number of themes and headings as follows, and looks at their potential applicability in Northern Ireland:
-    Supported housing: potential to support entry into supported housing - assistance to think about options
-    Support in own housing: the potential for expanding informal and formal care and housing support
-    Support in own housing: the potential for expanding Floating Support
-    Supported housing: the potential for development in the private rented sector – lease-based models
-    Supported housing: the potential for development without housing support
-    Supported housing: the potential for development in the private sector, all or majority costs covered by the recipient
-    Supported housing: Adjusting current provision – remodelling and reconfiguration
-    Supported housing: set up for different groups, moving from short-term to long-term provision
-    Supported housing: Alternative models of housing provision

Appendices: Appendix 1   Abbreviations

BIJ	Bureau of Investigative Journalism
CRISPP	Committee Representing Independent SP Providers
DfC	Department for Communities
DoH	Department of Health
DoJ	Department of Justice
DPG	Development Programme Group
DWP	Department for Work and Pensions
GB	Great Britain
GDP	Gross Domestic Product
HAG	Housing Association Grant
HB	Housing Benefit
HCA	Homes and Communities Agency
HE	NI Housing Executive
HIA	Home Improvement Agency
HSC Trust	Health & Social Care Trust
HR	Housing Rights
LHA	Local Housing Allowance
NILT	NI Life and Times Survey
PIF	Provider Innovation Fund
PIP	Personal Independence Payment
RoI	Republic of Ireland
RP	Registered Provider
RSH	Regulator of Social Housing
RTG	Regional Thematic Group
SAB	Strategic Advisory Board
SHDP	Social Housing Development Programme
SNA	Strategic Needs Assessment
SNMA	Special Needs Management Allowance
SP	Supporting People
SSH	Specialist Supported Housing
VfM	Value for Money

Appendices: Appendix 1   Abbreviations

Appendix 2   Stakeholder interview schedule

RESEARCH PROJECT
Alternative Supported Housing Models

SEMI-STRUCTURED INTERVIEW SCHEDULE:
Stakeholders – Housing Executive and external organisations

Name of Interviewee			
Location/Method of interview			
Date of Interview		Time of Interview	

Background to interview	We (Fiona Boyle Associates) have been commissioned by the NI Housing Executive to undertake this research on alternative Supported Housing (SH) models. We would like to ask you for your feedback on a number of aspects: - Description and definition of SH - Models of SH in Northern Ireland - Specific questions about SH in Northern Ireland - Impact of Covid-19 on SH in Northern Ireland - Alternative SH models - Amendments/adjustments to current SH models

1   Description and definition of Supported Housing
Text Guide: The term supported housing is well used in Northern Ireland; however, there is no actual agreed definition of supported housing in either policy or legislation. In this research we are essentially looking at accommodation-based schemes rather than Floating Support services.
Description - What do you understand by the term/model of supported housing? - What's your understanding of what it is and what it covers? (Probe using definition of housing related support services[258], also purpose of SH – to enable independent living, to work towards resettlement?) - Can you describe it for the client group/area you are working with? (if this is applicable to the interviewee) *Definition* - How would you define supported housing in Northern Ireland at this point? - Have you thought about definitions from other jurisdictions? - Is the English definition[259] sufficient or appropriate for NI? - Is the Scottish definition[260] sufficient or appropriate for NI? - What about the approach in the RoI – where there are different definitions for different client groups e.g. older people, disabled people.

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[258] See Annex 1.
[259] See Annex 1.
[260] See Annex 1.

- What would you want to see in an agreed definition of supported housing in NI? (Probe responsive to needs, tailored solution and enabling independence[261])
- Are there other NI issues/context that needs to be included, in particular taking account of issues relating to supported living and the interaction with social care?

- Do either of the following definitions provide what you think is necessary?

  Supported housing - A range of both long and short-term (social housing) accommodation provided for people who need an additional level of housing related support, to help them lead an independent life[262]

  Supported housing – Housing with support provided so that the individual is assisted to maintain their home and to develop independent living skills[263]

- Do you think it's important to have an agreed definition – that all stakeholders are working with? If so, why?   (Open question and then probe – to ensure good planning and coordination of services, to enable discussion and debate on the need for this type of housing and potential future development, with all stakeholders having the same understanding of what it comprises and includes, and highlights or confirms what it does not cover. And more widely alongside any generic discussion about the need for social housing in general.)

2	Models of Supported Housing in Northern Ireland

Text Guide: Now we'll look at the current models of SH in Northern Ireland, with particular reference to the range of client groups and the suitability of current accommodation.

Models of SH in Northern Ireland
- How would you describe the range of current models of SH in Northern Ireland (open question and then follow up with a probe – listing the various types and models of schemes)
  - What sort of needs does SH accommodation respond to? What are the needs of vulnerable clients in terms of their ability and opportunity to live independently – where SH can assist in this? (Probe client groups - people who are homeless or at risk of homelessness, young people, older people, people with disabilities and other (include the list of people with alcohol or drug problems, offenders or people at risk of offending, women at risk of DV)

Suitability of SH accommodation in Northern Ireland
- What works well at the moment? / what are the best elements of supported housing – that you would want to see continuing and/or embodied in any new SH developments?
- What doesn't work well? What are the drawbacks and disadvantages? What are the barriers to entry? (Probe: Is it the type of housing? Is it the form of housing support? Is it the financial element?)
- What outcomes are achieved? What does SH enable for the individual, for their family and for the wider community?
- How are these outcomes monitored, recorded, measured and evaluated?

Can you highlight 2 – 3 SH schemes which in your opinion are particularly successful?

3	Specific questions about Supported Housing in Northern Ireland

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[261]   See Annex 1.
[262] From the Housing Investment Plan 2015 - The Housing Executive - Housing Investment Plans (nihe.gov.uk)
[263] NIHE & RSM McClure Watters *Demographic change and Future Housing Need in NI,* November 2014, page 43. Demographic Change and Future Housing Need in Northern Ireland November 2014 (nihe.gov.uk)

Text Guide: For this part of the interview we'd like to consider some very specific questions relating to current provision of SH.

Occupancy - Some of the types of SH (and for some particular client groups) are indicating low occupancy levels. Can you suggest why this is the case?

Probe: Is it changing aspirations and changing expectations? (For example changing aspirations mean that people do not want a move to communal or group living from individual or family accommodation living, people do not want shared bathrooms and facilities).

Is it to do with assessed need? (For example do we have too much of some types of SH – where the occupancy levels are variable and in some cases relatively low and below what SP would consider acceptable?)

Is it to do with the buildings? (For example, age of buildings, layout of buildings, lack of privacy, lack of space, too much communal living (which people maybe don't want), ethos of schemes and type of living (is it now outdated?)

Is it a regional variation?

Is it cost? (For example the costs for individuals moving to SH e.g. older people moving to sheltered housing. For individuals moving from OO where currently at no cost and now moving to rental position). If this theme is a factor – then explore if there is any discussion on flexibility within the provision of HB (DfC has advised that HB cannot be used as a substitute for housing support services or as an alternative to SP funding. However – some LA's in England seem to have greater flexibility on costs considered eligible under HB legislation).

Value for money – Explore questions around - is this the right way to provide housing support to vulnerable clients and individuals?   Probe around joint funding models? Department for Communities (DfC) to lead on the development of a new capital and revenue model for jointly funded schemes promoting independent living and commissioned through SP.

4	Impact of Covid-19 on Supported Housing in Northern Ireland

Text Guide: Now let's look at the impact of the Covid-19 pandemic on SH in Northern Ireland.

- How did Covid-19 impact the delivery of SH in Northern Ireland?
- Has there been any learning or changes in service provision in terms of SH and SH models as a result of the Covid-19 pandemic? If yes – probe what this has been (include FS services adapting as couldn't be face-to-face, HE funded cost of technology, use of WIFI in supported housing accommodation, reduction in use of communal areas and numbers in schemes)

5	Alternative Supported Housing models

Text Guide: For this part of the interview we'd like to look at alternative SH models. The Northern Ireland model is purely based on social housing, so it would be important to explore models based in the private rental and owner occupation sectors.

- Do you know of other SH models in other places – RoI, GB and Europe – can you suggest some examples for follow-up?
- Can you comment on the following models:
    - o Floating Support models – what arguments are there for an increased move towards SH?
    - o Increased informal and formal care and housing support models – delivery in own home
    - o Private rented sector – lease-based model
    - o Private rented sector – Retirement villages
    - o Supported housing – without or with minimal support
    - o Supported housing in the social housing sector – new models
    - o Advice and assistance to think about different options – to understand and navigate different housing options
- What are the plus points/positives of these models? (Probe – could they meet different needs, respond to different client groups, respond more efficiently and effectively to a vulnerable grouping)
- And what might be the detrimental points/negatives of introducing these alternative SH models. What are the barriers:
    - o Is it cost to set them up (capital) or run them (revenue)? Is the cost prohibitive or resources not available?
    - o Is it related to legislative or policy issues – not possible in NI?
    - o Is it to do with aspirations and perceptions – not what groups/people in NI would want?

6	Amendments/adjustments to current Supported Housing models

Text Guide: Finally we'd like to seek your opinion on what changes or adjustments could and should be made to the current portfolio of SH accommodation.

- What could be done to change or adjust the current SH accommodation and services – the models that already exist – with particular reference to the following:
    - o Accommodation design - What are the opportunities for significant remodelling or reconfiguration? Is this on the agenda/table? Is this actively discussed and promoted by SP, HE, NIFHA and the HA's individually and independently? Remodelling/ reconfiguration for different client groups? Comment on availability of capital and revenue funding.
    - o Scheme size – are there any comments on ideal scheme size overall, and as per client group and assessed needs?
    - o Lifetime homes
    - o Assistive technology
    - o Grants
    - o Care support packages
    - o Work being carried out by DfC or DoH?
- Are there areas regionally where there are gaps?
- Are there client groups where there should be more SH provision e.g. Single Homeless Crisis Accommodation service (only two NI wide – in Belfast) or accommodation for those with drug problems (only one NI wide)
- How are housing support needs currently identified, assessed and prioritised and translated into strategic plans – which then lead to the successful commissioning of SH schemes? Discussion of the process and governance for this area.

Annex 1

Housing related support services
Housing related support services help people live independently or move onto more independent living. This can include support to:
- *develop domestic/life skills*
- *develop social skills/behaviour management*
- *find other accommodation*
- *establish social contacts and activities*
- *gain access to other services*
- *manage finance and benefit claims*
- *set up and maintain home/tenancy*
- *maintain the safety and security of the dwelling*

English Definition
Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016[1]. Supported housing is defined (Paragraph 2, Interpretation) as follows:
'Supported housing' means low-cost rental accommodation provided by a registered provider which –
(d) *Is made available only in conjunction with the supply of support;*
(e) *Is made available exclusively to residents who have been identified as needing support, and*
(f) *Falls into one or both of the following categories:*
    (iii) *Accommodation that has been designed, structurally altered or refurbished in order to enable residents to live independently,*
    (iv) *Accommodation that has been designated as being available only to individuals within an identified group with specific support needs.*

Scottish Definition
The National Care Standards in Scotland note the following about housing support services: *Housing support services help people to live as independently as possible in the community. They can either be provided in your own home or in accommodation such as sheltered housing or a hostel for homeless people. Housing support services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings, and help with shopping and housework. The type of support that is provided will aim to meet the specific needs of an individual person.*

Supported housing - Responsive to needs
This type of housing is aimed at people with additional needs, referred to in some definitions as 'vulnerable' and requiring housing related support; **Tailored solutions -** There is a spectrum of supported housing; the definitions mention a range of length of tenancy/residency from short to long term, a variety and intensity of inputs from housing management to assistance, and from housing related support to more specialist solutions and care; **Enabling independence -** The supported housing model is focused on enabling individuals to live in the community and to live independent lives.

Appendix 3   List of stakeholder respondents

Strategic/planning stakeholders

Name	Organisation	Interview method
Heloise Brown	DfC	Zoom
Seamus Hillock	DfC	Zoom
Nigel Chambers	DoH	Zoom
Steven McCourt, Joanne McPadden & Lorraine Montgomery	DoJ	Face-to-face
Joelene Curran	HE, SP	Webex
Kelly Hillock	HE, SP	Webex
Liam O'Hanlon	HE, SP	Face-to-face
Bernie Crossan	HE, SP	Face-to-face
Keely McKenna	HE, SP	Face-to-face
Gareth Ferguson	HE, SP	Face-to-face
Peter Quinn	HE, SP	Face-to-face
Sinead Twomey	HE, SP	Zoom
Sara-Jane Hegarty	HE, SP	Zoom
Marion Fisher	HE, SP	Email return

Thematic group: Homelessness

Name	Organisation	Interview method
Deirdre Canavan	Depaul	Zoom
Mark Forsythe	Living Rivers	Zoom
Louise Montgomery	Apex Housing Association – Strand Foyer	Zoom
Anna McAlister	Cithrah/Selah	Zoom
Maureen Slater	Apex Housing Association – Foyle Valley House	Face-to-face
Karen McAlister	Simon Community NI	Zoom
Charlie Toland	Queen's Quarter	Zoom
Liam Milligan	North West Methodist Mission	Face-to-face

Thematic group: Older people

Name	Organisation	Interview method
Cameron Watt	Alpha Housing NI	Zoom
Geraldine Gilpin	Abbeyfield	Zoom
Bridie Doherty	Radius Housing	Face-to-face
Brendan Morrissey	Clanmil Homes	Zoom
Fiona McAnespie	Radius Housing	Zoom
Niki Molloy	Abbeyfield Belfast	Information by email

Thematic group: Young people

Name	Organisation	Interview method
Eileen Best	First Housing Aid & Support Services	Zoom
Kate Martin	MACS	Face-to-face
Faith Armstrong	Barnardo's	Zoom
Caroline Meehan	Western HSC Trust	Email return
Richard Dougherty	BCM	Zoom
Gillian McAllister	Youth Justice Agency	Email return
Grainne Donnelly	Choice Housing	Email return

Thematic group: Disability and Mental Health

Name	Organisation	Interview method
Margaret Cameron	Cedar Foundation/CRISP	Zoom
Chris Alexander, Denise Magill & Raymond Nicholl	Triangle Housing	Zoom
Caroline McGonigle	HSCNI	Zoom
Deirdre Walker	Apex Housing Association	Face-to-face
Jenny Cassells	Praxis Care	Zoom
Lauren Lamberton	Belfast HSC Trust	Zoom

Appendix 4   Service User interview schedule

RESEARCH PROJECT

Alternative Supported Housing Models

SEMI-STRUCTURED INTERVIEW SCHEDULE: SERVICE USERS

Name of Interviewee			
Name of scheme/location			
Method of interview			
Date of Interview		**Time of Interview**	

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1 Where you live – Can you tell me a bit about where you live?

How long have you lived here?

Can you describe the scheme/accommodation?

Discussion about the scheme/accommodation
- Do they have their own bedroom?
- Bathroom?
- Living and dining space
- Kitchen
- How much is individual/private space and how much is shared?
- What support do they receive – and to do what?
- What care (if any) do they receive – and to do what?

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2 What you like about where you live and the support Can you tell me what you like about here?

Depending on response:
- What do you like about having your own space (individual accommodation)?
- What do you like about sharing accommodation with other people?
- How does the support you receive help you to live independently?

- What do you dislike about having your own space (individual accommodation)?
- What do you dislike about sharing accommodation with other people?
- Is there anything you still need support to do?

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3   Specific questions about Supported Housing in Northern Ireland

Occupancy – Can you think of specific reasons why people might not want to move here?
Probe: Is it changing aspirations and changing expectations?
Is it shared/communal facilities?
Is it to do with the buildings? (For example, age of buildings, layout of buildings, lack of privacy, lack of space, too much communal living (which people maybe don't want), ethos of schemes and type of living (is it now outdated?)

Is it cost? (For example the costs for individuals moving to SH e.g. older people moving to sheltered housing. For individuals moving from OO where currently at no cost and now moving to rental position).

Impact
Has your move to this supported housing been a good thing for you?
Probe – how it has benefitted them.
What would happen if you didn't live here or receive the support?

4	Impact of Covid-19 on Supported Housing in Northern Ireland

Did you live here during the Covid-19 pandemic?

What did you like about living here during that time period?

And what did you not like?

And were any changes made to how the service was delivered?

Did you like these changes? Have any of them kept going? (Probe use of technology, use of WIFI in supported housing accommodation, reduction in use of communal areas and numbers in schemes)

5	Amendments/adjustments to current Supported Housing models and alternative models

If it was possible, what would you change about your current accommodation?

If it was possible, what you would change about the support you receive?

Are there any other types of accommodation or support services that would meet your needs?

Appendix 5   Easy-read information sheet

Commissioned research – Alternative Supported housing models

My name is Fiona Boyle and I'm a Research consultant.

I am currently doing a research study for the Department for Communities and the NI Housing Executive looking at supported housing models

We are interested to talk to you about these topics:

- Your current living situation – where you are living and what support do you receive?
- What you like about your housing and the support you receive?
- What you don't like about your housing and the support you receive?
- Any reasons why people might not want to live where you are living?
- Your opinion on whether your living situation has been of benefit to you.
- Any changes you might make to your current accommodation and support.
- Your opinion on your accommodation and support during the Covid-19 pandemic.

First of all, we'd like to seek your permission to talk to you – this may be face-to-face or by Zoom. We can arrange to set this up, by talking to someone who supports you or through an organisation you received advice from.

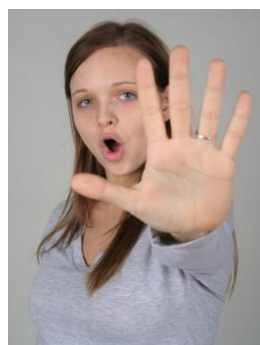It will not take longer than 40 minutes.

Secondly, you might like to have someone, who knows about your housing and support situation and the services you receive, with you during our discussion. The format is relaxed and informal – more of a discussion rather than an interview.

You can say yes or no. It is up to you whether you want to take part.

                    YES   NO

This research is very important – it will help the Department for Communities better understand what type of supported housing to provide.   By taking part and sharing your experience you would be a tremendous help in this project.

If you do want to take part, please tell the person that asked you – and they will then get in touch with me. We will then ask you to give consent to take part by completing a consent form. It notes that your name and details will not be shared with others.

There is a £10 thank you – for those who agree to participate.

Thank you for reading this.

Yours sincerely

Fiona Boyle

Appendix 6   Service user Consent form

Research: Alternative models of Supported Housing

CONSENT FORM

For the interview / discussion taking place on:

Date _____ Time _____

Location/Method _____

(Please tick the boxes on the right to show you agree with all the statements)

1	I confirm I have been told about this evaluation and I agree to take part in this study.	☐
2	I have had the opportunity to ask questions and have had any questions answered satisfactorily in advance of the discussion.	☐
3	I understand that any personal information from the study, such as my name will be confidential unless someone is at risk of harm or abuse. This means that it will not appear in any written publication and the people who participate in the study will not be identified in any way.	☐
4	I understand that my participation is voluntary and that I am free to withdraw at any time without a reason and that no service or support I may receive will be affected.	☐
5	I agree to written notes being taken of this interview / discussion, and I understand that I can ask the interviewer to stop writing at any time.	☐

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Name of participant   **Signature**   **Date**

Witnessed by:

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Name of witness   **Signature**   **Date**

Appendix 7   Service user respondents in interview phase

SP Thematic group	Sub groups	Number of respondents	Locations	Method
Homelessness	Family	Two respondents	Belfast	Zoom
	Single homeless	Four respondents	Derry and Belfast	Zoom and face-to-face
	Alcohol/drugs	One respondent	Apex - Foyle Valley House	Zoom
	Domestic abuse	One respondent	Carrickfergus	Zoom
Young people		Nine respondents	Magherafelt, Belfast, Lisburn, Derry	Zoom and phone
Older people	Frail Elderly	Three respondents	Comber and Bangor	Face-to-face
	OP – Mental Health/dementia	One respondent	Comber	Face-to-face
	OP – support needs	Six respondents	Comber, Coleraine and Belfast	Face-to-face, Zoom and phone
Disability and Mental Health	Mental Health Needs	Five respondents	Bangor, Lisnaskea and Lurgan	Face-to-face and Zoom
Total		32 respondents		

Appendix 8   Housing related support services – what is eligible?

Extract from NIHE website

The Housing Executive - About the Supporting People programme (nihe.gov.uk)

Housing related support services help people live independently or move onto more independent living. This can include support to:

- develop domestic/life skills
- develop social skills/behaviour management
- find other accommodation
- establish social contacts and activities
- gain access to other services
- manage finance and benefit claims
- set up and maintain home/tenancy
- maintain the safety and security of the dwelling

Full list of Housing support services from Housing Support Services Regulations (NI) 2003

The following services are housing support services for the purposes of Article 4 of the Order[264] -

- 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;
- assistance with the security of the dwelling required because of the needs of the service user;
- assistance with the maintenance of the safety of the dwelling;
- assistance and supervision on the use of domestic equipment and appliances;
- assistance with arranging minor repairs to and servicing of domestic equipment and appliances;
- provision of life skills training in maintaining the dwelling and curtilage in appropriate condition; assistance in how to engage with individuals, professionals and other bodies with an interest in the welfare of the service user;
- assistance on access to the provision of equipment and adaptations to cope with disability;
- advice or assistance in personal budgeting and debt counselling;
- advice or assistance in dealing with relationships or disputes with neighbours;
- advice or assistance in dealing with claims to social security benefits and other official correspondence relevant to sustaining occupancy of the dwelling;
- advice or assistance with resettlement of the service user;
- advice or assistance to enable a service user to move on to accommodation where less or more intense support is required;
- advice or assistance with shopping or errands where this does not conflict with similar services provided as personal care;
- maintenance of emergency alarm or call systems;
- 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;

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[264] Housing Support Services (NI) Order 2002.

- controlling access to individual resident's rooms;

- cleaning of resident's own rooms and windows;

- providing for the costs of resettlement services;

- 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; arranging social events for residents of accommodation supported by either a resident warden or a non-resident warden with a system for calling that warden.

Appendix 9   List of housing support services providers for accommodation-based services

Abbeyfield & Wesley Housing Association Ltd

Action For Children

Alpha Housing (NI) Limited

Apex Housing Association

Ark Housing Association

Autism Initiatives

Barnardo's

Belfast Central Mission

Belfast Health And Social Care Trust

Camphill Community Clanabogan

Camphill Community Mourne Grange

Choice Housing Ireland Limited

Clanmil Housing Association

Council for Social Witness

Cuan Mhuire (NI) Ltd.

Depaul Northern Ireland

East Belfast Mission

Extern Northern Ireland

First Housing Aid & Support Services

Habinteg Housing Association (Ulster) Ltd

HarmonI

Inspire Mental Health

Kilcreggan Homes

L'Arche Belfast

Larne Community Care Centre

Leonard Cheshire Disability

Life Housing Northern Ireland

Livability

Living Rivers Trust

MACS Supporting Young People

Mainstay DRP

Mencap

Mind Wise New Vision

Morning Star House

Newington Housing Association

NIHE

North Belfast Housing Association Ltd.

North West Methodist Mission

Northern Health And Social Care Trust

Positive Futures: Achieving Dreams. Transforming Lives

Praxis Care

Queens's Quarter Housing Ltd

Radius Housing Association Limited

Rosemount House Limited

Shelter (NI) Ltd.

Simon Community

South Eastern Health And Social Care Trust

Southern Health And Social Care Trust

The Abbeyfield Belfast Society Limited

The Beeches Professional And Therapeutic Services Ltd

The Cedar Foundation

The Salvation Army Trustee Company Limited

The Welcome Organisation

Threshold

Triangle Housing Association

Western Health And Social Care Trust

Woodvale and Shankill Community Housing Association Ltd.

Appendix 10   Housing support service providers for accommodation-based services by primary client group

Primary client group	Sub-groups	Providers
People who are homeless or at risk of homelessness	Homeless Families with support needs	Ark Housing Association
		Depaul Northern Ireland
		First Housing Aid & Support Services
		Larne Community Care Centre
		NIHE
		The Salvation Army Trustee Co Ltd.
	Single Homeless Crisis Accommodation service	The Salvation Army Trustee Co Ltd.
		The Welcome Organisation
	Single Homeless with support needs	Apex Housing Association
		Depaul Northern Ireland
		East Belfast Mission
		Extern Northern Ireland
		First Housing Aid & Support Services
		HarmonI
		Life Housing Northern Ireland
		Living Rivers Trust
		Mind Wise New Vision
		Morning Star House
		North Belfast Housing Association Ltd.
		North West Methodist Mission
		Queen's Quarter Housing Ltd.
		Simon Community
		The Salvation Army Trustee Co Ltd.

Primary client group	Sub-groups	Providers
Young people	Young people	Action for Children
		Barnardo's
		Belfast Central Mission
		First Housing Aid & Support Services
		MACS Supporting Young People
		Praxis Care
		Shelter (NI) Ltd.
		Simon Community
Older people including those with dementia	Frail Elderly	Abbeyfield & Wesley Housing Association Ltd.
		Apex Housing Association
		Belfast Health & Social Care Trust
		Mind Wise New Vision
		Radius Housing Association Limited
	Older People with Mental Health problems/dementia	Belfast Health & Social Care Trust
		Clanmil Housing Association
		Northern Health & Social Care Trust
		Praxis Care
		Radius Housing Association Ltd.
		South Eastern Health & Social Care Trust
		Triangle Housing Association
	Older people with support needs	Abbeyfield & Wesley Housing Association Ltd.
		Alpha Housing (NI) Ltd.
		Apex Housing Association
		Ark Housing Association
		Choice Housing Ireland Ltd.
		Clanmil Housing Association
		Habinteg Housing Association (Ulster) Ltd.
		Leonard Cheshire Disability
		Newington Housing Association
		Radius Housing Association Ltd.
		The Abbeyfield Belfast Society Ltd.
		Woodvale and Shankill Community Housing Association

Primary client group	Sub-groups	Providers
People with disabilities	People with physical or sensory disability	Council for Social Witness
		Leonard Cheshire Disability
		The Cedar Foundation
	People with learning disabilities	Apex Housing Association
		Autism Initiatives
		Belfast Health & Social Care Trust
		Camphill Community Clanabogan
		Camphill Community Mourne Grange
		Council for Social Witness
		HarmonI
		Inspire Mental Health
		Kilcreggan Homes
		L'Arche Belfast
		Livability
		Mainstay DRP
		Mencap
		Northern Health & Social Care Trust
		Positive Futures: Achieving Dreams Transforming Lives
		Praxis Care
		Radius Housing Association Limited
		South Eastern Health & Social Care Trust
		Southern Health & Social Care Trust
		The Beeches Professional and Therapeutic Services Ltd.
		The Cedar Foundation
		Triangle Housing Association
		Western Health & Social Care Trust
	People with mental health problems	Apex Housing Association
		Belfast Health & Social Care Trust
		First Housing Aid & Support Services
		Inspire Mental Health
		Mind Wise New Vision
		Northern Health & Social Care Trust
		Praxis Care
		South Eastern Health & Social Care Trust
		Southern Health & Social Care Trust
		Threshold
		Western Health & Social Care Trust
No over-arching category	People with alcohol problems	Apex Housing Association
		Council for Social Witness
		Cuan Mhuire (NI) Ltd.
		Depaul Northern Ireland
		First Housing Aid & Support Services
		Rosemount House Ltd.