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Client

Northern Ireland Housing Executive

Project

Effectiveness of Floating Support

Division

Consultancy

Final Report - December 2012

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Appendices

1 EXECUTIVE SUMMARY

1.1 Introduction

This report presents the findings of research undertaken to evaluate the effectiveness of Floating Support, and is based upon Terms of Reference with the following key objectives:

- To ascertain the extent to which floating support services achieve the objective of developing service users' capacity to live independently in their own homes and the main outcomes for those using these services;
- To determine in which circumstances or contexts Floating Support is effective in improving services;
- To determine in which circumstances or contexts Floating Support does not add value in comparison with accommodation based services;
- To establish the extent to which an effective balance currently exists between floating and accommodation based services;
- To ascertain how this balance might be altered to improve service delivery, and to improve choice and control for service users; and
- To highlight potential areas of overlap in service provision between Floating Support and Care Services provided by DHSPSS/Health Trusts.

In addition, the research is also required to:

- Determine if other services, including care and support, also need to be available on a floating basis in order to make this an effective method of provision; and
- Establish if this relationship varies between Supporting People client groups.

The research will seek to address these objectives for short-term support in crisis situations, and for longer-term delivery.

This section details the main findings and then addresses the objectives individually, followed by agreed recommendations.

1.2 Policy Context for Floating Support in Northern Ireland

A key strategic driver for Supporting People services is the prevention and reduction of homelessness. Government's thinking on this is detailed in the Department for Social Development's (DSD'S) homelessness strategy: Including the Homeless: A Strategy to promote the social inclusion of homeless people, and those at risk of becoming homeless in Northern Ireland, July 2007. In addition, the recent Health and Social Care policy: *Transforming Your Care – A Review of Health and Social Care in Northern Ireland* (December 2011) states that care should increasingly be provided in the home, and where this is not possible, as close to home as possible.

Clearly the Housing Executive is only responsible for housing related support. Others such as the Health Trusts are responsible for meeting health and social care needs, whilst the Probation Board is responsible for supporting ex-offenders. The Housing Executive therefore cannot achieve its goal of preventing or eliminating homelessness without the other participants in the system also contributing effectively.

1.3 Effectiveness, Efficiency and Value for Money of Floating Support

Effectiveness is assessed by the extent to which the programme or support delivers on the purpose or objectives set for it. The purpose of Floating Support is to support people to live independently, who could not have done so otherwise. On the basis of a range of evidence from users and providers, this report concludes that Floating Support is effective in this regard.

The following, however, were identified as requiring further development:

- **Target Group:** Some providers are accommodating emergency clients even though they are not part of the target group.
- **Inconsistency:** Providers use different approaches to assessing needs and prioritising clients, which could lead to people being supported in one area of Northern Ireland, but the same clients being rejected for support elsewhere.
- **Timing/ Duration**: There is an acceptance that it is important that clients should not become dependent on the support and that it is essential that it is put in place for the least possible time. However, it is also recognised that the duration of the support to be provided varies according to the needs of individual clients, therefore the two year period at present may be too long for some and not long enough for others.
- **Promotion of the Support:** Some users had been referred (through various routes such as health workers or social workers), whilst others had been told by friends, or just stumbled upon the service. Generally, service users felt that the service was not very well publicised.

1.3.1 Efficiency

Efficiency is measured by comparing the outputs with the inputs and analysing whether these could have been achieved with less. Northern Ireland has the lowest unit cost rates of the whole of the UK; it therefore benchmarks highly in this respect. In terms of the cost per support hour, Northern Ireland has a lower average cost per support hour for the following client groups:

- Homeless Families with support needs.
- Older people with support needs.
- People with learning disabilities.
- People with mental health problems.
- Single homeless with support needs.
- Teenage parents.

It has a higher average cost per support hour for five other client groups.

1.3.2 Value for Money (VFM)

The Housing Executive has a VFM policy in place which includes examining the following:

- Inputs: such as number of staff, number of support hours, skill levels of staff.
- Outputs: such as the number of support hours delivered, the number of units/ bedspaces.
- Outcomes: such as benefits realisation, re-offending rates, prevention of hospitalisation.

The information is comprehensive on individual providers; however, there is a need to focus also on assessing the VFM achieved by providers for specific client groups and taking appropriate action to ensure Northern Ireland is providing cost effective support by Group. A move to outcome focused funding agreements with providers would release Housing Executive resources from monitoring inputs

for all providers, but still ensure that VFM contributions are being made towards the Housing Executive's policy of supporting independent living and preventing or reducing homelessness.

1.4 Conclusions and Recommendations

1.4.1 Developing service users' capacity to live independently

The evidence from providers and users is clear: Floating Support does help people who use the service to live independently.

Ideally there would be a tracking system in place which reviews what happens to individuals post Floating Support, to measure the extent to which Floating Support has prevented these ex-users from becoming homeless in the future.

The performance measures used for Floating Support are focused on measuring the utilisation rates of the service and these need to be further developed to measure how Floating Support contributes to the delivery of the Homeless Strategy/ Tenant Sustainment policy for Northern Ireland.

1.4.2 Floating Support – circumstances or contexts in which the service is effective.

The service provider survey and service user focus groups indicate that Floating Support is effective in circumstances where:

- The service user is receptive to the process, and understands the benefits of participation.
- The service user has been correctly referred (i.e. they have a housing related difficulty).
- The service user has a support need that can be realistically addressed within the 2 year limit.

However, the service provider consultations and service user focus groups indicate that Floating Support is less effective in circumstances where:

- An immediate short term need is apparent, such as a family escaping from a domestic abuse situation.
- A service user has been incorrectly referred for a non-housing related support need.
- A long term or incurable support need is identified, such as older people or people with mental disabilities.
- A service user is unwilling to 'buy in' to the process, and repeatedly exits the process prematurely.

This is not to say that such service users cannot benefit from floating support services. For example, a family who have escaped from a domestic abuse situation will need ongoing support in order to achieve independence, but the immediate need for heat, shelter and security can only be dealt with through accommodation based support.

1.4.3 Floating Support – circumstances when it does not add value in comparison to accommodation based support

The costs involved in providing floating support services are much lower than accommodation based support costs per unit, for all categories except older people with support needs. In summary Floating Support is the more cost effective for the following groups:

- Homeless families with support needs
- Offenders or people at risk of offending

- Older people with mental health problems/ dementia
- People with physical or sensory disability
- People with alcohol problems
- People with drug problems
- People with learning disabilities
- People with mental health problems
- Single homeless with support needs
- Teenage parents
- Travellers
- Women at risk of domestic violence
- Young people at risk.

Floating Support services therefore should be offered to people in the above categories. However, older people with support needs need a different type of support which changes over time dependent on needs. Older people with support needs can benefit from the floating support service in order to live independently; however in many cases their health is not likely to improve, and the two year limit on Floating Support will not be sufficient for what is likely to be an ongoing need and some will need to be moved to accommodation based support as the only cost effective way of meeting their developing needs.

1.4.4 Floating Support – impacts and outcomes

It is clear from the service user and service provider feedback that the floating support service has a considerable impact upon those who are involved in the support, and that for many service groups, the service can be delivered in a cost effective manner when compared to accommodation support.

For older people, the results are not as good. This is not an indication of poor service, but simply a reflection of the fact that those with long term support needs are presently not well served by the two year limit placed upon floating support.

1.4.5 Balance between floating and accommodation based support

At March 2012 there were around 800 accommodation based support services and 70 floating support services. There are a number of ways in which the balance needs to change to improve service delivery and improve choice and control for users.

The review of provision across Northern Ireland highlights that Floating Support provision is not available across Northern Ireland and therefore potential users are likely to have different service options in different areas. The service needs to be expanded to ensure that potential users can access the same service based on their needs regardless of where they are located in Northern Ireland.

This will provide challenges for smaller local providers; however they will need to deal with these through working in partnership with other providers.

Users highlighted a range of approaches to having been informed about the service and some of them highlighted the process as haphazard. There needs to be one point of contact for potential users, where they can discuss their needs and their options in order that they can make an informed decision on the best way ahead.

1.4.6 Service Provision

Floating support services rely on service brokering to meet health and social care and other support needs, which means Floating Support must have access to these other services to function well.

A potentially very important change has occurred to floating support services in England over the course of the last few years. This is the capacity that service providers now have to add a wide range of other forms of service provision. These services, which can provide health, social care and specialist services alongside lower intensity housing related support, are best provided by multidisciplinary teams.

While multidisciplinary teams include floating support services, they also include mobile health and social care and welfare services. Under the new arrangements for Supporting People grant in England and Scotland, these services can be funded.

The most commonly cited and most extensively researched example of such services is the Pathways Housing First service for formerly and potentially homeless people with very high support needs. This service began operation in the USA, but has since become integral to the homelessness strategies of several European countries. The Housing First model includes a psychiatrist, nurse practitioners, social workers and key workers (including peer support workers who have had experience of homelessness), uses a harm reduction model coupled with mobile health, social work and lower intensity support and works on the assumption that service users will need support on ongoing basis. Research has shown unprecedented success in delivering housing stability for previously difficult to house homeless people, but costs are high by UK standards, certainly well above those for floating support services. Some questions also remain about the extent of success of Housing First in meeting needs around social and economic exclusion (Tsemberis, 2010; Pleace, 2011a).

Transforming Your Care recommends that health and social care services should increasingly be provided in the home and, where this is not possible, as close to home as possible. At present many services are provided through hospitals or institutional services, and these should be made more accessible through community provision in people's homes. The main driver for this is the growing older population in Northern Ireland, although there is little doubt other client groupings could benefit also from the service.

However, there is a point at which using intensive Floating Support to enable someone to live at home starts to become as expensive – or indeed more expensive – than providing them with a place in an accommodation based service. It is therefore essential that a holistic view is taken of how best to meet an individual's needs and part of this should include provision of both Floating Support and accommodation based support as well as considering the health-related costs of both options.

1.4.7 Recommendations

Recommendation 1: Floating Support needs to be expanded in order to ensure that client groups across Northern Ireland can receive the same support based on their needs, regardless of where they are based.

Recommendation 2: The current balance between accommodation based support and Floating Support does not reflect the larger number of clients who would benefit from the floating support service. This balance must therefore be seen as less than optimal and should be reviewed.

Given that accommodation based support is more expensive, both in terms of cost per service hour and per unit, it makes economic sense to move more resources from accommodation based into floating support. However, this is not a recommendation to 'phase out' accommodation based services altogether, as they still have an important role to play in long term care for certain client groups. Both services are important and each has a role to play, but the balance needs to change in favour of Floating Support if Government policy is to be implemented in as cost effective a way as possible. Furthermore, it is also recommended that the possibility of providing more peripatetic services is explored in order to fill the gap between Floating Support and accommodation based services.

Recommendation 3: An expanded floating support service, to cover social services, health services and housing, should be discussed with the Health Trusts and piloted in order to assess the VFM of such an approach in Northern Ireland.

2 INTRODUCTION

2.1 Background

RSM McClure Watters, together with Professor Paddy Gray (University of Ulster) and Nicholas Pleace (University of York), were commissioned by the Northern Ireland Housing Executive (NIHE) to undertake research into the effectiveness of the floating support services.

2.2 Terms of Reference

The Terms of Reference (August 2011) set the following objectives for the research:

- To ascertain the extent to which floating support services achieve the objective of developing service users' capacity to live independently in their own homes and the main outcomes for those using these services;
- To determine in which circumstances or contexts Floating Support is effective in improving services;
- To determine in which circumstances or contexts Floating Support does not add value in comparison with accommodation-based services;
- To establish the extent to which an effective balance currently exists between floating and accommodation-based services;
- To ascertain how this balance might be altered to improve service delivery, and to improve choice and control for service users; and
- To highlight potential areas of overlap in service provision between Floating Support and Care Services provided by DHSPSS/Health Trusts.

In addition, the research was also required to:

- Determine if other services, including care and support, also need to be available on a floating basis in order to make this an effective method of provision; and
- Establish if this relationship varies between Supporting People client groups.

The research will seek to address these objectives for short-term support in crisis situations, and for longer-term delivery.

3 METHODOLOGY

The following methodology was used to complete the research.

3.1 Desk research

3.1.1 Literature review

Nicholas Pleace (Centre for Housing Policy, University of York) completed a review of published literature and research findings relating to the effectiveness of floating support and housing support services.

3.1.2 Data review

A review of statistics produced by the Supporting People Team was completed to determine the performance of floating support/accommodation-based services over the period 2009/2010-2011/12.

3.2 Consultations

3.2.1 Provider consultations

Consultations were undertaken with service providers who work with each of the Supporting People client groups. A total of 19 in-depth interviews were completed.

3.2.2 Online survey of providers

An online survey was designed and distributed to the managers of all floating support service providers: 22 providers submitted responses. A summary of all responses received is shown in Appendix 2.

3.2.3 Strategic consultations

Consultations were undertaken with a range of key sectoral stakeholders. This included representatives from the Department for Social Development, the Housing Executive, Health & Social Care, the Committee Representing Independent Supporting People Providers (CRISPP) and advocacy organisations representing each of the Supporting People client groups.

3.2.4 Service User Focus Groups

Eleven focus groups were facilitated with a range of service users of the floating support services.

3.3 Analysis and reporting

Information gathered through the preceding stages was analysed and presented to address the key objectives of the research.

3.4 Report Structure

The report is structured as follows:

- Section 4: Literature review

- Section 5: Policy and Strategic Context
- Section 6: Overview of Floating Support
- Section 7: Floating Support – Provider Feedback
- Section 8: The effectiveness of Floating Support services
- Section 9: Performance &Value for Money
- Section 10: Balance between floating support services &accommodation based services
- Section 11: The Provision of other services
- Section 12: Conclusion and recommendations

The report should also be read in conjunction with the following appendices:

- Appendix 1: Online survey of providers – questionnaire
- Appendix 2: Online survey of providers – results
- Appendix 3: Supporting People Services by Client Group and Region
- Appendix 4: Bibliography
- Appendix 5: Average weekly unit costs per household units for NI

4 LITERATURE REVIEW

4.1 Introduction

This review section of the report summarises the available evidence on floating support services in Great Britain and draws on some research conducted in Europe and the USA. This section begins by describing the range of services that are classified as floating support services in Great Britain, with a particular focus on those funded by the Supporting People programme. The second part of this section looks at the evidence on the effectiveness of different types of floating support services.

4.2 The range of floating support services in Great Britain

4.2.1 Different services for different client groups

Floating support services are diverse and work with a wide range of individuals and households. There is considerable variation in the detailed operation of services and important differences in the extent of support that they provide. However, most services fall into one of a small number of widely used models of service delivery that can be grouped together, albeit using quite broad definitions. A commonly used summary classification system for floating support services is based around the three 'super client groups'1 that were originally developed by the Department of Communities and Local Government (DCLG) in England:

- Services for frail older people, older people with support needs and older people with dementia can be collectively described as **services for older people**.
- Services for adults with a learning disability and/or a physical disability (including sensory impairment) can be described as **services for adults with support needs**.
- Services for homeless people, people sleeping rough and homeless families with support needs, travellers, refugees, people with mental health problems, people with substance misuse problems, current and former offenders and people with HIV can be described as **services for socially excluded people.** This 'super' client group is particularly useful because there is strong evidence that the subgroups, such as 'homeless people' or 'people with a substance misuse problem' that compose the 'socially excluded' super client group often overlap. For example, substance misuse, mental health problems and offending have a mutually reinforcing relationship with one another and with homelessness, meaning someone can often be in multiple 'socially excluded' client groups.

The floating support services for these three main 'super client groups' fall within three broad service types, which can be described as follows:

- **Outreach services** which function mainly as means to create a bridge between highly excluded and hard to reach groups of people and both more intensive floating support services and mainstream health, social care, housing and welfare systems. While the term 'outreach' is sometimes applied to other types of floating support service, this review section of the report uses the term only in relation to this *specific* form of service.

[1]There is also a fourth "generic" client group which encompasses those services that can cater for a wide variety of needs. This small client group is excluded from the analysis presented here, as there are few services for which are little or no data on which types of household are being supported.

- Low intensity support **floating support services** with a case management function. These services are used to sustain existing housing where there is an unmet support need that might undermine someone's capacity to live independently. Originally, these services were developed for homeless people and people leaving institutional settings who were being re-housed and some are still known as '*resettlement*' services. As these services have taken on a larger role in preventing risks to housing stability and in preventing homelessness, they have increasingly become known as '*tenancy sustainment'* services. These services function by providing some direct support, but focus mainly on case management or service brokering, i.e. arranging access to health, social care, welfare benefit and housing services for a person who has lost - or might lose - housing due to unmet health, care and support needs.
- **Higher intensity services** that provide direct support that include multidisciplinary teams. Such services used to be quite rare because they required joint financing in order to operate, i.e. Supporting People funding for low intensity support, social services/social work funding for any social care service and health service funding for any health services. These services are best described as multidisciplinary teams that include a floating support service element.

While these different types of floating support services can exist as discrete services, it is possible for various types of floating support services to be provided together. One model is simply for a housing support service provider to offer different service mixes for different levels and types of need, offering a relatively more intensive floating support service to those with higher levels of support need and less intensive floating support services to those who need only limited short-term assistance. Floating support services can also be combined with a wide variety of other housing-related support services, ranging from handyperson schemes through to sanctuary services and community alarm systems.

4.3 Evidence on floating support services

4.3.1 Outreach services

Outreach services tend to be focused on socially excluded people. These services work by providing an initial contact point for marginalised people who might encounter difficulty accessing mainstream health, social care and welfare services and in accessing some forms of housing support service, including floating support services. The model is used for populations who are unlikely to approach service providers seeking assistance. The reasons why there can be reluctance or an inability to seek assistance can vary from very low self-esteem through to an expectation, or an experience, of being refused help by health, housing, social care or other services. Outreach services establish a relationship and bring people who are 'hard to reach' into contact with other support services. Outreach has been used for people sleeping rough in Glasgow and Edinburgh (Fitzpatrick *et al*, 2005) and in London (Cebulla *et al*, 2009). The two key components are:

- Building a rapport with highly marginalised people and establishing trust, by meeting those people in contexts and situations in which they are comfortable, for example on the streets or within 'low threshold' services for groups like people with problematic drug use; and
- Once trust has been established, creating a bridge between a highly marginalised person and the services and support they need by acting as a case manager/service broker who orchestrates access to services (for example by arranging appointments with services and then physically accompanying a service user to appointments and directly representing a service user when necessary).

Evidence on outreach services is not extensive. This is partly because these services are not widely used and because these services usually function through interacting with other services. For

example, while a process that begins with an outreach service and ends in a settled home for a former rough sleeper could be regarded as a 'success', separating out the specific role of the outreach service can be difficult in a context where many services were applied to achieving the same goal. There is some evidence of success in helping to tackle rough sleeping in London and in Scotland by using outreach services to connect longer term and harder to reach people sleeping rough to more extensive forms of support, including floating support services, health, social care and social housing services (Randall and Brown, 1993; Fitzpatrick *et al*, 2005). Some data are available on outreach services for the period 2007/8 to 2010/11 in England, which cover 15,263 people which show that (at the point contact with Outreach services ended)[2]:

- 55% of those with an identified need to have income maximised had seen that need met.
- 73% of those with an identified need to help manage debt had had that need met.
- 34% with an identified need for paid work had secured paid work.
- 83% of those with an identified need for health services had seen that need met as had 80% of those with a need for mental health services and 69% of those with a need for substance misuse services.

Outreach services are highly dependent on being within a 'service rich' environment, as outreach functions primarily through referral to other services. If an outreach service is working with, for example, a rough sleeper, the other services that person requires have to be available to the outreach service. If there are general difficulties in accessing mental health services, drug and alcohol services and other forms of support, the effectiveness of outreach services will be impaired (Pleace and Quilgars, 1996).

4.3.2 Floating support services

Floating support services have two broad functions. The first is to prevent the loss of secure and suitable housing, a key aspect of which is homelessness prevention. The second function is to resettle people into housing following a period of homelessness or during which they have not been living in their own settled home. This resettlement function can involve re-housing and resettling formerly homeless people, but it can also involve providing support for the transition for an older person who has spent time in residential care or in hospital, or an adult with a severe mental illness who is being discharged from a stay in a psychiatric unit (ODPM, 2004). Floating support services used to be more focused on resettlement, but it is now much more common for floating support services to have both a preventative and a resettlement function, leading to the widespread use of the term 'tenancy sustainment' to describe such services (O'Malley and Croucher, 2005; Pleace with Wallace, 2011).

The core functions of floating support services tend to be the same. Although these services can work with groups of people ranging from individuals with severe mental illness through to former rough sleepers and frail older people, what each service does is broadly similar. The core functions can be summarised as follows:

- Promoting **housing stability** and ensuring an individual or household is in adequate housing with reasonable security of tenure. Adequate housing offers some security of tenure, an acceptable physical standard of accommodation (i.e. it is not cold, damp, infested) and also offers a reasonable standard of privacy and is not heavily overcrowded.

[2]Source: Centre for Housing Research, University of St Andrews http://supportingpeople.st-andrews.ac.uk/ Note that these figures may include some double counting. **Equivalent data are unavailable for Scotland and Wales.**

- Ensuring an individual or household is **maximising their income** in order to meet housing and other costs. An inability to fully meet housing costs is a both a source of distress and a potential cause of homelessness. If a family is poor, child development and life chances are impaired, the same damage to life chances might occur for a vulnerable young person or working age adult. For an older person, quality of life is undermined and threats to health (such as being or feeling unable to afford heating during winter) can result from poverty. Tenancy support services can help with financial issues in three main ways:

    - Either arrange or provide welfare rights advice to ensure all the welfare benefits a household is entitled to are being claimed.
    - Either arrange or provide assistance with education, training and employment related activity to help maximise the possibility that working age adults can secure paid work to reduce or end their poverty.
    - Either arrange or provide debt advice. Poorer households may be at risk of borrowing from legally permitted doorstep lenders that charge very high interest or criminal loan sharks. Even low amounts of borrowing can quickly become unsustainable for households on a low income. Tenancy support services might also facilitate access to credit unions or other social enterprises providing affordable loans.

- Ensure any **health and support needs** are met. For much of the last 20 years, funding regimes in England, Scotland and Wales only allowed floating support services to provide *low intensity* support. This meant that beyond providing some minimal support with health and social care needs, tenancy support/resettlement services relied on a *case management* approach. Floating support services focused on *ensuring access* to health, social care, welfare benefits and specialist services such as drugs and alcohol or community mental health services. A worker in a floating support service can often act as a 'case manager' arranging appointments, attending appointments with the service user if necessary and also acting as an advocate for the service user. This case management model is still widespread.
- Provide training and support with **daily living skills**, which include running a household, basic cookery, management of household bills and so forth.
- Promote **social activity** in the sense of encouraging three aspects of an individuals or household's life:

    - Encouraging and supporting positive friendships and family relationships to enhance the range of social supports available to an individual or a household. As with financial resources, an absence of social support - in the sense that someone has friends and family as a source of advice, practical support and to have a sense that they are a valued person – is associated with low levels of wellbeing and can also increase the potential risk of homelessness.
    - Encourage and support positive community participation. An individual or household may face pressures to their wellbeing and housing stability because they are not well integrated within their neighbourhood. Issues such as anti-social behaviour can escalate because of poor relationships with neighbouring households.

- Promote civic engagement in a broader sense. There is a concern that 'socially excluded' groups are characterised by disengagement and alienation from the norms of society. There is a concern to ensure that individuals have a sense of social as well as economic investment in society because that promotes beliefs and behaviour that make a positive social contribution.

4.3.2.1 Promoting housing stability

There is considerable evidence that tenancy support services work as a means to promote housing stability, at least while groups like homeless people and older people with support needs are receiving these services (Jones and Pleace, 2010; Pleace, 2011). Tenancy sustainment services can also prevent homelessness among at risk groups (Pawson *et al*, 2006, 2007a, 2007b).

Data on housing stability outcomes for floating support services in England during the period 2007/8 to 2010/11 showed that 75% of service users with a defined need for settled accommodation had that need met by floating support services. Among the smaller numbers using (purely) 'resettlement' services, 75% of those with a need for settled accommodation were stably housed. The data covered all user groups and referred to 112,000 users of floating support services with a need for settled accommodation and 5,144 users of (purely) resettlement services with the same need[3]. However, these data applied only to individuals at the point at which people were exiting from floating support services (including both tenancy sustainment and floating support services). This meant it was not certain whether or not their housing remained stable after they had stopped using floating support services, i.e. how many were losing their housing six or twelve months after service use stopped (Pleace with Wallace, 2011).

There is some evidence from Western and Northern Europe, as well as from the United States, which employs longitudinal data. This work does suggest that it is possible to sustain the housing of people with high support needs for many years by using a floating support service. These studies are relatively small and they tend to be focused on tenancy sustainment services for homeless people with high or very high support needs (Rosenheck *et al* 2003; Busch-Geertsema, 2005; Busch Geertsema *et al*, 2010). It is also the case the American and European services which show sustained success in promoting housing stability for homeless people tend to provide floating support services on an ongoing basis, i.e. there is no assumption (as is often the case in Great Britain) that floating support services will cease to provide support once housing stability has been achieved (Pleace and Quilgars, 2003).

It is important to note that 'suitable' housing may not be ideal housing. This is because tenancy support services often function in contexts in which housing that of the most appropriate size, location and best standard is not affordable to people on low incomes or who rely largely or wholly on welfare benefits. In much of England, Scotland and Wales, compromises are often necessary when tenancy sustainment and resettlement services are arranging access to housing or maintaining an individual or household in their existing housing (Bretherton and Pleace, 2011). More generally, there are shortages of affordable social housing in much of Great Britain, something which has led to increased use of the private rented sector to provide housing for people with support needs who require support from tenancy sustainment or resettlement services (Luby, 2008; Martin, 2008).

4.3.2.2 Maximising income

Evaluations of floating support services have found that debt is a widely reported issue for vulnerable households and particularly for those households who are at risk of homelessness or who have been homeless (Jones *et al*, 2002; Jones *et al*, 2006). There is widespread evidence that older people with support needs can sometimes struggle to manage financially, experiencing difficulties with meeting high housing costs alongside keeping themselves warm and properly fed (Rugg and Croucher, 2010).

[3] Source: Centre for Housing Research, University of St Andrews http://supportingpeople.st-andrews.ac.uk/ Note that these figures may include some double counting. **Equivalent data are unavailable for Scotland and Wales.**

There is some evidence from statistical monitoring of service outcomes in England that floating support services (including tenancy sustainment services) and resettlement services can show success in helping people with support needs maximise income and in manage debt. Data collected on service outcomes (recorded at the point at which service use stopped) for England during the period 2007/2008 to 2010/2011[4] showed that:

- Of 231,210 people across all user groups had a need to 'maximise income'. During their contact with floating support services, 88% had that need met. In practice, much of this work would have involved welfare rights support, ensuring that all the welfare benefits to which an individual or household was entitled were being claimed. Fewer people were making use of resettlement services, but among the 10,787 that had a need to 'maximise income', 72% were reported as having that need met.
- Among the 144,868 people across all user groups who were using floating support services and who were reported as needing help in 'managing debt' during the period 2007/2008 to 2010/2011, 78% had this need met.

The evidence on income maximisation and debt management is limited in the sense that outcomes for floating support services are only recorded at the point at which an individual or household exits from a service. It is therefore unclear how far floating support services in England are able to achieve a lasting solution to debt, or enable households to sustain a position in which their income from welfare benefits is maximised. The major changes to the welfare system underway across the UK may influence the capacity of floating support services to increase the income of some households, but the impacts of welfare reform are unclear at the time of writing.

Evidence on the capacity of tenancy sustainment and resettlement services to promote access to paid work is not extensive, but what evidence there is does not suggest that these services are particularly successful at promoting paid work. It is important to note that access to paid work is not simply a matter of making an individual 'work ready' or more 'employable', because securing work is also inevitably influenced by the labour market. In a strong labour market with many employment opportunities, a strategy of promoting education, training and work related activity is more likely to succeed than in a context where the availability of paid work is low. Equally, it must be noted that work readiness and labour market conditions are not the only factors influencing employment opportunities. Employers are a major factor and may have attitudes or beliefs that create barriers for groups like disabled adults, people with a history of mental illness, people with a learning difficulty and groups of people characterised by homelessness, drug use or a history of criminality (Berthoud, 2003; Kemp and Neale, 2005).

In England during 2007/2008 to 2010/2011, 46,461 people using floating support services were identified as having a need to secure paid work. Of this group, 15,611, a total of 34%, were reported as having this need met through interventions provided by or, more commonly arranged via, floating support services. Figures for resettlement services were lower, with 2,170 individuals reported as having a need for paid work during 2007/2008 to 2010/2011 of whom 29% were reported as having secured paid work[5]. Again, these data are restricted to the point at which an individual or household exited a service, it is unclear whether paid work was sustained after contact with services ceased.

[4]Source: Centre for Housing Research, University of St Andrews http://supportingpeople.st-andrews.ac.uk/ Note that these figures may include some double counting. **Equivalent data are unavailable for Scotland and Wales.**

[5]Source: Centre for Housing Research, University of St Andrews http://supportingpeople.st-andrews.ac.uk/ Note that these figures may include some double counting. **Equivalent data are unavailable for Scotland and Wales.**

However, a greater level of apparent success was reported in respect of access to training and education during the same period:

- 62% of those with an identified need for training and education secured access to training among users of floating support services (including tenancy sustainment services) who had an identified need. The figure was very similar for resettlement services at 63%.

4.3.2.3 Ensuring health and support needs are met

A core function of tenancy sustainment and resettlement services is to ensure health and personal care needs are met. The main way in which this has been achieved is through the use of case management, ensuring that groups ranging from older people through to disabled adults and people with a learning difficulty, as well as marginalised groups including homeless people, have access to the health system and social care (including social work) support in the same way as an ordinary citizen. Tenancy sustainment and resettlement services function by building bridges between individuals and households and the health and social care services (ODPM, 2004).

Rates of reported success in meeting needs around health and wellbeing are high for both floating support services and for resettlement services. Again, it is important to note that these successes were mainly generated by referral to mainstream health and social care services and were confined to the point at which someone exited a service, it was not clear whether these benefits were sustained once service contact had ceased[6].

During the period 2007/2008 to 2010/2011, 109,293 people using floating support services were reported as having needs related to physical health in England. Of this group, 82% were reported as having their need for services met at the point at which they exited from the service. Figures for resettlement services were similar, with 4,863 people reported as having a physical health care need of whom 81% had their service needs met.

During the same period, 115,968 people using floating support services in England were reported as having a mental health need, of whom 79% were reported as having their need for services met at the point of service exit. Again, figures for resettlement services were similar, with 4,853 people reported as having a mental health need of whom 78% had their need for services met at the point of service exit.

Problematic drug use was largely confined to groups within the 'socially excluded' super client group, i.e. homeless people, former offenders and other marginalized groups. During the same period in England, 62,809 people using floating support services were reported as having a substance misuse problem of whom 67% had their need for rehabilitation/detoxification services met by the point at which they stopped using services. Again, figures for resettlement services were similar, though the rate of success was not quite as high, of 3,632 people who were identified as having a substance misuse issue, 60% had their need for services met at the point of service exit.

There are some limits to the capacity of floating support services to manage certain health conditions that centre on risk management. A key example here is dementia, which can be successfully managed through floating support services working in combination with health and social care in its earlier stages, but which may require a more supervised and supported environment (such as extra care housing) as it progresses (Croucher *et al*, 2006).

[6]Source: Centre for Housing Research, University of St Andrews http://supportingpeople.st-andrews.ac.uk/ Note that these figures may include some double counting. **Equivalent data are unavailable for Scotland and Wales.**

As is the case for outreach services, tenancy sustainment and resettlement services can be highly dependent on being within a 'service rich' environment. Floating support services rely on case management/service brokering to meet health and social care and other support needs, which means floating support must have access to these other services to function well. If an older person with support needs is to be successfully sustained in housing, they will need access to any health, social work and related services that they may require (Croucher *et al*, 2009), if they cannot access those services, housing stability and well-being may be undermined, the same is true for the other users of floating support services.

A potentially very important change has occurred to floating support services over the course of the last few years. This is the capacity that service providers now have to add a wide range of other forms of service provision. These services, which can provide health, social care and specialist services alongside lower intensity, housing related support, are best described as multidisciplinary teams and are briefly discussed below.

4.3.2.4 Daily living skills

When floating support services were first developed in Great Britain they were focused on groups of people whom it was assumed would be unskilled in living independently or who had been de-skilled in independent living because they had been in institutions. Groups ranging from people with a learning difficulty through to those with mental health problems or experience of long stays in homelessness hostels were assumed to need support with how to manage household bills, cook and shop for food and just generally manage a household. However, early research on floating support services found that the expected deficit in daily living skills was not actually present among many service users. Many people, even if they had a history of institutionalisation, did not struggle with the practicalities of living independently, including groups like former rough sleepers or people with a history of homelessness (Dant and Deacon, 1989). Later research raised serious questions about the widespread assumption that many of the people requiring floating support services often needed support with daily living skills, finding little real evidence to support the idea (Jones *et al*, 2001).

Data collection on daily living skills has not been widespread, reflecting the view that this is not a support need that is necessarily present among many users of floating support services. This said, there are groups, such as young people with no experience of living independently and also some individuals with support needs centred on a learning difficulty, who may need at least some initial support with running their own home.

4.3.2.5 Social Support and Community Participation

Social isolation results in loneliness, boredom and a range of other risks to well-being and to housing stability. People who lack access to informal advice and practical help from friends and relatives have less protection and support. People with good social supports are generally healthier and more confident, which enables them to exercise greater control over their lives and can help facilitate access to services and to paid work (Cohen and Wills, 1985). Promoting good social supports is a key role for floating support services because it should enhance housing stability, enable people to exercise more control over their lives and may help with social and economic engagement (i.e. forming relationships, participating in the community and securing paid work).

Evidence from England again suggests that floating support services, including tenancy sustainment services and resettlement services, can be successful in promoting social support and community participation. Data from England on service outcomes over the period 2007/8 to 2010/11 show that:

- People using floating support services (including tenancy sustainment services) who needed help with social support, a total of 69,735 (89% of those with an identified need) had been helped to reconnect with friends and family by the point they stopped using a service. Figures for resettlement services were again similar, with 87% of those with an identified need to reconnect with friends and family having the need met.
- People needing help with establishing contact with local groups were also generally successfully connected to those groups. The definition of local groups was quite broad, including a mix of community groups and service user groups (for people with the same or similar support needs). Of 163,105 people using floating support services with an identified need to connect to local groups, 89% were reported as having received assistance. Among users of resettlement services, figures were similar, with 88% of the 7,392 people with an identified need having that need met.
- Engagement with cultural and learning activities, including everything from participation in arts-based projects through to participation in faith related activities, appeared to be well promoted by floating support services. Of 66,276 people with an identified need to participate in cultural and learning activities, 77% had received support in this area by the time service contact ceased. Figures for resettlement services were very similar, with 77% of the 3,042 people using resettlement services with an identified need for support in this area having that need met.

Evidence from service evaluations of floating support services in England, Scotland and Wales is not extensive, but does not always indicate the same positive picture suggested by the statistical data. There is some evidence of isolation, boredom and sometimes of persecution of vulnerable groups of people who are receiving floating support services (Jones *et al*, 2002; Jones *et al*, 2006).

Again, floating support services are to some degree dependent on what amenities and access to social supports is available to an individual or household. Someone has to be in proximity to family in order to receive informal support from them and this may not always be practical to achieve.

Individuals and households can be in a situation in which their immediate family is no longer alive and/or is not extensive, for example an older person may not have had children or have close relatives that had offspring. In addition, some groups, a good example being women and children at risk of violence, may have had to leave an area and cannot risk contact with immediate family in case an abusive/violent male finds them again. Innovative forms of service delivery centred on providing sanctuary services for women at risk of gender based violence have enabled some women at risk of violence to remain in their own homes (Jones *et al*, 2010). Working in combination with innovative forms of service like sanctuary schemes may enable floating support services to facilitate access to positive social relationships.

An area may also lack social venues or community groups. There are areas in Great Britain in which social cohesion and community participation is very low (Forest and Kearns, 2001). Groups and social activities have to be present in order for people receiving floating support services to participate in those groups and activities. This sets some limits on what floating support services can achieve, though in contexts were social activities and community group are plentiful, floating support services will be more likely to achieve better outcomes.

4.3.3 Multidisciplinary services

There are some questions surrounding how multidisciplinary teams should be regarded. Low intensity, housing related support and case management is at the core of the floating support service model which became widespread under the Supporting People Programme. While multidisciplinary teams include floating support services, they also include mobile health and social care services and

can in some senses be seen as a (mobile) welfare state in miniature. Under the new arrangements for Supporting People grant in England and Scotland, these services can be funded. How far they represent floating support services in the conventional sense is uncertain.

The most commonly cited and most extensively researched example of such services is the Pathways Housing First service for formerly and potentially homeless people with very high support needs. This service began operation in the USA but which has since become integral to the homelessness strategies of several European countries. The Housing First model includes a psychiatrist, nurse practitioners, social workers and key workers (including peer support workers who have had the experience of homelessness), uses a harm reduction model coupled with mobile health, social work and lower intensity support and works on the assumption that service users will need support on an ongoing basis. Research has shown unprecedented success in delivering housing stability for previously difficult to house homeless people, but costs are high by UK standards, certainly well above those for floating support services. Some questions also remain about the extent of success of Housing First in meeting needs around social and economic exclusion (Tsemberis, 2010; Pleace, 2011a).

As the multidisciplinary team model – in the sense of a team that includes floating support services – is not widely used in the UK[7], the evidence base specific to Great Britain is limited. As noted, these teams may not be regarded as a floating support service by commissioning agencies and seen more in terms of being a health or social care service (and thus commissioned under health and social care budgets).

4.3.4 Key strengths and limits of floating support services

In the 2008 review of the effectiveness of floating support services commissioned by Communities and Local Government in England (Civis Policy Consulting, 2008) the key strengths of floating support services were listed as (p.5):

- The capacity to provide support regardless of the form of accommodation in which someone is living.
- The *separation* of floating support services from housing allows workers to represent the person requiring support, rather than being in effect a representative of a landlord.
- Flexibility of services, including capacity to set varying levels of support and to respond in an emergency.
- Can be used in rural or isolated areas and have a greater 'reach' than accommodation-based services.
- Floating support services can be holistic in the sense that they aim to meet all a service users' needs (usually through case management and cooperation with other services).
- Floating support services can be specifically targeted, for example on homelessness, anti-social behaviour and social inclusion, alongside a role in supporting the work of health and social services with groups such as frail older people or people with a learning difficulty.

The 2008 review conducted in England was generally positive about the role of floating support services, identifying many advantages and relatively few limits. Those limits which were reported included the possibility that service users would be reluctant to engage with support, risks associated

[7]Multidisciplinary teams including health, social care/social work and criminal justice services are relatively common, teams that provide these services alongside floating support services in the sense of services funded under Supporting People programmes are less common.

with withdrawing support too early and striking a balance with avoiding 'dependency' on a floating support service and the need of some individuals for 24 hour care (Civis Consulting, 2008). Other research has sometimes identified fewer advantages and greater limits to floating support services in the UK, key issues centring on the difficulty of risk management for people who may represent a risk to themselves using floating support services who are not always present (for example chaotic drug and alcohol users, people with severe mental illness or dementia). Criticisms have also included the risk of social isolation, with individuals who are dependent on floating support services who find it difficult to leave home, only nominally part of the wider community that surrounds them. Floating support services can also be highly dependent on the quality and extent of other services, dependent as many service models are on case management and arranging access to health, psychiatric, social work and other services for the people they support in the community. An assumption within the 2008 research, that floating support services should be designed as time-limited services, with an assumption that support must always be withdrawn at some point, is questionable. There is evidence that open-ended services and those that become 'dormant' but remain accessible to former service users are more effective (Lomax and Netto, 2008).

4.4 Key lessons for Northern Ireland from the research base

Floating support services are heavily influenced by the context in which they operate, if a service cannot secure suitable housing and/or cannot use case management to access the health, mental health, social work and other services that its users require, then that service is unlikely to succeed. Issues with limits to access to health and social work services can be overcome by direct provision of these services in relatively intensive multidisciplinary floating services, but these services, which can support people with high needs, are relatively expensive. There is a point at which using intensive floating support to enable someone to live at home starts to become as – or more - expensive than providing them with a place in an accommodation based service.

However, while there are some caveats, the evidence base does suggest that when provided in a flexible way, that respects and responds to a service user's needs and preferences, floating support services can often be highly effective. Floating support has several advantages, for example it can be relatively rapidly deployed and in the first instance requires little more than the people whom it is supporting to be living within or able to access housing that is either suitable, or which can be made suitable, for their needs and to which floating support can be delivered. There is no need, as is the case with accommodation-based services, to build new purpose built communal or congregate accommodation or to modify existing buildings. Floating support services also enable people to live in their own home, with all the potential benefits that this can bring in terms of their retaining as much choice and control over their life as is practical and floating support services can also be tailored to individual need.

5 POLICY AND STRATEGIC CONTEXT

5.1 Introduction

This section considers the key policy and strategic drivers for the Supporting People Programme and the services funded under it, with a particular focus on floating support.

5.2 Legislation

The legislation governing homelessness in Northern Ireland is contained in the Housing (Northern Ireland) Order 1988 as amended which came into force in April 1989. The order places a statutory duty on the Northern Ireland Housing Executive to provide temporary and / or permanent accommodation for certain groups of homeless persons, depending upon the assessment of each person's case. Those who satisfy the tests of: eligibility; homelessness; priority need and unintentionally homeless are considered to have met the criteria. For those who do not meet the criteria, there is a statutory duty to provide advice and assistance.

5.3 Programme for Government Context and Supporting People Strategy

The Programme for Government (2011-15) reflects a commitment made by the Executive to analyse the current issues in Northern Ireland and to take the necessary steps required to make a social and economic recovery. Of most relevance to the floating support service are the following priorities:

- **Priority 2:** Creating Opportunities, Tackling Disadvantage and Improving Health and Well-Being:

This priority seeks to address the challenges of disadvantage and inequality that afflict society and to address the relatively poor health and long-term shorter life expectancy of our population; its purpose is to stimulate interventions that break the cycle of deprivation, educational under-achievement, and to address health inequalities and poor health and wellbeing as well as economic disengagement

- **Priority 4:** Building a Strong and Shared Community:

This priority focuses on building relationships between communities, encouraging active citizenship reducing the incidences, and impacts, of domestic violence and abuse, elder abuse and harm directed to other vulnerable groups, wherever it occurs and whoever is responsible.

The NIHE's objectives and strategies are targeted at the entire social housing sector along with their role as Northern Ireland's largest landlord. In their Annual Report (2010-11) NIHE set out their objectives. Of particular relevance to this research is:

- **Objective 2:** Promoting Independent Living:

The aim of this objective is to develop the correct mix of services and housing solutions that will allow a wide variety of individual needs to be met. £100m was invested in 2010-2011 to promote independent living including the Supporting People Programme which provided 128 units of accommodation to people with learning disabilities, mental health issues, dementia and victims of domestic abuse.

The promotion of independent living allows NIHE to tackle a wide variety of housing issues that are present in Northern Ireland ranging from homelessness and sleeping rough to the travelling community and older people.

NIHE published *Supporting People, Changing Lives: The Supporting People Strategy 2005-2010* in September 2005.

The overall aim of the Supporting People Strategy was to "commission housing support services that will improve the quality of life and independence of vulnerable people". In addition to this, the Strategy also has four key objectives and six overarching principles:

Key objectives:

- To commission relevant housing support services;
- To develop services in line with service users' needs and aspirations;
- To ensure value for money services; and
- To continuously improve the quality of services.

Principles:

- To promote the independence of vulnerable people;
- To enable vulnerable people to choose where and how they want to live;
- To enable the inclusion of vulnerable people in wider society;
- To commission, deliver and monitor housing support services in partnership with statutory agencies, service users, their representatives and service providers;
- To commission services on the basis of the needs of service users and agreed principles (equity); and
- To ensure that there are transparent processes for commissioning, funding, and monitoring services.

A further Supporting People Strategy is currently in draft form; however there are a number of other documents which set the context and the need for support to vulnerable people at risk of being homeless and the general drive to promote independent living.

5.4 Government Strategies Impacting on Supporting People/ Floating Support services

The Supporting People Programme and the commissioning of services is informed by a number of other strategic documents which identify Government objectives for the enhancement of the health, protection, well-being and accommodation needs of vulnerable people.

A key strategic driver for the Supporting People services is the prevention and reduction of homelessness. The Government's direction on this is detailed in the DSD's homelessness strategy *Including the Homeless: A Strategy to Promote the Social Inclusion of Homeless People, and those at risk of becoming Homeless in Northern Ireland*, 2009. This is underpinned by sixteen Guiding Principles which address actions, including:

Promote the social inclusion of the homeless or those at risk of becoming homeless in relevant Government Strategies;

Promote the sharing of information and improvement of our collective understanding of the definition of homelessness and its impacts;

Promote the opportunity for everyone to access decent, affordable, and energy efficient housing in safe and sustainable communities with access to services and opportunities that contribute to their improved health and well-being, and help them to sustain their tenancy, with eviction a last resort;

Promote the provision of timely, joined up, 'free' information and advice to those already homeless or those at risk of becoming homeless;

Promote better informed, educated and trained public sector staff about homelessness issues;

Promote fair and effective eligibility and selection criteria in the allocation of accommodation, which targets those in greatest need, with each case, considered on its own merits and without automatic exclusions;

Promote the delivery of services in a seamless, joined up, responsive and integrated way to ensure multi-agency, and multi-disciplinary provision where possible, building on existing examples of good partnerships and interfaces between the statutory and voluntary sectors, and deliver those services timely and to agreed standards and targets, whilst monitoring and reviewing progress;

Promote the health and mental well-being of the homeless and ensure they have access to quality health and social services when required;

Provision of effective services for disabled people or those with mental health problems or learning difficulties;

Promote awareness of and educate teachers and pupils on homelessness issues within schools to help prepare young people for adult life and independent living;

Promote new ways to help homeless people into employment;

Promote the achievement of improvements in the standards and tenancy conditions including rent controls within the private sector and maximise the opportunity that this sector affords to provide accommodation;

Promote if necessary and where possible, improved access to benefits for those becoming homeless, benefit information services, increased uptake of benefits and timely processing of benefits to prevent people getting into financial difficulty.

Promote the most effective provision of housing benefit at rates which are considered appropriate for accommodation costs;

Promote access to financial services and debt management advice services to help minimise repossessions and homelessness; and

Promote new ways to eliminate the stigma of homelessness and any consequential discrimination and inequality.

The Strategy makes reference to the European dimension. In March 2010 the European Union Council of Ministers issued a directive to member states to develop integrated homelessness strategies. Following this, the jury of the International Conference on Homelessness in December 2010 issued guidelines to assist in the development of homelessness strategies. In September 2011 the European Parliament adopted the resolution calling for an EU Homelessness Strategy. In essence it directed that national strategies should concentrate on the following areas;

- The prevention of homelessness;
- A reduction in its duration;
- A reduction in the most severe forms of homelessness;
- Improvement in the quality of services for homeless people;

- Access to affordable housing

The European model for tackling homelessness is distinctive from that used in most parts of the UK, and states that "there is the shift from using shelters and transitional accommodation as the predominant solution to homelessness towards increasing access to permanent housing and increasing the capacity for both prevention and the provision of adequate floating support to people in their homes on the basis of need".

Research is available which provides strong evidence that a 'housing led' approach, which places homeless persons directly into permanent accommodation with 'wrap around services', is successful in reducing homelessness and promoting social inclusion. This European model will have strategic relevance in the way homelessness services are delivered in Northern Ireland. It is also intended to develop a measurement framework for homelessness and housing.

The NIHE has had statutory responsibility for responding to homelessness since the introduction of the Housing (NI) Order 1988. The Homelessness Strategy 2012-2017, sets out the NIHE's strategic direction for tackling homelessness over the next five years. The Strategy's vision is that long term homelessness and rough sleeping can be eliminated across Northern Ireland. The strategy aims to ensure:

- The risk of a person becoming homeless will be minimised through effective preventative measures; and
- Through enhanced inter agency co-operation, services to the most vulnerable homeless households will be improved.

The strategy has four strategic objectives;

To place homelessness prevention at the forefront of service delivery;

To reduce the length of time households experience homelessness by improving access to affordable housing;

To remove the need to sleep rough; and

To improve services to vulnerable homeless households.

Under Objective 1:The strategy details research carried out in Scotland by Hal Pawson[8] *et al* (2007) which reads across to Northern Ireland, and which found that the "largest scale and most effective form of homelessness prevention is support to help vulnerable council tenants to retain tenancies". The term vulnerable should be interpreted widely and includes all those requiring support to maintain a tenancy. Tenancy Sustainment is not however a standalone strategy but depends on the effectiveness of other strategies such as the Financial Inclusion Strategy, Housing Related Support Strategy, Community Safety Strategy and others.

The current strategy restructured the interagency sub-groups that had been formed as part of the Strategy to Promote the Social Inclusion of Homeless People (2007). Originally intended to promote the improvement of services and access to existing services such as heath and employment, the focus of the sub-groups has been changed to support the four objectives of the homelessness strategy. These four objectives are:

- To place homelessness prevention at the forefront of service delivery;

[8]Pawson, H., "Prevention Activities in Scotland", Scottish Executive (2007)

- To reduce the length of time households and individuals experience homelessness by improving access to affordable housing;
- To remove the need to sleep rough;
- To improve services to vulnerable homeless households and individuals.

Also included in the new homelessness strategy, with reference to Floating Support services, is the introduction of Tenancy Support Assessments. These assessments will be applied to new Housing Executive tenants and will incorporate a financial health check together with identification of other support needs. Those tenants found to have such needs will be directed towards the relevant Floating Support service (and other support organisations) in order to receive the help that they require.

In terms of Floating Support services, the strategy recognises that these are significant in their role to help individuals to achieve and maintain their tenancies and independence. Floating support is grouped under two categories, Generic and Specialist. The category of support most often required by tenants is generic, which deals with crisis intervention and low level preventative measures in the shorter term. Issues covered by generic support would be, for example, budgeting skills, debt advice and general day to day living skills. More specialist help is provided where needs are more complex, such as mental health issues, substance abuse or alcohol dependency.

The importance of Floating Support in the transition between supported housing and independence is highlighted, with recognition of its role in the development of 'housing led' homelessness prevention measures. Also mentioned in this strategy is the value of helping local communities to address and resolve local problems, an outlook which is relevant in terms of homelessness. Increased community awareness of homelessness issues, together with effective tutoring of local support services can help to reduce the numbers of homeless individuals and prevent those at risk from becoming homeless. In summary, regarding support services, the strategy aims to:

- Introduce Tenancy Support Assessments to help NIHE tenants to sustain their tenancies, to be operational by 2013-2014;
- Develop 'peer support networks' to provide NIHE tenants with support in order to sustain their tenancies, to be operational by 2013-2014;
- Develop a referral system which will provide vulnerable individuals in the private rental sector with Floating Support services, to be operational by 2013-2014; and
- Examine programmes centred upon family intervention and mediation in order to help young people maintain NIHE tenancies, to be operational by 2014-2015.

5.5 Health and Anti-Poverty Strategies

In 2011 the Health Minister instigated a review into the provision of health and social care (HSC) services in Northern Ireland. This review aims to assess the broader aspects of health and social care in terms of the quality, accessibility and successful delivery of services. The resultant report, published in December 2011 is Transforming Your Care – A Review of Health and Social Care in Northern Ireland, December 2011.

The review identifies twelve key factors for change which, it claims, should be used to form the future direction of HSC services in Northern Ireland. The twelve principles are:

- Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family
- Using Outcomes and quality evidence to shape services

- Providing the right care in the right place at the right time
- Population based planning of services
- A focus on prevention and tackling inequalities
- Integrated care – working together
- Promoting independence and personalisation of care
- Safeguarding the most vulnerable
- Ensuring sustainability of service provision
- Realising value for money
- Maximising the use of technology
- Incentivising innovation at a local level

The report states that inaction is not an option, as the current situation is unsustainable. Pressure in HSC services is increasing due to increasing numbers of older people, in the population, growth in chronic conditions and poor health levels and general instability in the HSC system. Failure to address these issues will result in change brought about through necessity (in an unplanned way), poorer treatment of patients, problems in meeting future health needs and a failing in the HSC workforce.

As part of these reforms, the report states that care should increasingly be provided in the home, and where this is not possible, as close to home as possible. At present many services are provided through hospitals or institutional services, and these should be made more accessible through community provision in people's homes: "The health and social care system should provide local services for local people, but safe, sustainable and accessible services for populations."

The report also considers the independence and personalisation of care, and suggests that greater control of services by those in receipt of it would be beneficial, as would diversity of the service available, together with a mix of independent providers and statutory services. The specific needs of individuals should be prioritised with service users encouraged to take decisions about their own health care. "The vital contribution carers make to support the health and social care system should be recognised and carers' needs should be fully assessed and supported in this process."

During consultations in the course of the review it was established that individuals wished to be treated in their own home wherever possible. To this end the report suggests that any new model should reflect the maintenance of independence, with people able to stay in their own homes for as long as possible. This will change the current model significantly, most noticeably in the number of residential homes and institutional care services.

The report concludes that the key differences between the current model and the proposed model are:

- Care will be organised around the individual and not the institution
- Greater involvement in decision making will be afforded for the patient / client
- The model provides a new way to look at the traditional model of GP and community health and social care services
- Home or close to home will be the centre of health and social care provision
- There will be reasonable access to emergency and hospital care
- New arrangements will be put in place to support provision outside the jurisdictions

"Overall, the model builds on evidence of what produces good outcomes, and supports the resilience and flexibility of the health and social care system for the future."

One of the most significant challenges facing the Supporting People programme in terms of strategic direction is the progression of the recommendations of the Bamford Review (2007) with regard to the housing support service needs of people with learning disabilities or mental health problems and the resettlement of people from long stay hospitals.

Developments in mental health legislation have reflected the change of emphasis in terms of focusing on the needs and wants of the person suffering from mental health problems. The change in legislation will result in:

- Emphasis being placed on a person-centred approach which is delivered in a respectful manner to the individual;
- Services being more focused on the recovery of the individual and promoting a mutual connection between the clinician and the service user. The service provided must offer a wide range of approaches to empower the individuals in order to provide them with the opportunity to lead fulfilling life;
- Advocacy services developing a valuable contribution to empowerment by assisting the individual with their choice regarding care and treatment; and
- The provision of more resources to mental health services.

These changes are likely to provide greater opportunity to those suffering from mental health and learning disability problems for a more independent lifestyle.

The Bamford Review also discusses the significant improvements that have been made in community-based care. Alternatives to hospital care such as Home Based Treatment and Assertive Outreach teams as well as the development of social and psychological therapies provide a more personal service to those requiring the services. The review reports that there is a general acknowledgment among mental health professionals that social and environmental factors impact on mental health and illness. Therefore, in more complex cases, single solutions based on medicine alone need to be replaced by multi-disciplinary approaches to care that address the relevant biological, psychological and social factors.

The Bamford Review recommended that with respect to housing:

- DSD and housing providers should develop a housing strategy to ensure people with mental health problems and learning disabilities can, where possible, live in the accommodation of their choice, subject to normal financial constraints;
- People with mental health problems or learning disabilities should have the choice to live independently but the use of specialised group housing has a role to play, for example as step-down accommodation after leaving hospital; and
- DSD should ensure participation of people with mental health problems or a learning disability in the planning of housing services.

Another key driver for the development of the Supporting People Programme is the promotion of social inclusion. *Lifetime Opportunities* (OFMDFM, 2007) is the government's Anti-Poverty and Social Inclusion Strategy. The Strategy is structured around a number of challenges which have been prioritised for future policy changes and action plans. The strategy will include:

- Eliminating Poverty;
- Eliminating Social Exclusion;
- Tackling Area Based Deprivation;
- Eliminating Poverty from Rural Areas;

- Shared Future – Shared Challenges;
- Tackling Inequality in the Labour Market;
- Tackling Health Inequalities; and
- Tackling Cycles of Deprivation.

The Government's aim is to eliminate all aspects of poverty and social exclusion by 2020 meaning that significant changes will need to be implemented. The Strategy's goal for older people is to: "ensure older people are valued and respected, remain independent, participate as active citizens and enjoy a good quality of life in a safe and shared community".

The strategy discusses the importance of helping older people maintain an active and healthy lifestyle in order to prevent social isolation and exclusion. It is also important that they have access to public services and provision to housing which is suitable to their health problems and lack of mobility. The Strategy highlights the Supporting People Programme as a key scheme enabling many older people live as independently as possible in their community.

Another key document is *Care Matters in Northern Ireland – A Bridge to a Better Future* (DHSSPS, 2007).This document looks at how Northern Ireland can invest most efficiently in a range of preventative services which have been developed to help children and their families stay together. It also makes recommendations for service made available to children leaving care. It states that: "Continued access to coordinated specific support based on assessed needs and aimed at promoting the emotional health and wellbeing of young people leaving care is fundamental to assisting young people manage their transition from care and furthermore to enabling them to avail of and sustain other elements of support such as housing, training, employment or education". The document recommends building on existing Floating Support Services to provide for young people aged 16 / 17 to remain at home and to prepare for independent living and adult life.

DHSSPS published a Domestic Violence Strategy, *Tackling Violence at Home: A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland*, in 2005. Each year in Northern Ireland millions of pounds are spent across a range of services in dealing with domestic violence. A major resource used is the housing services provided for refuge accommodation and out-reach services. The introduction of Supporting People has been an important development in the kind of services available to those who have experienced domestic violence by allowing the NIHE to provide accommodation-based support to domestic violence victims. Many of households that experience domestic violence need housing-related support. This may be to either allow them to remain safely in their own homes or to help if they need to move.

The *Equal Lives* report published by the Review of Mental Health and Learning Disability (2005) examined long stay hospitals and people with learning disabilities. Recommendation 27 stated:

"Resettlement of long-stay patients from hospitals within the context of supported living principles must be progressed as rapidly as possible. By June 2011, all people living in a learning disability hospital should be relocated to the community. Funding needs to be provided to ensure that on average 80 people with be resettled per annum over the five year period from 2006-2011".

A key strategic document in the prevention of homelessness is the Probation Board Northern Ireland's (PBNI) *Accommodation Strategy for Offenders* (2003). PBNI developed this strategy along with the NIHE to minimise homelessness amongst offenders and therefore reduce re-offending and improve public protection. By providing good quality accommodation, the PBNI believe that this will contribute to communities being safer places for all who live there.

5.6 Potential Future Drivers of the Need for Floating Support

There are a number of key policy drivers already detailed in this section; however the continued economic downturn coupled with welfare reform is expected to increase the numbers of people who need support.

Concerns have been raised the welfare reform changes could have a disproportion impact on Northern Ireland compared to the rest of the UK. Housing Benefit forms a large proportion of UK welfare expenditure. This reflects not only those living in social housing but growing number of low–income tenants living in the private rented sector. The cap on household benefit and planned rent increases could lead to more cases of rent arrears and homelessness. In this situation, some of those impacted by this may need help to manage their finances in order to deal with this situation.

Northern Ireland has a particularly high proportion of people with mental health issues per head of population.[9] It has been estimated that proportionately around a quarter more people suffer from mental health disorders in Northern Ireland than in England and Scotland.[10] A recent report by the Institute of Fiscal Studies found that, after London, Northern Ireland will be the hardest hit by the tax and benefit cuts due to be implemented between January 2011 and April 2014/15[11]. Northern Ireland will be particularly badly hit because of the high proportion of people relying on Disability Allowance and families who will see reduction in benefit. These people are likely to need help and guidance as to how to manage these cuts and continue to pay housing bills.

5.7 Accommodation Based and Floating Support Schemes

In December 2011 John Palmer published a report which examined the supported accommodation schemes for homeless people in Northern Ireland.

The report highlighted that significant limitations existed with the availability of temporary accommodation in Northern Ireland, with some areas having no access to Supporting People funded temporary accommodation of any kind. Specialised accommodation was only available in Belfast and, to a lesser extent, in Derry. These limitations result in a higher dependence upon private rented accommodation to meet the temporary accommodation needs of homeless households; however issues with this are lack of consistency for property standards and lack of regulation in the sector.

The Palmer report also noted that assessment of homeless individuals' housing need is not always carried out consistently across all regions (with the exception of Belfast) and that the system for allocating accommodation based upon need and circumstances should be revised. Also, the Supporting People funding contracts did not require providers to undertake certain basic tasks, such as accepting applicants from NIHE advice centres or notifying the NIHE of vacancies. With the shortage of accommodation, systematic deficiencies such as these were placing further pressure on the system.

[9] Centre for Social Justice (2010) *Breakthrough Northern Ireland*, (see http://cain.ulster.ac.uk/issues/policy/docs/csj_020910_ni.pdf)

[10] McWhirter, L. (2002) Health and Social Care in Northern Ireland: A Statistical Profile (2002 Edition) Belfast, NISRA (http://www.dhsspsni.gov.uk/hsc_stats_profile.pdf)

[11] James Browne '*The impact of tax and benefit reforms to be introduced between 2010–11 and 2014–15 in Northern Ireland'* IFS Report December 2010 (http://www.ifs.org.uk/bns/bn114.pdf)

Palmer concluded that a full systems review was required and that there is need for an overarching policy framework that:

- Creates linkages between homeless services, options services and the allocation process for permanent and temporary accommodation;
- Enhances management and co-ordination of the private and voluntary sector in terms of temporary accommodation;
- Allocates funding based upon minimum performance levels and a continuous improvement programme with clear benchmarks; and
- Enforces contracts that stipulate active support of homelessness policy with involvement from all funded providers.

Palmer's identification of deficiencies in the support systems of accommodation based support highlight the increased focus that is likely to be placed upon home based services, such as floating support.

5.8 Summary

This section highlights the policy context in Northern Ireland, which has a focus on preventing and ultimately eliminating homelessness by 2020 and supporting independent living. The range of strategies detailed above highlights the wide range of people who have the potential of being helped through floating support services.

The NIHE is focused on eliminating homelessness in Northern Ireland; however it faces the challenge of doing this in an environment where more people are likely to be at risk of becoming homeless. As government funding becomes tighter and tighter it is crucial that the interventions in place, such as Floating Support, are able to meet the needs of those at risk in a cost effective and efficient way.

There is therefore a case for a flexible programme which meets the needs of a wide range of people (from those who have suffered domestic abuse to older people or those who are vulnerable and those with addictions) and provides them with the specific housing advice needed to help them live independently. These individuals often need other supports (often more health-related, but also financial/employment-related) as well as housing advice. The difficulty arises in trying to separate the areas of support for accountability purposes: the Housing Executive is only responsible for the housing-related supports, while others such as the Health Trusts and the Probation Board are responsible for health and social care needs and supporting ex-offenders.

In line with Communities & Local Government (CLG) systems, NIHE has a comprehensive monitoring and value for money system in place. The system focuses on measuring provider performance (quality; customer satisfaction) and costs.

The Palmer Report, which reviewed Accommodation Services, highlighted a number of areas for development, including the possibility that some accommodation may be taken up by people who are not priority, despite there being limited supply. The key recommendation was the need for an overall holistic review of the housing system, including accommodation and floating support, and the need for more focus on home based services.

6 OVERVIEW OF SUPPORTING PEOPLE SERVICES

6.1 Introduction

Supporting People is the Government Programme for funding, planning and monitoring housing related support services. Its aim is to improve the quality and effectiveness of support service offered at a local level, helping vulnerable people live as independently as possible in the community.

At March 2012, the Supporting People programme in Northern Ireland was made up of 875 services that supported 17,000 vulnerable people at any one time. The programme is delivered through 109 service providers, the majority of whom are community and voluntary sector organisations. Other service providers include Housing Associations, Health & Social Care Trusts and the NIHE.

The Supporting People Programme funds services for a broad range of vulnerable people which fall within the client groups set out in Table 6.1.

Table 6.1: Supporting People client groups

	% of contracted SP units	% of SP budget
Homeless people	10%	22%
People with a learning disability	8%	22%
People with mental health issues	8%	17%
Older people	59%	14%
Women at risk of domestic violence	5%	6%
Young people at risk	3%	6%
People with drug and alcohol use problems	2%	6%
People with a physical or sensory disability	3%	4%
Offenders or people at risk of offending	1%	3%
Other vulnerable people	1%	1%

6.1.1 Services provided

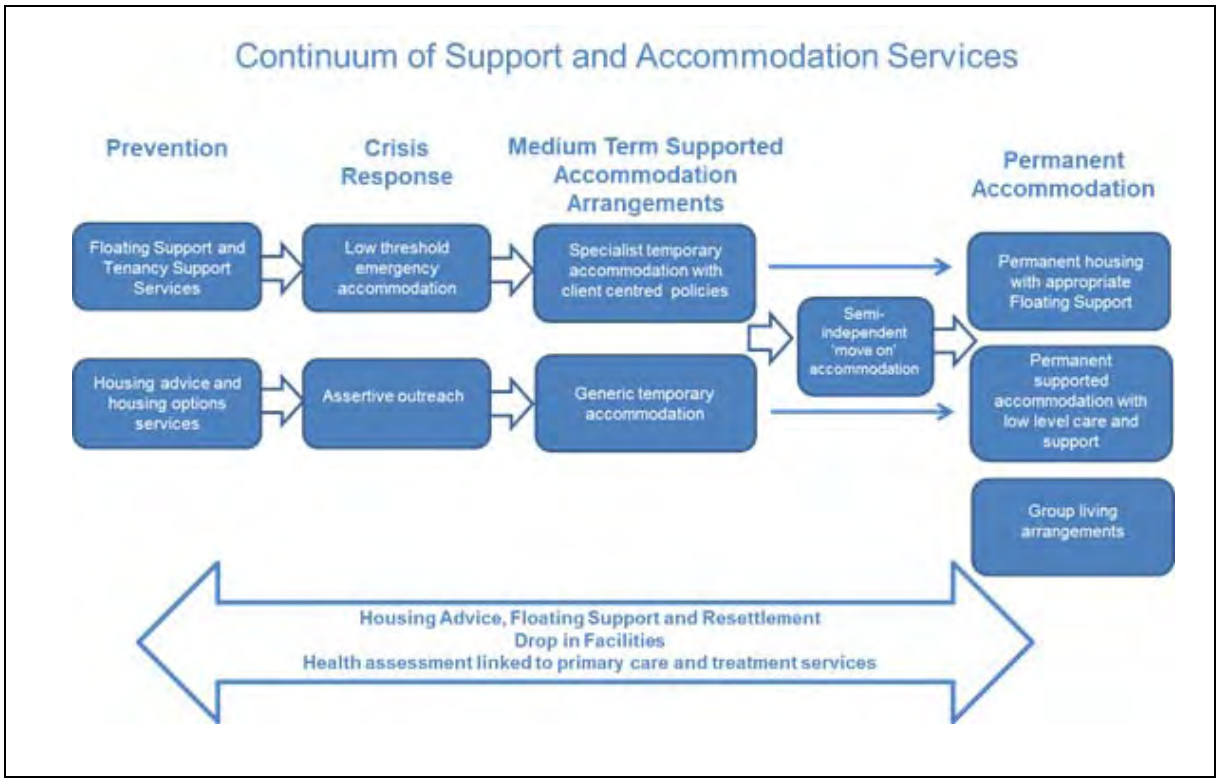
Supporting People is intended to provide housing related support services. These services can, and should, be provided alongside other complementary care or services wherever possible, but do not provide personal care. Supporting People services provide:

- Short term support through a floating support service to assist vulnerable adults with housing related support tasks to help them maintain independence in their own home, regardless of tenure type (typically for up to two years in duration);
- Short term accommodation-based support for those people also in housing need (e.g. homeless hostels, refuges for victims of domestic violence);

- Longer term support to enable someone to sustain a home (e.g. in accommodation based services where the person has a tenancy and housing related support is provided to assist the person maintain their tenancy; and
- For some clients with more enduring or complex needs, support is delivered on an on-going, peripatetic basis in their own home.

The Supporting People service process is shown in the figure below.

Figure 6.1: Continuum of Support and Accommodation Services[12]



6.1.2 Supporting People – Delivery and Funding

The Department for Social Development has overall responsibility for the Supporting People programme in Northern Ireland. NIHE is the administering authority for the programme and has responsibility to:

- Implement the programme;
- Strategically plan service development based on need;
- Commission services in partnership with the four Health and Social Services Boards and Probation Board for Northern Ireland; and
- Develop and implement a five year strategy for the programme.

DSD approve funding for the programme and allocate it to the NIHE in the form of grant funding. The NIHE use this to fund the provision of eligible housing support services via funding agreements with service providers. The 2011/12 Supporting People budget was approximately £65 million.

[12]Figure is derived from NIHE Housing Related Support Strategy 2011 – 2014/15

6.2 Floating Support as part of Supporting People Programme

Floating Support is assistance provided in a person's own home by a support worker. These services can be provided to people regardless of where they live and their aim is to help people maintain their independence in their own homes. The range of services offered can include those listed below, although each service is tailored to the needs of the individual:

- Advice on housing rights and responsibilities;
- Welfare rights advice;
- Information on local facilities;
- Help with claiming benefits, budgeting, paying bills and debts;
- Learning to plan meals, shop and cook;
- Networking with specialist advice and support agencies to meet individual needs;
- Help with completing forms and tackling red tape;
- Advocacy; and
- Befriending and emotional support.

6.3 Floating Support Structures and Commissioning

The Commissioning Body is responsible for commissioning the services funded and provided through Supporting People. It is chaired by NIHE with representatives from the Health and Social Care Board (HSCB), Health Trusts and the Probation Board for Northern Ireland (PBNI).

DSD, the Department of Health, Social Services and Public Safety (DHSSPS) and the Regulation and Quality Improvement Authority (RQIA) currently sit on the Commissioning Body as observers. Under the Commissioning Body there are five Area Supporting People Partnership (ASPPs) groups, within which local statutory agency representatives can identify needs and priorities for their locality. They provide the local needs analysis and information on local and national priorities to inform the commissioning process. The needs analysis informs the specification of work for their area, which in turn informs the contracts developed.

The Committee Representing Independent Supporting People Providers (CRISPP) is a representative body for supported housing providers in Northern Ireland. This Committee is chaired by the National Federation for Housing Associations and the Council for the Homeless Northern Ireland (CHNI).

6.4 Providers

In March 2012 there were 47 providers of Floating Support. Providers are appointed when a need has been identified by the ASPPs and the need has been specified. Contracts are put in place for client groups in specific areas in line with the needs identified by the ASPPs.

Service Specification and Funding Agreements:

The service specification covers the services to be delivered and management of service. Scheme details including eligible support tasks are identified from the Supporting People SP3 database. The amount of funding differs for Long-term Services and Short-term Services. Long term payments are made on the basis of number of eligible service users at the agreed rate (this rate includes a weekly unit rate and a fixed rate. Short term funding agreements relate to a 13 week period at an agreed unit rate.

Contract Management:

The NIHE has a comprehensive contract management framework in place to monitor performance against the agreements. Providers need to submit:

- Strategic Relevance Documents:
- Quality Assurance Framework (QAF) self-assessments:
- Service Improvement Plans: These should include actions needed to either achieve minimum quality standards against core objectives in the QAF or if appropriate higher grades of the QAF.

In addition, providers are required to submit quarterly contract performance returns for accommodation services and monthly monitoring returns for floating support. Contract management meetings take place between the provider and the NIHE to review performance, service user involvement, QAF assessment; stakeholder feedback, complaints and VFM.

Value for Money:

The NIHE has a comprehensive VFM policy in place. The policy has a strong focus on measuring costs, but also it reviews the quality of service provision, and the outcomes of the service. It assesses

a. validated QAF grades and provider's self-assessments
b. performance against quarterly PIs
c. strategic relevance
d. how effectively the service addresses diversity
e. local demand for the type of service
f. service user satisfaction
g. whether the service is flexible and contributes to emerging priorities as identified in the Supporting People strategy
h. how the service promotes move on options for service users when appropriate.

NIHE requires providers to complete VFM assessments on an annual basis. Outcome monitoring pilots were set up and evaluated in 2010/11 to inform the broader roll-out of an outcome framework across the overall SP provider sector. In section 6, information provided by Floating Support providers is reviewed and benchmarked with accommodation provision and with other Floating Support provision across the UK.

6.5 Summary

Supporting People is a government funded programme designed to help vulnerable people live independently by providing support at a local level. This is done through short term floating support and accommodation based services, longer term support (to enable an individual to maintain a home or tenancy) and ongoing support (for individuals with ongoing needs). The programme is funded by the DSD via the NIHE, who have responsibility of implementation, planning, commissioning and strategy development.

7 FLOATING SUPPORT – PROVIDER FEEDBACK

7.1 Introduction

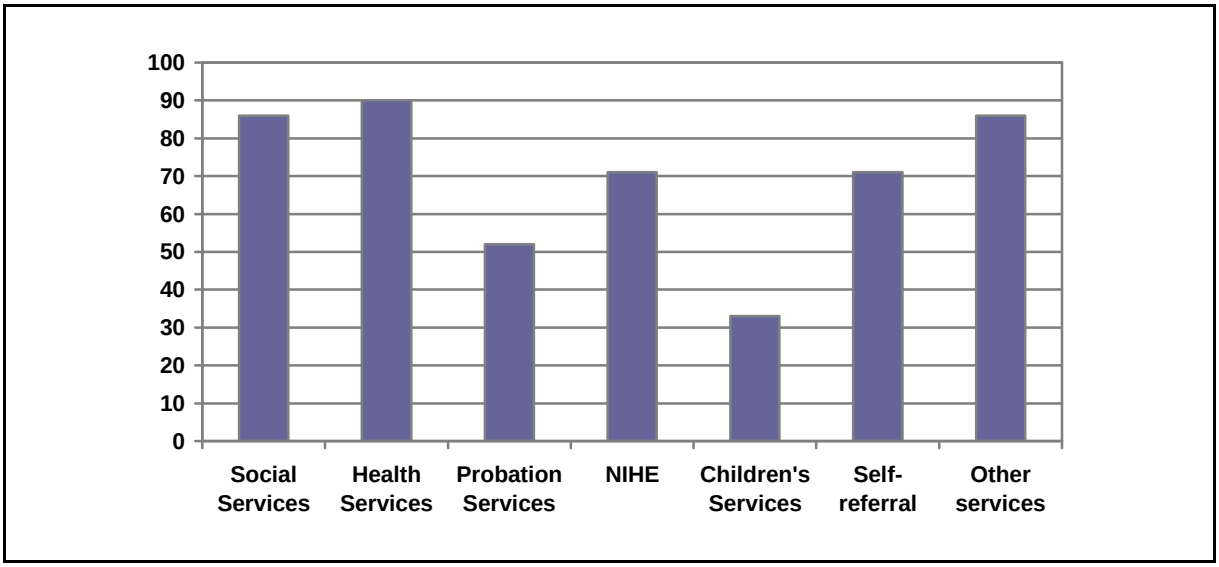
As part of this review the research team designed a questionnaire that was distributed to Floating Support service providers within Northern Ireland. A total of 22 responses were received from service providers. The survey questions are shown in Appendix 1, and the collation of responses to the questions is shown in Appendix 2. In this section we summarise key findings.

7.2 Floating Support: referral process

7.2.1 Referral pathway

Providers accept clients through a number of different referral pathways. Many operate an open referral process and rely on self-referrals and word of mouth. The vast majority (90%) of providers responding to the survey[13] indicated that they received referrals from the health services. Many also received referrals from Social Services and self-referral cases (86% and 71% respectively); a significant proportion (71%) also received referrals from NIHE.

Figure 7.1: Proportion of providers who receive referrals from…



Base: 21 responses. Respondents could choose more than one answer.

Clients can also enter the floating support service through a number of other routes. These include the following as identified by providers:

- Housing Associations;
- Private landlords;
- Mental Health Services;
- Internally i.e. from another service area of their own organisation;

[13] An online survey was distributed to Floating Support service providers within Northern Ireland. 22 responses were received from service providers.

- Community & voluntary organisations;
- PSNI;
- GPs, psychiatrists, and other healthcare professionals; and
- Solicitors.

7.2.2 Effectiveness of current referral processes

Providers responding to the survey were asked to rate different aspects of the current referral process. On the whole, providers were positive about the process and all agreed (either agreed or strongly agreed) that it is necessary to enable smooth transition into the service. All providers also agreed that the process is efficient, straight forward and clear and easy to follow. None of the providers found the process confusing, complicated or time consuming. See Table 7.1 (and Appendix 2 table 1.7) for all responses.

Table 7.1: Current referral process

	Strongly Agree	Agree	Disagree	Strongly Disagree
Efficient	59%	41%	0%	0%
Straight forward	59%	36%	5%	0%
Clear and easy to follow	59%	36%	5%	0%
Adequate	50%	36%	9%	5%
Confusing	0%	5%	64%	32%
Complicated	0%	5%	64%	32%
Time consuming	0%	18%	73%	9%
Too much paperwork	0%	0%	95%	5%
Too little paperwork	0%	0%	95%	5%
Lack of communication between relevant parties	5%	14%	64%	18%
Good communication between relevant parties	41%	50%	9%	0%
Necessary to enable smooth transition into the service	64%	36%	0%	0%
Hinders the referral into the service	0%	0%	73%	27%

Base: 22 responses

However, a number of providers gave examples of situations where clients were referred, but they did not meet the floating support eligibility requirements: “The biggest problem we have with referral is that clients have to fall within the specific criteria. We are often referred people from other agencies and they may not have a tenancy problem and so we cannot work with them. We have to tell them to refer back to us if they do develop a tenancy problem”.

Some providers found that they receive very few referrals from other agencies. One provider described how they have adopted a promotional strategy to target health centres in order to

encourage referrals: "We very rarely get referrals from other agencies – in the ideal world that is how it would be. A lot of it is self-referral and word of mouth. We have been round the local GP surgeries putting up posters and leaflets to raise awareness. It would be good if they could refer clients to us".

Two providers reported problems with the speed of referrals from NIHE and the impact this has on achieving a successful outcome. One stated: "With regards to younger people, the Housing Executive should refer floating support at an earlier stage. They often ask for assistance with regards to disruptions in the neighbourhood or communities when it is too late to resolve the situation quickly and quietly". The other stated: "We have one problem with NIHE referrals – they usually wait until there is a big problem before they refer people. If they could be more proactive and refer earlier, it would be easier to overcome the problems".

7.2.3 Improvements to referral process

Most providers responding to the survey did not have any suggested improvements to the referral process as they felt it was fit-for-purpose: "No. I feel it works quite well. We have a good working relationship with all of our referral agents and this enables us to quickly resolve any issues that may arise" (Appendix 2, table 1.10). The remaining provided the following suggestions for improvement:

- Increase in staff to meet demand;
- Additional funding to allow additional staff to cope with the increased number of referrals; and
- Understanding of the Trusts in relation to the eligibility criteria for the service.

7.3 Demand for floating support

The majority of providers (68%) who responded to the survey found that, over the last two years, the number of clients being referred to their floating support service had increased; 5% found that it had decreased and for the remaining 27%, it had stayed the same (Appendix 2, table 1.5). Some providers reported that their service is also accommodating clients that it should not be, simply due to increased demand: "We get a lot of drops-in and those who need emergency help. They are not supposed to be included, but we can't turn them away either".

The majority (59%) of the provider survey respondents found that they receive more referrals than they could deal with (Appendix 2, table 1.8). When asked how they deal with this, all reported that they prioritise clients (by various circumstances/characteristics depending on provider) and most (55%) operate a waiting list system. Many also reported regular and on-going contact with referral agents to ensure all waiting list demands are prioritised based on urgency of need (Appendix 2, table 1.9).

Of those who operated a waiting list, the number of clients waiting at the time of the research ranged from 2 to 34 (Appendix 2, table 1.15). These providers reported having between 2 to 30+ on their waiting list at any one time (Appendix 2, table 1.16). On average, clients can be on the providers' waiting lists between three week and up to four months (Appendix 2, table 1.17).

7.4 Duration of Floating Support

Participants were asked their views on the duration of floating support and whether this was an issue in meeting client needs. All providers were aware that floating support has a time limit of two years. The average amount of time clients spent on floating support varied – as did providers' views on the appropriate length for the service.

Many providers developed a timeline for progress at the initial assessment stage (subject to review, and open to change over the course of the support). This enables clients and providers to focus on the endpoint: "Clients sign a support agreement and understand from the outset that there's a two-year time limit and that this will be reviewed on an on-going basis. There is always discussion about moving forward and looking to reach a point where a case can be closed".

Other providers were of the opinion that it is difficult to establish this at the outset: "The duration of support is difficult to determine when a client first comes to us because circumstances change over time. Every case is different".

7.4.1 Short term support

Some providers reported that they often deal with clients who present during a crisis situation. These are short periods of time where the client needs intensive support to deal with a particular issue: "We often find we're dealing with the immediate crisis problems. This can take 4-6 weeks to sort out. Following that, the person is often in capable enough to leave the support". This was also the case for another provider: "A lot of people present to us in crisis, so there will be intensive support at the beginning with the aim that it gradually gets less over time. This can sometimes happen very quickly, but sometimes takes longer. "

Some providers also felt that the duration of floating support should be kept as short as possible: "We try to keep the duration of support as low as possible so that the service does not become a crutch for those with addictions"

7.4.1.1 Long term support

Some providers felt that the time limit of two years was inappropriate for some clients: "With older people, their needs tend to increase as time passes so the duration of support required is difficult to calculate. It is hard to withdraw once you reach two years; it seems like an arbitrary limit". Another provider felt that increasing the time limit for those who need it would prevent re-entries to the service: "About two years is an adequate time for the maximum duration of support, but some people will need longer support if their situation changes. It would be nice to continue the support in those cases, rather than closing it and having them re-enter at a later date".

Indeed, some providers make it clear to their clients that they can re-enter floating support once their two-year time limit has been met: "There is an exit strategy in place for those leaving the support service. They will receive a letter informing them of the possibilities of returning to the service after the 2 year duration".

7.5 Level of Support

7.5.1 Initial assessment

Providers were asked how they determine the level of support needed by individual clients. This is typically determined by an initial assessment when the client first enters the service. The assessment covers both the level of need and risk, which in turn determines the level of support the client requires. Some providers also complete lone worker risk assessments for many cases where their staff may be at risk when entering clients' homes. Providers use a range of different methods for conducting the initial assessments. Different assessment methods include:

SPIN Framework: "The SPIN framework is a strategic outcomes framework that we are piloting. It helps with measuring the goals and targets that are set by the service provider to clients. Assessment completed with the client will allow an action plan to be developed".

Outcomes Star: "We initially complete a thorough needs/risk assessment using the ten headings on the outcomes star system. We also look at housing status and benefits".

SPOCK: "The initial assessment is based around discussion with the client. This will measure how much help the client needs and with what aspect of tenancy. The SPOCK (structure/process/outcomes/culture/knowledge) framework is used to determine the type of assistance that will be provided. Goals and targets are set after they are agreed with the client."

Outcomes wheel: "The initial needs assessments work on the Outcomes Wheel – looks at safety, housing, income and budgeting, legal issues (e.g. on-going cases, child contact disputes), physical and emotional health, dependents assessment (looking at children and older dependents in the household), personal growth, support network, cultural needs (seeing an increase in referrals from foreign nationals). The level of support varies from case to case and is dependent on level of need and level of risk".

Bespoke Pro forma: "We look at assessment of need and risk using a specific pro-forma looking at a holistic level of need: current tenancy/housing situation, health, finance, legal issues, etc. This assesses risk and establishes a baseline of level of need and urgency".

Involving other agencies: "Assessment is conducted over a number of interviews with other agencies and contacts. This is done alongside the client's own assessment of need to agree the priorities and support required".

Informal methods: "Normally assessment of need is carried out through a simple conversation with the client. Nothing formal"

7.5.2 Ongoing review

Providers work with clients to set personal targets and goals and many reported formalising these in an Action Plan or in an agreement that the client signs. Providers also have regular reviews with clients to measure their progress. The frequency of these review meetings varied by provider, from weekly or monthly to every three months.

There were a number of benefits of this approach identified. It provides structure to the support provided (for clients and providers): "Targets and goals are set so that both clients and service providers know what their roles will be in the upcoming months". The reviews offer an opportunity to identify any new need and readjust the level/areas of support if required. It also enables clients to measure their progress over time: "We set SMART objectives at the outset and the clients score themselves between 1 and 5 in different areas depending on what their needs are. At each of the reviews, these are revisited and the client rescores themselves, this enables each client to see how much progress they've made".

7.6 Ending Floating Support

7.6.1 Closing cases

Providers reported two ways in which clients can leave the floating support service. The first is in an unplanned way – this can be due to disengagement of the client, or if they have broken one of the

rules of engagement, for example threatened, intimidated or assaulted a member of staff. When asked what proportion of clients leave in an unplanned way, providers' estimates ranged from less than 1% to 30% (Appendix 2, table 1.13).

Clients can also leave the service in a planned way when they have met their targets and goals and no longer need the support. In these cases, the provider discusses and develops an exit strategy with the client. This will typically include steps to take once they leave the service and signposting to other supports/services to help with any outstanding support requirements. Some providers also inform other agencies working with the clients that they are leaving floating support. Others will keep in contact with the client (either at regular intervals e.g. once a fortnight, or at milestones e.g. six months after leaving) to ensure they are sustaining the progress they have made. Many providers tell clients that they can re-enter floating support at any time should they need it.

7.6.2 Risks associated with leaving Floating Support

Many providers feel that the formalised exit strategy should mitigate any possible risks associated with leaving the floating support service. However, some identified a number of potential risks for clients leaving floating support:

- Social isolation;
- Leaving too early after 'crisis period' is over, but underlying problems have not been addressed;
- Mental health deteriorating following discharge;
- Repeat homelessness;
- Returning to an abusive partner; and
- Not having a support network.

7.6.3 Re-entry to floating support

Many providers reported incidences of clients leaving and re-entering their floating support service. When asked what proportion of clients do this, providers' estimates ranged from zero to 25% (Appendix 2, table 1.13).

This is often due to some specific characterisation of the client group. For example, the Travelling community tend to travel between April and September so will leave the service and then re-engage when they return. Leaving and re-entering floating support was also highlighted as an issue for clients leaving an abusive partner due to the nature and dynamics of domestic violence: "Women are often talked back into the relationship. On average, a woman is assaulted 35 times before she calls the police and on average, an abused woman will attempt to leave the relationship 7 times before they actually get out for good. More often than not, women who leave the relationship will stay out when given support, but occasionally some will go back and then get in contact with us a few months later as there has been another incident".

It was also identified as a risk that young people who are frequently referred to the service may be unwilling to engage, or may leave the service before they are ready to. However, providers find that when these young people re-enter the service, it is more successful as they are usually self-referrals and are therefore more committed to the process.

7.7 Summary

The provider survey highlights the high satisfaction with the support; however there are a number of areas identified from the provider feedback for development.

Target Group: Some providers are accommodating emergency clients even though they are not part of the target group

Inconsistency: Providers use different approaches to assessing needs and prioritising clients, which could lead to people being supported in one area of Northern Ireland, but the same clients being rejected for support elsewhere.

Timing/Duration: There is an acceptance that it is important that clients should not become dependent on the support and that it is essential that it is put in place for the least possible time. However it is also recognised that the duration of the support to be provided varies according to the needs of individual clients, and therefore the two year period at present may be too long for some and not long enough for others.

8 THE EFFECTIVENESS OF FLOATING SUPPORT SERVICES

8.1 Introduction

This section sets out the provider and user feedback on the benefits and impacts achieved from Floating Support and identifies areas for development.

8.2 Benefits of Floating Support

Providers consulted through the research identified a wide of range of benefits of floating support (Appendix 2, table 1.22). Of those who responded to the survey, the majority (95%) strongly agreed that the main benefits of floating support were that it is a holistic approach to providing support; it provides a person-centred approach, and that it enables people to live in ordinary housing.

High proportions also strongly agreed that it provides a flexible, responsive service to users and that it provides brokerage and advocacy and a non-institutionalised approach (82% and 77% respectively). The table below details the various responses.

Table 8.1: Provider rated benefits of the Floating Support service

	Strongly Agree	Agree	Don't know
Holistic approach to providing support	95%	5%	0%
Providing a person-centred approach	95%	5%	0%
Enabling people to live in ordinary housing	95%	5%	0%
Providing flexible, responsive services to users	82%	18%	0%
Providing Brokerage and Advocacy	82%	18%	0%
Non-institutionalised approach	77%	23%	0%
Tenure neutral	59%	27%	14%
Flexible staffing input	55%	45%	0%
Separation of support from housing	55%	36%	9%

Base: 22 responses

8.2.1 Flexibility

The flexibility of the floating support service was commonly cited as one of its main benefits. This flexibility ensures equality of access for different types of people. This was highlighted as being particularly important in reaching clients in rural areas: "The fact that we can 'float' means more people can access the service irrespective of location. This is particularly important for rural clients. It can be difficult for them to access the service, so we can go to them". Similarly, the flexibility enables access outside normal working hours: "The service is flexible and responsive. It means we can respond to a client outside hours and in crisis".

8.2.2 Person-centred

A key benefit highlighted by the providers was the person-centred approach of the service. This was mainly evidenced through the flexible and individualised support that is tailored to each client's needs: "It is outcome-focussed and this is achieved through setting personal goals and targets with each individual client". Another provider stated: "The main benefit is the freedom we have to design a holistic and person-centred approach that is directed by the individual. We can work with them when they want and where they want".

8.2.3 Partnership working

Partnership working between different organisations was also highlighted as a benefit of floating support. Many providers felt that this approach provides the best access to care for clients. As well as being a key point of contact for the client requiring advice, guidance, information and practical assistance with all housing related matters, the providers can also refer clients to partner organisations to meet other non-housing-related needs: "The design of the service enables a multi-agency approach, which enables us to reach more hard-to-reach groups".

8.3 Impacts of Floating Support

Providers also identified a wide range of impacts of floating support. Of those who responded to the survey, all felt their service had a significant impact on enabling the user to live independently, and to live in ordinary housing. All also agreed that the service impacted (either to a large or some extent) on increasing social inclusion; improving users' quality of life; reconnecting users with family/friends/wider social networks; preventing tenancy breakdown and improving users' health (Appendix 2, table 1.21).

Table 8.2: Provider rated impacts of the Floating Support service

	Large impact	Some impact	Little impact	No impact	N/A to us
Enabling user to live independently	100%	0%	0%	0%	0%
Enabling people to live in ordinary housing	100%	0%	0%	0%	0%
Increasing social inclusion	91%	9%	0%	0%	0%
Improving user's quality of life	86%	14%	0%	0%	0%
Reconnecting with family/friends/wider social networks	82%	18%	0%	0%	0%
Prevention of tenancy breakdown	77%	23%	0%	0%	0%
Improving user's health	77%	23%	0%	0%	0%
Accessing/obtaining tenancy	73%	18%	5%	0%	5%
Reducing homelessness through evictions	59%	18%	18%	0%	5%
Resettlement from hostel accommodation to obtain tenancy	55%	27%	5%	0%	14%
Prevention of hospital (re)admissions	55%	23%	9%	0%	14%
Reducing rent arrears	50%	32%	9%	5%	5%
Facilitating access to training /employment	50%	32%	5%	0%	14%
Addressing child protection issues	50%	9%	18%	0%	23%
Facilitating discharge of people from hospital/ other facilities	45%	36%	14%	0%	5%
Reduction of substance misuse	41%	23%	23%	5%	9%
Addressing anti-social behaviour	32%	45%	14%	0%	9%
Reduction of re-offending rates	23%	32%	18%	9%	18%

Base: 22 responses

8.3.1 Enabling independent living in ordinary housing

One of the main impacts cited by providers was enabling the client to continue living independently in their own home. Many considered this to be their main target: "The aims and objectives should be the same regardless of the client group: to keep people living independently in their own home as long as possible and maintaining their independence".

8.3.2 Tenancy sustainment

Following on from enabling people to live independently, providers reported that another main impact was tenancy sustainment. In some cases this involved helping clients find and enter suitable accommodation. This mostly involved equipping people with the necessary skills required to sustain it: "For our users, it's about teaching independent living skills and getting them into houses and helping them maintain their tenancies"

8.3.3 Improved health

Most providers felt that their service had an impact on clients' health – both physical and mental health. Indeed, many reported referring their clients onto various health services: "One of the most important things we do is link people in with GPs and other health services, particularly people with addiction problems who are referred to addiction services". As well as referrals, some providers reported accompanying their clients to appointments and ensuring regular attendance: "If we see any sign of depression or mental illness in our clients, we refer them to the metal health services. About 95% of our clients are referred. We also make sure they attend their appointments and every one of our clients has finished their course of counselling. They have been our most important partner – it helps a lot of people get their life back together".

8.4 Feedback from service users

To fully understand the thoughts, experiences and overall levels of satisfaction among the service users of Floating Support a number of focus groups were arranged. Eleven were completed in total to represent each of the client groups supported. The service user focus groups were arranged through the service providers detailed in the table below.

Table 8.3: Service Provider Focus Groups

Service Provider	Location of Focus Group	Category of Support
Cedar Foundation	Londonderry	Children with Disabilities
Simon Community	Belfast	Homelessness
Mind Wise	Ballyclare	Mental Health
Life Charity	Belfast	Family Support
First Housing	Strabane	Housing Support
East Belfast Mission	Belfast	Community Development
Action on Disability	Belfast	Disability Support
Age NI	Bangor	Age Related Care

Service Provider	Location of Focus Group	Category of Support
Women's Aid	Coleraine	Domestic Violence
Action for Children	Omagh	Disadvantaged Children
MACS	Belfast	Supporting Young People

This section presents the key themes arising in the focus groups.

8.4.1 Referral and accessibility

In terms of referral and accessibility, a broad range of circumstances amongst the various groups indicated that the methods by which people had become aware of the Floating Support were diverse. In many cases individuals were referred through social services support workers who mentioned the service and passed on details to floating support workers. This resulted in the floating support service finding the individuals, rather than the service user actively seeking out floating support.

In some other situations individuals had rather 'stumbled upon' the floating support service whilst looking for help for other problems such as homelessness. One individual had been desperately looking for accommodation and literally knocked on the door of a hostel to ask for help. He was, in his own words, "lucky beyond belief" to get a room immediately and subsequently referral to floating support.

The majority of the participants had been referred through third party services derived from other needs, some examples being: GPs and other health workers, social worker, community psychiatric nurse, school teacher, PSNI officer and the NIHE housing support team.

The general feeling of focus group participants was that the floating support service is not well known or well publicised. When initially referred, many were hesitant or reluctant simply because they have no knowledge of what it would entail. Indeed, many stated that they would have applied much sooner had they been aware of the service. They also felt that a great number of people across Northern Ireland were currently in need of help, but were unaware of the existence of floating support.

8.4.2 Support received through floating support

The support received by participants through the floating support scheme was diverse. In terms of accommodation, the needs varied from the requirement to find a place to live, for example in the case of homelessness or domestic abuse, to the need to receive help with continuing to live in their current accommodation. These needs were wide ranging, from resolving disputes with landlords through non-payment of rent, to help with daily maintenance such as cooking, cleaning and paying bills. Others had received help with heating installations and adaptations for people with a disability, such as hand rails, ramps and walk-in showers.

A mix of individual service level requirements were addressed through the focus groups, with some participants having only been in receipt of the floating support service for a short time, whilst for others their period of help had come to an end. In all cases the structure of the support had been broadly similar, with case workers agreeing a plan with the service user at the outset, to be reviewed on a regular basis (usually around three months). Many focus group participants spoke very favourably of this stage of the process. They felt that this plan gave them something to work towards and they felt a sense of achievement and empowerment through reaching their personal objectives: "It is very helpful; it gives you a goal and something to get towards. Once you reach that, you know you've achieved that yourself. It makes you feel like you can achieve more things in your life, things that you maybe thought you couldn't do before". The actual support provided to focus group participants took the form of a weekly visit (ranging in time between one and two hours), with service users and case workers reviewing and varying the frequency of these visits as the need increased or decreased.

Case Study - John

John is a 34 year old man from Belfast. He had been living with family in England and had a job and a positive outlook. A serious family dispute and a strong urge to return to Northern Ireland led him to Belfast, where he was unable to secure employment or accommodation. He found himself homeless and desperate and found help through the floating support scheme by knocking on the door of a hostel that the Housing Executive had told him about.

The impact on John's life has been significant. A flat to rent was found for him and he was helped with the claiming of benefits and associated paperwork. When his accommodation proved uninhabitable, and the landlord refused to rectify the property, he was helped to move a second time. He was also given advice and support to settle into his home, and has since achieved an NVQ in computing and passed the ECDL (European Computer Driving Licence) course. He is now looking to undertake vocational training in order to qualify as a support worker.

One theme that was repeatedly stressed by the service users was that although the visits were only once a week (or less), the caseworkers were always available for support if it was needed between meetings. This could take the form of a telephone call or an ad-hoc visit of an informal nature. It was universally felt that this additional support was a vital element in the feeling of security and comfort for the service user, with many stating that they had not had to use this extra level of support, but that simply knowing it was there aided their improvement. Of those that had needed to seek support from caseworkers outwith the agreed home visit schedule, all agreed that the service had been vital, with a few referring to it as 'a lifesaver'. One older man (aged 85) gave an example of when he recently had cut his hand at night time and called his case worker, who drove him to the hospital, waited three hours with him at the hospital and then took him home.

Participants were asked what they wanted to achieve from floating support in terms of an end result. A variety of answers were recorded, with the majority being keen to achieve a situation of stability and self-sufficiency. Most focus group participants were still in receipt of the floating support service; however those that had finished their period of support said that they could not have achieved their independence had it not been for the guidance they had received.

Participants were asked if they felt that the support had met their needs and that help had been available when they needed it. All participants felt that the support provided by the floating support had met (or was currently meeting) their needs. In terms of help being there when they needed it the response was again universal, with all focus group participants stating that, since they had discovered the floating support scheme, help was always there if they felt it was required.

Service users were also asked if the frequency of the support worker visits was sufficient and how often they would ideally like to be visited. The majority were happy with the frequency of visits and the fact that they had an input into deciding the timing and nature of meetings. This combined with the awareness that the support was available in between visits if necessary, meant that they were happy with the support worker meetings. They also felt that that they had a choice in the decision making process in terms of the help that they received, increasing their sense of independence.

Focus group participants were asked what they thought they might have done if floating support were not available and if they were aware of any alternative services. The feeling of all the service users was that there was not any other help available that they were aware of, and that other services were only interested in getting the job done and did not care about the individuals concerned.

In terms of what they would have done without floating support, a variety of expressions were used, to indicate that their situation would have been considerably worse had floating support not been available. Some common themes emerged. Participants pictured themselves in the absence of floating support as: homeless, alcohol and/or drug dependent, depressed/suicidal, in prison or no longer alive. Many responses also included the phrase “I don’t know what I would have done”. Others expressed sentiments such as: “I wouldn’t be here if it wasn’t for the support I’ve been given. It’s literally been a life saver”.

8.4.3 Impacts of floating support

Focus group participants were asked how helpful they felt that the floating support scheme has been in enabling them to deal with their problems, and how it had affected their quality of life. In all cases the service users were of the opinion that the floating support caseworker had been very effective in helping them deal with their problems.

In some cases this took the form of helping with household activities, such as paying bills and preventing arrears, and in other cases a more emotional need was addressed. It was the opinion of all participants that their quality of life had been immeasurably improved through the provision of floating support. This was not just in terms of finding or maintaining accommodation, but in a more general sense, with themes emerging such as improved self-confidence, self-motivation, a feeling that someone cares and, as one participant said, knowledge that there is 'light at the end of the tunnel'.

Case Study – Albert

Albert is 84. He recently had a stroke that left him partially paralysed. He had recovered well physically but is still receiving rehabilitation treatment in his home though community nurses. The stroke left him partially sighted in his left eye and the vision in his right eye is also impaired by cataracts. Social Services referred Albert to the floating support service when he was being discharged from the hospital. He was hesitant at first as he had never heard of the service, but Social Services encouraged him. Albert met his floating support worker for the first time and immediately felt comfortable with him: *"It was like he was an old friend. I didn't mind telling him personal things because I knew it would go no further, I knew he just wanted to help me".*

Albert was also recently widowed and was living in a large house that was not suitable for his needs. He could not manage the stairs and was struggling to pay the bills to maintain the house. He was slipping into debt and was getting warning letters from the bank. Albert was worried about going into sheltered housing and losing his independence. His floating support worker helped him to relocate to a smaller NIHE bungalow that was more suited to his needs. He has been there for several months and has settled in well. He has also regained control of his finances and his floating support worker also helped him to access more benefits to which he was entitled.

Albert is scheduled to have an operation to correct his cataracts and he hopes this will enable him to go out and about more. He has made new friends in the area he had moved to and is hopeful about the future. Albert feels that he owes a lot to his floating support worker*: "He has gone above and beyond what I expected from him. I don't know what I would have done without him*".

Similar responses were recorded when service users were asked what the floating support scheme had helped them achieve. Again, a variety of responses were apparent, with common themes emerging such as a sense of direction, a positive outlook on life, more social interaction and a healthier existence. In some cases, vocational qualifications had been achieved.

Learning the ability to live independently was a very important aim, and outcome, for all focus group participants. There was a feeling that the floating support service 'helps the person help themselves': "It's like falling on the floor and someone giving you a hand up. They take you along at your own pace and you learn to do things for yourself. If I had gone into sheltered housing, I wouldn't be doing these things for myself".

In all cases it was felt that the quality of life of the service users had been improved by the floating support service, although the nature of this improvement is dependent upon the circumstances and perspective of the individual. For example, in some cases improved quality of life took the form of simply preventing individuals from death or serious illness to a position from which they now feel that

they can cope with daily life. In other cases the floating support has enabled service users to find employment and fund a privately rented accommodation. Across the spectrum of needs and requirements of service users the effectiveness of floating support as a method by which people can be helped to help themselves is clear, not just in terms of housing aid, but also social interaction and contribution.

8.4.4 Satisfaction with the floating support service

Service users were asked how satisfied they were with the floating support service overall. Unanimously the participants responded that they were completely satisfied with the service, and felt that the caseworkers exceed their remit in terms of the depth and level of the service that they provide. They felt that they are treated as individuals by people who care about them, and that this feeling of support and respect is a huge element within the provision of help.

The participants were further asked to identify the best aspect of the floating support service they had received. Various individual responses were recorded, with key themes emerging such as the consistency, reliability and predictability of the support, the feeling of companionship, the confidence and independence associated with staying in your own home and the security of knowing that someone is there to help if they are needed. It was also noted by a number of the participants who had since left the scheme that the service does not just stop suddenly, but rather reduces gradually, with continued support available if required, even after the visits have ceased. This on-going support was also mentioned as a vital component of the service.

None of the service users stated that they would change anything about the support; however the suggestions for improvement largely involved an increased level of service in terms of group activities and outings. Participants understood the budgetary constraints of the services that they received, but many felt that organised social events such as day trips and educational activities would speed up their social integration and self-confidence. Some suggestions were cookery skills classes, healthy living seminars, trips to locations of interest in Northern Ireland (such as the Giants Causeway and Lough Erne) and sporting related trips. Such activities, it was felt, would help to improve the motivation and quality of life for people who rarely have the money or opportunity to experience such things.

Some focus group participants did report that, although they are content with the length of time they have with their case worker, they would welcome more time if this were possible. They were realistic about the probability of this happening, with some stating that they think their caseworker is overloaded with cases and often covers a large geographical area: “My worker covers a vast area. By the time he gets to me, he only has about half an hour and then he has an hour to drive home. A lot of them probably spend a lot of time travelling when they could be spending more time with people. They could probably do with a lot more caseworkers to lessen their workload”.

Finally, focus group participants were asked if they thought they would continue to need the floating support service in the future, and if so for how long. Most stated that they did not know what the future held in store, and that they would use the floating support route if they felt it was necessary. They also felt that the duration of the support must be determined on an individual basis: "There are people who could use the support for a year and be completely independent and wouldn't need the support worker any more. But then there might be other people that might need the support worker for a couple of years. It depends on the person".

The majority felt that, although the future was unpredictable for them, the fact that they knew floating support was there and would continue to be there was an important aspect of the on-going process. Older focus group participants in particular were unable to say whether they would reach a stage where they would no longer need their floating support service.

It was also a widely held opinion that the floating support 'sign off' procedure was appropriate. Caseworkers provide the service users with lists of important numbers and addresses, and prepare them for any potential problems that may arise. One participant stated: "they teach you how to live...for life".

Case Study - Susan

Susan is a 27 year old woman originally from Scotland, but now living in Castlederg having fled a violent relationship. She had been on the Housing Executive accommodation waiting list for around a year before she was offered accommodation, at which point she was asked if she wished to be referred to the floating support scheme. Susan's daughter was taken into care in Scotland around eight years ago. She is still in care within the Scottish system, and is now 10 years old.

In terms of the impact of floating support upon the life of Susan, she feels that the service has improved her life immeasurably. The floating support caseworker has helped her to find a flat, having been on the accommodation waiting list for around a year. The caseworker also helped her to fill in forms and write letters to the Scottish Social Services Council, as she is desperate to regain parental responsibility of her daughter. The floating support worker has also helped Susan to arrange visits to Northern Ireland from her daughter, something which has helped her on the way to recovery from a serious depression problem. She also feels that without floating support she would have struggled to settle into her new accommodation and would still have self-confidence and independence issues.

8.5 Limitations of Floating Support

Providers identified a number of weaknesses in floating support as a model of service delivery.

8.5.1 Non-engagement

Non-engagement of clients was an issue for some providers. Non-engagement, and disengagement, can reduce the effectiveness of the service as clients do not receive the full support they require. One reported multiple referrals for clients before they will engage: “It can sometimes take a month before we get access to a person because they won’t engage with us; sometimes people can be referred 3 or 4 times before they’ll engage”.

One provider found this to be a particular problem with the client group they work with: “We have a problem engaging young people coming through the care system – they have a lot of people in their lives already (like a social worker, PA, advocate, Voypic) working with them which can be a barrier. There’s too much going on and they have a lot to deal with”.

For other providers, disengagement can also come at a later stage after the client has overcome a crisis period: “Engaging can be an issue at times. When people are in crisis, they’re desperate for support, but once that’s over they’re less likely to engage even though the underlying issues are not resolved”.

8.5.2 Dependency

A small number of providers had concerns that service users may become dependent on the floating support service over time. One provider believed this could be an issue where the client has no wider support network: “There can be an issue with creating a dependency. For some, this is the only support they receive and they become reliant on it”. For another, it can be as a result of the duration of the support provided: “Two years can be too long for some clients. They become so used to having that support, they become dependent. This prevents them reaching their goals and makes withdrawal difficult and risky”.

8.5.3 Time bound

The time-limited nature of the floating support service was an issue for some providers. They felt that two years is not a sufficient length of time to help those clients with intensive needs: “Two years isn’t enough time for those who require recurring assistance”. For another provider, the focus on withdrawal of the support from the outset is a problem: “The time frame of 2 years is a barrier to meeting clients’ needs. You’re creating the exit strategy right at the beginning and always thinking towards the time when you withdraw support”.

8.5.4 Inflexibility

A number of providers found the rigidity of the floating support specification to be an issue in dealing with people with multiple needs. As it is intended to be only providing housing-related support, they found it to be difficult when trying to promote a holistic support service. “The one-size-fits-all approach is not always appropriate. Some vulnerable groups in society require a little bit extra help or additional services that are not just housing-related”.

Others found restrictions placed on the client group they work with to be an issue: “For young people with a learning disability, we have to close their case at 25 as they’re not classed as a young person any more. These people need the support when they’re older as well as they’re not really comparable to their peers in terms of age”.

One provider felt that some floating support services were not flexible enough in their working practices: “Many services are not responsive enough and operate 9-5, Monday to Friday. The services need to be flexible enough to truly meet client needs at the times when they need most support. These services need to work more closely with other community organisations to ensure maximum advantage to clients and reduction of social isolation”.

8.5.5 Rurality and Geography

The issue of rurality is a problem for many providers. This is for a number of different reasons. The first is in relation to travel distance and time spent by floating support workers in visiting clients in a rural location: “We cover a wide geographic area with two part-time staff. Travelling time can reduce the time spent on service provision”.

Other issues directly attributable to rural living can impact on clients. One example of this is rural isolation. This can impact directly on the clients’ mental health and opportunities for social integration. Those in remote areas also have more barriers in accessing other services in terms of travel and distance. Another issue is the differing attitudes in rural communities. One specific example was given of this in relation to domestic violence: “There are different barriers in rural areas. Because there are smaller, close-knit communities, there is more stigma around domestic violence and it’s more of a taboo subject. It can be difficult for some women in these communities to come out and speak out about the abuse”.

8.5.6 Staffing and Resourcing

The majority of providers who were consulted reported funding as a limitation. This was in relation to their own funding levels: “There is simply not enough funding to extend the support to the number of people being referred – which is increasing as a result of the economic downturn”; but also to the funding restrictions of partner organisations: “All the charities have been badly hit by recession. We can’t get the same donations we used to. We relied on donated furniture, carpets and kitchen items to help set people up in their new home. There has been a huge decline in donations between 2008 and now. Even in clothes – people are selling old clothes instead of donating them to charity shops”.

Staffing levels were also commonly cited as a limitation to service delivery. Many providers felt that they had a lack of adequate staffing to meet demand. This was linked to funding in some circumstances: “We currently have 39 clients and only 3 staff. With more funding and staff, more time could be spent with each client and a more effective service could be provided as a result. There are a lot of young people who are not being provided with the service, that probably need it as a result of a

lack of resources". Others found it difficult to retain staff as a result: "Pay in this job is low, so staff retention is a problem when resources are limited".

Some providers also found a lack of staff in their partner organisations to be a problem: "Lots of the statutory services have staff shortages. This impacts on how quickly decisions can be made in relation to accommodating under 18s in particular. Young people are remaining unallocated on Social Work waiting lists, our floating support workers cannot get decisions made or support for clients needing non-floating support tasks as a result".

8.5.7 Lack of Affordable Housing

Many providers highlighted a lack of affordable housing and social housing as barriers to helping clients find, and sustain, a successful tenancy. "The current social housing situation is a problem – the length of waiting list and lack of housing. People have no security of tenure". Similarly, another provider reported: "There are issues about sustainability of tenancies due to affordability and lack of affordable housing. There are long waiting lists for social housing so they have people in temporary accommodation – and this might be in an area that we don't cover".

A client moving to an area outside their service boundary was also identified as a problem for one provider, indicating that this has a knock-on effect in reaching their clients. "There is a lack of temporary accommodation in the areas we cover so young people have to move to another area where we cannot support them. Young people are having to 'sofa-surf', this can lead to difficulties maintaining contact".

8.6 Suggested improvements

Providers made a number of suggested changes that could improve the effective provision of floating support services in the future. These included:

- Ability to extend the time that support can be provided dependent on individual circumstances;
- Additional funding to extend the service;
- The provision of a peripatetic services;
- Increased staffing time to provide support to persons in a rural setting;
- Easier method of accessing referrals; and
- Specific training regarding client needs and risk assessment to be provided to encourage a more uniform approach by all floating support providers.

8.7 Summary

Feedback from users and providers is very positive. Several benefits were identified, the most popular being that the service has a holistic approach, that it is centred upon the individual and that it enables people to live independently in ordinary housing.

Opinions were also collected through focus groups with service users. These sessions indicated that, for referrals and accessibility, a range of routes had been taken in order to find the service. Some users had been referred (through various routes such as health workers or social workers), whilst others had been told by friends, or just stumbled upon the service. Generally, service users felt that the service was not very well publicised.

Support received was felt to be consistent with the needs of individuals. A number of users highlighted the importance of case workers and their availability as key to helping them feel secure. In addition to

the pre-arranged visits, users were made aware that support was available any time they needed it, and this 'friendship' provided a security and confidence that no other aid had provided.

Those that had successfully progressed through the process stated that they could not have achieved independent living without the floating support service.

To establish the limitations of Floating Support, providers identified a number of weaknesses in the service. These shortfalls were due to non-engagement of clients, with younger people identified as particularly difficult to win over. Concern over users becoming dependent on the service was an issue for some providers. Other weaknesses highlighted were inflexible working practices, the need to extend times for support and the challenges of providing floating support services in rural locations, where travel time between appointments can be difficult to manage. The majority of providers found that funding, and therefore staffing levels, were below what was needed. Lack of affordable housing and availability of social housing were also identified as problems in the implementation of the service.

9 PERFORMANCE & VALUE FOR MONEY

9.1 Introduction

The Housing Executive holds a wealth of information on Floating Support. The overall budget for Supporting People in 2011/12 was £65 million. The costs of managing / administering the programme were £1.1 million, of which approximately £170,000 was for Floating Support.

This section examines comparative costs, performance and VFM issues.

9.2 Costs

The monies spent on Floating Support and the unit and hourly costs for both Floating Support and accommodation based support are examined in the section below.

9.2.1 Funding Invested in Floating Support in comparison to Accommodation Based Services

Floating Support services have received £23.9M of funding over the last 3 years. The annual spend has been fairly static with only minor changes each year, and Floating Support accounting for 13% of the total Support People expenditure.

A comparison of the expenditure on Floating Support and accommodation based services over the last three years is shown in the table below.

Table 9.1: NIHE Supporting People outturn for contracted services (last 3 years)

NIHE Annual Spend on Support Services								
Financial Period	Accommodation Based			Floating Support			Total Programme	
	No. of Services	Outturn (£M)	% of total	No. of Services	Outturn (£M)	% of total	Total No. Services	Outturn (£M)
2009/10	794	53.6	87%	72	7.7	13%	866	61.3
2010/11	827	53.4	87%	71	7.9	13%	898	61.3
2011/12	805	53.9	87%	72	8.3	13%	877	62.2

Figures exclude administration, capacity and year end accruals. Source: NIHE Supporting People Finance Department

The total number of (accommodation and floating support) services increased between 2009/10 and 2011/12, however it was lower in 2011/12 than in 2010/11. The number of floating support services has remained almost exactly the same over the three year period 2009/10 to 2011/12 (71 or 72). Despite this, outturn has risen from £7.7M in 2009/10 to £8.3M in 2011/12. The number of accommodation based services increased from 794 to 827 in 2010/11 (4%) before dropping back again to 805 in 2011/12. The outturn across the three years for accommodation based services has increased only slightly. Table 9.2 shows the spread of floating support services by area for 2011/12.

Table 9.2: Spread of floating support services by area for 2011/12

NIHE area / Client Group	Belfast Area		Northern Area		South Eastern		Southern Area		Western Area	
	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)
Generic	-	-	-	-	2	£269,331	-	-	-	-
Homeless Families with Support Needs	-	-	-	-	-	-	4	£524,046	3	£251,204
Offenders or People at risk of Offending	2	£355,340	-	-	-	-	-	-	-	-
Older people with mental health problems/dementia	-	-	1	£36,076	-	-	1	£83,848	1	£54,118
Older people with support needs	1	£111,713	2	£119,438	1	£40,628	-	-	2	£324,146
People with a Physical or Sensory Disability	3	£1,093,613	-	-	-	-	3	£272,631	-	-
People with Alcohol Problems	-	-	-	-	1	£70,334	-	-	2	£158,840
People with Drug Problems	1	£108,214	-	-	-	-	-	-	-	-
People with Learning Disabilities	2	£97,291	2	£219,697	-	-	-	-	2	£211,451
People with Mental Health	3	£300,207	2	£90,287	2	£94,534	2	£74,020	1	£62,724

NIHE area / Client Group	Belfast Area		Northern Area		South Eastern		Southern Area		Western Area	
	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)	No of Services	Budget (2011/2012)
Problems										
Single Homeless with Support Needs	3	£379,313	1	£563,818	1	£295,433	-	-	-	-
Teenage Parents	1	£8,027	-	-	-	-	-	-	-	-
Traveller	1	£42,420	-	-	-	-	-	-	-	-
Women at Risk of Domestic Violence	1	£479,825	2	£232,196	1	£60,255	2	£201,115	3	£185,213
Young People at Risk	2	£190,347	-	-	2	£557,903	2	£254,386	3	£514,453
Young People Leaving Care	1	-	-	-	-	-	-	-	-	-
Total	20	£3,166,311	10	£1,261,512	10	£1,388,419	14	£1,410,045	17	£1,762,150

Table 9.2 shows that support for:

- homeless families with support needs is available in the Southern and Western areas, but none is available in Belfast, Northern or South East;
- offenders or those at risk of offending is based only in Belfast;
- older people with mental health problems/ dementia is not available in Belfast or the South East;
- older people with support needs is not available in the Southern area;
- people with a physical or sensory disability are not available outside Belfast or the Southern area;
- people with alcohol is available only in the South Eastern and Western areas;
- people with drugs is only available in Belfast;
- people with learning disabilities is not available in South Eastern and Southern areas;
- people with mental health is available across all areas;
- single homeless with support needs, not available in Southern or Western areas;
- teenage Parents and Travellers is available in Belfast only;
- women at risk of domestic violence is available across Northern Ireland;
- young people at risk is not available in Northern area.

It should be noted that some caution is needed in interpreting the table as users could fall into more than one client group, therefore the assessment above does not provide the full picture. The table highlights the wide variation in service availability. For example offenders or those at risk of offending are not being specifically supported outside Belfast (unless they fall into one of the other client groups); the Northern area is spending more than £1m on people with a physical or sensory disability, whereas Belfast, South East and Western has no expenditure in this sphere. The Southern and Western areas are spending £524k and £251k respectively on homeless families with support needs, whereas there is no allocation on this group in the other areas. Older people had approximately £800k allocated to them in 2011, out of a total expenditure of £8M.

It is difficult to draw conclusions from these statistics as providers may allocate different users into different groups, when they present with a range of needs. However, it would appear that there are significant variations in expenditure across areas. These spend patterns could be checked against the needs analysis completed at area level to ensure that the monies are being allocated where they can make the most impact in terms of supporting independent living and preventing homelessness.

9.2.2 Mean Cost per Support Unit

Table 9.3 shows the mean cost per support unit by Housing Executive area[14].

[14]In the NIHE benchmarking statistics, a 'unit' refers to an individual service user.

Table 9.3: Mean cost per support unit by NIHE area

NIHE area / Client Group	Belfast Area	Northern Area	South Eastern	Southern Area	Western Area
Generic	-	-		-	-
Homeless Families with Support Needs	-	-		£89.03	£49.59
Offenders or People at risk of Offending	£50.03	-	-	-	-
Older people with mental health problems/dementia	-	£46.25	-	£46.07	£41.63
Older people with support needs	£53.71	£36.06	£30.05	-	£96.15
People with a Physical or Sensory Disability	£67.89	-	-	£45.10	-
People with Alcohol Problems	-	-		-	£59.87
People with Drug Problems	£69.37	-	-	-	-
People with Learning Disabilities	£40.59	£131.93	-	-	£63.54
People with Mental Health Problems	£51.33	£35.40	£59.09	£31.33	£100.52
Single Homeless with Support Needs	£68.75	£135.53	£47.34	-	-
Teenage Parents	£77.18	-	-	-	-

NIHE area / Client Group	Belfast Area	Northern Area	South Eastern	Southern Area	Western Area
Traveller	£45.32	-	-	-	-
Women at Risk of Domestic Violence	£21.97	£50.60	£38.62	£42.34	£36.92
Young People at Risk	£36.27	-	£76.85	£71.65	£115.74

Table 9.4: Mean Cost per Support Hour

The table below shows the mean cost per support hour by NIHE area.

Client Group \ NIHE area	Belfast Area	Northern Area	South Eastern	Southern Area	Western Area
Generic	-	-	£27.54	-	-
Homeless Families with Support Needs	-	-	-	£21.27	£14.39
Offenders or People at risk of Offending	£28.20	-	-	-	-
Older people with mental health problems/dementia	-	£9.32	-	£14.02	£10.43
Older people with support needs	£21.54	£16.52	£19.53	-	£12.30
People with a Physical or Sensory Disability	£20.80	-	-	£17.57	-
People with Alcohol Problems	-	-	£22.54	-	£25.03
People with Drug Problems	£23.44	-	-	-	-
People with Learning Disabilities	£12.40	£15.18	-	-	£26.07
People with Mental Health Problems	£8.21	£33.74	£13.13	£12.11	£26.81
Single Homeless with Support Needs	£16.79	£24.41	-	-	-
Teenage Parents	£18.60	-	-	-	-
Traveller	£23.31	-	-	-	-
Women at Risk of Domestic Violence	£22.05	£20.22	£14.78	£18.45	£15.38

Client Group / NIHE area	Belfast Area	Northern Area	South Eastern	Southern Area	Western Area
Young People at Risk	£19.60	-	£25.96	£26.10	£30.09

The tables above show the costs for each Housing Executive area. They show a significant variation in costs across Northern Ireland. For example, in 2011/12, there were seven service providers delivering floating support services to homeless families with support needs. The cost per unit ranged from £13.81 in the Western area to £208.31 in the Southern. For people with mental health problems, the cost per support hour ranged from £5.28 in Belfast (min in range) to £54.14 (max in range) in the Northern area.

Hourly rates for housing related support activity are an important element of the value for money assessment as they give the actual rate per hour of time input and are therefore more readily comparable between services than weekly rates which take no account of the intensity of support. The hourly support rate is defined as:
Total annual contract price divided by the annual establishment staff hours spent on support.

A key aspect of the NIHE's approach to assessing VFM is to take into account whether the intensity of support is appropriate for service users. Intensity is defined in this context as the number of support hours per service user per week.

There are four categories into which all services are divided as detailed below for the purposes of benchmarking:

1. Minimal – up to 3 hours: support for users in independent accommodation but in need of support to prevent homelessness.
2. Low – 3 -10hours: project staff during week day hours, or part of day, with some provision of on call / out of hours service.
3. Medium – 11-20 hours: project with daytime and sleep in cover. Support available most of the time including crisis.
4. High – over 21hours: to provide 24 hour support to chaotic and highly vulnerable clients from specialist workers.

9.2.3 Cost Analysis

Cost analysis was undertaken based upon benchmarking statistics from 2011 to 2012, obtained from the Housing Executive for both the floating support and accommodation based services. Details relating to the average cost per service hour (PSH) and average cost per unit[15] are shown in Tables 9.5 and 9.6. Blank entries indicate that there are no services for the for the client group.

[15] In the NIHE benchmarking statistics, a 'unit' refers to an individual service user.

Table 9.5: Average Cost per Support Hour (PSH) Comparison for Floating Support and Accommodation Based Services

Client Group	Floating Support		Accommodation Based	
	Average Cost (PSH)	Number of Services	Average Cost (PSH)	Number of Services
Frail Elderly	-	-	£15.09	18
Generic	£27.54	2	£4.66	2
Homeless Families with Support Needs	£17.83	7	£15.85	27
Offenders or People at risk of Offending	£28.20	2	£25.30	3
Older people with mental health problems/dementia	£11.26	3	£20.47	14
Older people with support needs	£17.28	6	£11.59	370
People with a Physical or Sensory Disability	£18.86	6	£19.21	16
People with Alcohol Problems	£24.20	3	£15.14	13
People with Drug Problems	£23.44	1	-	-
People with Learning Disabilities	£17.88	6	£14.81	148
People with Mental Health Problems	£16.94	10	£16.41	108
Single Homeless with Support Needs	£19.33	5	£13.82	43
Teenage Parents	£18.60	1	£15.39	3
Traveller	£23.31	1	£19.01	2
Women at Risk of Domestic Violence	£17.81	9	£29.30	14
Young People at Risk	£26.75	9	£13.76	10
Young People Leaving Care	-	-	£27.26	1

Source: NIHE Benchmarking Statistics 2011 - 2012

The table indicates that, when compared to accommodation based services, the cost effectiveness of Floating Support per support hour varies depending upon the client group. For example, older people with mental health problems / dementia cost £11.26 PSH under Floating Support, yet this figure almost doubles to £20.47 under accommodation based support. For young people at risk the reverse is shown, with Floating Support (£26.75) almost twice the cost of accommodation based (£13.76).

Table 9.6: Cost (unit) Comparison for Floating Support & Accommodation Based Services

Client Group	Floating Support		Accommodation Based	
	Average Cost (unit rate)	Number of Services	Average Cost (unit rate)	Number of Services
Frail Elderly	-	-	£111.18	18
Generic	£78.43	2	£115.95	2
Homeless Families with Support Needs	£72.13	7	£149.95	27
Offenders or People at risk of Offending	£50.03	2	£495.90	3
Older people with mental health problems/dementia	£44.65	3	£177.23	14
Older people with support needs	£49.11	6	£15.26	370
People with a Physical or Sensory Disability	£62.08	6	£178.44	16
People with Alcohol Problems	£64.96	3	£247.58	13
People with Drug Problems	£69.37	1	-	-
People with Learning Disabilities	£78.68	6	£237.83	148
People with Mental Health Problems	£50.62	10	£191.60	108
Single Homeless with Support Needs	£77.82	5	£203.77	43
Teenage Parents	£77.18	1	£225.07	3
Traveller	£45.32	1	£54.09	2
Women at Risk of Domestic Violence	£39.69	9	£398.79	14
Young People at Risk	£128.07	9	£361.64	10
Young People Leaving Care	-	-	£450.00	1
TOTAL	**£67.98**	**71**	**£122.54**	**792**

Source: NIHE Benchmarking Statistics 2011 - 2012

Table 9.6 shows that the accommodation based support services are more expensive per unit than floating support services for all but one client group: older people with support needs are shown to cost £49.11 per unit under Floating Support, compared to £15.26 for accommodation based services.

Whilst accommodation based services were shown to be more expensive in all but one client group, the extent of this margin varies between client groups. For example, offenders or people at risk of offending costs £50.03 per unit under floating support, and £495.90 under accommodation based. This represents a highly significant difference of £445.87 per unit. Young people at risk and women at risk of domestic violence show similar disparities in cost.

A less extensive differential is apparent with the traveller client group. The cost per unit under floating support for this group is shown as £45.32, compared to £54.09, with one and two services respectively. This is a difference of £8.77.

Areas other than direct service costs are also of important consideration. As identified in the Communities and Local Government Report into the Effectiveness of Floating Support Services for the Supporting People Programme (2008), previous reports have addressed cost effectiveness in terms of:

- Reducing rent arrears;
- Prevention of tenancy breakdown (and resulting costs);
- Reduction of Hospital Admissions (people with mental health issues);
- Timely discharge of older people from hospital;
- Reduction of re-offending rates;
- Addressing anti-social behaviour; and
- Preventing truancy costs.

This report also notes that in addition to reducing the cost to public bodies, these outcomes also cause related social benefits to rise in terms of social structure and community relations.

An example of the ways in which cost effectiveness can be assessed is shown through eviction costs, as evaluated by Compass (1997) in relation to Camden's Floating Support service. This report estimated the cost of eviction at £1,920 (not including staff time); therefore helping tenants to maintain their accommodation was, on the whole, cost effective.

9.3 Benchmarking

This section reviews Floating Support data for Northern Ireland with the costs for North East England[16]. As with the cost comparison in the previous section, these data are based upon NIHE benchmarking data for 2011/12.

Table 9.7: Floating Support Cost (PSH) NE England and NI Comparison

Client Group	Floating Support – North East England		Floating Support- Northern Ireland	
	Average Cost (PSH)	Number of Services	Average Cost (PSH)	Number of Services
Generic	£22.11	3	£27.54	2
Homeless Families with Support Needs	£18.08	1	£17.83	7
Offenders or People at risk of Offending	£19.20	2	£28.20	2
Older people with mental health problems/dementia	-	-	£11.26	3
Older people with support needs	£17.85	12	£17.28	6
People with a Physical or Sensory Disability	£10.34	9	£18.86	6
People with Alcohol Problems	£19.63	1	£24.20	3
People with Drug Problems	£17.33	2	£23.44	1
People with Learning Disabilities	£23.52	2	£17.88	6
People with Mental Health Problems	£26.89	14	£16.94	10
Single Homeless with Support Needs	£20.50	6	£19.33	5
Teenage Parents	£22.12	3	£18.60	1
Traveller	-	-	£23.31	1
Women at Risk of Domestic Violence	£17.03	5	£17.81	9
Young People at Risk	£19.22	9	£26.80	9
TOTAL	**£19.64**	**69**	**£19.71**	**71**

Source: NIHE Benchmarking Statistics 2011 – 2012

[16]The NE England statistics were used as this region bears similarity to Northern Ireland in terms of population density and demographic structure.

The total number of services for Northern Ireland is 71 and 69 in the NE England. In NE England the average cost of floating support was £19.64, compared to £19.71 for Northern Ireland.

Northern Ireland has lower average cost per support hour for the following client groups:

- Homeless Families with support needs
- Older people with support needs
- People with learning disabilities
- People with mental health problems
- Single homeless with support needs
- Teenage parents

However Northern Ireland has higher average costs per support hour for:

- Offenders or those at risk of reoffending
- People with physical or sensory disability
- People with alcohol problems
- People with drug problems
- Young people at risk

Comparison of the average cost per support hour for Northern Ireland with averages for the English regions shows a similar pattern. Most noteworthy are those client groups where the average cost is much higher in Northern Ireland than in England, namely:

- Offenders or people at risk of reoffending
- Young people at risk
- People with alcohol problems
- People with drug problems

Table 9.8: Floating Support Service: Average Unit Rates NE England & NI Comparison

Client Group	Floating Support – North East England		Floating Support- Northern Ireland	
	Average Weekly Unit Cost	Number of Services	Average Weekly Unit Cost	Number of Services
Generic	£67.48	3	£78.43	2
Homeless Families with Support Needs	£58.70	1	£72.13	7
Offenders or People at risk of Offending	£91.81	2	£50.03	2
Older people with mental health problems/dementia	-	-	£44.65	3
Older people with support needs	£13.05	12	£49.11	6
People with a Physical or Sensory Disability	£470.34	9	£62.08	6
People with Alcohol Problems	£161.18	1	£64.96	3
People with Drug Problems	£115.98	2	£69.37	1
People with Learning Disabilities	£168.03	2	£78.68	6
People with Mental Health Problems	£102.45	14	£50.62	10
Single Homeless with Support Needs	£82.17	6	£77.82	5
Teenage Parents	£118.27	3	£77.18	1
Traveller	-	-	£45.32	1
Women at Risk of Domestic Violence	£63.05	5	£39.69	9
Young People at Risk	£71.19	9	£128.07	9
	£127.56	**69**	**£67.98**	**71**

Source: NIHE Benchmarking Statistics 2011 – 2012

Northern Ireland benchmarks positively with the North East England as weekly unit costs in Northern Ireland are lower for all client groups except generic, homeless families with support needs, older people with support needs and young people at risk.

Table 9.9: Benchmarking Summary

	Floating Support		Accommodation Based Support	
	Total Average Cost PSH	Total Average Weekly Unit Cost	Total Average Cost PSH	Total Average Weekly Cost per unit
Northern Ireland	£19.71	£67.98	£13.99	£122.54
NE England	£19.64	£127.56	£11.28	£133.86

Table 9.9 summarises the results for the benchmarking data in Northern Ireland and North East England for both floating support and accommodation based support services. As highlighted previously, the costs of floating support are lower in Northern Ireland than in North East England, in terms of weekly unit costs. For accommodation based services, the cost per service hour is higher in Northern Ireland, and the cost per unit is lower.

At £67.98, Northern Ireland's average weekly unit cost for Floating Support is lower than for most English regions. The average across all English regions is £89.43, so that Northern Ireland is approximately £21 below the English average. The highest average weekly unit cost is in the North West at £194.31.

9.4 Performance Results

9.4.1 Introduction

This section considers the results achieved by reviewing the extent to which the providers delivered on the targets set (i.e. Service Performance Indicators (SPIs)).

9.4.2 Performance against Targets

SPI 2B measures the number of Floating Support days being worked by service providers as a percentage of the total number of days allocated. Some figures exceed 100% where the number of Floating Support days has exceeded the total number of support days allocated. SPI 2B is calculated as follows:

A = The total number of days that support plans apply to each service user during the reporting period

B = The number of service users specified in the support contract

C = The number of days in the reporting period (where a contract for support is in place)

Therefore SPI 2B = 100 x A ÷ (B x C)

The annual target set for SPI 2B is 90% or over.

Assessment: Services for five out of the fourteen client groups did not achieve the utilisation target. These were services for homeless families, older people with support needs, older people with mental health problems and people with drug problems.

Table 9.10: SPI 2B: Percentage Utilisation (floating support) – Target: 90%+

Client Group	2010
Frail Elderly	-
Homeless Families	84%
Generic	109%
Offenders at Risk of Reoffending	95%
Older People with support needs	87%
Older People mental health problems	87%
People with a Physical or Sensory Disability	90%
People with Alcohol Problems	103%
People with Drug Problems	67%
People with Learning Disabilities	75%
Single Homeless with Support Needs	164%
Teenage Parents	146%
Traveller	95%
Women at Risk of Domestic Violence	121%
Young People at Risk	90%
Young People Leaving Care	-

Source: NIHE Supporting People Finance Department

The indicator used to assess performance of Floating Support provides a clear indication of provider throughput levels, and allows NIHE to conduct further assessment / investigation of those that are not meeting targets.

There is an opportunity for NIHE to develop further indicators which assess the outcomes being achieved. The main outcome will be the extent to which the FS service has helped achieve independent living. It would also be useful to assess the level of additionally, i.e. the extent to which this service has added value and targeted those who did not have other supports to help them achieve this goal.

9.4.3 Service Users' Perspectives

It was also important to understand how service users assessed the support provided. Focus groups were conducted with service users across Northern Ireland, in order to get their feedback on the service provided.

The focus groups with service users highlighted the following:

- All service users consulted through focus groups highly valued the service provided through floating support.
- They highlighted that the support helped them to develop life skills, e.g. social skills, money management etc.
- The service provided support in maintaining a good quality of life by having a secure tenancy.
- For some service users, support workers provided help and support in debt resolutions and sorting out paperwork.
- Many service users felt that they gained support in helping to read and deal with personal correspondence.
- Support workers act as advocates, when service users are not able to sort out problems themselves e.g. housing benefit issues, neighbourhood disputes, etc.
- Service users benefit from support in dealing with household repair problems.
- Help is provided towards resolving tenancy issues and mediation support.

Participants were also asked to identify the thing they would most like to change about the support they received. A summary of the responses follows:

- Access to information should be improved in relation to employment and changes to benefits.
- Better information from the Housing Executive regarding the support (most noted that they hadn't been referred to the service by the Housing Executive, but that they had seen posters or heard of it through others).
- Better informed on the changes happening in the service.
- When circumstances required, there should be more visits from support workers, although participants recognised that more staff may be needed to help make this happen.

Service users were asked to determine the ways in which floating support returned value for money. Their responses are summarised below:

- The service helps when users are required to address household maintenance issues and repairs. If these problems are dealt with more quickly and efficiently, with the help of service providers, they are less likely to escalate into more major (and potentially more expensive) problems.
- Support is available from a generic floating support service, where one to one advice and guidance is available for a range of issues. Some users noted how they had contacted caseworkers at irregular hours to ask for help. Many referred to a *"24 / 7"* service.
- Support workers are providing a personal service, tailored to the needs of the individual user.
- The caseworkers establish a personal plan, with goals and milestones to achieve, rather than a 'one size fits all' approach. Caseworkers become friends, rather than just people paid to provide a service.

Service users were asked to evaluate their caseworkers, and responses included:

- Caseworkers are extremely good listeners, and actually care about the individual's situation. They are keen to evaluate the problems and concerns of service users and provide advice in order to find a solution.
- The caseworkers were also felt to have a good understanding of health, education and housing issues, together with the benefits available to service users and how to claim them.
- Service users felt that they could trust their caseworkers, although this had to be built up over a period of time in many cases. Once established, the rapport between caseworker and service user was a source of self-confidence, providing trust and friendship to the individuals concerned.

When asked about ways in which the floating support service helped service users to gain and maintain their independence, responses were:

- The service helps to develop life skills to people who have experienced / are experiencing problems in their daily lives.
- The caseworkers help to develop life skills such as managing bill payments, looking for work, maintaining the home and filling in forms (for example, to register for benefits entitled to, but not claimed).
- It was also felt by the majority of focus group participants that self-confidence was a huge benefit, both for maintaining independence and for generally 'getting through the day'.

Focus group members were asked how the service had helped in terms of information provision. Responses can be summarised as:

- The service has helped to provide access to educational and literary sources, such as public libraries, and provided the confidence and ability to utilise them.
- Service users also state that they had received guidance regarding voluntary positions and gateways to employment; many had secured part time positions of employment through the help of the caseworker.
- It was felt by participants that they had a better view of community activities, with access to social clubs, support groups and local amenities.
- There was also an opinion amongst service users that they had a better route to specialist support systems, such as referrals to more specific counselling or support groups.

The service user groups were asked about how the floating support service engages with them, and what generic group support is available. Responses were as follows:

- The floating support service is a generic service, catering for a variety of needs and situations. Service users are provided with the opportunity to meet and engage with one another in comfortable and neutral surroundings.
- Informal meetings are available, such as coffee mornings and drop in sessions, where service users can participate in social interaction situations if they wish. There is no obligation to attend or participate, however those who do are very enthusiastic about the opportunity.
- Some participants mentioned that they have regular meetings with other service users and tenants, providing an opportunity to discuss any problems or issues that they may have with one another or their situation generally. This provides an opportunity to highlight and deal with any problems at an early stage that may otherwise be left to escalate.

Focus group participants were asked how they would like to be involved in the formation of service provision, and if communication could be improved between the service providers and service users. A summary of responses is:

- The floating support service should be a generic service that provides opportunities for service users, where desired, to become involved in the way the service is managed. Participants would like to contribute their opinions through portals such as surveys, focus groups and feedback forms. They feel that their opinion should form an important part of the future direction of the service, and also that the outcome of these consultations are fed back to them, therefore maintaining the communication loop.
- Service users feel that it would be beneficial to hold bi-annual consultation meetings where they are able to voice their opinions and concerns regarding services. This would also help to maintain the communication link between service providers, caseworkers and service users.

9.5 Summary

The research indicates that Floating Support is effective with regard to supporting independent living:

- The overwhelming majority of users who participated in the focus groups responded that Floating Support had helped them live independently. Many spoke movingly of their personal situations, all very varied, and how Floating Support workers had been key to helping them build their spirit and their lives alongside practical support in finding appropriate housing.
- The provider survey confirmed that Floating Support had a wide range of impacts. Of those who responded to the survey, all felt their service had a significant impact on enabling the user to live independently, and to live in ordinary housing. All respondents also agreed that the service impacted (to a large extent or to some extent) on increasing social inclusion; improving users' quality of life; preventing tenancy breakdown; reconnecting users with family/friends/wider social networks and improving users' health.

A wealth of information is collected and analysed by the Housing Executive on the costs of the outputs being delivered. However the focus on meeting individual needs means delivering an individualised service, which makes it difficult to compare different provision. Weekly unit costs in Northern Ireland benchmark well with England (Northern Ireland has the lowest weekly unit costs of the whole of the UK). In comparison with the North East of England, Northern Ireland has lower rates for all client groups with the exception of homeless with support needs, older people with support needs and young people at risk. Overall the average weekly unit cost for Northern Ireland is £67.98 for 2011/12 compared to £127.56 for the North East of England.

The Housing Executive has a VFM policy in place which includes examining individual provider information on inputs, outputs and outcomes. As a result the information is comprehensive at an individual provider level, however there is a need to focus also on assessing VFM overall and comparing results achieved by providers to specific client groups. A move to outcome focused funding agreements with providers would release Housing Executive resources from monitoring inputs for all providers, but still ensure that VFM contributions are being made towards the policy of supporting independent living and preventing or reducing homelessness.

10 BALANCE BETWEEN FLOATING SUPPORT AND ACCOMMODATION BASED SERVICES

10.1 Introduction

This section examines the current balance between Floating Support and accommodation based support and considers whether this is effective. It then considers what factors should be taken into account when deciding an appropriate balance between the two service types.

10.2 Current Balance

At March 2012, Supporting People funded around 800 accommodation based services, 70 floating support services and 15 accommodation based services with floating, resettlement and outreach support in Northern Ireland. There was clearly a significantly higher level of provision of accommodation based services with floating support accounting for just 9% of all services.

10.2.1 Number of services by Client Group

At March 2012, almost half (47%) of accommodation based services were for older people with support needs. This was the largest number of accommodation based services for any client group, followed by people with learning disabilities (19% of accommodation based services) and people with mental health problems (14%). The majority of accommodation based services with floating, resettlement and outreach support were for women at risk of domestic violence, but these services were also provided to single homeless people with support needs and people with learning disabilities. Floating support services were provided to a wide range of client populations. The largest number of floating support services were for people with mental health problems (10 services; 14%) and young people at risk (nine services; 13%).

Table 10.1: Number of services by client group and service type (March 2012)

Client Group	AB		FS		
	No.	% *	No,	%*	FS as % of AB
Frail Elderly	18	100	0	0	0%
Generic	2	50	2	50	100%
Homeless Families with Support Needs	27	79	7	21	26%
Offenders or People at risk of Offending	3	60	2	40	67%
Older People with Mental Health Problems / Dementia	14	82	3	18	21%
Older people with support needs	370	98	6	2	2%
People with a Physical or Sensory Disability	16	73	6	27	38%
People with Alcohol Problems	13	81	3	19	23%
People with Drug Problems	0	0	1	100	-

People with Learning Disabilities	148	96	6	4	4%
People with Mental Health Problems	108	84	10	16	9%
Single Homeless with Support Needs	43	90	5	10	12%
Teenage Parents	3	75	1	25	33%
Traveller	2	67	1	33	50%
Women at Risk of Domestic Violence	14	56	9	44	64%
Young People at Risk	10	53	9	47	90%
Young People Leaving Care	1	100	0	0	-
Total	**792**	**92**	**71**	**8**	**9%**

NB: Accommodation Based Services (AB); Floating Support Services (FS).

* '%' refers to proportion of all support services for the relevant client group.

Source: NIHE Supporting People Data

10.2.2 Number of services by Housing Executive Area

At March 2012, the largest proportion of services was provided in the Belfast area, with 27% of all accommodation based services and 28% of all floating support services concentrated in Belfast. The provision of floating support as a proportion of all support services was highest in the Western area, where floating support accounted for 12% of all service provision. It was lowest in the Northern and South Eastern areas at six per cent in each. Overall, floating support accounted for eight per cent of support services across the five NIHE areas.

Table 10.2: Number of services by service type and NIHE area

NIHE Area	AB		FS		FS as % of AB
	No.	% (of all services in area)	No.	% (of all services in area)	
Belfast	217	92	20	8	9%
Northern	155	94	10	6	7%
South Eastern	166	94	10	6	6%
Southern	127	90	14	10	11%
Western	126	88	17	12	14%
Multiple NIHE Areas	1	100	0	0	0%
Total	**792**	**92**	**71**	**8**	**9%**

Source: NIHE Supporting People Data

10.2.3 Allocation of provision

Table 10.3 below sets out the average number of units per provider in each client group. The numbers vary from six to 26.

Table 10.3: Accommodation Based Number of Services, Number of Units, Average Units per Provider, 2011/2012

Client Group	Accommodation Based Support		
	Number of Services / Providers	Total Number of Units Contracted	Average Units per Service / Provider
Frail Elderly	18	478	26.5
Generic	2	30	15.0
Homeless Families with Support Needs	27	348	12.8
Offenders or People at risk of Offending	3	49	16.3
Older people with mental health problems/dementia	14	258	18.4
Older people with support needs	370	9,306	25.1
People with a Physical or Sensory Disability	16	190	11.8
People with Alcohol Problems	13	256	19.7
People with Learning Disabilities	148	1,315	8.9
People with Mental Health Problems	108	1,063	9.8
Single Homeless with Support Needs	43	826	19.2
Teenage Parents	3	28	9.3
Traveller	2	13	6.5
Women at Risk of Domestic Violence	14	138	9.9
Young People at Risk	10	126	12.6
Young People Leaving Care	1	6	6

Source: NIHE Supporting People Finance Department

Table 10.4: Floating Support Number of Services, Number of Units, Average Units per Provider, 2011/2012

Client Group	Floating Support		
	Number of Services / Providers	Total Number of Units Contracted	Average Units per Service / Provider
Generic	2	64	32.0
Homeless Families with Support Needs	7	250	35.7
Offenders or People at risk of Offending	2	135	67.5
Older people with mental health problems/dementia	3	75	25.0
Older people with support needs	6	218	36.3
People with a Physical or Sensory Disability	6	458	76.3
People with Alcohol Problems	3	66	22.0
People with Drug Problems	1	30	30.0
People with Learning Disabilities	6	140	23.3
People with Mental Health Problems	10	284	28.4
Single Homeless with Support Needs	5	369	73.8
Teenage Parents	1	2	2.0
Traveller	1	18	18.0
Women at Risk of Domestic Violence	9	715	79.4
Young People at Risk	9	368	40.8

Source: NIHE Supporting People Finance Department

Table 10.4 shows that the average number of units per service / provider varies from two to 79. There is a very significant variation in unit rates and further analysis is needed by client group and intensity of support before any conclusions can be drawn.

Table 10.5: Floating Support & Accommodation Based Provider Unit Rate Range & Spread

Client Group	Floating Support – Weekly Unit Rate			Accommodation Based – Weekly Unit Rate		
	Lowest in Range	Highest in Range	Spread	Lowest in Range	Highest in Range	Spread
Frail Elderly	No Services	No Services	No Services	£35.38	£246.44	£211.06
Generic	£67.01	£89.85	£22.84	£31.61	£200.28	£168.67
Homeless Families with Support Needs	£23.41	£208.31	£184.9	£17.98	£389.87	£371.89
Offenders or People at risk of Offending	£48.82	£51.25	£2.43	£398.63	£560.99	£162.36
Older people with mental health problems/dementia	£41.63	£46.25	£4.62	£46.71	£430.75	£384.04
Older people with support needs	£30.05	£96.15	£66.1	£0.56	£157.04	£156.48
People with a Physical or Sensory Disability	£29.88	£101.39	£71.51	£2.28	£354.24	£351.96
People with Alcohol Problems	£44.80	£75.14	£30.34	£42.35	£590.99	£548.64
People with Drug Problems	£69.37	£69.37	£0	No Services	No Services	No Services
People with Learning Disabilities	£40.22	£176.45	£136.23	£24.74	£794.51	£769.77
People with Mental Health Problems	£21.99	£100.52	£78.53	£32.47	£431.98	£399.51
Single Homeless with Support Needs	£23.36	£140.9	£117.54	£51.14	£344.60	£293.46
Teenage Parents	£77.18	£77.18	£0	£149.85	£266.41	£116.56

Client Group	Floating Support – Weekly Unit Rate			Accommodation Based – Weekly Unit Rate		
	Lowest in Range	Highest in Range	Spread	Lowest in Range	Highest in Range	Spread
Traveller	£45.32	£45.32	£0	£54.09	£54.09	£0
Women at Risk of Domestic Violence	£21.97	£55.26	£33.29	£214	£560.87	£346.87
Young People at Risk	£32.37	£177.01	£144.64	£126.51	£580.66	£454.15
Young People Leaving Care	No Services	No Services	No Services	£450	£450	£0

Source: NIHE Supporting People Finance Department

The variation in needs and therefore costs makes it difficult to draw out meaningful comparisons with regard to costs. Nevertheless, Table 10.5 shows that there is a risk that funds could be allocated inefficiently if the initial assessment does not accurately assess the level and intensity of need. However, cost is only one element and others such as quality of service provision, and the outcomes achieved also need to be considered. As noted previously, however, the KPI measures for Floating Support are not sufficiently well developed to monitor the specific outcomes achieved. This is an area requiring further development.

10.2.4 How effective is the current balance?

Providers were asked if they thought that Floating Support is the best option for service users who require long term support, compared to the service provided by accommodation based support. Providers offered contrasting viewpoints on this issue. Their most important statements are set out below.

Some providers agreed that Floating Support is the best option for people who require low to medium level support: "Floating support best meets the needs of those who have the potential to develop and respond to short time-limited and goal-directed input".

Many providers held the view that Floating Support is a more appropriate solution, as it enables clients to remain in their own home and to learn independent living skills. These are advantages that accommodation based support does not offer. "Accommodation based support can lead to clients becoming institutionalised. Floating Support better retains independence and provides for a holistic and person centred approach to problem solving within their own home environment".

In contrast, some other providers felt that, whilst the model of Floating Support is beneficial, the imposition of a two year time limit of services is too restrictive. "I would agree that Floating Support is good as the person can live independently, but the time limit is an obstacle to those who need long term support". Some service providers also suggested that introducing peripatetic services would help to overcome this problem: "Some individuals will require long term services to ensure they maintain their accommodation and tenancy successfully. This isn't always possible in two years – a peripatetic model would be better for these cases".

A significant number of the providers also recognised that there will always be a need for accommodation based services to deal with certain circumstances. This could be in a time of crisis for particular client groups, e.g. women fleeing domestic violence: "There remains a clear place for accommodation based support – even as a short-term emergency response. Refuges are vital and may be the most economical way to meet needs because of safety issues, as often victims have no choice other than to get out, and get out quickly. And their location is anonymous, which is an advantage."

Other providers felt that accommodation based support is also more appropriate for particularly vulnerable people with high support needs until they reach a point where they are ready for independent living. "Some vulnerable young people need a more intensive 24 hour support with staff close by at all hours. Some young people need help to protect them from exploitation from others, e.g. a warden to prevent unwanted visitors gaining access to their flats as some young people lack confidence and are not assertive enough to say no to unwanted guests coming into their homes. Floating Support will work very well for low-medium need, low-medium risk young people living independently. However, supported accommodation is much better at addressing the needs of those who are high risk and high need".

These observations suggest that, from the providers viewpoint, the floating support service is as effective, if not more so, when applied to the majority of situations. It is recognised, however, that in certain immediate circumstances, there is no substitute for the security and anonymity of accommodation based services. For example, a woman escaping domestic violence with a young family cannot, in the immediate short term, be helped by anything other than an accommodation based support service.

It is also noted that, whilst Floating Support is deemed by most providers to be superior in the majority of cases, the two year limit upon the provision of services can be restrictive for clients with long term or permanent problems.

10.3 What is an effective balance?

Providers who responded to the survey were asked their views on a number of different factors to be considered in determining an appropriate balance between floating support and accommodation based services. A local assessment of needs and the ability to provide support in the person's own home were considered to be the most important factors with 91% of providers strongly agreeing with both of these. This was followed by local circumstances and the availability of appropriate supported accommodation in the area (86% and 68% strongly agreed respectively). Results are shown in Table 10.6 below and Appendix 2, table 1.27.

Table 10.6: Importance of factors in determining an appropriate balance between floating support and accommodation-based services

	Very important	Quite important	Neither	Not important
Local assessment of needs	91%	9%	0%	0%
Availability of appropriate supported accommodation in the area	68%	32%	0%	0%
Scarcity of affordable housing in the area	64%	32%	0%	0%
Ability to provide support in the person's own home	91%	5%	5%	0%
Local circumstances	86%	9%	5%	0%
Whether an urban/rural area	45%	36%	14%	5%

Base: 22 responses

The most important factor in the urban/rural issue is access to accommodation/supported housing e.g. refuges, shelters and sheltered housing. These schemes will only be in cities and larger towns, which leaves a large proportion of people in rural areas without cover. This is a key argument for Floating Support – it isn't geographically bound and can be brought to the person, even in remote rural areas. Moving someone from their own home into accommodation based support in a different part of the country should be avoided as people want to stay in their own community, where they have existing social and support networks. Again, this comes back to the person-centred approach and flexibility.

On the other hand, providers who cover rural areas have issues with funding/staffing levels. Their staff spend a significant amount of time travelling between clients. This, along with a heavy caseload, reduces the amount of time staff can spend with clients. They would like more staff to allow for this. This point also emerged during the focus group with service users – they were very aware that their case worker spent a lot of their working day travelling. While they didn't necessarily think this detracted from the service they were receiving, some did think they would benefit from more time with their case worker and the travelling time prevented this.

Service providers were also asked to provide their views on what they considered to be an effective balance. The prevailing opinion was that Floating Support is the best option for clients with low to medium support needs, while there is a place for accommodation based support for those with high support needs.

Providers felt that the appropriate balance should be dictated by the number of clients within each level of need and also be led by the client's circumstances and wishes: "It ultimately relates to the person's circumstances and what they need. Some people need short term help for a number of months and can then move on. However, as it is only limited to 2 years, those with recurring problems may need to seek more permanent assistance".

Many providers also raised the possibility of providing more peripatetic services to fill a gap between Floating Support and accommodation based provision: "We would like to have a peripatetic service running in conjunction for those who require more support or dual support for situations which may not be housing related, but will have an impact on them maintaining their tenancy".

10.4 Summary

At present approximately one in ten Supporting People cases are covered by Floating Support. The most recent Housing Executive statistics show that at March 2012 there were around 800 accommodation based services and 70 floating support services, with the proportion of floating support cases ranging from 6% to 12% across the five Housing Executive areas. Analysis of the client groups by the service they received indicates that the balance between floating support services and accommodation based services is dependent upon the nature of the client needs. The most obvious differences in service levels between the two services were identified in the following categories:

- Frail elderly
- Older people with support needs
- People with mental health problems
- People with learning disabilities.

Although the majority of client groups show greater numbers for accommodation based services than for floating support services, these four services reveal significant differences. Due to the characteristics of the service users in each of these client groups, these service users are likely to have a longer term or permanent issue, suggesting that the floating support service is unsuitable to meet the needs of clients with longer term problems.

This view is supported by the service providers, who highlighted the perspective that the floating support service is extremely effective in preserving people's independence and ability to remain in their own home. However, the two year restriction placed on the delivery term of the service is not adequate to meet the needs of some clients in the longer term.

When asked for their views on where the effective balance between the services lies, the majority of providers (88%) indicated that local assessment of needs and the ability to provide support in a person's own home are very important factors which have to be taken into account. Local circumstances, availability of supported accommodation and availability of affordable housing are also regarded as very important considerations.

11 THE PROVISION OF OTHER SERVICES

11.1 Introduction

Providers were clear that clients often have multiple needs beyond the remit of their organisation and the floating support service. Indeed, many take this into account at the initial assessment stage when they look at all the clients' needs and risk factors. Many providers spoke about providing a holistic service, whereby they signpost and broker access to other service providers to meet clients' needs.

11.2 Partnership working

Service providers reported working in partnership with a range of other organisations. These relationships exist to facilitate the referral process, but also to provide a continuum of support for service users. The most commonly cited partnerships are with social services, health services, housing advice services and benefits advice services (95% respectively) (Table 11.1 and Appendix 2, table 1.31).

Table 11.1: Other organisations/agencies providers work in partnership with

Agency	%
Social services	95%
Health services – inc. mental health and addictions	95%
Probation services	50%
Policy	70%
Housing advice services	95%
Benefits advice services	90%
Careers advice services	75%
Childcare services e.g. Sure Start etc.	45%
Money/debt advice services	75%
Education and training advice service e.g. colleges/training providers	75%
Legal advice services e.g. CAB	65%

Base: 20 responses. Respondents could provide more than one answer.

11.3 Case Study: Partnership Working: Women's Aid

Partnership Working Case Study: Women's Aid

Women's Aid supports women and children who are at risk of, or currently experiencing, domestic violence. Their floating support service provides a range of supports in relation to the specific situation of each client. Their ultimate goal is to enable clients to remain in their own home, where this is feasible. Forms of support can include:

- Help in sustaining tenancies if there are joint mortgages;
- Work with NIHE in making applications for housing (particularly in achieving full duty applicant status, when it wouldn't be safe for the woman and children to reside in the home);
- Helping clients to get occupation orders and non-molestation orders, so the woman and children can reside in the home;
- Looking at safety planning to ensure the home is secure.
- In the event of move-on, ensuring appropriate resettlement services.
- Looking at money management, benefits checks, tax credits, rent issues and arrears, bills, debts, budgeting.
- Advocating and informing women of the availability of other specialist services and helping them access the services.

Women's Aid is a member of the Multi Agency Risk Assessment Conference (MARAC). This is a group of agencies (including PSNI, NIHE, Social Services and Victim Support) that deals with victims of domestic violence who are at risk of serious harm or homicide. The MARAC meets twice weekly to consider all cases referred to them. Each case will have a thorough risk assessment conducted. Women's Aid also shares information on the support that their clients are currently receiving. The group then develops a risk management plan working with all the agencies to ensure the safety of the women and children involved.

11.4 Other services used by clients

Providers were asked about the other services their clients typically access. Clients will typically be engaged with a number of different services depending on their specific needs, but the most commonly accessed services are social services, health services and mental health services. Table 11.2 (overleaf) and Appendix 2, table 1.28 set out all responses. In addition to these, providers reported that clients also access the following services:

- Parenting Support/Sure Start;
- Women's Aid;
- Welfare Services;
- C.A.B;
- Bryson Trust befriending services.

Table 11.2: Other services accessed by floating support clients

Agency	%
Social services	100%
Health services	95%
Mental health services	90%
Addiction services	60%
Children's services	30%
Chid protection services	40%
Probation services	35%
Other service(s)	15%

Base: 20 responses. Respondents could provide more than one answer

11.5 Brokering access to other services

All providers reported signposting users to other services if required (Appendix 2, table 1.29). Many also reported that they facilitated this introductory process through, for example, making the first contact with the other service provider, or by accompanying clients to the first meeting. Providers who responded to the survey all reported that they frequently signposted clients to health services. High proportions also signposted to social services and services providing advice on various issues including housing, benefits, money/debt and legal advice (Table 11.3; Appendix 2, table 1.30).

Table 11.3: Other services to which users are signposted

Agency	%
Social services	95%
Health services - inc. mental health and addictions	100%
Housing advice services	95%
Benefits advice services	95%
Careers advice services	75%
Childcare services e.g. Sure Start etc.	55%
Money/debt advice services	85%
Education and training advice services e.g. colleges/training providers	80%
Legal advice services e.g. CAB	80%
Other services	35%

Base: 20 responses. Respondents could provide more than one answer

Other services that providers signposted to included:

- Mental health services: community mental health teams, counselling, addiction services, community addiction teams;
- Health services: occupational therapy, podiatry, nutrition;
- Careers and training: careers services, universities, colleges, training services;
- Social opportunities/groups: befriending services, volunteering services, Princes Trust;
- PSNI: local home safety & security assessment services; and
- Education services: Education and Library Boards; education and welfare officers; Sure Start.

11.6 Overlaps in Provision

All providers felt that there were no overlaps in the services provided, a view which was similar to that held by those working in the Health Service. They also felt that the housing support service was central to helping the other support services and that ensuring that the user was in appropriate accommodation was a key part of addressing a client's wider needs.

11.7 Gaps in Current Provision

A number of providers reported gaps in the services provided for older people. These included a reduction in the level of home-based care: "Homecare has been reduced lately. Elderly people often have problems getting in and out of bed yet homecare is often only provided for short periods of time each day (e.g. 30 minutes)" as well as a need for general help with the upkeep of the home, e.g. help from gardeners or decorators.

Other suggested gaps included:

- "Lack of willingness of bigger statutory agencies to engage with travellers".
- "For services provided to those with learning disabilities, too much focus may be placed on the housing needs of clients and will not take their health and care needs into serious consideration".
- "Not enough services provided for young mothers or those on low incomes".
- "Assistance with allowing offenders to get accommodation".
- "Providing more services to improve the chances of employment for clients, i.e. links to employment agencies".
- "Lack of emergency accommodation for families".
- "Need for a rent deposit scheme in the area".
- "Sometimes there is not enough assistance for clients who are applying for grants. More needs to be done to allow those with disabilities to access the funding that is available to them".
- "Not enough interpreter services".

11.8 Summary

It is clear from the interviews and consultations with service providers that, although the remit of Floating Support is to focus on the achievement and maintenance of independent living from an accommodation perspective, a range of other supports are provided through the service. This takes the form of either additional support from the floating support service provider, or through partnership with other service organisations. The most commonly cited partnerships were:

- Social services;

- Health services;
- Housing advice services; and
- Benefits advice services.

It was also established that floating support service providers are engaged in the signposting of service users to other support services. The service providers' level of involvement can range from simply directing the service user to another service, or actually arranging and facilitating meetings. The most commonly signposted services were shown to be:

- Health services
- Social services
- Benefits advice services
- Money/debt advice services
- Legal advice services

When asked about gaps in the service that they provide, providers identified better links to employment agencies and support for young families as examples of these gaps. Providers considered deficiencies in the provision of services for older people to be the most obvious gap.

12 CONCLUSIONS AND RECOMMENDATIONS

12.1 Introduction

This report presents the findings of research undertaken to evaluate the effectiveness of Floating Support, and is based upon the Terms of Reference:

- To ascertain the extent to which floating support services achieve the objective of developing service users' capacity to live independently in their own homes and the main outcomes for those using these services;
- To determine in which circumstances or contexts Floating Support is effective in improving services;
- To determine in which circumstances or contexts floating support does not add value in comparison with accommodation based services;
- To establish the extent to which an effective balance currently exists between floating support services and accommodation-based services;
- To ascertain how this balance might be altered to improve service delivery, and to improve choice and control for service users; and
- To highlight potential areas of overlap in service provision between Floating Support and Care Services provided by DHSPSS/Health Trusts.

In addition, the research was also required to:

- Determine if other services, including care and support, also need to be available on a floating basis in order to make this an effective method of provision; and
- Establish if this relationship varies between Supporting People client groups.
- The research will seek to address these objectives for short-term support in crisis situations, and for longer-term delivery.

This concluding section draws together the main findings of the research, addresses the objectives individually and provides a number of key recommendations.

12.2 Policy Context for Floating Support in NI

A key strategic driver for the Supporting People services is the prevention and reduction of homelessness. The Government's direction on this is detailed in the Department for Social Development's homelessness strategy: Including the Homeless: A Strategy to promote the social inclusion of homeless people, and those at risk of becoming homeless in Northern Ireland, 2009. The Strategy makes reference to the European dimension. The European model for tackling homelessness is distinctive from that used in most parts of the UK, and states that "there is the shift from using shelters and transitional accommodation as the predominant solution to homelessness towards increasing access to permanent housing and increasing the capacity for both prevention and the provision of adequate floating support to people in their homes on the basis of need".

There are a number of other Government strategies which also impact on the need for Floating Support. The most recent is Transforming Your Care – A Review of Health and Social Care in Northern Ireland (December 2011). The report states that care should increasingly be provided in the home and where this is not possible, as close to home as possible. At present many services are provided through hospitals or institutional services, and these should be made more accessible through community provision in people's homes. "The health and social care system should provide local services for local people, but safe, sustainable and accessible services for populations."

Research is available which provides strong evidence that a 'housing led' approach, which places homeless persons directly into permanent accommodation with 'wrap around services', is successful in reducing homelessness and promoting social inclusion.

This research underpins the case for a flexible programme which meets the needs of a wide range of people (from those who have suffered domestic abuse to older people or those who are vulnerable and/ or those with addictions, etc.) and provides them with the specific housing advice needed to help them live independently. These individuals often need other support (often more health related, but also financial or employment related) as well as housing advice. However, difficulties can arise when trying to separate the areas of support for accountability purposes.

Clearly the Housing Executive is only responsible for housing related support. Other organisations provide other forms of support. For example, the Health Trusts are responsible for health and social care needs and the Probation Board for supporting ex-offenders. The Housing Executive therefore cannot achieve its goal of preventing or eliminating homelessness without working effectively in partnership with the other key organisations in the system.

12.3 Effectiveness, Efficiency and Value for Money of Floating Support

12.3.1 Effectiveness

Effectiveness is assessed by the extent to which the programme of support delivers on the purpose or objectives set for it. The purpose of Floating Support is to support people to live independently who could not have done so otherwise. A substantial body of evidence indicates that Floating Support is effective in this regard.

- The great majority of users, through the user focus groups, indicated overwhelmingly that the support had helped them live independently. Many spoke movingly of their personal situations, all very varied, and how Floating Support workers had been key to helping them build their spirit and their lives alongside practical support in finding appropriate housing.
- The providers, through the provider survey, identified a wide range of impacts of Floating Support. All providers who responded to the survey felt their service had a large impact on enabling the user to live independently, and to live in ordinary housing. All providers also agreed that the service impacted (either to a large or some extent) on increasing social inclusion, improving users' quality of life, preventing tenancy breakdown, reconnecting users with family/friends/wider social networks and improving users' health.

A number of areas were identified where the support service could be further developed:

- Target Group: Some providers are accommodating emergency clients even though they are not part of the target group.

- Inconsistency: Providers use different approaches to assessing needs and prioritising clients, which could lead to people being supported in one area of Northern Ireland, but the same clients being rejected for support elsewhere.
- Timing/Duration: There is an acceptance that it is important that clients should not become dependent on the support and that it is essential that it is put in place for the least possible time. However, it is also recognised that the duration of the support to be provided varies according to the needs of individual clients. The two year period at present, therefore, may be too long for some and not long enough for others.
- Promotion of the Support: Some users had been referred (through various routes such as health workers or social workers), whilst others had been told by friends, or just stumbled upon the service. Generally, service users felt that the service was not very well publicised.

12.3.2 Efficiency

Efficiency is measured by comparing outputs with inputs and analysing whether these outputs could have been achieved with less in the way of inputs. The Housing Executive collects and analyses a wealth of information on the costs of the outputs being delivered. However, the focus on meeting individual needs means delivering an individualised service which makes it difficult to assess and compare different services.

Northern Ireland has lower unit rates than most English regions. It therefore benchmarks highly in this respect. The cost per support hour in Northern Ireland is lower on average for the following client groups:

- Homeless families with support needs
- Older people with support needs
- People with learning disabilities
- People with mental health problems
- Single homeless with support needs
- Teenage parents

However, average costs per support hour are higher in Northern Ireland for five other client groups.

12.3.2.1 Value for Money

The Housing Executive has a VFM policy in place which includes examining the following:

- Inputs: such as number of staff, number of support hours, skill levels of staff.
- Outputs: such as number of support hours delivered, number of units/ bedspaces.
- Outcomes: such as benefits realisation, re-offending rates, prevention of hospitalisation.

The Housing Executive requires service providers to furnish details annually on income and expenditure for the service in total, and show how costs are apportioned between support services and other activities. The information collected through the annual financial return is analysed in order to establish that Supporting People funding is being used to fund only eligible services and in addition:

- That the level of staff costs is reasonable;
- That allocation of costs to support is reasonable;
- That the level of overheads allocated to the service is reasonable; and
- That the level of surplus or deficit on the service is reasonable.

Where these indicators appear problematic, further investigation is carried out with providers to determine the reason(s) for this.

The information is comprehensive on individual providers; however, there is a need to focus also on assessing the VFM achieved by providers to specific client groups and taking appropriate action to ensure Northern Ireland is providing cost effective support by client group.

A move to outcome-focused funding agreements with providers would release Housing Executive resources from monitoring inputs for all providers, but still ensure that VFM contributions are being made towards the Housing Executive's policy of supporting independent living and preventing or reducing homelessness.

12.4 Conclusions

12.4.1 Developing Service Users' Capacity to Live Independently

To ascertain the extent to which Floating Support services achieve the objective of developing service users' capacity to live independently in their own homes and the main outcomes for those using these services.

The evidence from providers and users is clear: Floating Support helps people who use the service to live independently. All the providers who took part in the survey and all the users who participated in the focus groups noted that the service was a key factor in enabling service users to live independently in their own home.

Ideally there would be a tracking system in place which records what happens to individuals after the floating support service has ended to measure the extent to which Floating Support has prevented former users from becoming homeless in the future.

The performance measures used for Floating Support are focused on measuring the utilisation rates of the service. These need to be developed to measure how Floating Support contributes to the delivery of the Homeless Strategy/ Tenant Sustainment policy for Northern Ireland.

12.4.2 Floating Support – Circumstances or Contexts in which the Service is Effective

To determine in which circumstances or contexts floating support is effective in improving services.

The service provider survey and service user focus groups indicate that Floating Support is effective in circumstances where:

- the service user is receptive to the process, and understands the benefits of participation;
- the service user has been correctly referred (i.e. they have a housing related difficulty);
- the service user has a support need that can be realistically addressed within the 2 year limit.

The service provider consultations and service user focus groups indicate that Floating Support is less effective in circumstances where:

- an immediate short term need is apparent, such as a family escaping from domestic abuse;
- a service user has been incorrectly referred for a non-housing related support need;
- a long term or incurable support need is identified, such as a support need for older people or people with mental disabilities;
- a service user is unwilling to 'buy in' to the process, and repeatedly exits the process prematurely.

This is not to say that such service users cannot benefit from floating support services. For example, a family that has escaped from domestic abuse will need ongoing support in order to achieve independence, but the immediate need for shelter and security can only be dealt with through accommodation based support.

12.4.3 Floating Support – Circumstances when it does not add Value in comparison to Accommodation based Support

To determine in which circumstances or contexts Floating Support does not add value in comparison with accommodation based services

Comparing the costs involved in providing floating support services and accommodation based services, indicates that Floating Support costs per unit are well below accommodation based support costs per unit for all categories except for older people with support needs. In summary Floating Support is the most cost effective for the following groups:

- Homeless families with support needs
- Offenders or people at risk of offending
- Older people with mental health problems/ dementia
- People with physical or sensory disability
- People with alcohol problems
- People with drug problems
- People with learning disabilities
- People with mental health problems
- Single homeless with support needs
- Teenage parents
- Travellers
- Women at risk of domestic violence
- Young people at risk.

Floating support services should therefore be offered to people in the above categories. However, older people with support needs will need a different type of support which changes over time dependent on needs. Older people with support needs can benefit from the floating support service in order to live independently. However, in many cases their health is not likely to improve, and the two year limit of Floating Support will not be sufficient for what is likely to be an ongoing need. Indeed some will need to be moved to accommodation based support as the only cost effective way of meeting the developing needs.

12.4.4 Floating Support - Impacts and Outcomes

To ascertain the extent to which floating support services achieve the objective of developing service users' capacity to live independently in their own homes and the main outcomes for people using these services

12.4.5 Independent Living and other outcomes

All service providers who participated in the survey felt that their service had a significant impact on enabling service users to live independently, and to live in ordinary housing. All service providers also agreed that the service helped increase social inclusion, improved users' quality of life, prevented tenancy breakdown, reconnected users with family/friends/wider social networks and improved users' health.

Promoting tenancy sustainment was seen as an important benefit. In some cases this involved helping clients find and enter suitable accommodation, but mostly it involved equipping people with the necessary skills required to sustain their tenancy.

Most providers felt that their service had an impact on clients' health – both physical and mental health. Indeed, many reported referring their clients on to various health services. As well as referrals, some providers reported accompanying their clients to appointments and ensuring regular attendance.

The majority of providers strongly agreed that an important benefit of Floating Support was its holistic approach to providing support; it provides a tailored, individual support which enables people to live in ordinary housing where they may otherwise require institutional care.

The flexibility of the floating support service was also commonly cited by providers as one of its key benefits. This flexibility ensures equality of access for different types of people, a point that is especially relevant to service users based in remoter rural areas. Similarly, the flexibility of Floating Support potentially enables access outside the '9 to 5' regime, although in many cases this is due to the dedication and commitment of support workers, who make themselves available.

Another key benefit highlighted by the providers was the personal approach of the service. This was mainly evidenced through the flexible and individualised support that is tailored to each client's needs, rather than a 'one size fits all' approach. This benefit is relevant on two levels: it better targets the individuals own situation, with unique complexities addressed at the outset, and at the same time gives the service user a feeling of worth. During focus groups with service users the same theme emerged repeatedly; an increased level of self-confidence and motivation was created through the feeling that someone cared about their situation.

Partnership working between different organisations was also highlighted as a benefit of Floating Support. Most service providers felt that this approach provided the best access to care for clients. Through partnerships, support workers are able to refer service users to other organisations to address non-housing related needs, as well as being a key point of contact for clients requiring advice, guidance, information and practical assistance with housing related matters.

Overall

It is clear from the service user and service provider feedback that the floating support service has a very significant positive impact upon those receiving the support, and that for many service groups, the service can be delivered in a cost effective manner when compared to accommodation based support.

For older people, however, the impacts are not as positive. This is not an indication of poor service, but simply a reflection of the fact that those with long term support needs are presently not well served by the two year limit placed upon floating support.

12.4.6 Balance between Floating Support and Accommodation based Support

To establish the extent to which an effective balance currently exists between floating and accommodation based services;

To ascertain how this balance might be altered to improve service delivery, and to improve choice and control for service users; and the extent to which an effective balance currently exists.

In 2011/12 Supporting People funded around 800 accommodation based services, 70 floating support services and 15 accommodation based services with floating, resettlement and outreach support in Northern Ireland.

There are a number of issues to be considered when assessing whether an effective balance exists between accommodation based support and Floating Support. These are detailed below:

Availability of Supports: Client Group and Geographic Coverage

Area Analysis: Floating Support services are not available all over Northern Ireland and there are significant geographic variations. The only support services available across Northern Ireland are for women at risk of domestic violence and for people with mental health. For example, there is no support for homeless families with support needs in the Housing Executive's Belfast, North East or South East areas. Support for offenders or those at risk of offending is only available in Belfast.

Table 12.1: Client Group Floating Supports: Availability across NIHE Areas

Client Group	Availability Across Northern Ireland
Homeless families with support needs	Not available in Belfast, Northern or South East
Offenders or people at risk of offending	Not available in North East, South East, South and West.
Older people with mental health problems/ dementia	Not available in Belfast or South East
People with physical or sensory disability	Not available in North East, South East, or West
People with alcohol problems	Not available in Belfast, North East or South.
People with drug problems	Not available in North East, South East, South or West.
	Not available in South East or South
People with learning disabilities	Available throughout Northern Ireland.
People with mental health problems	Not available in South or West
Single homeless with support needs	Not available North East, SE, South or West
Teenage parents	Not available outside Belfast
Travellers	Available throughout Northern Ireland
Women at risk of domestic violence	Not available in North East.
Young people at risk	

Costs

Clearly it is important that the most cost effective support is deployed to meet individual need. The analysis of costs has already highlighted that floating support services are more cost effective than accommodation based services for all groups with the exception of older people with support needs (in this case the cost per unit in an accommodation based support is lower than the Floating Support cost).

Meeting Client Needs

Users were highly satisfied with the floating support service. Providers felt that "Floating Support best meets the needs of those who have the potential to develop and respond to short time-limited and goal-directed input". It was noted that, whilst Floating Support is deemed appropriate in the majority of cases, the two year limit upon the provision of services can be restrictive for clients with long term or permanent problems.

12.4.7 How to achieve an effective balance

To ascertain how this balance might be altered to improve service delivery, and to improve choice and control for service users

At March 2012 there were approximately 800 accommodation based services and 70 floating support services, with approximately 16,000 users in accommodation based support and 3,500 clients receiving Floating Support. There are a number of ways in which changing the balance could improve service delivery and improve choice and control for users.

The review of provision across Northern Ireland highlights that Floating Support provision is not available across Northern Ireland. Potential users are therefore likely to have different service options in different areas. Expanding some services in certain areas would ensure that potential users can access the same service based on their needs regardless of where they are located in Northern Ireland.

This may well provide challenges for smaller local providers; however this issue could be addressed by working in partnership with other providers.

Users highlighted that there was a range of approaches to providing service-related information. Some users considered the process to be haphazard. Potential service users would benefit from having one single point of contact where they could discuss their needs and their options, enabling them to make a more informed decision on the best way ahead for them.

12.4.8 Service Provision

To highlight potential areas of overlap in service provision between Floating Support and Care Services provided by DHSPSS/Health Trusts.

The research project found no clear evidence of overlaps in service provision; however providers and Floating Support workers highlighted their frustration with the bureaucracy involved in working to ensure that they could account for how their time was spent against each element of funding.

Determine if other services, including care and support, also need to be available on a floating basis in order to make this an effective method of provision; and

Establish if this relationship varies between Supporting People client groups.

Floating Support is assistance provided in a person's own home by a support worker. These services can be provided to people regardless of where they live and their aim is to help people maintain their independence in their own homes. The range of services offered can include those listed below, although each service is tailored to the needs of the individual:

- Advice on housing rights and responsibilities
- Welfare rights advice

- Information on local facilities
- Help with claiming benefits, budgeting, paying bills and debts
- Learning to plan meals, shop and cook
- Networking with specialist advice and support agencies to meet individual needs
- Help with completing forms and tackling red tape
- Advocacy
- Befriending and emotional support

With regard to Health and Social Care, Floating Support provides help by signposting potential clients to support service(s) that they need.

In England, Floating Support is grouped under two categories, Generic and Specialist. Generic support encompasses low level preventative measures over the shorter term, for example, providing housing advice, advice on how best to maximise income, signposting to the most appropriate services and general day to day living skills.

Specialist support is provided where needs are more complex, where for example mental health issues, substance abuse or alcohol dependency are involved.

There are two main areas where Floating Support could be expanded: maximising income and health and social care needs.

Maximising income

Evaluations of floating support services have found that debt is a widely reported issue for vulnerable households and particularly for those households who are at risk of homelessness or who have been homeless (Jones *et al*, 2002; Jones *et al*, 2006). The evidence on income maximisation and debt management is limited in the sense that outcomes for floating support services are only recorded at the point at which an individual or household exits from a service. It is therefore unclear how far floating support services in England are able to achieve a lasting solution to debt, or enable households to sustain a position in which their income from welfare benefits is maximised. The major changes to the welfare system underway across the UK may influence the capacity of floating support services to increase the income of some households, but the impacts of welfare reform in Northern Ireland are still unclear at the time of writing this report.

Health and social care needs

Floating support services rely on service brokering to meet health and social care and other support needs, which means floating support must have access to these other services to function well. If an older person with support needs is to be successfully sustained in housing, they will need access to any health, social work and related services that they may require (Croucher *et al*, 2009), if they cannot access those services, housing stability and well-being may be undermined, the same is true for the other users of floating support services.

A potentially very important change has occurred to floating support services in England over the course of the last few years. This is the capacity that service providers now have to add a wide range of other forms of service provision. These services, which can provide health, social care and specialist services alongside lower intensity, housing related support, are best described as multidisciplinary teams.

While multidisciplinary teams include floating support services, they also include mobile health and social care and welfare services. Under the new arrangements for Supporting People grant in England and Scotland, these services can be funded.

The most commonly-cited and most extensively researched example of such services is the Pathways Housing First service for formerly and potentially homeless people with very high support needs. This service began operation in the USA, but has since become integral to the homelessness strategies of several European countries. The Housing First model includes a psychiatrist, nurse practitioners, social workers and keyworkers (including peer support workers who have had experience of homelessness), uses a harm reduction model coupled with mobile health, social work and lower intensity support and works on the assumption that service users will need support on an ongoing basis. Research has shown unprecedented success in delivering housing stability for previously difficult-to-house homeless people, but costs are high by UK standards, certainly well above those for floating support services. Some questions also remain about the extent of Housing First's success in meeting needs around social and economic exclusion (Tsemberis, 2010; Pleace, 2011a).

As the multidisciplinary team model – in the sense of a team that includes floating support services – is not widely used in the UK[17], the evidence base specific to Great Britain is limited. As noted, these teams may not be regarded as a floating support service by commissioning agencies and seen more in terms of being a health or social care service (and thus commissioned under health and social care budgets).

However, there is a growing awareness among policy makers and practitioners (and reflected in Transforming your Care) that health and social care services should increasingly be provided in the home, and where this is not possible, as close to home as possible. At present many services are provided through hospitals or institutional services. These should be made more accessible through community provision in people's homes. The main driver for this is the need to address the housing and support needs of the steadily growing older population in Northern Ireland, although no doubt other client groupings could also benefit from the service.

However, there is a point at which using intensive floating support to enable someone to live at home starts to become as expensive, or indeed more expensive, than providing them with a place in an accommodation based service. It is therefore essential that a holistic view is taken of how best to meet an individual's needs and an integral part of this process should be examining the floating support, accommodation provision and health related costs against both options.

12.4.9 Recommendations

Recommendation 1: The Floating Support Service needs to be expanded in order to ensure that client groups across Northern Ireland can receive the same support based on their needs, regardless of where they are based.

Recommendation 2: The current balance between accommodation based support and Floating Support does not reflect the larger number of clients who would benefit from the floating support service. This balance must therefore be seen as less than optimal and should be reviewed.

[17]Multidisciplinary teams including health, social care/social work and criminal justice services are relatively common, teams that provide these services alongside floating support services in the sense of services funded under Supporting People programmes are less common.

Given that accommodation based support is more expensive in terms of cost per unit, it makes economic sense to move more resources from accommodation based into floating support. However, this is not a recommendation to 'phase out' accommodation based services altogether, as they still have an important role to play in long term care for certain client groups. Both services are important and each has a role to play, but the balance needs to change in favour of Floating Support if Government policy is to be implemented in as cost effective a way as possible. Furthermore, it is also recommended that the possibility of providing more peripatetic services is explored in order to fill the gap between Floating Support and accommodation based services.

Recommendation 3: An expanded floating support service, to cover social services, health services and housing, should be discussed with the Health Trusts and piloted in order to assess the value for money of such an approach being utilised in Northern Ireland.

APPENDIX 1: ONLINE SURVEY OF PROVIDERS – QUESTIONNAIRE

Section 1: Background

Q1.	**Individual / Organisation Details**
	Name of organisation:
	Job Title:

Section 2: About the service provided

Q2.	**Does your organisation provide …?** *Please tick all that apply*	
	Floating support service	☐
	Accommodation based service	☐
	Peripatetic service	☐

Q3.	**Please provide a brief overview of the floating support service your organisation provides**

Q4.	**Which of the following client groups does your floating support service work with?** *Please tick all that apply*			
	Learning Disability	☐	Ethnic Minorities	☐
	Mental Health	☐	Criminal Justice	☐
	Older People	☐	Physical Disability	☐
	Young Vulnerable People	☐	Addictions	☐
	Domestic Violence	☐	Refugees/Asylum Seekers	☐
	Homelessness	☐	Generic	☐

Q5.	**What geographical area does your floating support service**

Q6.	**Is the area you cover predominantly…?**	
	Urban	☐
	Rural	☐

Q7.	**How many members of staff work on the floating support service within your organisation?**

Q8.	**Over the last two years, has the number of clients being referred to your floating support service…?** *Tick one only*	
	Increased	☐
	Decreased	☐
	Stayed the same	☐

Section 3: Service Delivery

Q9.	**How are service users referred to your floating support service?** *Tick all that apply*	
	Social services	☐
	Health services	☐
	Probation services	☐
	NIHE	☐
	Children's services	☐
	Self referral	☐
	Other service(s), please specify	

Q10.	**How do you find the current referral process?***Please consider the following statements and select one on each row*					
		Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**Don't know**
	Efficient	☐	☐	☐	☐	☐
	Straight forward	☐	☐	☐	☐	☐
	Clear and easy to follow	☐	☐	☐	☐	☐
	Adequate	☐	☐	☐	☐	☐
	Confusing	☐	☐	☐	☐	☐
	Complicated	☐	☐	☐	☐	☐
	Time consuming	☐	☐	☐	☐	☐
	Too much paperwork	☐	☐	☐	☐	☐
	Too little paperwork	☐	☐	☐	☐	☐
	Lack of communication between relevant parties	☐	☐	☐	☐	☐
	Good communication between relevant parties	☐	☐	☐	☐	☐
	Necessary to enable smooth transition into the service	☐	☐	☐	☐	☐
	Hinders the referral into the service	☐	☐	☐	☐	☐
	Other, please specify					

Q11.	**Do you often have more referrals than you can deal with?**	
	Yes	☐ **Go to Q12**
	No	☐ **Go to Q13**

Q12.	**How do you deal with this and prioritise clients (e.g. refer elsewhere / operate waiting list etc.)?** *Please describe*

Q13.	**Do you have any suggested improvements that could be made to the current referral process?** *Please specify*

Q14.	**When a service user first enters your floating support service, please briefly describe…**	
	What measures are taken into account when assessing a service user's level if need	
	How the level and duration of support needed is determined?	

Q15.	**When a service user leaves your floating support service, please briefly describe…**	
	The formal process for closing cases	
	The risks that can be associated with clients leaving the service and how these are mitigated against	

Q16.	**Do you currently have a waiting list for your floating support service?**	
	Yes	☐ **Go to Q15**
	No	☐ **Go to Q16**

Q17.	**For your waiting list….** *Please write in*	
	Roughly, on average, how many people are on the waiting list at any one time	
	Roughly, on average, how long will an individual be on the waiting list (in months)	

Q18.	**Of your total number of service users, roughly what percentages are….?***Please write in for each*
	Unwilling to engage with support?
	Unable to engage with support?
	Leave in an unplanned way?
	Leave and then re-enter the support?
	Become dependent on support (i.e. they would be unable to cope on their own after the floating support time limit has been reached)?

Q19.	**How much of an impact do you feel your floating support service has on the following?** *Please consider the following statements and select one on each row*					
		Large impact	**Some impact**	**Little impact**	**No impact**	**Not relevant to our service**
	Reducing rent arrears	☐	☐	☐	☐	☐
	Prevention of tenancy breakdown	☐	☐	☐	☐	☐
	Prevention of hospital (re)admissions	☐	☐	☐	☐	☐
	Facilitating discharge of people from hospital and other facilities	☐	☐	☐	☐	☐
	Resettlement from hostel accommodation to obtain tenancy	☐	☐	☐	☐	☐
	Accessing/obtaining tenancy	☐	☐	☐	☐	☐
	Reduction of re-offending rates	☐	☐	☐	☐	☐
	Addressing anti-social behaviour	☐	☐	☐	☐	☐
	Reducing homelessness through evictions	☐	☐	☐	☐	☐
	Increasing social inclusion	☐	☐	☐	☐	☐
	Addressing child protection issues					
	Enabling user to live independently	☐	☐	☐	☐	☐
	Enabling people to live in ordinary housing	☐	☐	☐	☐	☐
	Improving user's health	☐	☐	☐	☐	☐
	Improving user's quality of life	☐	☐	☐	☐	☐
	Facilitating access to training /employment	☐	☐	☐	☐	☐
	Reconnecting with family/friends	☐	☐	☐	☐	☐
	Reduction of substance misuse	☐	☐	☐	☐	☐
	Other impact(s), please specify					

Q20.	**The following are some of the suggested benefits of a floating support service. To what extent do you agree that these are important attributes of an effective floating support service?** *Please consider the following statements and select one on each row*					
		Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**Don't know**
	Tenure neutral	☐	☐	☐	☐	☐
	Separation of support from housing	☐	☐	☐	☐	☐
	Non-institutionalised approach	☐	☐	☐	☐	☐
	Providing flexible, responsive services to users	☐	☐	☐	☐	☐
	Flexible staffing input	☐	☐	☐	☐	☐
	Holistic approach to providing support	☐	☐	☐	☐	☐
	Providing a person-centred approach	☐	☐	☐	☐	☐

Q20.	**The following are some of the suggested benefits of a floating support service. To what extent do you agree that these are important attributes of an effective floating support service?** *Please consider the following statements and select one on each row*					
	Providing Brokerage and Advocacy	☐	☐	☐	☐	☐
	Enabling people to live in ordinary housing	☐	☐	☐	☐	☐
	Other benefit (s), please specify					

Q21.	**What are the key benefits of a Floating Support Service?** *Please list as many as required*

Q22.	**What are the key obstacles facing the effective provision of Floating Support Service?** *Please list as many as required*

Q23.	**Is Floating Support the best option for service users who require long term support i.e. compared to accommodation based support?**	
	Yes	☐
	No	☐

Q24.	**Please explain your answer?**

Q25.	**In determining an appropriate balance between floating support and accommodation-based services, how important do you think the following factors are?** *Please consider the following statements and select one on each row*					
		Very important	**Quite important**	**Neither/ nor**	**Not very important**	**Not at all important**
	Local circumstances	☐	☐	☐	☐	☐
	Local assessment of needs	☐	☐	☐	☐	☐
	Whether an urban/rural area	☐	☐	☐	☐	☐
	Scarcity of affordable housing in the area	☐	☐	☐	☐	☐
	Other important factor(s), please specify					

Section 4: Other support services

Q26.	**What other services would your floating support users typically access?** *Tick all that apply*	
	Social services	☐
	Health services	☐
	Mental health services	☐
	Addiction services	☐
	Children's services	☐

Q26.	**What other services would your floating support users typically access?** *Tick all that apply*
	Child protection services ☐
	Probation services ☐
	Other service(s), please specify

Q27.	**Do you signpost users to other services if required?**
	Yes ☐ **Go to Q26**
	No ☐ **Go to Q27**

Q28.	**What other services would you typically signpost users to?** *Tick all that apply*
	Social services ☐
	Health services - inc. mental health and addictions ☐
	Housing advice services ☐
	Benefits advice services ☐
	Careers advice services ☐
	Childcare services e.g. Sure Start etc. ☐
	Money/debt advice services ☐
	Education and training advice services e.g. colleges/training providers ☐
	Legal advice services e.g. CAB ☐
	Other service(s), please specify

Q29.	**Do you work in partnership (either formally or informally) with any of the following service providers?** *Tick all that apply*
	Social services ☐
	Health services - inc. mental health and addictions ☐
	Probation services ☐
	Police ☐
	Housing advice services ☐
	Benefits advice services ☐
	Careers advice services ☐
	Childcare services e.g. Sure Start etc. ☐
	Money/debt advice services ☐
	Education and training advice services e.g. colleges/training providers ☐
	Legal advice services e.g. CAB ☐
	Other service(s), please specify

Q30.	**Is there anything that could be changed to improve the effective provision of floating support services in the future?**

Q31.	Please write in any other comments you would like to add on any aspect of floating support not covered in the previous questions

Q32.	As part of our research we are hoping to conduct focus groups with a range of floating support service users. The aim of this is to gather information on the impacts of the service on users. Would your organisation be willing to host a focus group with your service users?
	Yes ☐ **Go to Q31**
	No ☐ **FINISH**

Q33.	If yes, please provide contacts details for the best person to liaise with to organise this	
	Name	
	Email	
	Telephone	

APPENDIX 2: ONLINE SURVEY OF PROVIDERS – RESULTS

Table 1.1: Does your organisation provide...? (NB: multiple response question)

	Frequency	%
Floating support service	20	100%
Accommodation based service	8	40%
Peripatetic service	2	10%
Total	**20**	**-**

Base: 20 responses (2 skipped)

Table 1.2: Which of the following client groups does your floating support service work with? (NB: multiple response question)

	Frequency	%
Learning Disability	4	19%
Ethnic Minorities	6	29%
Mental Health	9	43%
Criminal Justice	6	29%
Older People	7	33%
Physical Disability	6	29%
Young Vulnerable	10	48%
Addictions	7	33%
Domestic Violence	7	33%
Refugees/Asylum Seekers	4	19%
Homelessness	8	38%
Generic	4	19%
Total	**21**	**-**

Base: 21 responses (1 skipped)

Table 1.3: What geographical area does your floating support service cover?

- Newtownabbey Council Area
- Antrim (BHSST)
- Belfast (NHSST)
- Londonderry (WHSST)
- Omagh areas & Fermanagh
- Derry

- Limavady
- Strabane
- Omagh
- Enniskillen/ Fermanagh
- Coleraine, Ballymoney and Moyle District Council areas
- Southern trust area and south Eastern trust area.
- Within a 20 mile radius of Greater Belfast
- All areas in Northern Ireland, except Western, Southern sector
- Ards Borough Council area.
- Northern Ireland - but specifically the area around Foyle
- North West
- Loughgiel
- Cloughmills
- Armoy
- All of Northern Ireland
- We have 3 geographical areas N&NW, {area from Larne > Derry} S&SE, {area from Bangor to Newry} & Greater Belfast. In every location where we have an accommodation project we have community outreach when necessary.
- North, West or Shankill (Belfast)
- Belfast. Most clients coming from East Belfast.
- Greater Belfast, Colin, Lisburn, Downpatrick, Newcastle, Castlewellan, Killyleagh, Ardglass, Crossgar, Ballynahinch, Saintfield and the surrounding areas.

Table 1.4: Is the area you cover predominantly…?

	Frequency	%
Urban	9	43%
Rural	3	14%
Mixture of urban/rural	9	43%
Total	**21**	**100%**

Base: 21 responses (1 skipped)

Table 1.6: How many members of staff work on the floating support service within your organisation?

- Currently 9.5 moving to 12.5 in the next month
- 4
- 1 full time and 1 part time
- 3.5
- 6
- 18

- 1 x 37 hour post
- 2 x full time&1 x part time
- 1
- 30
- Two part-time staff
- 3 - 2 Floating Support Officers and a Manager
- 10.5
- 4
- 2
- The original contracts for FSS were located in 3 places, Newry, Lisburn and North Belfast. As mentioned previously we now have potential to provide outreach support from all of our locations {16} .Through the remodelling of services we have been able to utilise all staff more effectively and create value for money. We see the potential for all staff to carry higher caseloads by working with outreach clients and where they would have worked in the hostel only this was not possible because of the limited number of clients accommodated. When someone moved on the contact with staff ended and in many cases we found it difficult if not impossible to access other FSS. Where we had our own we had limited capacity.
- Two
- 2 full time support staff and central staff.
- Currently 9.5 moving to 12.5 in the next month

Table 1.5: Over the last two years, has the number of clients being referred to your floating support service

	Frequency	%
Increased	15	68%
Decreased	1	5%
Stayed the same	6	27%
Total	**22**	**100%**

Base: 22 responses

Table 1.6: How are service users referred to your floating support service? (NB: multiple response question)

	Frequency	%
Social services	18	86%
Health services	19	91%
Probation services	11	52%
NIHE	15	71%
Children's services	7	33%
Self-referral	15	71%
Other services	9	86%
Other services (including Housing Associations; Mental health services; Private landlords; Voluntary organisations; Homeless services and PSNI)		
Total	**21**	**-**

Base: 21 responses (1 skipped)

Table 1.7: How do you find the current referral process?

		Frequency	%
Efficient	Strongly Agree	13	59%
	Agree	9	41%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Straight forward	Strongly Agree	13	59%
	Agree	8	36%
	Disagree	1	5%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Clear and easy to follow	Strongly Agree	13	59%
	Agree	8	36%
	Disagree	1	5%
	Strongly Disagree	0	0%

		Frequency	%
	Don't know	0	0%
	Total	22	100%
Adequate	Strongly Agree	11	50%
	Agree	8	36%
	Disagree	2	9%
	Strongly Disagree	1	5%
	Don't know	0	0%
	Total	22	100%
Confusing	Strongly Agree	0	0%
	Agree	1	5%
	Disagree	14	63%
	Strongly Disagree	7	32%
	Don't know	0	0%
	Total	22	100%
Complicated	Strongly Agree	0	0%
	Agree	1	5%
	Disagree	14	64%
	Strongly Disagree	7	32%
	Don't know	0	0%
	Total	22	100%
Time Consuming	Strongly Agree	0	0%
	Agree	4	18%
	Disagree	16	73%
	Strongly Disagree	2	9%
	Don't know	0	0%
	Total	22	100%
Too much paperwork	Strongly Agree	0	0%
	Agree	1	0%
	Disagree	19	96%
	Strongly Disagree	2	5%
	Don't know	0	0%

		Frequency	%
	Total	22	100%
Too little paperwork	Strongly Agree	0	0%
	Agree	0	0%
	Disagree	21	96%
	Strongly Disagree	1	5%
	Don't know	0	0%
	Total	22	100%
Lack of communication between relevant parties	Strongly Agree	1	5%
	Agree	3	14%
	Disagree	14	64%
	Strongly Disagree	4	18%
	Don't know	0	0%
	Total	22	100%
Good communication between relevant parties	Strongly Agree	9	41%
	Agree	11	50%
	Disagree	2	9%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Necessary to enable smooth transition into the service	Strongly Agree	14	64%
	Agree	8	36%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Hinders the referral into the service	Strongly Agree	0	0%
	Agree	0	0%
	Disagree	16	73%
	Strongly Disagree	6	27%
	Don't know	0	0%
	Total	22	100%

		Frequency	%
Other	Strongly Agree	0	-
	Agree	0	-
	Disagree	0	-
	Strongly Disagree	0	-
	Don't know	2	-
	Total	2	100%
Other: 1) referral process and success depends heavily on individual and specific agency making the referral; 2) In April 2011 SCNI introduced a Central Access Point {CAP}. The CAP has a freephone number which has been widely publicised since Oct 2011 (08001712222} and this is manned 24/7. It provides access to all services. We aim to have same day contact with referrals for community support and we see community outreach as being a key preventive tool in terms of ending homelessness.			

Base: 22 responses

Table 1.8: Do you often have more referrals than you can deal with?

	Frequency	%
Yes	13	59%
No	9	41%
Total	**22**	**100%**

Base: 22 responses

Table 1.9: How do you deal with this and prioritise clients (e.g. refer elsewhere / operate waiting list etc.)?

- We have a waiting list and procedures for maintaining contact with those young people waiting for support to assess ongoing need and risks. We also provide short pieces of support for those young people waiting where appropriate. Also we advise young people of other services and make referrals when agreed by the young person. We have found however many young people will wait for our support or we have referred them on will return to our service if they have found the other support on offer did not meet their needs.
- We always have a waiting list in place and this is explained at the time of referral
- Waiting List
- Prioritise those who have no other supports available e.g. Social Worker
- PRIORITY REFERRALS
- When a referral is accepted to the service it may, depending on capacity caseload, be placed on a waiting list. The co-ordinator of the service in consultation with Floating Support Workers, Programme Manager and referring agent will assess priority of need. This may include level of need, support and or risk to self or others. If it is deemed priority then the referral will be placed as an active case with a Floating Support worker. Referring agent will be informed of such by allocated worker.
- Accept Social Work students to provide additional hours to Floating Support and source external funding for other outreach services.
- We prioritise according to level of risk and operate a waiting list

- Regular (monthly) meetings with key referral agents to ensure all waiting list demands are prioritised based on urgency of need. Also referral management meeting allows us to plan ahead when hours will become available to help plan referrals in advance.
- We speak to referral agent to gather more detail re client. We prioritise based on age, health conditions, lack of family support, level of social care support in place and general circumstances.
- Through waiting list and sometimes by referring elsewhere
- operate waiting list and prioritise under expression of need or risk
- no waiting list. We refer on to other services. Only work with people who need the service to maintain service.
- We have a waiting list and procedures for maintaining contact with those young people waiting for support to assess ongoing need and risks. We also provide short pieces of support for those young people waiting where appropriate. Also we advise young people of other services and make referrals when agreed by the young person. We have found however many young people will wait for our support or we have referred them on will return to our service if they have found the other support on offer did not meet their needs.

Base: 12 responses, 10 skipped

Table 1.10: Do you have any suggested improvements that could be made to the current referral process?

- Additional funding to allow additional staff to cope with the increased number of referrals
- Understanding of the Trusts in relation to the eligibility criteria for the service.
- No, I feel our Referral process works smoothly, we request feedback on our Referral Process from Stakeholders and no issues have been presented to date.
- No
- None.
- Increase in staff to meet demand
- no.
- No. I feel it works quite well. We have a good working relationship with all of our referral agents and this enables us to quickly resolve any issues that may arise.
- No
- setting up protocol for monthly meetings with Strabane and Omagh NIHE
- Have embarked on process of promotion of services with housing associations and private landlords
- We have made significant changes to our referral process as discussed previously and what we often find is that there is a lack of information sharing within other organisations in relation to the availability and remit of services. We find we have to target individual staff or teams to raise awareness with many organisations because little or no responsibility is taken internally within those organisations for informing their own staff. These organisations include NIHE, H&SCTs and other significant organisations e.g. Housing associations. SCNI have been working with some HAs to set up service level agreements to gain commitment on referrals and access to community support we believe this can make significant impact in reducing homelessness by supporting clients to address issues with rent arrears etc.
- no
- Our referral process is effective and reviewed annually. The only area for improvement could be a wider promotion of our service.

Base: 17 responses, 5 skipped

Table 1.13: Of your total number of service users, roughly what percentages are…?

	Percentage	Frequency	%
Unwilling to engage with support	<5	7	41
	5-10	4	24
	11-15	1	6
	16-20	3	18
	>20	0	0
	Refusal	2	12
	Total	17	100
Unable to engage	<5	8	47
	5-10	5	29
	11-15	0	0
	16-20	1	6
	>20	0	0
	Refusal	3	18
	Total	17	100
Leave in an unplanned way	<5	6	35
	5-10	7	41
	11-15	0	0
	16-20	1	6
	>20	1	6
	Refusal	2	12
	Total	17	100
Leave and then re-enter the support	<5	5	29
	5-10	6	35
	11-15	1	6
	16-20	2	12
	>20	1	6
	Refusal	2	12
	Total	17	100
Become dependent on support (i.e. they would be unable to cope on their own after the floating support time limit has been	<5	10	59
	5-10	1	6

	Percentage	Frequency	%
reached)	11-15	1	6
	16-20	0	0
	>20	2	12
	Refusal	3	18
	Total	17	100

Base: 17 responses, 5 skipped

Table 1.14: Do you currently have a waiting list for your floating support services

	Frequency	%
Yes	12	55%
No	10	45%
Total	**22**	**100%**

Base: 22 responses

Table 1.15: How many clients are currently on your waiting list?

- 16
- 17
- 10
- 15 over all services
- 34
- 17
- 8
- 8
- 6
- 2
- 16

Base: 11 responses

Table 1.16: For your waiting list…Roughly, on average, how many people are on the waiting list at any one time?

- 15
- 10
- 3
- 6
- 30+
- 10-20
- 2
- 6-8
- 5
- 1-2
- 15

Base: 11 responses

Table 1.17: For your waiting list…Roughly, on average, how long will an individual be on the waiting list (in months)

- Difficult to answers as cases are prioritised on need and risk but we have a maximum waiting time of three months
- 2-4months
- 1-2 months
- Up to 1 month
- 3 months
- 1-3 months (on average 3-6weeks)
- 1 month
- 1-2 months
- 1 month max
- 4-6 weeks
- Difficult to answer

Base: 11 responses

Table 1.18: Do you have any suggested improvements that could be made to the current referral process?

- Our referral process is effective and reviewed annually. The only area for improvement could be a wider promotion of our service.
- Additional funding to allow additional staff to cope with the increased number of referrals
- Understanding of the Trusts in relation to the eligibility criteria for the service.
- No, I feel our Referral process works smoothly, we request feedback on our Referral Process from Stakeholders and no issues have been presented to date.
- No

- None.
- Increase in staff to meet demand
- no.
- No. I feel it works quite well. We have a good working relationship with all of our referral agents and this enables us to quickly resolve any issues that may arise.
- No
- setting up protocol for monthly meetings with Strabane and Omagh NIHE
- Have embarked on process of promotion of services with housing associations and private landlords
- We have made significant changes to our referral process as discussed previously and what we often find is that there is a lack of information sharing within other organisations in relation to the availability and remit of services. We find we have to target individual staff or teams to raise awareness with many organisations because little or no responsibility is taken internally within those organisations for informing their own staff. These organisations include NIHE, H&SCTs and other significant organisations e.g. Housing associations. SCNI have been working with some HAs to set up service level agreements to gain commitment on referrals and access to community support we believe this can make significant impact in reducing homelessness by supporting clients to address issues with rent arrears etc.
- no
- Our referral process is effective and reviewed annually. The only area for improvement could be a wider promotion of our service.

Base: 14 responses

Table 1.19: When a service user first enters your floating support service, please briefly describe…

	Description
What measures are taken into account when assessing a service user's level of need	• We have a comprehensive assessment process which covers ten areas of support including motivation, living skills, managing money, social networks, substance use, physical health, mental health, use of time, managing tennancy and offending. These categories are assessed against need and risk. • A risk assessment and support plan is completed by the support worker and an initial review is carried out after 6 weeks or sooner if a situation arises. The risk assessments must be tightly linked to the support plans this must be very systematic so that we can clearly identify any risks. We adopt a holistic approach when assessing an individual's needs and can signpost to other services. • their current level of mental health and the level of support needed for this • Needs and risk assessments are being completed. Agreed Support plan with Risk assessments put in place in order to best support the individual. • Age, Vulnerability, Situation, support networks currently available, preparation for independent living, Risks presenting to self and to others, Disability, language/cultural needs etc • Risk factors • Firstly assess against eligibility criteria. Needs assessment, risk assessment and support plan completed. Outcomes wheel covering ten areas completed to identify needs and prioritise same. • level of risk and level of need • Risk assessment -support plan • Meeting entry criteria (i.e. disability, housing support needs) • Information from referral agent followed by a home visit to enable us to carry out our own needs assessment and also a risk assessment. Existing support networks are also very important. • Their particular circumstances • referral form information • A risk assessment and support plan is completed by the support worker and an initial review is carried out after 6 weeks or sooner if a situation arises. The risk assessments must be tightly linked to the support plans this must be very systematic so that we can clearly identify any risks. We adopt a holistic approach when assessing an individual's needs and can signpost to other services. • risk assessment and then initial assessment over first couple visits • The initial assessment is a holistic look at the individuals needs under the outcomes QAFII framework combined with risk assessments to address specific issues identified which may pose risk to client, staff or others. Lone working risk assessments are also completed. • Eligibility assessment. Risk assessment, liaison with referral agent or other involved parties. Interview, home assessment • 20 areas of need/risk: mental health, addictions, social isolation etc • We have a comprehensive assessment process which covers ten areas of support including motivation, living skills, managing money, social networks,

	Description
	substance use, physical health, mental health, use of time, managing tenancy and offending. These categories are assessed against need and risk.
How the level and duration of support needed is determined	• This is based on the information gathered during the assessment process. • The support worker works very closely with the client and regularly reviews so that the level and duration of support can be determined. • this is for a maximum of two years and is reviewed every six weeks • Assessment of Individual needs is carried out. • Goals set at initial meeting, Support Plan developed with Service User & Reviewed every 3 months, distance travelled towards achieving goal measured and monitored until goal reached, 2 years maximum service available. • based on needs assessment • Compared against needs and progress against same. Can change over time if there is a crisis such as violence from perpetrator etc. Final gauge is has Floating support achieved the aims agreed with the client initially. • risk assessment / management and needs assessed support plan • Depending on the needs of the individual • One to one needs assessment meeting • As above. Also liaison with statutory agencies i.e. occupational health etc. • By goal setting • initial referral information • The support worker works very closely with the client and regularly reviews so that the level and duration of support can be determined. • Formulation of Action Plan • The initial assessments will be used to provide access to service if appropriate and ongoing support meetings and quarterly reviews will be used to determine the length of service provision. Internal processes aim to insure that clients are moved on effectively when the service is no longer necessary i.e. when all identified needs have been met. • Assessment of need and individuals requirements. Action plan produced. • case by case, based on need, focus on promoting independence • This is based on the information gathered during the assessment process.
If the time-limited nature of floating support causes issues for particular client	• Our client group are older people and quite often it is difficult to limit the support to two years as by the very nature of our client group they can get dependent and their needs are constantly changing. • for some the time limit is an obstacle as they feel they have to improve more quickly than they actually can due to the knowledge that staff will have to stop providing support after two years and this can also cause a deterioration when the time limit is coming near an end • The time limit does cause some issues for our group who have an ASC as they may have no other support, or core worker designated their case. This means for some the Floating support service is the only support they have. • Care-Leavers tend to require service longer than 16/17 year olds as their levels of need tend to be more complex and they are more dependent on services, can take longer to move them to taking independent steps. • high need Service Users may require long term support

	Description
	• Domestic Violence related issues means that good progress can have been made but risk from perpetrator can escalate thereby hindering or reversing progress. Due to having only one Floating support worker waiting lists can develop which is particularly dangerous for women who are victims of domestic violence. • no • No • This is clearly communicated at the outset and services are all delivered on a goal-orientated approach. • Can be a problem particularly for the very old/frail clients • Only very occasionally • no problematic issues as yet • Our client group are older people and quite often it is difficult to limit the support to two years as by the very nature of our client group they can get dependent and their needs are constantly changing. • sometimes , particularly with addiction, certain engagements are dependent on progress in different areas so not always possible to manage within time scale • There can be particular clients who need ongoing support e.g. those with Chronic alcohol, drug or mental health problems. • Not in our experience • no • N/A

Base: 17 responses

Table 1.20: When a client leaves your floating support service, please briefly describe…

	Description
The formal process for closing cases	• We have an exit process which is built into our support planning and review process. • Ideally the exit strategy is built into the support plan so that both client and support worker are moving in the same direction however with our client group quite often their needs change and they are vulnerable and continue to need support. • A full discharge process is carried out before the support is stopped including sign posting to other support mechanisms • With the group we are supporting we have had to ensure that there is a 'planned exit strategy' put in place from the minute the person commences the service. The exit strategy is planned and agreed with the service user, in line with signposting to other relevant services for support. • Usually 3 month Closure plan developed with service users with specific goals set, exit meeting conducted, quiz completed with young person to check out what they know, Exit Evaluation, service users are given info on all support groups available for future reference • Liaise with referring agent. Complete exit questionnaire to ensure all needs have been met. • Discussion with client, identifying other support services if required, completing exit paperwork and clarifying means to re-engage should this be required. Original referring body informed of exit in writing. • Exit plan in line with support plan • Decrease the support -exit interview completed -signposting to other agencies • All support plans work to a date of completion, so the exit review is a natural progression. • Completion of client file and formal closure letter both to client and original referring agent. • Recommendation for closure to Manager • formalised exit strategy • Ideally the exit strategy is built into the support plan so that both client and support worker are moving in the same direction however with our client group quite often their needs change and they are vulnerable and continue to need support. • Client leaving form • There is a formal agreement as part of support planning and review processes that support is no longer necessary and where necessary ensure that all links to other groups or sources of support are confirmed. This would include contact with other relevant organisations e.g. H&SCTs informing them that support will no longer be provided. • Action plan signed off and an exit plan produced. • final needs and risk assessment and support plan, offer brief intervention support should further issues come up for the person, focus on linking client in with community services • We have an exit process which is built into our support planning and review process.

	Description
The risks that can be associated with clients leaving the service and how these are mitigated against	• If it is assessed that a young person needs ongoing support they will be referred into longer term services. • We would not exit a client unless we were sure that they could manage alone or unless an alternative support package was in place. We also operate an open door policy where clients or their families can contact us if they have any concerns. • for some clients there is a risk of their mental health deteriorating following discharge and we do accept re-referrals to allow for more time to provide the support needed • Risk again of social isolation - Within this organisation we have consulted with the referring agent and also signposted to other relevant services. We have with one service user managed to put in place the independent advocacy service in order to support this individual. • As above • repeat homelessness, refer to appropriate support agencies and ensure support network is in place before client exits the service. • Risk of return to partner is the main issue. Risk of not having a support network. Mitigated by full explanation of how to re-engage should this be necessary and by ensuring that exits only happen when all necessary information and support required to enable women to take up other community support has been completed. • Risk assessment and risk management in line with exit plan and support plan • Non engagement • Exit package is directed by ensuring access to supports can be maintained post programme. Also provide 6 month follow up to ensure this is in place and meeting the service user's needs • In our case there is usually continued social services involvement due to the age and health conditions of our client group. • Planned exit strategy • formalised exit strategy • We would not exit a client unless we were sure that they could manage alone or unless an alternative support package was in place. We also operate an open door policy where clients or their families can contact us if they have any concerns. • Ongoing assessment and reviews • The work undertaken during the support period should prepare the client to move on and reduce any identified risks. The planned move from services with reducing contact and we ensure if necessary contact can be made by the client if they get into difficulty. Our aim is to ensure sustainable networks of support are built up for clients while in receipt of our service so that when we withdraw that other support remains. • Over reliance on the service, other more relevant parties are engaged. Referrals made to other appropriate parties. Support strategies are in place. Information on situation shared with appropriate others • risk of relapse across any area of need/risk, offer brief intervention support in future, ensure client is aware of/linked in with other support services • If it is assessed that a young person needs ongoing support they will be referred into longer term services.

Base: 17 response

Table 1.21: How much of an impact do you feel your floating support service has on the following?

		Frequency	%
Reducing rent arrears	Large impact	11	50%
	Some impact	7	32%
	Little impact	2	9%
	No impact	1	5%
	Not relevant to our service	1	5%
	Total	22	100%
Prevention of tenancy breakdown	Large impact	17	77%
	Some impact	5	23%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Prevention of hospital (re)admissions	Large impact	12	55%
	Some impact	5	23%
	Little impact	2	9%
	No impact	0	0%
	Not relevant to our service	3	14%
	Total	22	100%
Facilitating discharge of people from hospital and other facilities	Large impact	10	45%
	Some impact	8	36%
	Little impact	3	14%
	No impact	0	0%
	Not relevant to our service	1	5%
	Total	22	100%
Resettlement from hostel accommodation to obtain tenancy	Large impact	12	55%
	Some impact	6	27%
	Little impact	1	5%
	No impact	0	0%
	Not relevant to our service	3	14%

		Frequency	%
	Total	22	100%
Accessing/obtaining tenancy	Large impact	16	73%
	Some impact	4	18%
	Little impact	1	5%
	No impact	0	0%
	Not relevant to our service	1	5%
	Total	22	100%
Reduction of re-offending rates	Large impact	5	23%
	Some impact	7	32%
	Little impact	4	18%
	No impact	2	9%
	Not relevant to our service	4	18%
	Total	22	100%
Addressing anti-social behaviour	Large impact	7	32%
	Some impact	10	46%
	Little impact	3	14%
	No impact	0	0%
	Not relevant to our service	2	9%
	Total	22	100%
Reducing homelessness through evictions	Large impact	13	59%
	Some impact	4	18%
	Little impact	4	18%
	No impact	0	0%
	Not relevant to our service	1	5%
	Total	22	100%
Increasing social inclusion	Large impact	20	91%
	Some impact	2	9%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%

		Frequency	%
Addressing child protection issues	Large impact	11	50%
	Some impact	2	9%
	Little impact	4	18%
	No impact	0	0%
	Not relevant to our service	5	23%
	Total	22	100%
Enabling user to live independently	Large impact	22	100%
	Some impact	0	0%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Enabling people to live in ordinary housing	Large impact	22	100%
	Some impact	0	0%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Improving user's health	Large impact	17	77%
	Some impact	5	23%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Improving user's quality of life	Large impact	19	86%
	Some impact	3	14%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Facilitating access to	Large impact	11	50%

		Frequency	%
training/employment	Some impact	7	32%
	Little impact	1	5%
	No impact	0	0%
	Not relevant to our service	3	14%
	Total	22	100%
Reconnecting with family/friends	Large impact	18	82%
	Some impact	4	18%
	Little impact	0	0%
	No impact	0	0%
	Not relevant to our service	0	0%
	Total	22	100%
Reduction of substance misuse	Large impact	9	41%
	Some impact	5	23%
	Little impact	5	23%
	No impact	1	5%
	Not relevant to our service	2	9%
	Total	22	100%
Other impacts	Large impact	2	-
	Some impact	0	-
	Little impact	0	-
	No impact	0	-
	Not relevant to our service	0	-
	Total	2	-
Other impacts: 1) Reduction in Re-victimisation, increasing Self-esteem & independent living , increase in safety planning, increased confidence in dealing with specialised agencies i.e. PSNI, Criminal Justice Process, Safeguarding re Child Protection and Vulnerable Adults and case conferencing; 2) The services provided through our own funding i.e. Harm Reduction and Homelessness Prevention add to the work of our community outreach. In the case of Harm Reduction staff will take referrals for both people in our accommodation or for clients in the community. Prevention staff work with local communities to build capacity to address homelessness at a local level.			

Base: 22 responses

Table 1.22: The following are some of the suggested benefits of a floating support service. To what extent do you agree that these are important attributes of an effective floating support service?

		Frequency	%
Tenure neutral	Strongly Agree	13	59%
	Agree	6	27%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	3	14%
	Total	22	100%
Separation of support from housing	Strongly Agree	12	55%
	Agree	8	36%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	2	9%
	Total	22	100%
Non-institutionalised approach	Strongly Agree	17	77%
	Agree	5	23%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Providing flexible, responsive services to users	Strongly Agree	18	82%
	Agree	4	18%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Flexible staffing input	Strongly Agree	12	55%
	Agree	10	45%
	Disagree	0	0%
	Strongly Disagree	0	0%

		Frequency	%
	Don't know	0	0%
	Total	22	100%
Holistic approach to providing support	Strongly Agree	21	95%
	Agree	1	5%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Providing a person-centred approach	Strongly Agree	21	95%
	Agree	1	5%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Providing Brokerage and Advocacy	Strongly Agree	18	82%
	Agree	4	18%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Enabling people to live in ordinary housing	Strongly Agree	21	95%
	Agree	1	5%
	Disagree	0	0%
	Strongly Disagree	0	0%
	Don't know	0	0%
	Total	22	100%
Other benefits	Strongly Agree	3	-
	Agree	0	-
	Disagree	0	-
	Strongly Disagree	0	-
	Don't know	0	-

		Frequency	%
	Total	3	-
Other benefits: 1) Outcome focussed; 2) Causeway Women's Aid's Floating Support is an important service in its own right, however, as we have a range of services in-house women accessing Floating Support are enabled to access additional support. 3) reduction of re-victimisation, increase in safety and safety planning, keeps families together, and highlights need for safeguarding issues re children and vulnerable adults			

Base: 22 responses

Table 1.23: What are the key benefits of a Floating Support Service?

- Flexibility to move support with the service user; service users having access to skilled staff who provide guidance and advocacy. Freedom to maintain tenancies in the community with support. Opportunity to develop interdependence
- You can provide support in the comfort of the clients own home. You can empower clients to do things for themselves and encourage them to live a full and healthy life. You help them to make a positive contribution and help them to stay safe and secure and enjoy economic wellbeing. You can provide an alternative to sheltered accommodation or nursing care.
- Flexible and individualised support for those accessing the service which can be evidenced as being successful through an outcomes focused reporting system
- Ensuring that the individual is able to gain, sustain and maintain their own tenancy
- Empowerment
- Person Centred approach
- Creating opportunities
- Partnership working through the steering group (University, Education, Housing, Trusts, Probation& Aftercare, Mental Health Services)
- Key point of contact for client requiring advice, guidance, information & practical assistance with all housing related matters.
- practical Support
- Advocacy
- Self Development
- Connect to the community/ opportunities
- Has proven to be very successful.
- Offers single point of contact.
- Provides early intervention strategies to prevent homelessness.
- Responsive to individuals' needs and crisis situations.
- Prevents tenancy breakdown and the associated costs.
- Minimises the revolving door of homelessness.
- Minimises re-admission into hospital or prison.
- Reduces hostel silt-up.
- Promotes social inclusion – helping to integrate people into local community.
- Advocates between young people and parents who are experiencing problems.
- Prevents young people falling through the net.
- Can avert a range of other social problems.

- Support parents experiencing parenting difficulties.
- Deal with people with multiple needs.
- Promotes inter-agency working.
- Additional eligibility criteria includes:
  - The tenant having financial problems, including rent arrears and/or other debts
  - There has been complaints from neighbours and there is an identified support need
  - The tenant is making complaints about neighbours and feels threatened or persecuted.
  - The tenant is experiencing harassment.
  - The tenant needs assistance to gain access to other services and have no existing support network
  - Their accommodation is in a poor state of repair because of neglect and there is an absence of essential services
  - The tenant is experiencing or recovering from problems with alcohol or drug misuse
  - The tenant has difficulty with social/communication skills
  - The tenant lacks confidence or skills to cope with the requirements of daily living
  - The tenant lacks basic literacy or numeracy skills
  - The tenant has mental health problems
- 1. Increased safety for women and children.
- 2. Flexibility of access and support in relation to housing needs.
- 3. Reduced risk for women and children.
- 4. Secure tenancies
- 5. Increased benefit uptake
- reduction of risk
- reduction of re-victimisation
- increase in safety and safety planning
- keeps families to gather
- highlights need for safeguarding issues re children and vulnerable adults
- promotes safe independent living
- enables the addressing of complex needs
- enables mothers and children to remain as a family unit
- enables a multi-agency approach
- enables a multi-agency approach too hard to reach groups
- reduces demand on a wide range of other services such as health services, addition, G.Ps etc.
- Independent living
- Meeting support needs
- Social isolation
- housing issues
- Breakdown of tenancies
- linking in with outside agencies
- Person-centred & holistic service
- Flexibility

- Access to a service irrespective of location (rural/urban)
- Goal directed and person lead.
- Allowing a holistic and person centred approach to an individual's situation. Providing longer term support which allows a better working relationship to develop always bearing in mind the need to maintain professional boundaries at all times.
- Improved
- Self Esteem
- Independence
- Health and well Being
- independent living
- You can provide support in the comfort of the clients own home. You can empower clients to do things for themselves and encourage them to live a full and healthy life. You help them to make a positive contribution and help them to stay safe and secure and enjoy economic wellbeing. You can provide an alternative to sheltered accommodation or nursing care.
- Offers tailored service to meet needs of individual case. Allows specific pieces of work as appropriate, seen as independent from housing agency, Relationship with local communities and flexibility in supporting family as well.
- Clients can be supported to retain their accommodation within the community and homelessness can be prevented. Early intervention can often reduce the negative impact of problems for clients and expense to the public purse, take pressure of health services, court services and has the ability to provide cost effective solutions to many of the causes of homelessness.
- Enabling people to maintain a good quality of living. Improvements to personal circumstances. Develop coping strategies. Reduce stress and worry. Building confidence and self-esteem.
- Reducing homelessness (tackling arrears, benefits assistance, repairs), promoting health and wellbeing (addictions, mental/physical health).
- Flexibility to move support with the service user.
- Service users having access to skilled staff who provide guidance and advocacy.
- Freedom to maintain tenancies in the community with support.
- Opportunity to develop interdependence.

Base: 19 responses, 3 skipped

Table 1.24: What are the key obstacles facing the effective provision of the Floating Support Service?

- Amount of available tenancies
  Reluctance to house young people
  changes to the benefit system
  Lack of resources in the rural community
  need to strengthen and improve inter-agency working
- The key obstacles are when support can lead to dependency and if the support is withdrawn at the end of the two years clients can feel very isolated and in some cases may be forced to enter residential care/hospital. Floating support can sometimes vere into health as quite open the statutory sector do not fill the gaps that are needed. It can be very difficult if you are in a rural community where dependency is high.
- time limited. not enough funding to extend to support the number of people being referred
- Creating dependence - as for some this is the only support they receive.

- Its function is totally around housing - this can be difficult when trying to promote a holistic support service for persons with an ASC.
- Creating the exit strategy right at the beginning
- Supporting people in rural areas in relation to the travel times to get to them in order to offer the support.
- Nature of difficulties in tenancies often arise during evenings/weekends. Difficult to ensure staff can provide outreach support often to rural areas or HMOs taking Risk factors into consideration & ensuring effective communication and additional support if required.
- Statutory Services having staff shortages impacts on how quickly decisions can be made in relation to accommodating under 18's in particular. Young people remaining unallocated on Social Work waiting lists, Floating Support Workers cannot get decisions made or support for clients needing non-Floating Support tasks completed which impacts on the FSW's ability to carry out their role.
- Lack of single-lets available or accommodation which is affordable in their community.
- Lack of Temporary accommodation in the areas we cover so young people have to move to another area where we cannot support them. Young people having to 'sofa-surf' can lead to difficulties maintaining contact.
- Non engagement of clients
- Non engagement of agencies
- 1. Staffing levels - only one staff member which has meant that we have had to use social worker students for example to help keep waiting lists down.
- 2. Travel distances - can take over an hour to travel to a client's home.
- lack of adequate staffing to meet demand
- rural isolation and demand on staff to travel
- level of risk for service user
- level of risk to staff from perpetrator
- Referrals
- Access to services that service users are being sign-posted to (eg benefits advice)
- Turnover targets can be challenging to meet
- We cover a wide geographic area with two part-time staff. Travelling time can reduce the time spent on service provision. The age and general health of our client base can restrict efforts to reduce social isolation and integration back into local communities.
- Lack of Resources
- duality of support agency roles
- The key obstacles are when support can lead to dependency and if the support is withdrawn at the end of the two years clients can feel very isolated and in some cases may be forced to enter residential care/hospital. Floating support can sometimes vere into health as quite open the statutory sector do not fill the gaps that are needed. It can be very difficult if you are in a rural community where dependency is high.
- resources (not just financial) Lack of understanding of the process within the community and some referral agencies
- Many services are not responsive enough and operate 9-5 Monday to Friday. The services need to be flexible enough to truly meet client needs at the times when they need most support. These services need to work more closely with other community organisations to ensure maximum advantage to clients and reduction of social isolation.
- NIHE internal communications and systems. Too many people to deal with and changes in staff. Interpreting services for people who use BSL or ISL. Inconsistent approaches from some other professionals.

- In terms of our service it is funding, we could expand and support more if we had more funding.
- Amount of available tenancies
- Reluctance to house young people
- changes to the benefit system
- Lack of resources in the rural community
- need to strengthen and improve inter-agency working

Base: 18 responses, 4 skipped

Table 1.25: Is Floating Support the best option for service users who require long term support i.e. compared to accommodation based support

	Frequency	%
Yes	16	73%
No	6	27%
Total	**22**	**100%**

Base: 22 responses

Table 1.26: Please explain your answer

- Floating Support can be tailored to individual needs and can allow the clients to remain independent in their own homes and is very person cantered. In addition it reduces hospital admissions and also admissions to care homes which can be very distressing for the client and very expensive for the government.
- I would agree it is good as the person can live independently but the time limit is an obstacle to those who need long term support
- Floating support provides the support within the persons own tenancy - support within their own home.
- If their support needs are high supported accommodation is best until they reach ready for independent living
- Not the best option in all cases. Some vulnerable young people need a more intensive 24 hour support with staff close-by at all hours. Some young people need help to protect them from exploitation from others, e.g. a warden to prevent unwanted visitors gaining access to their flats as some young people lack confidence and are not assertive enough to say no to unwanted guests coming into their homes. Floating Support will work very well for low-medium need, low-medium risk young people living independently however supported accommodation is much better at addressing the needs of those who are high risk and high need.
- Some individuals will require long term services to ensure they maintain their accommodation successfully.
- Floating support can float in and out in times of crisis but long term services may prevent crisis intervention. Floating Support does not suit everyone and support housing is always going to be needed for a small amount of people.
- To promote independence and reduce dependency.
- refuge accommodation is crisis support on short term level due to trauma experienced by victims and is vital to ensuring women and children's safety and protection from the perpetrator
- Floating support meets the needs of longer term support requirements as the process from

victims of domestic/sexual violence and abuse to survivors and independent living is a much longer process due to level of risk from perpetrator and from level of trauma experienced from violence and abuse

- Floating Support best meets the needs of those who have the potential to develop and respond to short time-limited & goal-directed input.
- Long-term support needs require on-going consistency to maintain goals achieved and respond effectively to client needs
- Accommodation based support can lead to clients becoming institutionalised. Floating support better retains independence and provides for a holistic and person centred approach to problem solving within their own home environment.
- promotion of independent living
- FS can help to achieve independent living
- Accommodation based services can only provide for a limited number of clients and are less cost effective whereas community based services can provide for a larger number of people and are not bound by geographical or other barriers.
- The service we provide is to promote and develop independence. There are other agencies who are responsible for long term care e.g. social workers
- promotes independence

Base: 18 responses, 4 skipped

Table 1.27: In determining an appropriate balance between floating support and accommodation-based services, how important do you think the following factors are?

		Frequency	%
Local circumstances	Very important	19	86%
	Quite important	2	9%
	Neither/nor	1	5%
	Not very important	0	0%
	Not at all important	0	0%
	Total	22	100%
Local assessment of needs	Very important	20	91%
	Quite important	2	9%
	Neither/nor	0	0%
	Not very important	0	0%
	Not at all important	0	0%
	Total	22	100%
Whether an urban/rural area	Very important	10	45%
	Quite important	8	36%
	Neither/nor	3	14%

		Frequency	%
	Not very important	0	0%
	Not at all important	1	5%
	Total	22	100%
Scarcity of affordable housing in the area	Very important	14	64%
	Quite important	7	32%
	Neither/nor	0	0%
	Not very important	0	0%
	Not at all important	1	5%
	Total	22	100%
Availability of appropriate supported accommodation in the area	Very important	15	68%
	Quite important	7	32%
	Neither/nor	0	0%
	Not very important	0	0%
	Not at all important	0	0%
	Total	22	100%
Ability to provide support in the person's own home	Very important	20	91%
	Quite important	1	5%
	Neither/nor	1	5%
	Not very important	0	0%
	Not at all important	0	0%
	Total	22	100%
Other important factors	Very important	3	-
	Quite important	0	-
	Neither/nor	0	-
	Not very important	0	-
	Not at all important	0	-
	Total	3	-
Other important factors: 1) level of risk to victims and staff is vitally important in regards to providing floating support in their own homes and potential risk from perpetrator. 2) The wishes and abilities of potential clients to cope in either situation should that come about. 3) In determining the need for FSS or AS cost can be seen as a driving factor however while accommodation based services are limited in the amount of people they can service they should be only used for more complex cases and FSS should be used to maintain people within the community and to do so well they will be no less expensive in fact could be more costly			

		Frequency	%
however on a cost per support hour basis are likely to be better value for money because they can reach higher numbers of clients.			

Base:22 responses

Table 1.28: What other services would your floating support users typically access? NB: Multiple response question

	Frequency	%
Social services	20	100%
Health services	19	95%
Mental health services	18	90%
Addiction services	12	60%
Children's services	6	30%
Chid protection services	8	40%
Probation services	7	35%
Other service(s)	3	15%
Total	**20**	**100%**
Other service(s): 1) Parenting Support/Sure Start. 2) Women's Aid Refuge, Counselling provided by Women's Aid, Welfare Services, C.A.B. 3) Bryson Trust befriending services based in Newtownards, Co. Down.		

Base: 20 responses, 2 skipped

Table 1.29: Do you signpost users to other services if required?

	Frequency	%
Yes	22	100%
No	0	0%
Total	22	100%

Base: 22 responses

Table 1.30: What other services would you typically signpost users to?NB: Multiple response question (NB: multiple response question)

	Frequency	%
Social services	19	95%
Health services - inc. mental health and addictions	20	100%
Housing advice services	19	95%
Benefits advice services	19	95%

	Frequency	%
Careers advice services	15	75%
Childcare services e.g. Sure Start etc.	11	55%
Money/debt advice services	17	85%
Education and training advice services e.g. colleges/training providers	16	80%
Legal advice services e.g. CAB	16	80%
Other services	7	35%
Total	**20**	-
Other services: 1) Counselling service. Social Opportunities. Outreach. Social groups. 2) Volunteering Services. Local Home safety & Security Assessment Services. 3) Internal services of Women's Aid including, training, volunteering, welfare benefits advice, refuge, children's programmes etc. 4) PSNI (home safety checks). 5) Bryson Trust. 6) We will provide in-house services e.g. money management training has been provided to staff who will work with client however more specialist issues would be referred to specific organisations who specialise e.g. for careers advice or health advice. We provide support for clients with addictions through our funded Harm reduction service. 7) community projects; gardening, sport etc		

Base: 20 responses, 2 skipped

Table 1.31: Do you work in partnership (either formally or informally) with any of the following service providers? (NB: multiple response question)

	Frequency	%
Social services	19	95%
Health services – inc. mental health and addictions	19	95%
Probation services	10	50%
Policy	14	70%
Housing advice services	19	95%
Benefits advice services	18	90%
Careers advice services	15	75%
Childcare services e.g. Sure Start etc.	9	45%
Money/debt advice services	15	75%
Education and training advice service e.g. colleges/training providers	15	75%
Legal advice services e.g. CAB	13	65%

	Frequency	%
Other service(s)	2	10%
Total	20	-
Other service(s): 1) Bryson Trust befriending services, Newtownards Co Down. 2) We work with a range of local community groups and organisations to maximise support for clients. We currently have a Homelessness Prevention team who work to build capacity within local communities to address homelessness on a local basis. We also undertake work with schools and colleges to inform people about homelessness and our services to address it as a means of prevention. Work has been ongoing with NISCC to try to establish a module for Social Work training which is focused on Homelessness.		

Base: 20 responses, 2 skipped

Table 1.32: Is there anything that could be changed to improve the effective provision of floating support services in the future?

- Regional forum for providers to share good practice.
- Remove the maximum of two years for certain client groups in particular older people as quite often their needs increase and they become dependent.
- ability to extend the time that support can be provided dependent on individual circumstances
- Additional funding to extend the service
- Perhaps to have a service running in conjunction for those who require more support / dual support with situations which may not be housing related but may have an impact on them maintaining their tenancy.
- Offering support to persons in a rural setting.
- Dedicated Homeless Social Worker in the Local Gateway Teams
- Agreed ratio of floating support provision per capita of population taking into account rural and urban differences especially travel.
- Resources adequate to the level of demand and the nature of the area covered i.e., rural vs urban and demands on staff re travel time
- Easier method of accessing referrals
- Specific training regarding client needs and risk assessment to be provided to encourage a uniformed approach by all FSS providers.
- Additional resources - particularly in light of Welfare Reform Bill
- more support staff
- Remove the maximum of two years for certain client groups' in particular older people as quite often their needs increase and they become dependent.
- Floating support teams need to be available at other times other than 9-5 Monday to Friday. There need to be crisis intervention teams to address the needs of clients in times of difficulty when other services are not available or limited.
- Regional forum for providers to share good practice.

Base: 12 responses, 10 skipped

Table 1.33: Please write any other comments you would like to add on any aspect of floating support not covered in the previous questions

- The importance of the floating support services to people who have an ASC (Autism/Asperger's syndrome) because of the difficulties with social situations and communication - the difficulties around the exit from possibly the only support service they have within their lives.
- Transition work - for the 16+ group who may be moving to university or plan to move away from home. Floating support needed at an earlier stage in order to best support the individual,
- the is no equity of floating support service across N.I. especially with larger cities receiving much greater levels of funding therefore higher staffing smaller area coverage required
- N/A
- I believe that floating support has the potential to prevent homelessness for a large number of people however services should not be developed on the basis that they can replace hostel based services. The accommodation based services should be retained where necessary to deal with more complex cases where clients need intensive support before being suitable for community support.

Base: 4 responses, 18 skipped

APPENDIX 3: SUPPORTING PEOPLE SERVICES BY CLIENT GROUP AND REGION[18]

[18] Data at September 2011

Table 1.1: Number of support services by client group and service type

Service Type	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Frail Elderly	18	0	0	0	0	18
Generic	2	0	0	3	0	5
Homeless Families with Support Needs	37	0	0	6	0	43
Offenders or People at risk of Offending	3	0	0	2	0	5
Older People with Mental Health Problems / Dementia	16	0	0	3	0	19
Older people with support needs	378	0	2	5	1	386
People with a Physical or Sensory Disability	16	0	0	5	1	22
People with Alcohol Problems	13	0	0	3	0	16
People with Drug Problems	0	0	0	1	0	1
People with Learning Disabilities	151	1	0	6	0	158

Service Type	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
People with Mental Health Problems	114	0	0	10	0	124
Single Homeless with Support Needs	43	1	0	5	0	49
Teenage Parents	3	0	0	1	0	4
Traveller	2	0	0	1	0	3
Women at Risk of Domestic Violence	5	9	0	9	0	23
Young People at Risk	11	0	0	10	0	21
Young People Leaving Care	1	0	0	0	0	1
Total	**813**	**11**	**2**	**70**	**2**	**898**

Source: NIHE Supporting People Data

Table 1.2: Proportion of support services by client group and service type

Service Type	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Frail Elderly	2.2%	0.0%	0.0%	0.0%	0.0%	2.0%
Generic	0.3%	0.0%	0.0%	4.3%	0.0%	0.6%
Homeless Families with Support Needs	4.6%	0.0%	0.0%	8.6%	0.0%	4.8%
Offenders or People at risk of Offending	0.4%	0.0%	0.0%	2.9%	0.0%	0.6%
Older People with Mental Health Problems / Dementia	2.0%	0.0%	0.0%	4.3%	0.0%	2.1%
Older people with support needs	46.5%	0.0%	100.0%	7.1%	50.0%	43.0%
People with a Physical or Sensory Disability	2.0%	0.0%	0.0%	7.1%	50.0%	2.5%
People with Alcohol Problems	1.6%	0.0%	0.0%	4.3%	0.0%	1.8%
People with Drug Problems	0.0%	0.0%	0.0%	1.4%	0.0%	0.1%
People with Learning Disabilities	18.6%	9.1%	0.0%	8.6%	0.0%	17.6%

Service Type	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
People with Mental Health Problems	14.0%	0.0%	0.0%	14.3%	0.0%	13.8%
Single Homeless with Support Needs	5.3%	9.1%	0.0%	7.1%	0.0%	5.5%
Teenage Parents	0.4%	0.0%	0.0%	1.4%	0.0%	0.5%
Traveller	0.3%	0.0%	0.0%	1.4%	0.0%	0.3%
Women at Risk of Domestic Violence	0.6%	81.8%	0.0%	12.9%	0.0%	2.6%
Young People at Risk	1.4%	0.0%	0.0%	14.3%	0.0%	2.3%
Young People Leaving Care	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: NIHE Supporting People Data

Table 1.3: Number of support services by District Council and service type

District Council	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Antrim	24	0	0	1	0	25
Ards	28	0	0	3	0	31
Armagh	21	0	0	1	0	22
Ballymena	28	0	0	3	0	31
Ballymoney	12	0	0	1	0	13
Banbridge	17	0	0	1	0	18
Belfast	219	2	0	19	1	241
Carrickfergus	21	0	1	0	0	22
Castlereagh	31	0	0	1	0	32
Coleraine	28	0	0	3	0	31
Cookstown	8	1	0	1	0	10
Craigavon	33	2	0	2	0	37
Derry	63	2	0	10	1	76
Down	25	0	0	2	0	27
Dungannon	9	0	0	2	0	11
Fermanagh	20	0	0	5	0	25
Larne	13	0	0	0	0	13

District Council	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Limavady	8	0	0	0	0	8
Lisburn	41	1	0	0	0	42
Magherafelt	12	0	0	1	0	13
Moyle	8	0	0	1	0	9
Multiple Council Areas	1	0	0	0	0	1
Newry and Mourne	32	1	0	2	0	35
Newtownabbey	28	0	1	1	0	30
North Down	45	1	0	6	0	52
Omagh	26	1	0	3	0	30
Strabane	12	0	0	1	0	13
Total	**813**	**11**	**2**	**70**	**2**	**898**

Source: NIHE Supporting People Data

Table 1.4: Proportion of support services by District Council and service type

District Council	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Antrim	3.0%	0.0%	0.0%	1.4%	0.0%	2.8%
Ards	3.4%	0.0%	0.0%	4.3%	0.0%	3.5%
Armagh	2.6%	0.0%	0.0%	1.4%	0.0%	2.5%
Ballymena	3.4%	0.0%	0.0%	4.3%	0.0%	3.5%
Ballymoney	1.5%	0.0%	0.0%	1.4%	0.0%	1.5%
Banbridge	2.1%	0.0%	0.0%	1.4%	0.0%	2.0%
Belfast	26.9%	18.2%	0.0%	27.1%	50.0%	26.8%
Carrickfergus	2.6%	0.0%	50.0%	0.0%	0.0%	2.5%
Castlereagh	3.8%	0.0%	0.0%	1.4%	0.0%	3.6%
Coleraine	3.4%	0.0%	0.0%	4.3	0.0%	3.5%
Cookstown	1.0%	9.1%	0.0%	1.4%	0.0%	1.1%
Craigavon	4.1%	18.2%	0.0%	2.9%	0.0%	4.1%
Derry	7.8%	18.2%	0.0%	14.3%	50.0%	8.5%
Down	3.1%	0.0%	0.0%	2.9%	0.0%	3.0%
Dungannon	1.1%	0.0%	0.0%	2.9%	0.0%	1.2%

District Council	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Fermanagh	2.5%	0.0%	0.0%	7.1%	0.0%	2.8%
Larne	1.6%	0.0%	0.0%	0.0%	0.0%	1.5%
Limavady	1.0%	0.0%	0.0%	0.0%	0.0%	0.9%
Lisburn	5.0%	9.1%	0.0%	0.0%	0.0%	4.7%
Magherafelt	1.5%	0.0%	0.0%	1.4%	0.0%	1.5%
Moyle	1.0%	0.0%	0.0%	1.4%	0.0%	1.0%
Multiple Council Areas	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Newry and Mourne	3.9%	9.1%	0.0%	2.9%	0.0%	3.9%
Newtownabbey	3.4%	0.0%	50.0%	1.4%	0.0%	3.3%
North Down	5.5%	9.1%	0.0%	8.6%	0.0%	5.8%
Omagh	3.2%	9.1%	0.0%	4.3%	0.0%	3.3%
Strabane	1.5%	0.0%	0.0%	1.4%	0.0%	1.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: NIHE Supporting People Data

Table 1.5: Number of support services by service type and NIHE administrative area

NIHE Area	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Belfast	219	2	0	19	1	241
Multiple NIHE Areas	1	0	0	0	0	1
Northern	162	0	2	10	0	174
South Eastern	170	2	0	12	0	184
Southern	132	3	0	13	0	148
Western	129	4	0	16	1	150
Total	**813**	**11**	**2**	**70**	**2**	**898**

Source: NIHE Supporting People Data

Table 1.6: Proportion of support services by type and NIHE administrative area

NIHE Area	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Belfast	26.9%	18.2%	0.0%	27.1%	50.0%	26.8%
Multiple NIHE Areas	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Northern	19.9%	0.0%	100.0%	14.3%	0.0%	19.4%
South Eastern	20.9%	18.2%	0.0%	17.1%	0.0%	20.5%
Southern	16.2%	27.3%	0.0%	18.6%	0.0%	16.5%
Western	15.9%	36.4%	0.0%	22.9%	50.0%	16.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: NIHE Supporting People Data

Table 1.7: Number of support services by service type and Health and Social Care Trust area

Trust	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Belfast Health and Social Care Trust	247	2	0	20	1	270
Multiple Trust Areas	1	0	0	0	0	1
Northern Health and Social Care Trust	182	1	2	12	0	197
South Eastern Health and Social Care Trust	142	2	0	11	0	155
Southern Health and Social Care Trust	112	3	0	8	0	123
Western Health and Social Care Trust	129	3	0	19	1	152
Total	**813**	**11**	**2**	**70**	**2**	**898**

Source: NIHE Supporting People Data

Table 1.8: Count of Trust - Percentage

Trust	Accommodation Based Service	Accommodation based with floating/resettlement/ outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Total
Belfast Health and Social Care Trust	30.4%	18.2%	0.0%	28.6%	50.0%	30.1%
Multiple Trust Areas	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Northern Health and Social Care Trust	22.4%	9.1%	100.0%	17.1%	0.0%	21.9%
South Eastern Health and Social Care Trust	17.5%	18.2%	0.0%	15.7%	0.0%	17.3%
Southern Health and Social Care Trust	13.8%	27.3%	0.0%	11.4%	0.0%	13.7%
Western Health and Social Care Trust	15.9%	27.3%	0.0%	27.1%	50.0%	16.9%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: NIHE Supporting People Data

APPENDIX 4: BIBLIOGRAPHY

Berthoud, R. (2003) *Multiple Disadvantage in Employment: A Quantitative Analysis* York: York Publishing Services.

Bretherton, J. and Pleace, N. (2011) *Reasonable Preference in Scottish Social Housing*, Edinburgh: Scottish Government

Busch-Geertsema, V. (2005) Does Re-housing lead to Reintegration? Follow-up Studies of Re-housed Homeless People, *Innovation* 18(2) pp.202-226.

Busch-Geertsema, V., O'Sullivan, E., Edgar, B. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research* Brussels: FEANTSA.

Cebulla, A.; Rice, B.; Tomaszewski, W.; Hough, J. (2009) *Profiling London's rough sleepers: A longitudinal analysis of CHAIN data* London: Broadway and National Centre for Social Research.

Cohen, S. and Wills, T. (1985) 'Stress, Social Support and the Buffering Hypothesis' *Psychological Bulletin,* 98, pp. 310-357.

Croucher, K., Hicks, L. and Jackson, K. 2006. *Housing with care for later life: A review of the Literature*. Joseph Rowntree Foundation.

Croucher, K., Holmans, A. and Wilcox, S. (2009) *An Examination of the Housing Needs and Supply for an Ageing Society*, London: Royal Institution of Chartered Surveyors.

Dant, T. and Deacon, A. (1989)*Hostels to homes? The rehousing of homeless single people* Aldershot: Avebury.

Fitzpatrick, S.; Pleace, N. and Bevan, M. (2005) *Final Evaluation of the Rough Sleepers Initiative*, Edinburgh: Scottish Executive.

Forrest, R. and Kearns, A. (2001) 'Social Cohesion, Social Capital and the Neighbourhood' *Urban Studies*, 38 (12), pp. 2125-2143.

Jones, A., Quilgars, D. and Wallace, A. (2001) *Life Skills Training for Homeless People: a review of the evidence*, Edinburgh: Scottish Homes.

Jones, A.; Pleace, N. and Quilgars, D. (2002) *Shelter's Homeless to Home: An Evaluation* Shelter: London.

Jones, A., Pleace, N. and Quilgars, D. (2006) 'Evaluating the Shelter Inclusion Project: a floating support service for households accused of antisocial behaviour', in J.Flint (ed.) *Housing, Urban Governance and Anti-Social Behaviour*, Bristol: Policy Press.

Jones. A, Bretherton. J, Bowles. R and Croucher, K. (2010) *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in their Own Homes*, London: CLG

Jones, A. and Pleace, N (2010) *A Review of Single Homelessness in the UK 2000 - 2010*, London: Crisis.

Kemp. P. and Neale. J. (2005) 'Employability and Problem Drug Users', *Critical Social*

Policy, 25, 1.

Luby, J. (2008) *Private Access, Public Gain: The use of the private rented sector to house single homeless people* Crisis and the London Housing Foundation: London.

Martin, G. (2008) *Avoiding homelessness among private rented tenants* Friends Provident Foundation: London.

Office of the Deputy Prime Minister (2004) *What is Supporting People?* London: ODPM.

O'Malley, L. and Croucher, K. 2005. 'Supported housing services for people with mental health problems: a scoping study'. *Housing Studies* 20, 5, pp. 831-845.

Pawson, H., Netto, G. and Jones, C. (2006) *Homelessness Prevention: A guide to good practice,* London: CLG.

Pawson, H., Davidson, E. and Netto, G. (2007a) *Evaluation of Homelessness Prevention Activities in Scotland,* Edinburgh: Scottish Executive Social Research.

Pawson, H., Netto, G., Jones, C., Wagner, F., Fancy, C. and Lomax, D. (2007b) *Evaluating Homelessness Prevention,* London: Communities and Local Government.

Pleace, N. and Quilgars, D. (1996) *Health and Homelessness in London* London: The Kings Fund.

Pleace, N. and Quilgars, D. *Supporting People: Guide to Accommodation and Support Options for Homeless Households* (2003) London: ODPM/ Homelessness Directorate.

Pleace, N. with Wallace, A. (2011) *Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review* London: National Housing Federation.

Pleace, N. (2011a) *The Costs and benefits of Preventative Support Services for Older People* Edinburgh: Scottish Government

Pleace, N. (2011) 'The Ambiguities, Limits and Risks of Housing First from a European Perspective' *European Journal of Homelessness* 5, 2.

Randall, G. and Brown, S (1993) *The Rough Sleepers Initiative: An Evaluation* London: Department of the Environment.

Rosenheck, R., Kasprow, W., Frisman, L. and Liu-Mares, W. (2003) Cost Effectiveness of Supported Housing for Homelessness Persons with Mental Illness, *Archives of General Psychiatry* 60 pp.940-951.

Rugg, J. & Croucher, K. (2010) *Older People's Experiences of Renting Privately*, London: Age Concern.

Tsemberis, S. (2010) Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs, in: I. Gould Ellen and B. O'Flaherty (Eds.) *How to House the Homeless* (New York: Russell Sage Foundation).

APPENDIX 5: AVERAGE WEEKLY UNIT COSTS PER HOUSEHOLD UNITS FOR NI

Average Weekly Unit Cost by Household Units

The table below shows the average weekly unit cost by household units for Northern Ireland.

Units / Client Group	1-10 Floating Support		1-10 Accommodation		11-30 Floating Support		11-30 Accommodation		31-100 Floating Support		31-100 Accommodation		101-500 Floating Support		101-500 Accommodation		500+ Floating Support		500+ Accommodation		Total Floating Support		Total Accommodation	
Frail Elderly	-	-	-	-	-	-	127	13	-	-	71.32	5	-	-	-	-	-	-	-	-	-	-	111.18	18
Generic	-	-	31.61	1	67.01	1	200.28	1	89.85	1	-	-	-	-	-	-	-	-	-	-	78.43	2	131.75	2
Homeless Families with Support Needs	-	-	79.52	14	82.19	4	228.23	12	58.71	3	196.40	1	-	-	-	-	-	-	-	-	72.13	7	149.95	27
Mentally Disordered Offenders	--	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Offenders or People at risk of Offending	-	-			-	-	495.90	3	50.03	2	-	-	-	-	-	-	-	-	-	-	50.03	2	495.90	3
Older people with mental health problems/dementia	-	-	262.39	4	43.94	2	124.14	9	46.07	1	314.34	1	-	-	-	-	-	-	-	-	44.65	3	177.23	14
Older people with support needs	40.61	1	28.03	57	63.10	2	13.98	191	42.61	3	11.25	120	-	-	7	2	-	-	-	-	49.11	6	15.22	370
People with a Physical or Sensory	-	-	216.27	10	34.40	1	138.00	5	45.10	3	2.28	1	101.39	2	-	-	-	-	-	-	62.08	6	178.44	16

No. of Services	(n)
Average Cost per Unit	£

Units / Client Group	1-10 Floating Support		1-10 Accommodation		11-30 Floating Support		11-30 Accommodation		31-100 Floating Support		31-100 Accommodation		101-500 Floating Support		101-500 Accommodation		500+ Floating Support		500+ Accommodation		Total Floating Support		Total Accommodation	
Disability																								
People with Alcohol Problems	-	-	273.77	3	64.96	3	253.83	8	-	-	183.30	2	-	-	-	-	-	-	-	-	64.96	3	247.58	13
People with Drug Problems	-	-			69.37	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69.37	1	-	-
People with HIV / AIDS	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
People with Learning Disabilities	-	-	263.02	107	86.26	4	176.52	37	63.54	2	124.73	4	-	-	-	-	-	-	-	-	78.68	6	237.66	148
People with Mental Health Problems	-	-	174.91	64	56.20	8	220.62	42	28.29	2	116.35	2	-	-	-	-	-	-			50.62	10	191.60	108
Refugees	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rough Sleeper	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Single Homeless with Support Needs	-	-	179.02	12	140.90	1	225.54	25	86.96	3	162.51	6	47.34	1	-	-	-	-	-	-	77.82	5	203.77	43
Teenage Parents	77.18	1	204.40	2	-	-	266.41	1	-	-	-	-	-	-	-	-	-	-	-	-	77.18	1	225.07	3
Traveller	-	-	54.09	2	45.32	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	45.32	1	54.09	2

Units / Client Group	1-10 Floating Support		1-10 Accommodation		11-30 Floating Support		11-30 Accommodation		31-100 Floating Support		31-100 Accommodation		101-500 Floating Support		101-500 Accommodation		500+ Floating Support		500+ Accommodation		Total Floating Support		Total Accommodation	
Women at Risk of Domestic Violence	-	-	392.83	7	38.98	5	404.75	7	46.79	3	-	-	21.97	1	-	-	-	-	-	-	39.69	9	398.79	14
Young People at Risk	551.57	1	454.49	7	89.31	3	172.33	1	66.62	5	131.31	2	-	-	-	-	-	-	-	-	128.07	9	361.64	10
Young People Leaving Care	-	-	450	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	450.00	1
TOTAL	223.12	3	189.56	291	65.34	36	104.76	355	51.55	28	29.85	144	56.19	4	7.03	2	-	-	-	-	67.98	71	122.54	792

Floating Support: It is difficult to compare NI figures for less than 10 units as NI only has three providers. For units 11-100, NI average weekly costs are below UK averages; however NI is above average for 101-500 units, although the number of providers is, again, small.

Accommodation: NI is not cost effective in comparison to UK averages for low unit numbers (i.e. up to 30 units). However, above 30 units, NI is very competitive.