



RSM McClure Watters (Consulting)
Connected for Success

Client

Northern Ireland Housing Executive

Project

**Evaluation of Accommodation Based Services
Funded by Supporting People**

Final Report

October 2015

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1 EXECUTIVE SUMMARY

1.1 Introduction

This report presents the findings of research undertaken to evaluate the effectiveness of Accommodation-Based Support funded by the Supporting People programme, and is based upon the following Terms of Reference:

- To ascertain the extent to which accommodation-based services achieve the objective of developing service users' capacity to live independently in their own homes / temporary accommodation;
- To determine the quality of life and other associated benefits of accommodation-based services to service users and their families;
- The extent of any directly quantifiable financial savings which accrue to public services, particularly health and social care, from the delivery of accommodation-based services funded by Supporting People;
- To determine the effectiveness and efficiency of Supporting People funded accommodation-based services in Northern Ireland compared to similar services in other parts of the UK or the Republic of Ireland;
- To determine in which circumstances or contexts accommodation-based services either add or do not add value in comparison with floating support services; and
- To establish if Supporting People accommodation-based services are substituting for social care services and if so, to what extent and in what circumstances.

The research was also required to take into consideration any differences in outcomes or the efficiency or effectiveness of services between different Supporting People client groups.

This section details the main findings for each of the study objectives, along with associated recommendations.

1.2 Developing Service Users' Capacity to Live Independently

There was consensus among all stakeholders that accommodation based services enable people to live independently – whether in a scheme itself, or in mainstream housing after moving on from an accommodation based services.

Stakeholders were also asked what they understood to be the meaning of the term 'independent living'. Common themes among the definitions proffered were freedom, choice, stability and social inclusion. These themes were also reflected in the feedback from service users, who reported feeling better equipped to live independently than they had previously, and valued the choice and options they were given in where to live.

1.3 Benefits to service users and their families

Stakeholders and Service Users consulted with through the research identified a range of benefits and impacts of accommodation based supports. These included:

- Provision of a person-centred service that promotes choice and independence;
- Provision of a non-institutionalised approach that enables people to live in ordinary housing;
- Improvements in service user's health (physiological and psychological) and overall quality of life;
- Increasing social inclusion and companionship – both within scheme and with family, friends and wider community;
- The prevention of hospital admissions/readmissions;
- A greater sense of security for service users, not only within their home, but should they fall ill or require support this is readily available and can be accessed;
- Improved access to other support services, tailored to the individuals' needs;
- Improvement in life skills and preparing people to transition into mainstream accommodation; and
- Impact on wider family members through knowing the individual is living in a secure environment and the removal of caring responsibilities.

1.4 Value for money

Our review of the Supporting People data highlighted the following for each of the client groups.

1.4.1 Homelessness

Supporting People contracts for homeless services are termed 'Block Gross'. This means that the Supporting People payment is made irrespective of whether all the contracted bed-spaces are occupied or not. The data reported on service occupancy is therefore important as it means that a significant number of services are being paid for accommodation that is not in use throughout the year.

The total annual Supporting People Grant payment per service in 2014 was £21,944,672 at a mean weekly unit rate per bed space of £227.62. More than half (56%) of this funding is committed to services that accommodate and support homeless families and single people. The level of weekly income per unit is highest for services for women escaping domestic violence – more than double the mean rate for all services at £1,006 per week; and homeless young people – £1,061 per week.

Taking homelessness services overall, there was a cumulative operational deficit on the programme taking all sources of income into account, and on the SPG/housing support activity account in 2013/2014.

Recommendation: Overall, operational losses on the homelessness programme are unsustainable. The basis for funding the programme should be reviewed if losses on this scale continue.

1.4.2 Learning Disability and Mental Health

There is an important caveat to be made in reviewing figures. Services within both categories are working with people who have different levels of disability and different needs. Differences of approach to service provision may be reflected in the different levels and sources of income and expenditure that are evident in the services.

H&SCT Trusts receive significantly more SPG per service and per bed space than non-Trust organisations. Income from statutory social care sources is also significantly higher within H&SCT delivered services compared with services delivered by non-H&SCT organisations.

Recommendation: The NIHE should explore the issue of H&SCT trusts receiving significantly more SPG per service and per bed space than non-Trust organisations further to ensure that funding is being awarded on a comparable basis.

The cumulative effect of these differences is that, overall, Trusts generate more income per service and per unit for mental health and learning disability services than non-trust organisations. On the other hand, Trust costs per service and per unit are also very considerably higher than in non-Trust organisations. As a consequence, Trusts are making an operational loss on all their services for older people at both a per-service and a per-unit basis. Within this overall picture Trusts are making higher losses than other providers on mental health and learning disability services.

The implication is that there is a closer fit between income from all sources and costs in non-Trust providers than in the Trusts; and that non-Trust services are more cost efficient than Trust services. Again, there is no obvious rationale to explain why H&SC Trusts receive significantly more SPG per service than non-Trust organisations.

Recommendation: The possibility that the Supporting People Grant is cross-subsidising care or other services provided by Trusts from SPG needs to be reviewed.

1.4.3 Older people and physical disability

As with the learning disability and mental health groups, services within this category are working with people who have different levels of need. Again, differences in service configuration will impact on costs.

Supported housing for older people with support needs has a relatively low level of SPG per service and per unit compared with other older peoples' groups and with the client groups in

the homeless and mental health/learning disability categories. Levels of SPG funding for the frail elderly and older people with dementia/MH issues are significantly higher, but still below the mean cost per unit in most other client groups.

The SP-funded accommodation for older people with support needs was largely commissioned in the 2000s to replace residential care schemes for older people operated by H&SC Trusts that were thought to be too institutional in character. The reprovion was underpinned by capital funding from the housing association development programme and revenue funding from the SP programme. This accommodation can also be called 'sheltered housing for the elderly'. It is treated as general needs accommodation for the purposes of the NIHE Common Waiting List, not as specialised accommodation. Some of this accommodation is now hard to let to older people and vacancies are being filled through the allocation process by other client groups. There are a number of anomalies here. The SP funding for these services is treated on a Block Grant basis. This means that grant is paid for each unit of accommodation regardless of whether it is occupied or not, whether it is occupied by an older person or not, and whether the occupant has a housing support need.

Recommendation: The Housing Executive should consider changing either the designation of this accommodation as 'services for older people with support needs' to a general needs category, or change the type of SPG funding from block subsidy to a payment based on the support needs of individual occupants as has been done in Scotland.

Taking an overview of income from all sources, Trust services for older people have much higher levels of overall income per service than non-Trust organisations. This is particularly the case in services for older people with support needs (presumably the client group with the lowest needs – see above). There is no obvious explanation for these variances other than that either Trusts are working with people who have substantially greater support needs (in which case the designation as 'older people with support needs' is misleading), or their running costs are much higher than in other organisations. This is an issue of efficiency rather than effectiveness.

However, there is insufficient information to make any judgement about effectiveness. There is also insufficient information as a basis for evaluating the efficiency or effectiveness of services for people with physical and sensory disabilities.

On the question of operational surpluses or deficits, the data showed that there was a much closer fit between total income and total expenditure in non-Trust providers than in the Trusts. At the service level, Trusts tended to make either a large surplus (e.g. older people with support needs) or a substantial deficit (e.g. frail elderly and older people with mental health issues / dementia).

The combined level of statutory social care payments for both elderly and disabled client groups is only 33% of the combined funding for these services from the housing budget. There are two possible conclusions to be drawn from this:

- either the majority of these services are primarily housing services with ancillary care and support, in which case the balance of funding between housing and care sources seems appropriate; or
- some of these services are analogous to residential care, in which case the balance of funding appears not to be appropriate.

Recommendation: The NIHE should conduct a more detailed analysis of SPG and other funding for H&SC Trusts that takes into account the nature of the regime and the way in which any social care is funded. This examination is particularly urgent for services for older people with support needs where income per unit was shown to be seven times higher than in services provided by non-Trust organisations.

1.5 Effectiveness and efficiency of accommodation based services

The evaluation team encountered difficulties in drawing meaningful conclusions on service effectiveness as a result of limitations in the Supporting People data provided. The following summarises the findings in relation to service effectiveness for each client group.

1.5.1 Homelessness

A significant number of homelessness services are failing to meet the benchmark standard for scheme occupancy. In some cases there are no doubt good reasons for this. But in others the data imply that housing resources are not being well employed, with possible consequences for the way the service is being run and for service effectiveness. In contrast, almost all services for which data are available experienced on average at least a 100% resident turnover during 2004. This suggests that most services are meeting the requirement to provide a temporary solution to homelessness as a basis for more permanent housing solutions.

1.5.2 Learning Disability and Mental Health

It has proved almost impossible given the data at our disposal to make meaningful comments about service effectiveness. Low occupancy in the scheme may in some circumstances be an indicator that the resources applied to the service are not being used at their optimum level. Between 15% - 30% of the learning disability and mental health

services under review possibly fall into this category. However, as noted in the body of the report, there may be acceptable reasons for low occupancy in some cases.

The information on throughput tells us very little about the nature of the regime in either learning disability or mental health services apart from the fact that resident turnover is slightly higher in mental health services than in those for the learning disabled.

No information is available on service outcomes for residents, or on the Supporting People team's evaluation of individual services or their provider organisations. Without qualitative information of this kind it is not possible to draw conclusions about service effectiveness.

1.5.3 Older people and physical disability

Once again, it has proved almost impossible given the data at our disposal to make meaningful comments about service effectiveness. Around 20% of the older people and physical / sensory disability services under review are not meeting the benchmark standard for scheme occupancy. However, as noted above, there may be acceptable reasons for low occupancy in services for the frail elderly and for older people with mental health issues and dementia. However, a number of sheltered housing schemes for older people (designated as services for 'older people with support needs') are seen as hard to let and are not being let to older people.

Throughput data shows that resident turnover is slightly higher in the services for older people with support needs and individuals with a physical / sensory disability than in services for frail elderly and older people with mental health problems / dementia. In the former, the fact that the accommodation is treated as 'general needs' and that non-elderly applicants are being housed may well have a bearing on this finding.

Again, no information is available on service outcomes for residents or on the Housing Executive's evaluation of these services.

Providers consulted with identified a number of limitations to providing an effective accommodation based service:

- Issues with the referral process- a lack of referrals from some agencies; appropriateness of some referrals and a lack of information-sharing;
- Resource limitations in the funding of services and staff;
- Issues with rurality, namely a lack of provision in rural areas and access to services;
- Meeting levels of demand - 18 Providers responding to the survey reported that their referrals had increased over the last two years, while half (14) reported that they often have more referrals than they can deal with; and
- Suitability of current and the suitability/availability of appropriate move-on accommodation; and

- Weaknesses in partnership working with other agencies and a lack of a joined-up approach.

In line with the limitation listed above, suggested improvements to service provision from Providers included:

- Clarity on funding issues - both capital investment to maintain existing provision, and future funding to meet increasing demand;
- More effective partnership working between the different agencies, particularly in the planning of services and future provision; and
- More co-ordinated approach to the Supporting People and RQIA inspection processes to avoid duplication of effort.

1.5.4 **Absence of some performance and outcome measures**

The research was hindered by the availability of key performance measures that are needed in order to inform an evaluation of efficiency and effectiveness. The Supporting People team was able to provide information on occupancy and throughput within SP-funded accommodation for about 94% of the funded services. 6% (around 50 services) were missing. However, information on the effectiveness with which planning for resettlement occurs for homeless people (e.g. '% of planned departures'), and on the outcomes for people who have been provided with an SP-funded service, are not yet available although work on developing them was reported in the *Housing Related Support Strategy 2012 – 2015* (Section 3.4, page 10). One of the consequences of the gaps in performance information for this research is that more reliance has had to be placed in the final report on the perceptions of people interviewed than on hard statistical evidence. In places, there is an apparent contradiction between what interviewees told the research team and what the statistical data appear to show. However, in the absence of key performance statistics, the contradictions are unresolved.

In the research team's judgement these are serious gaps in the Housing Executive's approach to contract and performance management given that this type of performance measure have been available in other jurisdictions for some years.

Recommendation: There is an urgent need for the NIHE to develop appropriate measures, and insist that providers report on:

- service performance measures = efficiency
- service user outcomes = effectiveness

The Supporting people team should report on the reporting of these measures annually, and on the remedial action taken to deal with sub-standard performance. A timetable for completing this work should be agreed.

Recommendation: The Supporting People team should construct a standard list of accredited providers and accredited services with key statistical data attached that is

updated quarterly. Previous quarterly updates should be archived so that they are available for programme monitoring and business management purposes.

1.6 Added value of accommodation based services

There was consensus among those consulted with that a continuum of support is required to meet the range of range complex needs individual have. Stakeholders agreed that the individuals' level of need is the most important factor to take into account when deciding which service is the most appropriate. Other important factors cited were:

- Assessment of risk;
- Local circumstance and availability of appropriate supported accommodation in the area; and
- Aspirations of service users and their families.

Feedback from consultees suggests that accommodation based support is the preferred option, over floating support, in the following cases:

- For older people who, generally, need low-level but longer-term support;
- For people with high-level support needs due to physical or mental disability, but can still live independently with the appropriate support; and
- Where accommodation based supports act as a short-term crisis response, generally in the case of homelessness and fleeing domestic violence.

Providers also highlighted a number of reasons for choosing floating support over accommodation based support, including:

- Where people have lower levels of need and can be supported in their own home;
- Where floating support is a more cost-effective option; and
- Where there is a risk of creating dependency on the higher level of support provided through accommodation based services, thereby contravening the aim of the Supporting People Programme to create independence.

The availability of appropriate supported accommodation in the area, local assessments of needs, and local circumstances¹ were considered to be the important factors in determining a balance between accommodation-based services, residential care and floating support.

¹ The term local circumstances is used here to mean a combination of assessed local needs taken in the context of the local housing market and the availability of appropriate accommodation-based support, floating support and residential care in the locality.

1.7 Substitution of Social Care Services

Views on whether accommodation based services were substituting other services were mixed among those consulted through the evaluation. Some stakeholders reported that there are areas of overlap, as they are working with individuals with a range of needs that cannot be met by one Provider alone. However, they do not consider this to be an issue as they see it as part of a holistic approach to care. Other Providers felt that their service is specialist, niche and not provided elsewhere and so is not substituting any other service.

The *Housing Related Support Strategy 2012 – 2015* recognises that there is a spectrum of potential linkages between SPG-funded services and other forms of housing support such as housing advice and housing options services, community alarms and electronic assistive technology at the low intensity level, and residential care, hospitalisation and some forms of offender accommodation at the high intensity end. The existence of these linkages would have had implications for the research into the efficiency and effectiveness of accommodation-based SP-funded services. However, information on which an evaluation of the way in which these different forms of housing support relate to one another does not appear to be available. The research team was therefore not able to comment on the value and effectiveness of these interactions.

Recommendation: It would be helpful if the Housing Executive could map the full range of these potential interactions, then identify who does what and what the commissioning and programme management responsibilities of each element are as a basis for developing a 'joined up' inter-departmental and inter-agency approach to the provision of housing support.

2 BACKGROUND TO THE EVALUATION

2.1 Introduction

RSM McClure Watters, together with North Harbour Consulting, were commissioned by the Northern Ireland Housing Executive (NIHE) to undertake an evaluation of the accommodation based supports funded by the Supporting People programme.

2.2 Terms of Reference

The overall aim of the research project, as set in the Terms of Reference, is to enable policy makers, service commissioners and strategic / operational managers to gain a better understanding of the effectiveness and efficiency of accommodation-based services in achieving the aims of the Supporting People programme. The research will help to inform an overall policy review of Supporting People.

The research aims to meet the following objectives:

- To ascertain the extent to which accommodation based services achieve the objective of developing service users' capacity to live independently in their own homes / temporary accommodation;
- To determine the quality of life and other associated benefits of accommodation based services to service users and their families;
- To assess the extent of any directly quantifiable financial savings which accrue to public services, particularly health and social care, from the delivery of accommodation based services funded by Supporting People;
- To determine the effectiveness and efficiency of Supporting People funded accommodation based services in Northern Ireland compared to similar services in other parts of the UK or the Republic of Ireland;
- To determine in which circumstances or contexts accommodation based services either add or do not add value in comparison with floating support services; and
- To establish if Supporting People accommodation based services are substituting for social care services and if so, to what extent and in what circumstances.

The Terms of Reference also required the research to take into consideration any differences in outcomes or the efficiency or effectiveness of services between different Supporting People client groups.

2.3 Methodology

The following methodology was used to complete the evaluation:

Desk research: This stage included a review of published literature and research findings relating to the effectiveness of accommodation based housing support services funded by Supporting People in Great Britain and Northern Ireland. It also included a review of statistics produced by the Supporting People Team to determine the performance and Value for Money of the accommodation-based services.

Consultations: A number of groups of stakeholders were consulted with through the course of the evaluation. Due to the small sample sizes, it should be noted that these findings are for illustrative purposes only and are not necessarily representative of the total sector. The following groups of stakeholders were consulted with:

- **Service Providers:** In-depth interviews were undertaken with service providers who work with each of the Supporting People client groups. A total of 23 interviews were completed. An online survey was also distributed to the managers of all accommodation based service providers: 29 providers submitted responses. A summary of all responses received is shown in Appendix 4;
- **Strategic Stakeholders:** Consultations were undertaken with a range of key sectoral stakeholders. This included representatives from the Department for Social Development, the NIHE, Health & Social Care Board, Health & Social Care Trusts, Probation Board NI, Northern Ireland Federation of Housing Associations and the Council for the Homeless NI;
- **Service Users:** In-depth interviews were conducted with 31 individuals who were users of accommodation based supports.

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

2.4 Acknowledgments

The research team would like to thank the NIHE's Research Unit, Project Steering Group and Project Advisory Group for their guidance and help with the research. We would also like to thank the Supporting People Team for providing the necessary information and data to complete the research. Finally, we would like to express our thanks to the strategic stakeholders, Provider staff and service users of the accommodation based services for taking the time to share their thoughts and experiences with us. We are particularly grateful to the Provider staff for facilitating the organisation of service user interviews.

3 OVERVIEW OF SUPPORTING PEOPLE SERVICES IN NORTHERN IRELAND

3.1 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. Supporting People is intended to provide high quality and strategically planned housing-related support services which are cost-effective and provide value for money.

3.2 Delivery Structures and Commissioning

The Department for Social Development (DSD) 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 Health and Social Care Board 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.

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 approximately 100 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 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).

The Department of Health, Social Services and Public Safety (DHSSPS) and the Regulation and Quality Improvement Authority (RQIA) currently sit on the Commissioning Body only as observers (DSD does not currently sit on the Commissioning Board). 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 (NIFHA) and the Council for the Homeless Northern Ireland (CHNI).

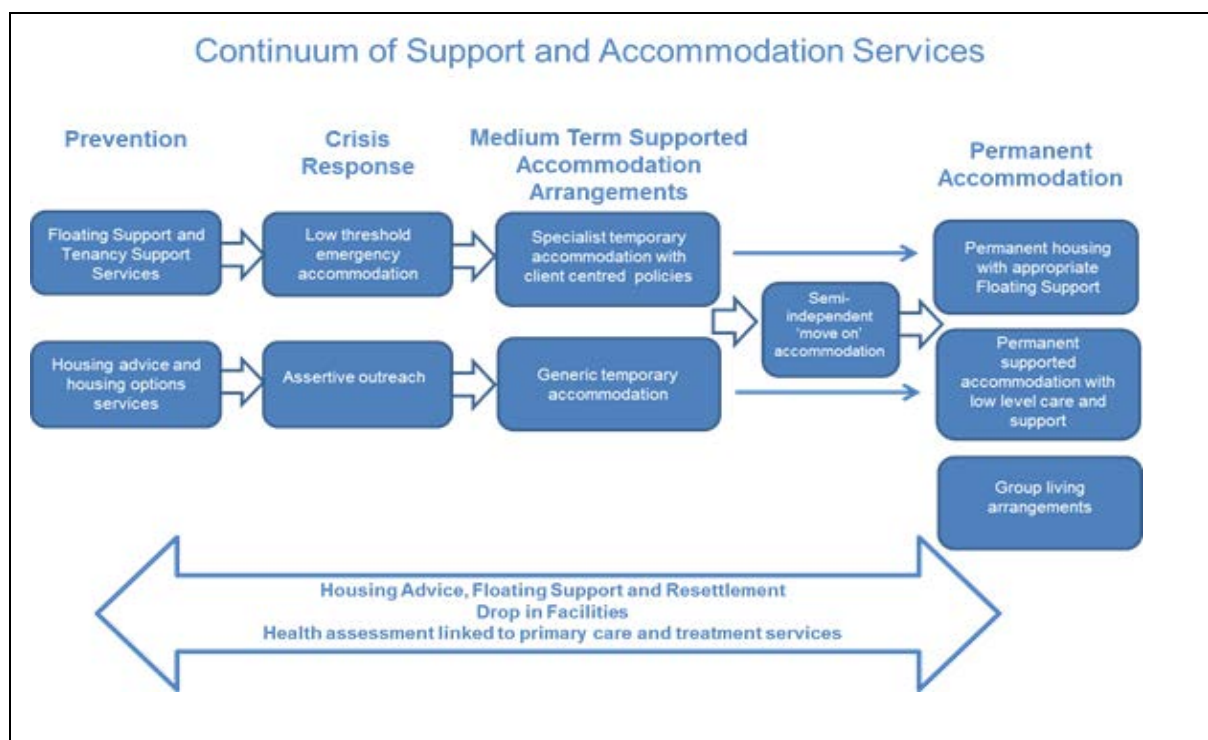
3.3 Services Provided through Supporting People

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 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);
- 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); 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 3.1: Continuum of Support and Accommodation Services



Source: Derived from NIHE Housing Related Support Strategy 2011 – 2014/15

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

Table 3.1: Supporting People client groups, proportion of contracted units and budget

	% 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%

Source: NIHE (2012): Housing Related Support Strategy 2012-2015

3.4 Strategic Context

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 accommodation based support.

3.4.1 Legislation

Supporting People is a UK-wide programme of revenue funding for the housing support element in independent living services. The programme came into effect on 1 April 2003. It brought together into a single budget a number of pre-existing funding streams. In Northern Ireland, the Supporting People Grant (SPG) programme provides revenue funding for the Northern Ireland Housing Executive, housing associations, Health and Social Care Trusts and voluntary and community sector organisations to provide housing-related support services to vulnerable people living in temporary and permanent accommodation. The legislative basis for the programme is set out in the *Housing Support Services (Northern Ireland) Order 2002* and the *Housing Support Services Regulations (Northern Ireland) 2003*.

Support can be provided in any form of tenure.² The rules governing eligibility for Supporting People Funding in Northern Ireland are set out in *Northern Ireland Supporting People Guidance*, 2012. It is administered by the Housing Executive through its Supporting People team. The programme is overseen by the Supporting People Commissioning Board.

One of the underlying principles for the payment of SPG is that people living in accommodation-based or floating support services that are eligible for SP funding must be living in their own home:

“The term ‘own home’ should be understood in terms of its common usage which implies the principles of control and autonomy for the individual. The management of the property in which the user resides must not constrain the freedoms of the service user beyond those associated with the normal terms of legal occupancy agreements and thereby create an institutional environment.”³

The purpose of SPG must in all cases be to fund the provision of the ‘housing-related support’ (i.e. not personal support or care) that a vulnerable individual needs in order to:

“...develop or maintain the skills and confidence necessary to live as independently as possible in their chosen form of tenancy and to develop the ability to maintain a tenancy.”⁴

Nursing care, residential care, personal and domiciliary care services, and specialised counselling, are defined in the Regulations as ‘ineligible services’ **for which SPG is not payable**.

² Department for Social Development (2012), Northern Ireland Supporting People Guidance, page 8, para 4.1

³ DSD (2012), op. cit., page 7, para 3.4

⁴ DSD (2012), op. cit., page 6, para 3.3

SPG is also used to fund the costs of intensive housing management (over and above 'normal housing management costs') arising, for example, as a result of the person's disability or because their accommodation is temporary and there is a high turnover of occupants as in the case of temporary accommodation for vulnerable single homeless people. The Guidance states that:

"Housing-related support must, by definition, provide support to the service user in relation to housing-related tasks⁵ ... Individuals must be supported to develop and maintain the skills and confidence necessary to enable a service user to live as independently as possible in their own home. In most instances services which undertake those tasks on behalf of a service user cannot be considered compliant with the principles of 'Supporting People' and are therefore not eligible for Supporting People Grant."⁶

The Guidance goes on to say that support services can be provided in a complementary fashion alongside care or other services, but are not personal care. Services that are providing a mix of housing related support and either domiciliary or residential care must therefore be very clear which tasks are being funded from SPG and must not use SPG to subsidise normal housing management, health or social care, or counselling activities. In particular, **residential care homes are not eligible for Supporting People funding**. They are described as 'excepted' accommodation in the Regulations which state:

"Accommodation which is registered under 'The Registered Homes (Northern Ireland) Order 1992[2] where no funding (under Special Needs Management Allowance) was paid by the Department in relation to that accommodation during the financial year ending on 31st March 2003 is excepted accommodation for the purposes of Article 3 of the Housing Support Services (Northern Ireland) Order 2002"⁷

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 NIHE 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.

3.4.2 Health and Anti-Poverty Strategies

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.

Transforming Your Care – A Review of Health and Social Care in Northern Ireland, was published in December 2011. The review identifies twelve key factors for change which, it

⁵ DSD (2012), op. cit., page 8, Section 4.0

⁶ DSD (2012), op. cit., page 7, para 3.8

⁷ Department for Social Development (2012), op. cit., page 16, para 6.1

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 of care 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; and
- 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"*.⁸

The report also considers the independence and personalisation of care, and suggests that greater control of services by those in receipt of them 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*

⁸ HSCB (2011): Transforming Your Care – A Review of Health and Social Care in Northern Ireland.

health and social care system should be recognised and carers' needs should be fully assessed and supported in this process."

During consultations carried out as part 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 being 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; and
- 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."*⁹

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

⁹ Ibid

- 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.

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 will 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.

3.5 Summary

This section highlights the policy context in Northern Ireland, which has a strong focus on supporting independent living. The range of strategies detailed above highlights the wide range of people who have the potential of being helped through accommodation based services.

With the implementation of Welfare Reform, emerging legislation and strategies for Health and Social Care, the importance of housing support and supported housing will continue to increase. The core elements of housing support and supported housing, namely prevention, helping people to help themselves and promoting choice and independence, are at the heart of the emerging direction of travel.

The aim of the housing support strategy is to support the delivery of joined up, cost effective supported housing and housing support services which make a real difference to the lives of vulnerable people by enabling them to live in their own homes in the community for as long as possible, delaying or preventing the need for institutional care and reducing homelessness.

4 LITERATURE REVIEW OF POLICY AND PRACTICE IN GREAT BRITAIN

4.1 Introduction

This section of the report summarises the available evidence on accommodation based services funded from the Supporting People programme (or its derivatives) in Great Britain (GB). A complete version of the research is included in Appendix 6.

This summary begins by describing the range of services that are classified as accommodation based services in GB – that is, England, Wales and Scotland - 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 these services.

Supporting People was a UK-wide programme launched in April 2003 to fund the provision of housing-related support services for vulnerable people who are homeless, at risk of homelessness, or who may find difficulty in managing and maintaining their accommodation as a result of their age, disability or ill-health. In GB as in Northern Ireland, housing-related support aims to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible in their own homes.

Supporting People brought together into a single programme and dedicated budget a number of pre-existing programmes and funding streams. The new system aimed to:

- Remove duplication in the funding for particular services;
- Create a single approach to the commissioning and delivery of housing-related support services across a wide range of different types of need and provider organisation; and
- Remove funding anomalies in that some housing support services previously funded from Housing Benefit (HB) had been held to be ineligible by the Courts.

For those supported housing schemes that were already in operation at 1 April 2000, the funding they received was incorporated with the amount they were receiving for ineligible services from Housing Benefit (HB) into a system referred to as 'Transitional Housing Benefit (THB)'. With further adjustments including a provider-led review of the 'real costs' of providing housing related support, plus an element for inflation, THB formed the basis for the initial payment of Supporting People Grant (SPG) to existing housing support services when the programme went live on 1 April 2003.

When the Supporting People programme was introduced, different arrangements were put in place in England, Wales, Scotland and Northern Ireland. These arrangements have continued to diverge, particularly after the devolution of powers to local administrations in Wales, Scotland and Northern Ireland took place, and following the global financial crisis in 2007/2008 which led to significant cuts in public expenditure. In 2015, there are identifiable Supporting People systems in Wales, Northern Ireland and to some extent in Scotland

although there is no longer a Supporting People system as such. In England, however, there has been no identifiable Supporting People or housing-related support programme at a national level since 1 April 2010, and considerable variability in whether it exists or not at a local level. Commissioning for care and support services in England is left to the discretion of individual local authorities and housing support is being commissioned (or not commissioned) in many different ways.

4.2 Focus of the Supporting People Programme

In England, the Supporting People programme was seen as a link between housing and other social welfare programmes, but was clearly focussed on *housing* support and paid as a single funding stream up to 1 April 2008 when the ring-fence that identified a separate funding stream for Supporting People was withdrawn. After 1 April 2010 no separate funding for the Supporting People programme was identified in local government finance. Implementation of the Localism Act 2011 then resulted in diverse arrangements being developed by individual local authorities that have resulted in some authorities retaining a Supporting People programme, some authorities combining an element of Supporting People with adult social care, and many authorities no longer funding separately identifiable housing support services at all.

In Wales up to 1 April 2010, there were two strands in the programme – housing support related to *social care* funded from one stream; and housing support related to *housing needs* funded from a different stream. These two streams were combined as a single funding stream from 1 April 2010 following the recommendations of the Aylward Review. A ring fence for Supporting People funding and an identifiable Supporting People programme have been retained across all authorities in Wales.

In Scotland, Supporting People funding has been more closely aligned with *social care* than in the other two jurisdictions since before 2003 although it was a separately identifiable funding stream between 2003 and 2008, when the funding ring fence was withdrawn. More diverse arrangements at local authority level have been developed since 2008, a degree of support for the programme is retained through the Housing Support Enabling Unit (HSEU – a voluntary sector partnership supported by the Scottish Government), and the programme is increasingly being seen as an element in strategic planning across all local services, particularly housing, homelessness health and social care.

4.3 Local Commissioning

In each jurisdiction, commissioning structures were developed at local authority level in 2003 that brought together housing, social care and other stakeholders. In England, these structures have been largely abandoned. In Wales there is a requirement for local authorities to service a planning group with membership drawn from a range of stakeholders, working under a regional advisory structure with national oversight. In Scotland, planning and commissioning are strongly linked into the local housing strategy, and planning for community care, health improvement and social inclusion. New (2014) legislation which aims to integrate local authority services, particularly, housing, care and support, with health

services has significant implications for the way that housing support will be planned and commissioned in future.

4.4 National Oversight

Between 2003 and 2008, there was some form of national oversight of the programme with an advice service for commissioners and providers in England and Wales (but not in Scotland) with an additional regional element in Wales. National oversight in England focussed on statistical monitoring of services and outcomes. In Scotland the programme was funded by the Scottish Government but largely driven by local authorities who were monitored until 2009 through quarterly returns. National oversight no longer exists in England and Scotland. In Wales, the main emphasis is now on a regional collaborative approach with a less restrictive regime for local authorities to work within.

4.5 Needs Assessment and Planning

In England and Wales, needs assessment and planning were the responsibility of local commissioning partnerships after 2003, with the local authority (county councils, metropolitan and unitary authorities in England, all local authorities in Wales) as the administrative authorities responsible for commissioning services, managing and monitoring contracts and managing budgets. In England, these commissioning structures have been abandoned; in Wales they continue through regional collaborative partnerships. In Scotland, needs assessment, planning and commissioning have been the responsibility of individual local authorities from the outset, with national guidance only on the need for partnership between local authorities and health and social care functions. This is increasingly being carried out as part of the planning for adult social care and public health which will evolve further as a result of recent legislative changes.

4.6 Funding

Where available, historic and forecast funding levels for Supporting People in each of the UK jurisdictions are detailed below:

- England: Funding for the programme was £1.8 billion in 2003, falling to £1.64 billion in 2010/2011, and is forecast to fall further to £1.59 billion in 2014/2015.
- Wales: The Supporting People programme was awarded £136 million in 2013/2014. Figures for earlier years are not currently available from the Welsh Government.
- Scotland: Funding in 2003/2004 was £422 million, falling to £401 million in 2005/2006. The Housing Support Enabling Unit estimates that the amount allocated then remained static until 2008/2009, fell in 2008/2009 and 2009/2010, then increased to £413 million in 2010/2011. It was then expected to fall to £411 million in 2011/2012 and £403 million in 2012/2013. Later figures are not currently available.

In each jurisdiction, the allocation of funds to local authorities evolved from historic patterns of distribution to one that was based on a needs assessment formula.

4.7 Service and Outcome Monitoring

England and Wales adopted some form of national outcomes framework, the QAF/QAF2¹⁰ or something similar and a client record system, as a basis for monitoring the types, quantity, quality and effectiveness of housing support services locally and nationally. However, the way in which these tools were designed and implemented varied between the two jurisdictions. So too did the use to which the information derived from them was put. In England the data were used to give a purely statistical picture of the services being funded until 2009 when formal national monitoring ended and it became discretionary whether local authorities subscribed to any external monitoring systems. Thus the statistical picture for England is now very patchy. In Wales the data have been used regionally and nationally as a basis for monitoring and planning the programme. Scotland did not adopt either a national outcomes framework or the QAF/QAF2, and there has been no national statistical oversight of housing related support since 2009 when the submission of quarterly returns by local authorities to the Scottish Government ended.

The Quality Assessment Framework (QAF) is part of the overall monitoring and review framework for Supporting People. England and Northern Ireland used updated versions of their original QAFs (QAF2).

4.8 Promotion of User Involvement

The Office of the Deputy Prime Minister published guidance on user involvement in housing support services in England in 2003. The QAF/QAF2 requires providers to report on the way services users are involved in service planning and delivery. English providers were also encouraged to adopt the principles set out in the Cabinet Office's Gold Star Programme that aimed to encourage volunteering among socially excluded people.

In Wales, there is no unifying guidance on user involvement. Supporting People Guidance requires the representation of service users on Regional Collaborative Committees, and many local authorities and providers have developed their own service user involvement policies. The Welsh Government has promoted user involvement for particular client groups using care services including learning disabled people, people with mental health issues and people with substance and alcohol abuse issues. The Care Council for Wales has published a strategy for service user and carer participation in the way in which care service regulation is carried out.

In Scotland, service user involvement in housing related support is largely driven through the work of the care inspectorate which is responsible for implementing the National Care Standards across all care and support services. Registered housing associations are also

¹⁰ The Quality Assessment Framework (QAF) is part of the overall monitoring and review framework for Supporting People. England and Northern Ireland used updated versions of their original QAFs (QAF2).

expected to promote tenant involvement and this is inspected by the Scottish Housing Regulator.

4.9 Effectiveness and Value for Money

Between 2003 and 2009, national studies of effectiveness in the delivery of housing support services and value for money (VFM) were commissioned in all three jurisdictions. These studies were based on estimates of the costs avoided by other programmes as a result of the existence of the Supporting People programme. This research found that investment in housing support generated savings to the public purse of between £1.10 for every £1 spent on Supporting People in Scotland (2007 study); £1.68 per £1 of expenditure in Wales (2006 study) and £2.12 for every £1 spent in England (2009 study). The data were considered to be sufficiently robust for use by the Audit Commission in England and the Welsh Audit Office.

In England, monitoring the effectiveness and VFM of Supporting People services has been left to individual local authorities since 2010 and there is extreme variability in whether they do so. In Wales there is still national and regional evaluation based on the National Outcomes Framework and monitoring of client records. There is no national monitoring of effectiveness and VFM in Scotland.

4.10 Regulation and Inspection

Aspects of the housing support system in England were subject to oversight and some form of regulation by a number of different agencies after 2003. These include Supporting People administrative authorities, the Housing Corporation / Homes and Communities Agency, the Audit Commission and (indirectly) the Care Quality Commission. The focus was therefore fragmented across a number of agencies. Housing support providers are not registered or subject to a system of national accreditation. Standards of accommodation and of support services have been subject to contractual requirements and post-contract monitoring by the administrative authority but this is now variable. Since 2010, as local authorities develop different approaches to commissioning housing support, services that are commissioned by social services and delivered alongside domiciliary or residential care are not themselves registered but may be delivered by an agency that is registered under social care legislation. In some cases, the distinction between a 'registered' and a 'non-registered' service may be breaking down in these cases.

The Welsh Government took a considered decision not to regulate Supporting People via a national accreditation system although the 2010 Aylward review recommended this. Since 1 April 2012 when the two track funding system was combined into a single track, Supporting People services in Wales are subject to 'light touch' regulation by the commissioning local authorities, with client record and outcome data aggregated to regional and national level being used as a basis for evaluating the overall quality, standards and impact of the programme. Housing Support providers are not registered nationally but are accredited or assessed as fit for purpose by their local administering authority according to local policy and practice.

All providers of housing support (housing-related and care-related) and all housing support services have been required to register with the Scottish Care Commission since 2004, with inspections beginning in 2005. Registration of housing support managers started in 2011; registration of housing support supervisors started in 2014; and registration of housing support workers is due to start in 2017.

4.11 Identifying and Promoting Innovation and 'Best Practice'

From 2003 to 2010, CLG's Supporting People monitoring team encouraged regional and client based information sharing and discussion forums involving commissioners, providers and other stakeholders which were given a voice nationally and regionally through a web site, KWEB (a Supporting People knowledge website). Local authorities were free to participate or not participate in the forums, and those that were committed to service improvement did so. Since the closure of the Supporting People Monitoring Group and KWEB in 2010, it is significant that the main drivers of innovation have tended to come from collaboration between service users and advocates, providers, membership bodies and campaigning organisations. Organisations such as SITRA, the Housing and Support Alliance and People First England have been prominent in this.

In Wales, the collection and analysis of standardised information on outcomes, together with an ongoing programme of research into the results of the Supporting People programme are intended to develop methods and provide evidence on effectiveness and value for money, and identify innovation and best practice in delivering support services. An initial research study that reported in 2014 identified barriers to innovation and suggested themes for further investigation.

No single agency or system exists in Scotland to identify and promote innovation and good practice. The Institute for Research and Innovation in Social Services promotes evidence based practice, innovation and improvement and dissemination across the housing support and care fields.

National reviews of the Supporting People programme showed that service quality had improved over time and had a positive impact on many users' quality of life, and that outcomes for service users had been positive. Although people had access to health and social care services, without the Supporting People programme the complexity of their needs and individual circumstances would not only have compromised their ability to retain their accommodation, but would also have caused many to fall into a downward spiral of poverty and social exclusion. We found no national reviews of this kind in Scotland, but references in other literature to the benefits of the Supporting People programme in terms of preventing homelessness.

In all three jurisdictions up to 2010, studies of the Supporting People programme's costs and benefits commissioned by the three national governments as well as other studies at a regional and local authority level identified consequential savings to other public services, especially health and social care, arising from the Supporting People programme of up to

£1.70 for every £1 spent. A review of the programme carried out for the House of Commons CLG Select Committee concluded that:

“The value of Supporting People has been demonstrated to us not only in robust financial terms, but also through the volume and strength of submissions we received during our inquiry, which show how the programme has transformed many vulnerable people’s lives.”

5 NEED/DEMAND FOR NORTHERN IRELAND ACCOMODATION BASED SERVICES & EFFECTIVENESS OF REFERRALS - PROVIDER FEEDBACK

5.1 Introduction

As part of this evaluation, a questionnaire was designed and distributed to all accommodation based service Providers within Northern Ireland via a link to an online survey. Non-responding Providers were followed-up by email a maximum of three times. A total of 29 responses were received (the survey questions are shown in Appendix 3, and the collation of responses to the questions is shown in Appendix 4).¹¹

In-depth interviews were also completed with 23 Providers to gather further qualitative information on the effectiveness of the services. This section summarises the key findings from the survey and the in-depth interviews.

5.2 Purpose of the Supporting People Programme and Accommodation Based Supports

Providers were asked a number of questions in relation to the need for the Supporting People Programme, and specifically accommodation based supports as a constituent part of this.

There was consensus among the Providers that the Supporting People Programme is an important means to enabling people to live as independently as possible:

“The promotion of independent living for these people, many of whom have the ability to live independently. A lot of their issues relate to low self-esteem and a lack of awareness of/lack of confidence in the available statutory services. Housing support is one of the key avenues by which these people can be accessed and helped”.

“The Programme’s value is based around creating independence through support – and not dependence.”

Many also feel that the purpose of the Programme is to provide appropriate care to vulnerable people with low-medium support needs, thereby reducing the need for more intensive care:

“These are people who ‘fall in between two stools’. Those who struggle to live independently, but where it is not severe enough to merit intervention through mainstream provision.”

“Providing support for people to come into the community or stay living at home, rather than staying in a continuum of higher supported care.”

¹¹ This represents a response rate of 29%, based on the valid contacts provided to the consultancy team. It should be noted that this sample is not necessarily representative of the total population of Providers and can, therefore, only be illustrative of the total population.

“It is important to promote ‘independent living’ with a measure of care – in order to accommodate those that fall in between being fully able to live on their own, and need institutional or residential care. Many service users have many more years of independent living in them, without need for residential care, if they receive the right support to do so.”

Providers were also asked what they considered to be the need for accommodation based services – their views on this varied depending on the client group supported.

For older people, Providers were of the common opinion that accommodation based services reduce the need for residential care:

“Many people don’t seem to realise the extent to which people placed in residential care, or provided with other forms of intensive support/care, can retain the capacity to live independently if supported in the correct way

Providers working with homeless people believe that accommodation based services provide both an immediate solution, and also ongoing support to enable the person to successfully move-on:

“At a crisis level, accommodation alleviates the immediate need. In the longer term, it allows for the length of time required by the individual to sort through the issues surrounding the crisis and get back on their feet.”

“It helps to break the cycle of homelessness, as people were previously just coming through the system in a cyclical manner.”

For Providers working with clients within the learning disability and social exclusion group, the consensus was that accommodation based supports enable people who would otherwise be institutionalised to live independently, with ongoing support:

“A lot, the majority even, of people in institutional care can live independently if supported”

“Accommodation based support helps promote independence through equipping people with the basic life skills they need e.g. awareness of their responsibilities as a tenant, basic life skills, addressing domestic issues and substance abuse”.

Again, Providers highlighted the need to provide the correct level of support to all client groups to enable independence, rather than create dependence:

“Our role is to ensure each person is supported to just the right level. Not to under-support (which will present risks), or to over-support (where they become reliant and do not progress in ability to live independently).”

As the term ‘independent living’ was used so widely, Providers were asked what they understand to be the meaning of this. Various definitions were given, but central themes included freedom, choice, stability and social inclusion:

“Being able to live in a home of your own choice. Not becoming wholly dependent, and still being able to practically exercise own choice.”

“Being able to live and make own decisions to enable the individual to be a part of, and contribute to, the fabric of the wider community”

“People being able to make their own decisions, to the maximum level possible, in relation to their life within the community. And to be able to live out these choices themselves and not be institutionalised, as can often be the result of over-reliance on statutory services be it health, accommodation or prison”.

One Provider also cautioned the use of the term:

“Caution should be used around the term ‘independent living’ as none of us is truly independent and have our own network of dependencies – we would like the term changed to “interdependent” living”.

5.3 Accommodation Based Services: Referral Process

Providers responding to the survey stated that clients enter accommodation based services through a range of referral pathways. The most common source of referral is social services (26) followed by the health service (19). Over half (16) of Providers receive referrals from the NIHE and a significant proportion (12) receive self-referrals from clients. Other referral pathways cited by Providers included:

- Not for profit/ Community & Voluntary agencies;
- Family/friends;
- Police Service Northern Ireland;
- Other Addiction Treatment Services; and
- Counsellors.

Table 5:1: Referral pathways to Accommodation Based Services (multiple response question)

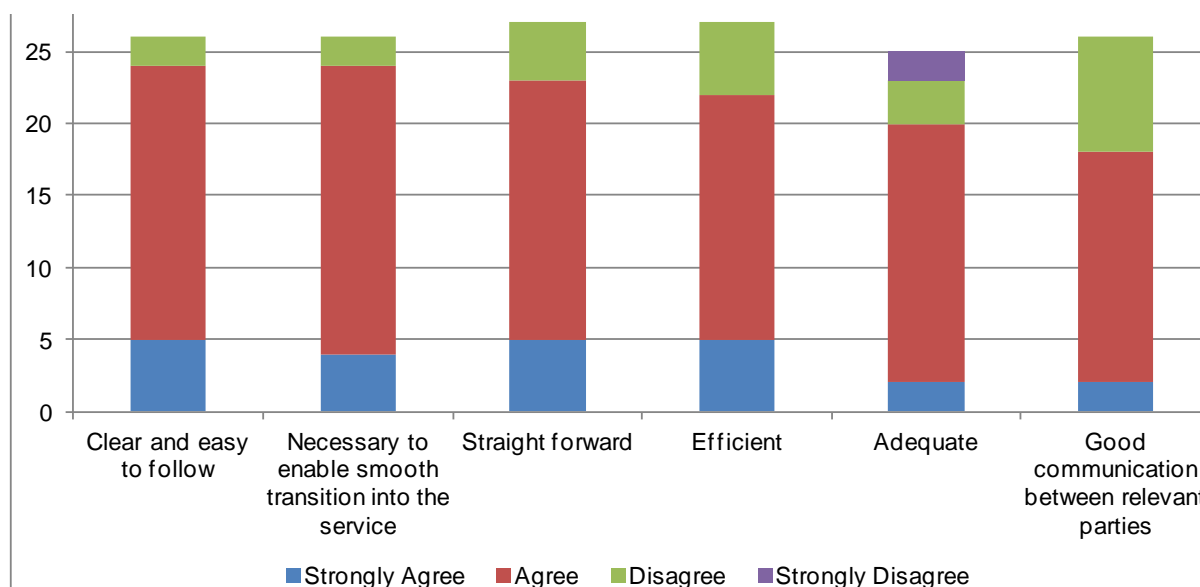
	Response Total
Social services	26
Health services	19
NIHE	16
Self-referral	12
Probation services	11
Children's services	10

Base: 29

5.3.1 Effectiveness of current referral process

Providers were asked their views on the current referral process. Overall, their feedback was very positive. The vast majority either agreed/strongly agreed that the current process is clear and easy to follow, necessary to enable smooth transition into the service (24 respectively), straight forward (23), efficient (22), adequate (20) and that there is good communication between all relevant parties (18).

Figure 5:2: Views on the current referral process



Base: 26-27

In contrast, the majority of Providers interviewed raised issues with the current referral process. A lack of information provided through the course of the referral was highlighted as a weakness:

“Our biggest complaint is that there isn’t a lot of information at the referral stage – just names, addresses. We have to tease out the issues and the background story. There should be a central database with all agencies and providers feeding in”.

“We can’t assess risk before they come to us. There have been cases that have come through e.g. sex offenders, and we are not being informed of the risks and would have stated them to not be suitable prior to them coming to us. Can be reactive risk management on a case-by-case basis”.

There were also issues raised in relation to using the social housing allocation processes in referrals from NIHE:

“[Provider] have no real control of who comes through and their support needs. Referrals are based on a housing needs assessment. This is not a sophisticated or suitable model for older people requiring supported accommodation – they’re being treated as a regular housing applicant.”

"[Provider] feel the referral process is totally ineffective in meeting support needs. There is no assessment of need carried out by NIHE for inclusion on waiting list. There are cases of people on list with no need for service, and people in great need for the service not included on list."

Some Providers highlighted the lack of joined-up working between agencies as an issue, and the impact this had on information-sharing:

"The [other agency] staff have a limited knowledge in such circumstances and so the whole thing can turn out to be counterproductive. It can also be confusing for applicants due to a lack of joined up working."

"There is no joined up approach between Supporting People and RQIA."

Some Providers found the processes to be too ad-hoc and would prefer a more consistent approach:

"Referrals should be carried out through a central access point delivered by the NIHE, or someone on their behalf. Given the relatively small NI population there is no need for complicated routes of access and referral."

Some issues are recognised as inherent in dealing with people with high-level and complex needs, also with inappropriate referrals based on high levels of need:

"What has been learned from the referral process is that people won't always fully disclose the true extent of their needs at times. So there is a lot of continuous monitoring – especially over the first month – where you tend to get a lot of revelations."

"The assessment process could be doing with serious review. With some people coming into service, they are getting additional Care Packages from the Trust – some residents then complaining that it is like a care home as Trust carers are then coming in and out to provide additional care to those referred into our service, but are at a higher level of need than [Provider] are equipped to provide."

5.3.2 Improvements to Referral Process

Although the majority of Providers responding to the survey found the referral process to work well, a number also provided some suggestions for improvement. Several highlighted issues with referrals coming through the Trusts, although it was also acknowledged that work has been done to improve this:

"We have permanent tenants and the service is fairly stable. The last time we had vacancies it took some considerable time for the HSC Trust to make a decision on the next appropriate tenant; however that seems to have sorted itself out via our residential service and would hopefully be the same through the supported living service"

"What tends to slow the process is if the HSC Trust is the sole gatekeeper of referrals and if compatibility assessment is required in shared accommodation"

“More joined-up mapping of services between Health and Housing. Differing priorities which is understandable, however, this should not remove the need to work together to make more effective use of limited resources in areas of need. There are mechanisms in place however service providers are not always included in this mapping and this needs to change”.

Other issues were raised the availability of information and how this impacts on the ability to make decisions:

“Very little information is provided by NIHE during the referral process in regard to homeless placements. In the majority of cases only basic personal information on clients is received”.

5.4 Demand for Accommodation Based Services

A total of 18 Providers responding to the survey reported that the number of clients being referred to their accommodation based services had increased over the last two years, while 30% reported that it had stayed the same. Just one respondent (out of 29) reported that the number of referrals had decreased.

Half (14) of responding Providers reported that they often have more referrals than they can deal with. These Providers employ a variety of methods to deal with this. Many have processes in place to prioritise clients based on their level of need and/or risk, for example:

- An admissions/allocation panel considers all applicants and prioritises;
- Service users are always prioritised on level of risk identified; or
- Service users are prioritised re level of risk assessment and risk management.

Others refer clients onto other supports/services provided through other agencies, for example, referring back to the NIHE, Health Trust or other referring body.

Many Providers operate a waiting list to deal with demand they cannot meet. A significant proportion (16) of Providers reported that they currently have a waiting list for their accommodation based service. The number of people on waiting lists ranged from 2 to up to 70, with an average of 10 clients (based on responses from 11 Providers). These clients had been on the waiting list between 2 months and up to 5 years in some circumstances, with an average of 16 months (based on responses from 9 Providers).

5.5 Summary

There was a consensus among Providers the purpose of the Supporting People Programme is to enable vulnerable people with low-medium support needs to live as independently as possible, thereby reducing the need for more intensive care. There was also consensus that accommodation based services provide support to live independently, both long-term - reducing the need to move into residential care, and short-term - enabling individuals to successfully move on into mainstream housing.

The majority of Providers responding to the survey stated that demand for their accommodation based service has increased over the last two years and half often have more referrals than they can deal with. In order to deal with unmet demand, Providers operate waiting lists and refer clients onto other services, where appropriate.

Consultation with the Providers revealed mixed feelings about the referral process. The majority of those responding to the survey felt the processes were straight forward and efficient. However, there were a number of common issues raised with the current processes:

- Issues with the number of referrals coming from the Trusts; specifically a lack of referrals coming through from the Trust;
- A lack of a joined-up approach between Health and Housing; and
- Availability of information during the referral process and how this impacts on the ability to make decisions, particularly in relation to service users' level of need.

6 BENEFITS & IMPACT OF ACCOMODATION BASED SERVICES – PROVIDER & USER FEEDBACK

6.1 Introduction

This section sets out the provider and user feedback on the benefits and impacts achieved from accommodation based supports and identifies areas for development.

6.2 Benefits of Accommodation Based Services

Providers responding to the survey identified a range of benefits of accommodation based supports. All (27) agreed that it is tenure neutral, provides a person-centred approach and enables people to live in ordinary housing. Nearly all agreed that accommodation based supports provide an non-institutionalised approach (26), a holistic approach to providing support (26) as well as the opportunity to providing brokerage and advocacy (25).

Table 6:1: Benefits of Accommodation Based Services

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Tenure neutral	27	5	13	0	0	9
Providing a person-centred approach	27	20	7	0	0	0
Enabling people to live in ordinary housing	27	16	11	0	0	0
Holistic approach to providing support	27	18	8	1	0	0
Non-institutionalised approach	27	15	11	0	1	0
Providing Brokerage and Advocacy	27	12	13	0	0	2
Separation of support from housing	27	5	12	4	3	3

Providers also highlighted a number of additional benefits emanating from accommodation based services. Again, the promotion of choice and independence was a common theme:

“This is the service user's home and we ensure that it feels like their home. We strongly encourage the service users to be as independent as possible and to lead as fulfilling a life as possible. Also giving them all the relevant information for them to be able to make informed choices and to enable self-empowerment”

“Enabling service users to live in the community, whilst providing a supportive and caring environment. For many the alternative would have to be a hospital bed or a bed in a nursing or residential home as they would be unable to maintain a tenancy by themselves without support.”

Accommodation based support was also seen as an important step in making the transition into mainstream housing:

“It provides support for women and children who have experienced domestic violence – it provides a holistic approach to helping women to take control of their lives and move on to independent living”.

“It is safe and secure accommodation to facilitate young people to mature and grow in order to be ready to move to full independence in the community”

“Enables people with past addiction problems to develop life skills that require a group context such as communication, managing emotions, relationship building and developing routines and structure. All these are necessary in order to assist someone moving towards social inclusion”.

Other benefits mentioned included:

- Inclusion, integration and reduced social isolation;
- Immediate crisis support and risk reduction;
- Specialised support service that’s accessible 24/7;
- Safeguarding children & vulnerable adults;
- Reduced reliance on more costly services such as hospitalisation and residential services; and
- Promoting equality and dignity, empowers service users and increases self-esteem

6.3 Impacts of Accommodation Based Service

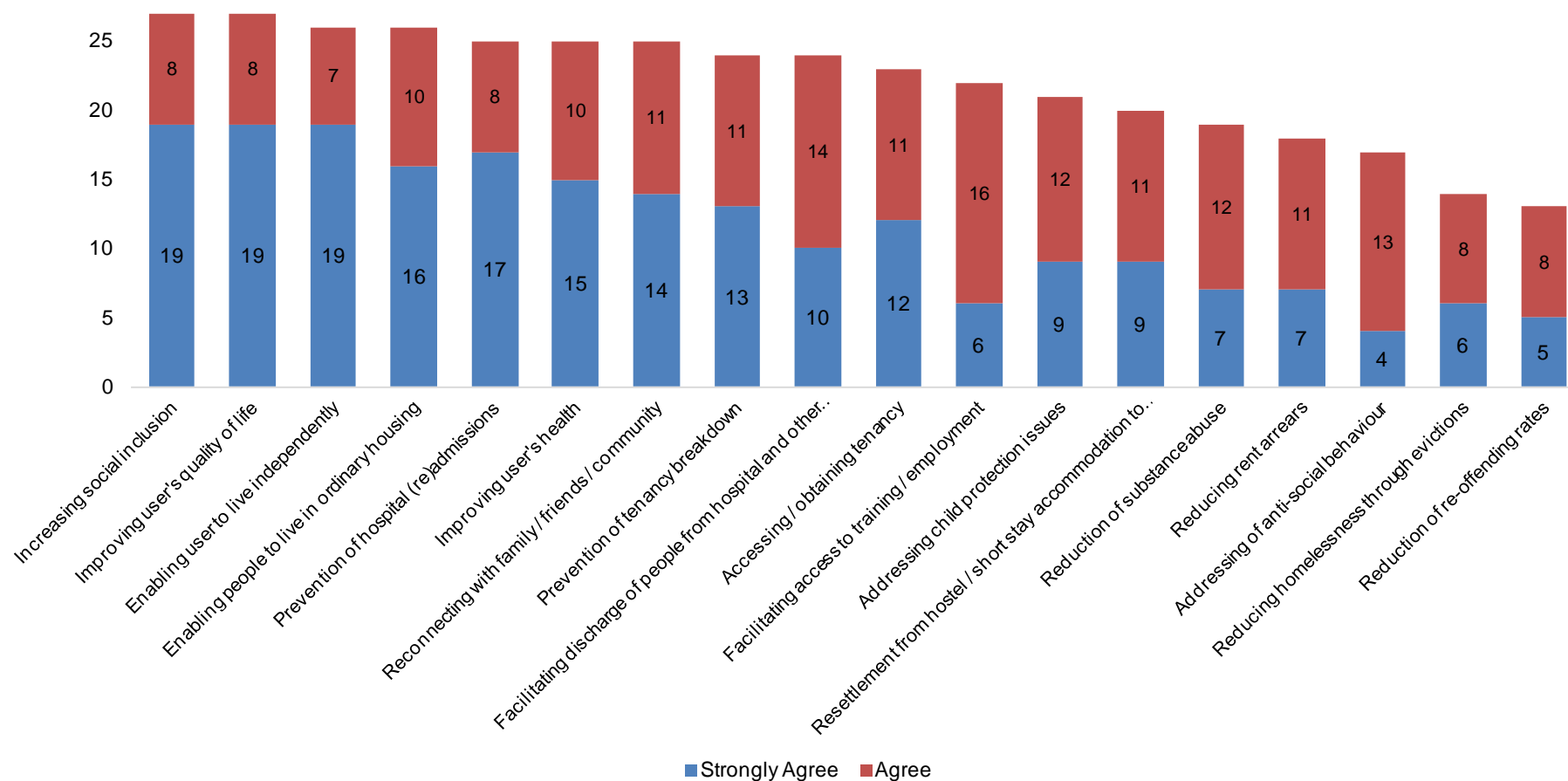
Providers who responded to the survey were asked to what extent they agree accommodation based services impact on various aspects of service users’ lives (as shown in the figure overleaf). All (27) Providers either agreed or strongly agreed that the services impacted on increasing social inclusion, improving user’s quality of life and improving user’s health. Nearly all respondents also agreed or strongly agreed that the services enabled users to live independently (26), enabled people to live in ordinary housing (26), helped to prevent hospital admissions/readmissions and helped to reconnect users with their family, friends and wider community (25 respectively).

Other impacts mentioned by respondents to the survey, but not listed in the figure, included:

- Reduction of physical, sexual, psychological/mental, financial violence and abuse and the impact on children and young people;
- Enabling people to live more independently through use of Smart technology;
- Safety from abuse significantly improved for women and children;

- Resettlement from hospital;
- Reducing level of risk from significant harm or death; and
- Promotion of independent living and rights.

Figure 6.1: Impacts of Accommodation-Based Support on service users



Providers who were interviewed were asked about how the accommodation based services impact on the service user, their families and wider society. A commonly mentioned impact was in promoting independence of the service user:

“Accommodation support is extremely successful in promoting users’ independence. The demonstrable benefits from this are immense.”

“It is extremely effective in allowing right level of support to allow an individual to progress to a high state of independence.”

A number of Providers stated how the services bring about health and wellbeing impacts:

“Achieving health and wellbeing outcomes, not only through avoidance of risks, but also through enabling participation in activities like community gardens and cultivation”.

“Enabling reduction in risk of regression in condition requiring a more intensive setting of care and support”.

A number of social impacts for the individual were also mentioned. These largely centred round reducing isolation and improving life skills:

“The companionship provided through supported accommodation allows for the avoidance of social isolation for service users with significant resulting impacts in terms of mental health and well-being e.g. Dementia onset.”

“You can see the impacts the service has as people grow and develop new life skills. This is most noticeable in those who have come into the service from hospital; people have progressed to do things their family ever thought was possible.”

Providers also spoke of how the services impact on wider family members through knowing the individual is living in a secure environment:

“There are undoubted wider impacts for families involved as they can benefit from the peace of mind and confidence that their loved one is in the correct environment. This can only be of great benefit to them.”

“We get feedback all the time from families about the difference the service has made to the resident, and to them. The stress is lifted from the family knowing their loved one is safe and secure.”

“The services are liked by tenants and families themselves. There is a certain reassurance that comes with secure accommodation. Reassurance that there would be a back-up if something were to go wrong, but also allowing the service users to come and go as they please.”

“Some of the biggest impacts for the family have been elderly parents losing the extreme anxiety they have due to the uncertainty of what their son/daughter will do, or how they will cope, once they are gone.”

“Many families report development of a much more normal family relationship.”

Many Providers also believe the services have impacts on wider society:

“Through volunteer programmes, and lunch clubs etc. – service users can fully partake and contribute to wider society.”

“Active aging programmes help service users get out into the wider community and be a part of it, they also bring significant physical and mental health and wellbeing outcomes”.

6.4 Limitations of Accommodation Based Services

Providers who were interviewed and surveyed were asked what they consider to be the key obstacles facing the effective provision of an accommodation based support service. A number of different limiting factors were reported.

Resource limitations were the most commonly cited. This included restrictions in staff resources and issues with the funding of services, for example:

- Insufficient staffing required to meet very complex needs, challenges and risks presented by the client group;
- Lack of available funding to update/ modernise accommodation to meet the demands of complex needs and to create an environment where safety and dignity is preserved and where their support needs does not adversely impact on the lives of others;
- The lack of flexibility into how Supporting People funding is provided i.e. as individuals within a Service change over time, their housing support needs can go up as well as down.

A number of geographical issues were also raised, namely a lack of provision in rural areas and lack of transport from rural to urban services.

A number of Providers felt there were limitations within the referral process, namely a lack of referrals and the appropriateness of the clients being referred to their service:

“Lack of referrals coming forward to enable us to fill any voids as quickly as possible”

“Reliance on HSC Trust for referrals”

“Appropriate referrals considering the dynamics and risks that can be dealing with at any one time”.

Partnership working with other agencies was highlighted as a weakness in some circumstances, particularly a lack of a joined-up approach:

“Ensuring services meet the demands of Supporting People & RQIA - which don't have a joined up approach”

“The drawn out process of decision making as part of joint commissioning really hinders effective planning around bringing services into operation. Whilst, at one level, we were advised that things were straightforward, the internal processes within Supporting People appear to hinder responsiveness and, often, statements are made about when decisions will be made which prove to be baseless.”

“There is a lack of close partnership working with Supporting People at Service level. Staff in our Services have annual contact with Supporting People staff, however, this is not regular enough in order to further develop relationships and strengthen partnership working.”

Suitability, and supply, of the accommodation based services and move-on accommodation was also mentioned as a barrier

“Low level of available refuge accommodation to meet demand”

“Enough safe and secure accommodation options available for move on”

“Availability of social housing within NI”

“Current infrastructure is too dependent on shared accommodation - need to move to own front door model with step up/step down care and support”

“Families, particularly children, becoming institutionalised when move on accommodation is not available (e.g. stays of 2 years plus)”

6.5 Suggested improvements

When asked if there is anything that could be changed to improve the effective provision of accommodation based support services in the future, Providers had a number of suggestions.

The growing demand for accommodation based supports and lack of capacity to meet this was raised as an issue. It was also acknowledged that this demand, across a number of client groups, is not expected to abate any time in the near future:

“There is currently not enough accommodation based supported living in the context of older peoples services. There will be a growing requirement for these services as a result of Transforming Your Care, an aging population and the closure of statutory homes. The thinking should be in anticipating where services will be needed in accordance with local area demographic trends – not the health service’s thinking of ‘where do we need to close a home’.”

“There is certainly a need for more accommodation based support for people with a learning disability. There is always demand there. This would demonstrate that supply of accommodation based support for learning disabilities is not meeting demand. At this point the State is only beginning to try and get a grasp on the number of people who have a learning disability.”

“There really isn’t sufficient supply to meet need or demand. The required level of accommodation is not out there. There is a growing trend toward having to approach private landlords if something is needed immediately. This is not ideal. Housing Associations can be quite slow to deal with.”

Funding, and the future of Supporting People funding, was raised as a concern, both in terms of the capital investment required to maintain existing provision, and in the commissioning new accommodation based support services to meet demand:

“If there is no additional funding, services will probably diminish. Therefore there will be risk of not providing good value for money”.

“In terms of determining future investment – there is always a battle between capital investment and revenue. Sheltered housing is expensive. [Provider] would prefer a greater level of funding commitment to service delivery.”

Several Providers would like to see more effective partnership working between the different agencies involved in the delivery of Supporting People, particularly in the planning of services:

“Local Government needs to be more involved, and they need to be cognisant of the population groups they have so it becomes easier to anticipate what service investment is required”

“Better joined up working with agencies to provide services that will assist the client maintain their home for longer and make better use of resources. However, there is no formal mechanism for this type of approach to be applied and where it does happen it can produce an effective service that can meet the needs of not just the clients but also the agencies involved in service provision.”

The requirement to report to both the Supporting People team and RQIA was raised by several Providers (interviewed and surveyed) as a perceived area of inefficiency. Providers suggested a more co-ordinated approach to validation visits/inspections:

“RQIA and Supporting People could meet to discuss and formulate a mutual standard - detailing who is responsible and for what and to ensure that their standards are comparable - there should be no duplication of inspections”.

“Reporting to different bodies such as RQIA and Supporting People with different standards and agendas. They should have a single or co-ordinated approach”

It is not clear from these responses whether providers were suggesting better coordination of the Supporting People regulatory process between the Supporting People team and RQIA, or whether a more fundamental review was being suggested. One issue that perhaps does need to be clarified is the relationship between ‘contract management’ by the Supporting People team and their contribution to ‘regulation’ in collaboration with RQIA.

Some Providers also raised issues with communal accommodation. They consider this model of delivery to be out-dated and would like to see this changed:

“Modernisation of refuges is required to promote dignity and the reduction of complex needs issues. “

“The style of the accommodation is important - everyone should have their own bedroom/bathroom”.

6.6 Feedback from Service Users

Feedback from service users was gathered as part of the evaluation through in-depth interviews with 31 individuals (and their carer/advocate where this was deemed necessary). This section summarises the key findings from these interviews.

The majority of service users interviewed had been referred to the service through Majority Social Services. Other common referral pathways were through the Health & Social Care Trusts, NIHE and self-referral.

When asked what they liked about the service and living there. The majority of service users consulted with reported that they felt better equipped for independent living than they had previously, but also felt reassured that they could call upon support staff for help if they needed it:

“The support received from [Provider] has been very good. I get a lot of support from the staff while still having a large level of freedom over coming and going.” (Female, 39 years old)

“This has been like a learning curve. I get a lot of support, but I’ve also learned a lot for myself. I have a completely different perspective on responsibility and how to manage myself now”. (Male, 21 years old)

“Being here means having a place of my own and I don’t have to keep living with my parents. And they [parents] feel relieved that I have a good home and am safe and happy”. (Male, 45 years old)

“This has been a good environment for the children. I wouldn’t have had anywhere else to go and would probably be on the streets. I just needed somewhere to live with the wee ones, until we’re back on our feet”. (Female, 27 years old, mother of 2)

Having a choice in where they live was also valued by service users:

“The woman from Social Services gave me a number of different options of where I could go. I chose here because it’s close to my family – my sons and seven grandchildren all live close by”. (Female, 74 years old)

"No one had ever asked me if I wanted to live there, I was just put there [in a former institution]. Now I have my own home and I can come and go when I like, just like other people." (Male, 48 years old)

A number of the younger service users explained how the provision of accommodation based supports had enabled them to move out of difficult, and often unstable, situations in their previous homes and gave them more options in where to live:

"I have been in foster care most of my life. I often got moved on; things never seemed to work out, for one reason or another. When my last placement broke down, this place was suggested to me as I was 18. Given my age, I thought this was the best option rather than going into another foster placement, which probably wouldn't work out anyway." (Female, 18 years old)

"I was in hospital; I didn't want to go back to the same care home when I left. I felt trapped there. The social worker gave me a number of options, one of which was supported living. I had never thought of trying to live on my own, but now I simply didn't know where I would be without the support I have got through [Provider]". (Female, 19 years old)

6.6.1 Impacts of Accommodation Based Services on Users

Service users were asked to describe how the accommodation based supports had impacted on them and their families (where applicable). Although a wide range of impacts were described, there were commonalities among many, as described below.

6.6.1.1 Psychological well-being

Many service users reported having mental health issues, both prior to entering the accommodation based support, and ongoing. Many reported receiving help with these issues that had a positive impact on their psychological wellbeing:

"I had a number of specific support needs to address when I came here, mostly emotional needs. I needed help with mental health problems and some addiction problems. I've had a lot of help with that. The group work we do here once a week with the other residents has really helped a lot. More than I ever expected". (Male, 22 years old)

"I feel like I am in a completely different place to when I first came in. It's had big positive impacts on my mental health. I feel like I can achieve all the things I wanted to before, but thought I couldn't". (Female, 38 years old)

"I can't begin to tell you how much being here has improved my quality of life. I can now smile for the first time in years, and I'm much more able to do things for myself" (Male, 36 years old)

6.6.1.2 Physical well-being

Many service users reported improvements in their physical wellbeing due to having support tailored to their needs, as well as routine and structure:

“The support has been fantastic; it feels like a ‘home from home’ and I receive all the physical support and care needs I have following a stroke.” (Female, 58 years old)

“My health has deteriorated a lot over the last few years. I had lots of work done to my old home – ramps, grab rails, walk-in shower and the like – that meant I could stay there longer than I ever expected to. But it just got too much; I couldn’t keep going on my own. But in here, I still have all the physical aids, but I also get just the right amount of help that I can continue living on my own”. (Female, 72 years old)

“The most useful aspect about being here is having a daily structure and someone reminding me to take my medication.” (Male, 69 years old)

A number of service users had been supported to get fit and stay active, this has increased self-esteem and feelings of achievement and has led to a number of residents valuing their physical health more:

“We have lots of opportunities for exercise here, it’s encouraged and it helps keep us mobile. There’s a big garden and a park across the road. Me and some of the other more able residents try and get out for a walk most days, weather permitting. There are also exercise classes in the communal hall once or twice a week.” (Female, 78 years old)

“It has definitely improved my quality of life and enabled me to get out and about more. I never appreciated how important that was before, now I go out most days” (Female, 58 years old)

6.6.1.3 Social well-being

A common theme, across all client groups, was the sense of community felt within the accommodation services. This offers the opportunity for companionship and friendship, while also reducing loneliness and isolation.

“We have lunch clubs several times a week in the hall. This is probably the highlight of my week, meeting my friends and spending time with them. It’s good to encourage people to come out and socialise – it’s too easy to fall into the trap of spending all your time on your own. That’s not good for anyone”. (Male, 76 years old)

“There is a common room here for the residents - it’s really good being able to meet and interact with other people going through the same as you. I’ve made a lot of friends. The common room’s locked until 9pm to stop people lounging in there all day and not doing anything positive or constructive with their day”. (Female, 18 years old)

“This has been such a positive step from where I was before. At least I’m not stuck in a hospital ward most of the time with only the nurses to talk to”. (Female, 43 years old)

6.6.1.4 Economic Wellbeing

Many service users reported some form of increased participation that could impact on their future economic wellbeing; such as having a job, accessing training or learning budgeting and money management skills:

"It's built up my confidence by me getting back into education. It's made me feel much better about myself, and the future" (Male, 26 years old)

Some of the younger service users interviewed reported anxieties about managing financial situations on their own, but greatly valued the support they had been given, particularly in learning to budget and deal with bills:

"It's improved my independence and ability to budget, shop, pay rent and generally live my own life like an adult" (Male, 25 years old)

"It's made me feel better in myself, with my budgeting and things like that. I was really bad before, but I've got a bit better and that's because of the help from [Provider]." (Female, 24 years old)

"If I hadn't come here, I would have been out in the world by myself. I wouldn't have had a clue how to manage things. I would have struggled a lot, with money in particular, I had no foundation to build on. Now I know how to budget for things, how to manage my money and make sure bills are paid. These are skills I'll always have now" (Female, 18 years old)

6.6.2 Impacts of Accommodation Based Services on Families

A number of service users raised the issue of feeling like a 'burden' to their families who had, or would have to at some point, care for them. Moving to the accommodation based services helped alleviate their feelings of guilt.

"Had this support not been available, I imagine that I would still be at home, and unhappy. There had been a combination of issues at home and my parents were getting older and less able to look after me. I would have been a great burden on them if I had still been at home." (Male, 46 years old)

"It has also improved on my daughters' quality of life. If I had stayed in my original home, the girls would have been required to provide almost fulltime care for me. This would have really have affected them - they couldn't have done anything and it may have impacted on their future prospects, ability to go to University, have relationships and the like. They are both now married and are living full and happy lives. They are very happy with the support I receive so they don't have to worry about me. The centre allows them the freedom to come daily to visit, and I have a bed settee so they can also stay overnight if they want to. We are all very contented at the minute". (Female, 58 years old)

6.6.3 Accessing other service provision

Service users explained how their accommodation Provider had also helped them access a wide-range of additional support to help them. These supports were tailored to the individuals' needs, but examples given included:

- Accessing a wide range of health services, such as GPs, podiatrists, dieticians and occupational therapists and physiotherapists;
- Accessing mental health services and counselling;
- Accessing support for alcohol and substance misuse;
- Accessing training and skills courses; and
- Help with claiming benefits and completing documents, such as job applications and housing applications.

Some service users also had additional help and support where the Provider had advocated for them client at meetings with agencies to ensure that they received support:

"I had an interview at the job centre to sign-on again. I had problems in the past with my benefits being stopped 'cause I kept missing meetings. [Provider] came with me to the first meeting, and gave me reminders every time I had another one coming up". (Male, 42 years old)

"[Provider] came with me to my first counselling session, I was so nervous, there was no way I could have gone on my own. I've been going for six months now. On my own too!" (Male, 20 years old)

6.6.4 Suggested Improvements to the Services

Service users were asked if they had any suggestions as to how, if necessary, the services could be improved. The majority of those interviewed did not have any suggested improvements, instead indicating that they were completely satisfied with the support they had received.

The only issues raised were in relation to communal living and the potentially disruptive nature of this:

"I do recognise that it is not is not my own house – that you do have to abide by the rules. I understand that, but I don't think the younger people in here understand this to the same level. They're often noisy and not very respectful of other people." (Female, 27 years old)

"The facilities themselves are not exactly brilliant. The fridges and cupboards are communal and there can be issues over food. There can also be a lot of noise, like loud talking and slamming of doors – this interrupts my sleep" (Male, 44 years old)

6.7 Summary

Service users and Providers consulted during the research identified a range of benefits and impacts of accommodation based supports. These included:

- Provision of a person-centred service that promotes choice and independence;
- Provision of a non-institutionalised approach that enables people to live in ordinary housing;
- Improvements in service user's health (physiological and psychological) and overall quality of life;
- Increasing social inclusion and companionship – both within scheme and with family, friends and wider community;
- The prevention of hospital admissions/readmissions;
- A greater sense of security for service users, not only within their home, but should they fall ill or require support this is readily available and can be accessed;
- Improved access to other support services, tailored to the individuals' needs;
- Improvement in life skills and preparing people to transition into mainstream accommodation; and
- Impact on wider family members through knowing the individual is living in a secure environment and the removal of caring responsibilities.

Providers also identified a number of limitations to providing an effective accommodation based service:

- Issues with the referral process- a lack of referrals from some agencies; appropriateness of some referrals and a lack of information-sharing;
- Resource limitations in the funding of services and staff;
- Issues with rurality, namely a lack of provision in rural areas and access to services; and
- Weaknesses in partnership working with other agencies and a lack of a joined-up approach.

In line with the limitations listed above, suggested improvements to service provision from Providers included:

- Funding issues - both capital investment to maintain existing provision, and future funding to meet increasing demand;

-
- More effective partnership working between the different agencies, particularly in the planning of services and future provision; and
 - More co-ordinated approach to the Supporting People and RQIA inspection processes to avoid duplication of effort.

7 PERFORMANCE & VALUE FOR MONEY

7.1 Introduction

This section summarises the results of a detailed analysis of financial and operational performance data for accommodation-based services, collected by the Northern Ireland Housing Executive's Supporting People (SP) team as part of the ongoing contract management process. Financial and non-financial performance data were taken from provider financial returns for the April 2013 – March 2014 financial year. The detailed analysis on which this summary is based is set out in Appendix 7. Key findings and conclusions are highlighted in this section. Tables and graphs illustrating the points made are contained in Appendix 7.

Analysis is split across the three thematic groupings:

Homelessness – incorporating:

- Homeless Families with support needs;
- Single homeless people with support needs including 'generic' services;
- Women at risk of domestic violence;
- People with alcohol and drug problems;
- Offenders or people at risk of offending;
- Travellers; and
- Young people 16 – 25 at risk, including those leaving care.

Learning Disability and Mental Health – incorporating services for both of these groups;

Older People and Physically Disabled People – incorporating:

- Older people with support needs,
- Frail elderly,
- Older people with mental health issues/dementia, and
- People with a physical or sensory disability.

Table 7.1 overleaf shows the number of services in each thematic group and client sub-group, the number of units of accommodation, and the mean number of units per services. It is notable that the mean number of units per service in some client groups is greater than would be expected if services were aiming to deliver a support service in a homely environment that promotes independence. In the homeless sector this may be because people are provided with short term accommodation in a hostel or similar environment (for example, single homeless, alcohol and drug services and offender services). In older

people's services however, the expectation is that the accommodation is provided on a medium to long term basis.

Table 7:1: Number of services, number of accommodation units and average number of units per service by client group

	Number of Services	Number of accommodation units ¹²	Mean No of Units per Service
Homeless Families with support needs	27	339	13
Homeless Single People with support needs	36	721	20
Women escaping violence	14	132	9
Alcohol and Drugs	11	239	22
Offenders inc. mixed single people / offenders	7	188 ¹³	27
Travellers	2	13	7
Young People 16 - 25 and those leaving care	18	222	12
<i><u>Sub-total - Homeless</u></i>	<i><u>115</u></i>	<i><u>1,854</u></i>	<i><u>16</u></i>
People with a Learning Disability	133	1,246	9
People with Mental Health Problems	105	1,095	10
<i><u>Sub-total- Mental Health & Learning Disability</u></i>	<i><u>238</u></i>	<i><u>2,341</u></i>	<i><u>10</u></i>
Frail Elderly	12	307	26
Older People with Mental Health Problems / Dementia	16	309	19
Older People with Support Needs	390	9,078	23
<i><u>Sub-total - Older People</u></i>	<i><u>418</u></i>	<i><u>9,694</u></i>	<i><u>23</u></i>
Physical / Sensory Disability	13	125	10
TOTAL ALL SERVICES	784	14,014	18

Source: Provider Returns for 1 April 2013 to 31 March 2014

¹² Units of accommodation are either 'bed spaces' for single people or 'household spaces' describing accommodation for more than one person.

¹³ The actual number of accommodation units that is specifically linked to the offender accommodation programme is 87. However, 39 of these accommodation units are co-located in services also housing single homeless people. The data provided to the research team do not allow disaggregation of the 'offender' and single homeless' figures, so the number given in the table above also includes 101 accommodation units designated for single homeless people. In this and the following tables the data for offenders should be taken as an approximation that requires further analysis.

Taking the number of accommodation units per service as a measure, all three older people's client groups appear to be accommodated in services that may provide a more congregated, and therefore possibly institutional environment in which services and facilities are being shared. The mean number of units per service in learning disability, mental health and disability services is significantly lower than in some services for older people.

In both the Supporting People and other guidance there is a presumption against forms of accommodation that are institutional. 'Congregate settings' where significant numbers of people with similar needs are living closely together, with shared amenities and potentially 'grouped' service delivery, are not thought to promote independence, which is the main aim of the Supporting People programme. The Supporting People team was not able to provide information about the nature of the provision, so these comments are at present unsubstantiated other than by the analysis of services, units and mean number of units contained in Table 1. Further work is required to identify those services which no longer provide accommodation or support that meets current commissioning standards.

7.2 Supported accommodation services for homeless people

The Supporting People Programme funds housing-related support services to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible in their chosen form of tenancy and to develop the ability to maintain a tenancy. This requirement is particularly relevant to the provision of support for homeless people where sustainable resettlement in permanent accommodation is the goal.

7.2.1 Geographical distribution of services

SP-funded homelessness services are dispersed geographically with some parts of Northern Ireland better served than others. Almost three quarters of all Supporting People funded accommodation-based services for homeless client groups are located in the NIHE's Belfast and West administrative areas¹⁴. There are no accommodation-based services:

- for homeless families in the South East area;
- for people with drug and alcohol issues addictions in the North and South areas;
- for offenders and those at risk of offending in the North and South East areas;
- for Travellers in the Belfast, North, South or South East areas.

A number of questions arise from the findings:

- Does current needs assessment show that areas with no services have no needs?
- Is there a policy of concentrating commissioning for some services in particular locations, or is the location driven by available development opportunities?

¹⁴ Data for the new Northern Ireland local authorities were not available.

- Are there current plans to commission any new services for clients that at present have no services in a particular area?

7.2.2 Funding for accommodation-based homelessness services

7.2.2.1 Supporting People Grant (SPG)

The total annual Supporting People Grant payment per service in 2014 was £21,935,702 at a mean weekly unit rate per bed space of £227.53. Half of this funding is committed to services that accommodate and support homeless families and single people.

There is an important caveat to be noted about the depiction of funding for 'offender accommodation'. As a result of anomalies in the data collected by the SP team and provided to the researchers, the category includes four services that are dedicated to offenders, and four services that contain a mix of offenders and other homeless single people. In this latter category the data do not allow disaggregation to separate out income and expenditure for different sources for the two types of occupant. The data for offender services are therefore a hybrid and should only be taken as indicative of the level of funding per bedspace in offender accommodation. A further complication is that some of the single homeless will themselves be ex-offenders with complex needs, but they are not subject to statutory supervision. The Probation Service informed the research team that they would regularly see familiar names and the providers sometimes know their background.

Bearing in mind this anomaly, the mean cost per unit of services for 'offenders' and other single people living in the same services is one third higher per unit per week than the mean cost for all services. The mean cost of services in women's schemes is also well above the mean for all services. In contrast, the mean cost of services for Travellers is approximately one fifth of the mean for all services.

Services for homeless families, single homeless people, women escaping domestic violence and Travellers are commissioned directly by the Housing Executive, and costs can be monitored and controlled. That is not the case for the other client groups. Services for vulnerable young people are jointly commissioned with social services/young peoples' services. The mean cost per unit is slightly below the mean cost for all services, possibly reflecting the fact that there is usually a significant financial contribution from social services (see below). Services for offenders are jointly commissioned by NIHE with the Probation Service NI. It is also worth noting at this point that a budget held by probation services for offender accommodation was merged into Supporting People Grant from 2003 onwards.

Subject to confirmation through analysis of more detailed data, the data suggest that if the mean unit cost in offender services is, in reality, about one third higher than the mean unit cost of all services, the question arises whether all the activities being funded are strictly 'housing related support' services, or whether an element of supervision of the occupants is taking place in offender services. In follow-up discussions with representatives of the PBNI it was confirmed that dedicated offender services do not carry out offence-focussed work. However, some of the hostels do harm reduction work and carry out statutory supervision in

terms of monitoring behaviour in the hostel. PBNi representatives also said that some homeless self-referrals will themselves be ex-offenders with complex needs but they are not subject to statutory supervision.

7.2.2.2 Housing Benefit (HB)

In addition to Supporting People Grant payments to homelessness services, the NIHE committed £7,141,163 in Housing Benefit to these services at a unit cost of £74.07 per unit per week. 60% of this funding is allocated to services that accommodate and support homeless families and single people. This is above the level of Supporting People funding allocated to these two client groups.

The value of HB per unit for most client groups ranges from £55 per unit per week to £90 per unit per week. However:

- services for young people receive relatively low levels of HB per unit; while
- services for offenders¹⁵ receive around 50% more per unit than the mean for all other services.

Housing Benefit income is significant¹⁶ in that the vast majority of homelessness services are delivered via Joint Management Agreements between a provider charity and a housing association. The Welfare Reform Bill 2015 has serious implications for this type of service, should what is called 'specified' accommodation in Great Britain be applied in Northern Ireland. This legislation could have a negative impact on accommodation based services, especially supported living where units with a 'spare' bedroom will be subject to the bedroom tax. The cessation of HB for under-21s – and potentially for those under 25 - may impact on young homeless people who are not care leavers.

In addition there are major issues around rent setting by HA partners where in a number of cases there is a shortfall between rent set and the HB applicable amount. Shortfalls are being funded by providers – which may go some way to explaining the deficits highlighted later in the report.

7.2.2.3 Aggregate funding for homeless services from the Housing Budget – SPG + HB

Both Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funds awarded by the Department for Social Development (DSD) to the Housing Executive. SPG and HB awarded to Supporting People providers for homeless clients totalled £29,085,835 in the 2013/2014 financial year. On average this is equivalent to £302 per unit per week.

¹⁵ The cautionary note about the hybrid nature of data for these services referred to in the previous section is also relevant here

¹⁶ We are grateful to Ricky Rowledge, Chief Executive, Council for the Homeless NI, who made a number of these points in comments on an earlier draft of this report.

These aggregate figures enlarge upon the variances found in the previous two tables.

- Services for homeless families, Travellers, and homeless young people have combined HB and SPG indexed per unit per week that is below the mean for all services;
- The combined value of HB and SPG per unit per week in services for people with drug and alcohol issues is slightly above the mean for all services.
- However, the mean cost of SPG plus HB per unit per week in women's services and in offender services is around 40% above the mean for all services.

These findings highlight the relatively high cost per unit to the DSD/NIHE housing budget of services for women escaping domestic violence, those at risk of offending and possibly for offenders (subject to a more detailed review of the data).

7.2.2.4 Statutory Social Care funding

Relatively few services for homeless client groups (16 services out of a total of 115 services, or 14%) receive statutory social care funding. The total annual value of statutory social services funding to the homelessness sector is £2,295,128.

- For those services that do receive some social care funding, the mean weekly unit rate is £157.07;
- The most significant levels of statutory social care funding are allocated to services for people with drug and alcohol issues, and homeless young people needing support or leaving care;
- The highest weekly amount paid per unit is for young people at £346.19 per unit per week; and
- The level of statutory social care payments to drug and alcohol services is less than 50% of the mean unit payment across all homeless services at £71.74.

The level of social care funding paid to drug and alcohol services seems surprisingly low given the care needs of some people within this client group, and could suggest that the Supporting People programme is subsidising care and rehabilitation.

7.2.2.5 Other income

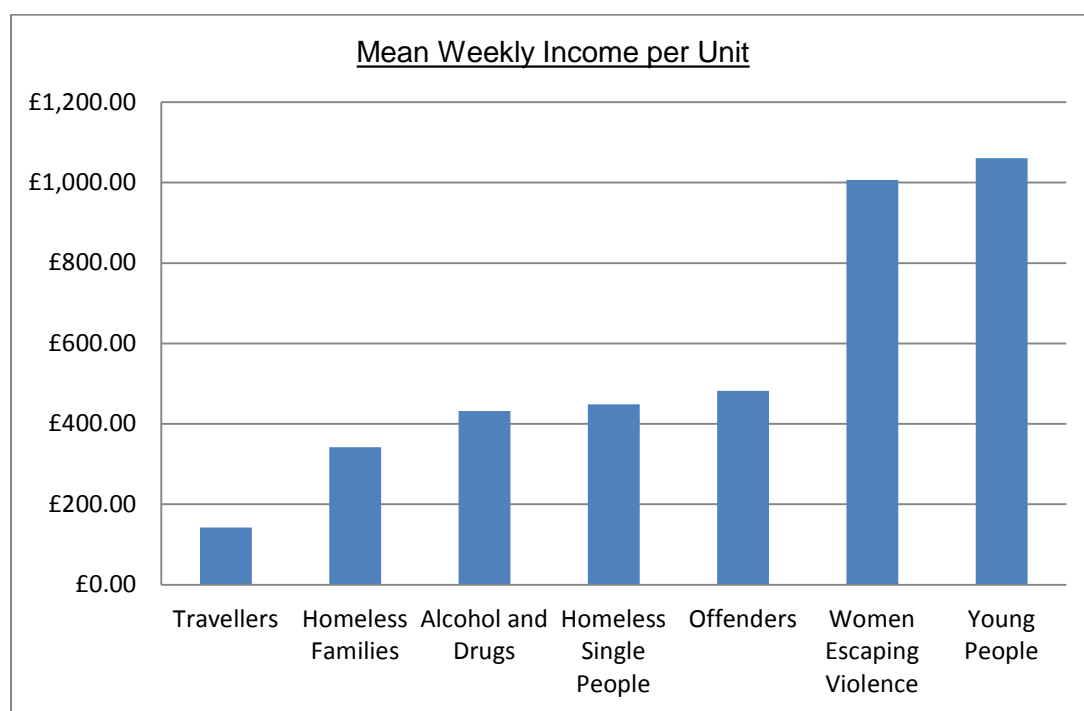
Homelessness services also receive two other types of income: charges raised by the landlord organisation to pay for services such as heating, lighting and cleaning to communal areas (service charges); and 'other income' the sources of which are not specified on the Supporting People data sets but which could include items such as payments for self-funded services and sundry income/donations. NIHE does not have a breakdown from service providers giving any details.

Where a provider is making a service charge or has some other form of income, the data suggests that services receive the equivalent of around £27 - £33 per week from these sources.

7.2.2.6 Income from all sources

The annual income from all sources for the 115 Supporting People funded accommodation-based homelessness services in 2014 was £34,779,532. The mean income per service was £302,431. The mean weekly income per unit was £482.91. Figure 7.1 below shows that there is a very wide disparity in the mean income per unit for the different homelessness client groups.

Figure 7.1: Mean weekly income per unit from all sources by client group, 2014



7.2.2.7 Income, expenditure, surplus and deficit in accommodation-based homelessness services

Given the variability in the levels of income shown in the Supporting People data for different types of service, it is useful to review levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the different types of homelessness service are operating at a surplus or deficit overall, and within their housing support activities.

There is an overall deficit for homelessness services when total service income is compared with total expenditure of £1,143,577 (3% of the homelessness sector's turnover). This is

equivalent to £9,944 per service per annum, or £11.86 per unit per week. On the basis of this analysis, homelessness services were heavily loss-making taken overall in 2013/2014.

The following services were in surplus overall, per service and per unit:

- services for women made an overall surplus of £122,478 (4% of income); £8,748 per service; or £17.84 per unit per week;
- services for young people made an overall surplus of £41,227 (1% of income); £2,290 per service; or £3.57 per unit per week; and
- services for Travellers made an overall surplus of £6,146 (6% of income); equivalent to £9.11 per unit per week.

The level of surpluses being generated in services for women, young people and Travellers does not appear to be excessive given the risks that provider organisations are running in the provision of housing and support to these groups.

The following services were in deficit overall (ranked by loss as a % of income):

- homeless families: **-£516,133** (a loss of 9%); **-£19,116** per service; and **-£29.28** per unit per week;
- services for offenders including the hybrid offender/homeless single people services ¹⁷: **-£283,204** (a loss of 6%); **-£40,458** per service; and **-£8.97** per unit per week;
- homeless single people: **-£405,336** (a loss of 3%); **-£11,259** per service; and **-£10.81** per unit per week;
- services for people with drug and alcohol issues: **-£108,765** (a loss on turnover of 2%); **-£9,888** per service; and **-£8.75** per unit per week.

At an individual level, not all services are loss-making however.

- 15 out of 27 services for homeless families were making an operating surplus;
- 9 out of 36 services for single homeless people were making a surplus;
- 8 out of 14 women's services were in surplus;
- 5 drug and alcohol services, 4 offender services and 7 services for young people are in surplus

This suggests that in those client groups where there was an overall deficit – services for homeless families, homeless single people, people with drug and alcohol problems and offenders – operating losses were substantial. Taking the figures overall, operating losses

¹⁷ The cautionary note about the hybrid nature of data for these services referred to in the previous section is also relevant here

on this scale are unsustainable. There is a case for reviewing the financial viability of some homelessness services if losses continue.

7.2.2.8 **SPG income compared with expenditure on housing support**

Housing support activities funded from Supporting People Grant are being run at an overall loss of **-£498,819**. In cash terms the main losses were:

- **-£473,394** in services for single people;
- **-£95,613** in services for people with drug and alcohol issues; and
- **-£88,509** in services for homeless families.

Operating deficits are occurring in support activity (SPG) as well as in activity generally in services for homeless families, homeless single people, and people with drug and alcohol issues.

This reinforces our conclusion that losses on this scale are unsustainable and that a review of funding from the Supporting People budget and from other sources in these services is required.

Offsetting the losses, services for women made a surplus of £84,417 (£6,029 per service, £12.30 per unit per week) on support activities. There were small overall surpluses on housing support activity for Traveller services and for services for young people.

Services for offenders, including the hybrid services¹⁸, made a surplus on their support activities of £53,519 (£7,646 per service per annum, or £5.47 per unit per week). However, offender services were heavily loss-making overall (**-£283,204** or **-£28.97** per unit per annum). Further analysis is needed by the Supporting People team to clarify the data and then to examine whether these anomalies are the result of the way the data have been assembled, or whether there are intrinsic issues within the funding of offender services.

Indicators of service efficiency

Data that illustrate two indicators of service efficiency and effectiveness are available from NIHE. These are:

- Occupancy – the average level of occupancy of the accommodation during the 2013/2014 financial year; and
- Throughput – the number of people who moved into and out of the service during 2013/2014, expressed as a percentage of the number of contracted units.

¹⁸ The cautionary note about the hybrid nature of data for these services referred to in the previous section is once again relevant

7.2.2.9 **Service occupancy**

The Supporting People team sets a benchmark for occupancy in accommodation-based schemes that it funds of 92%, and a lowest acceptable threshold of 85%. Fully occupied is equivalent to 100%.

No occupancy data were available for 10 services (9%). This is probably due to provider non-response rather than clerical error. If so, there are grounds for suggesting that the Supporting People team should chase up non-responders more vigorously, since the cut-off date for reporting was six months after the end of the financial year.

Detailed analysis of the service level data for the services that responded shows that:

- 27 services (26% of responses) had mean occupancy levels well below 85%, ranging from 20% to 84%;
- 16 services (15%) had mean occupancy levels between 85% and 92%; and
- 64 services (60%) had mean occupancy levels above 92%.

Mean occupancy is below the benchmark (92%) in all eight client groups, and is below the acceptable threshold (85%) in Traveller services. In two services, for people with alcohol and drug issues and for young people, occupancy is shown at more than 100%. This can sometimes occur when the provider makes additional accommodation available within the overall agreed contract sum; or where residents are asked to share accommodation (i.e. two people sharing a bedroom contracted for one person).

There are number of possible reasons for occupancy that falls below the benchmark and threshold levels. These might include: low demand; a very rapid turnover of occupants, which might be the case in some hostels and direct access services; the need to reduce levels of stress in a service that houses very vulnerable or volatile people, as might be the case in a service housing people with drug and alcohol issues; ineffective referral mechanisms from other agencies, which to some extent might be outside the control of the provider; or weak management.

There are other issues affecting occupancy. The majority of referrals are now made by the Housing Executive rather than via self-referral or another agency. Council for the Homeless NI members have reported a drop in occupancy¹⁹. This may be the result of gate-keeping or better assessment and options for presenters. Further investigations by the Housing Executive are needed to establish whether there has been a recent fall in occupancy, and if so, what the causes might be.

7.2.2.10 **Service throughput**

Service throughput measures the number of separate individuals who have been housed in a service and have then moved on in a twelve month period. A throughput measure of

¹⁹ Ricky Rowledge, Chief Executive, Council for the Homeless NI, in correspondence with the authors.

100% in a twelve month period suggests that, on average, residents are not staying in the accommodation for more than one year. A 200% result suggests that residents are in occupation for six months; and a 50% result suggests that half the residents move-on in a twelve month period or that residents are in residence for two years on average.

As an efficiency indicator service throughput needs to be used carefully. It is a useful measure for services where Supporting People funding is intended to pay for short stay services – for periods of possibly up to two years, which is the case for most homelessness services. If the intended length of stay in a hostel, for example, is ‘not more than 6 months’, then throughput measured over a twelve month period is one way of establishing whether people are moving on within six months or are staying in the accommodation for longer. Even where the throughput measure suggests that people are staying for more than six months, however, there can be a number of contributory reasons. They include: a lack of move-on accommodation; service users’ inability to sustain other accommodation; or alternatively, inefficiency in the way the service is being run. In services where the intended length of is twelve months or more, as might be the case in some second-stage move-on services, or in some services for offenders or for people with drug and alcohol issues, qualitative factors come into play such as the individual’s ability to sustain a tenancy in determining the rate at which residents move-on. In these longer-stay services throughput may be less useful as a performance measure. Nevertheless, used alongside a combination of statistical measures such as occupancy, and other qualitative and contractual measures, throughput has a role to play in helping to assess service effectiveness.

Mean throughput is above, and in some cases well above 100% in all client groups apart from Travellers.

As would be expected, resident turnover appears to be highest in services for single people, women, people with drug and alcohol issues and offenders. These services tend to be designated as short stay. Two services had very high throughput levels. A service for single homeless people had a throughput measured at 681% which, if accurate, implies an average length of stay of less than two months. In another case, a service for people with alcohol and drug issues had a throughput of 494%, which implies an average stay of around 2.5 months.

7.3 Supported accommodation services for people with a learning disability or mental health problems

There are 238 accommodation-based services funded by Supporting People for people with learning disabilities or mental health issues. These services provide 2,341 bed spaces.

More than one quarter of all learning disability and mental health services funded by Supporting People are delivered by one of the Health and Social Care Trusts. This is a distinctive feature of the Supporting People programme in Northern Ireland. Elsewhere in the UK, NHS Trusts and social services authorities are not eligible for Supporting People Grant.

A higher proportion of mental health services are delivered by trusts than learning disability services; but the proportion of bed spaces delivered by trusts is higher for learning disability services than for mental health services.

7.3.1 Service size - number of SP-contracted units per service

There are 55 services for people with a learning disability with ten or more units of accommodation (41%). 19 of these (35%) of these services are delivered by an H&SC Trust. 61 services for people with mental health issues have ten or more units of accommodation (58%). Of these, 20 are delivered by a Trust (33%). Learning disability services operated by Trusts have a mean number of 12.88 bed-spaces per service compared with a mean number for services for people with mental health problems was 10.42.

On the basis of these figures, and without more information to establish the precise way in which each service is configured, there must be some concern about the numbers of learning disabled people and people with mental health issues being co-located in a single service. This is particularly the case in services operated by a H&SC Trust. The creation of institutional environments will tend to create dependency and work against independence and the fundamental aims of the Supporting People programme.

Supported accommodation for these two client groups is usually jointly commissioned and funded by the NIHE working in partnership with the Health Board and Trusts. Palmer and Boyle (2014) concluded in their study of the post-Bamford learning disability resettlement programme that:

“A correlation was found between the mean number of bed spaces per service in each area and the mean weekly unit price. This suggests that larger aggregations of bed spaces cost less per unit, but this is not necessarily reflected in the overall contract price, which is driven by the number of units and other factors such as residents’ level of dependency. Cost rather than best practice may therefore be a consideration that determines scheme size.”²⁰

The data suggest that the mean number of bed spaces in Trust operated learning disabilities services is considerably greater than in non-Trust services. This may suggest that a higher proportion of learning disability services provided by H&SC Trusts are more institutional in character than are non-Trust services. The question is: does this finding result from the needs of individual clients, or from policy and commissioning choices? Or is it being driven by cost factors?

7.3.2 Geographical Distribution of Services

Like Homelessness services, Learning Disability and Mental Health services are geographically dispersed. The three H&SC hospitals that in the past specialised in the

²⁰ Palmer JAD, Boyle F, Wood A and Harris S (2014 unpublished), *Bamford Review: the experience of learning disabled people resettled from long stay hospitals in Northern Ireland - Interim Report*, for the Northern Ireland Housing Executive

provision of long term hospital-based services for the two clients groups were located in the NIHE's North Area (Muckamore Abbey Hospital, Antrim), South East Area (Longstone Hospital, Armagh) and West Area (Gransha Hospital, City of Derry). The distribution of services across the three areas does not appear to be unduly dependent on the location of one of these hospitals.

7.3.3 Funding for accommodation based learning difficulty & mental health services

7.3.3.1 Supporting People Grant (SPG)

The total annual Supporting People payment for mental health and learning disability services in 2013/2014 was £22,771,210 at an average of £189,000 per annum per service, and at a mean weekly unit rate per bed space of £187.

60% of this funding is committed to services that accommodate and support learning disabled people. Services for learning disabled people are more expensive than those for people with mental health issues - the mean level of SPG paid to learning disability services is 21% higher than for mental health services. When indexed per bed space, this differential increases to 34%.

7.3.3.2 Housing Benefit (HB)

In addition to Supporting People Grant, the Housing Executive paid £3,699,330 in Housing Benefit to these services at a unit cost of £30.39 per unit per week. However, in contrast to homelessness services, the average level of Housing Benefit being paid is well below the level of Supporting People funding allocated to these two client groups. 68% of this funding is allocated to services supporting people with mental health issues. Services for learning disabled people receive on average less than half the amount of HB per contracted unit (£18.16) than services for people with mental health problems (£44.31).

7.3.3.3 Aggregate SPG and HB funding

Both Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funding given by DSD to NIHE. In total, SPG and HB awarded to Supporting People providers for clients with mental health issues and learning disabilities totalled £26,470,540 in the 2013/2014 calendar year. This amounts to £217.50 per unit per week.

While learning disability services are awarded on average more SPG than mental health services, the reverse is true for HB. When the two sources of funding are aggregated, services for learning disabled people receive on average 12% more SPG + HB combined than services for people with mental health issues.

7.3.3.4 **Statutory Social Care Funding**

Two thirds of the Supporting People funded services for people with a learning disability or mental health problems (160 services out of a total of 238 services, or 67%), receive statutory social care funding. The total annual value of statutory social services funding for these two client groups is £35,540,890.

The level of statutory social care payments for both client groups combined is more than one-third (34%) higher than the funding for these services from the housing budget (£35.5 million from social care compared with £25.5 million from SPG and HB).

For those services that receive some social care funding, the mean weekly unit rate is £417. The most significant levels of statutory social care funding are allocated to services for people with a learning disability at a mean payment of £546 per unit per week. Mental health services in contrast receive almost one and a half times less per contracted unit from social services than learning disability services at £223 per unit per week.

7.3.3.5 **Other Income**

Learning disability and mental health services also receive two other types of income: charges made to tenants by the landlord organisation to pay for services such as heating, lighting and cleaning; and 'other income', the sources of which are not specified on the Supporting People data sets but which might include items such as payments for self-funded services and sundry income or donations. NIHE does not have a breakdown from service providers giving any details.

The services for learning disabled people and those with mental health issues generated almost £1.5 million in service charges levied on the occupants by landlords in 2014²¹. However, not all providers charge for housing services. Thus:

- Of 133 services for learning disabled people, only 43 (32%) services make a service charge generating almost £900,000; and
- Of 105 services for people with mental health issues, only 45 (43%) make a service charge generating just over £600,000; and
- The mean level of charge is slightly higher in learning disability services than in mental health services.

In addition, these services generated £2.369 million in other income. Once again, not all providers generated other income:

- 54 services for learning disabled people (41%) generated £1.8 million; and
- 53 services for people with mental health issues (51%) generated £529,000.

²¹ Service charges pay for housing costs that are not recoverable from Housing Benefit, such as cleaning communal areas. Charges are paid for from tenant's personal income including any benefits that they might receive.

7.3.3.6 **Income from all Sources**

The 2013/2014 income from all sources for learning disability and mental health services was almost £66 million. Of this:

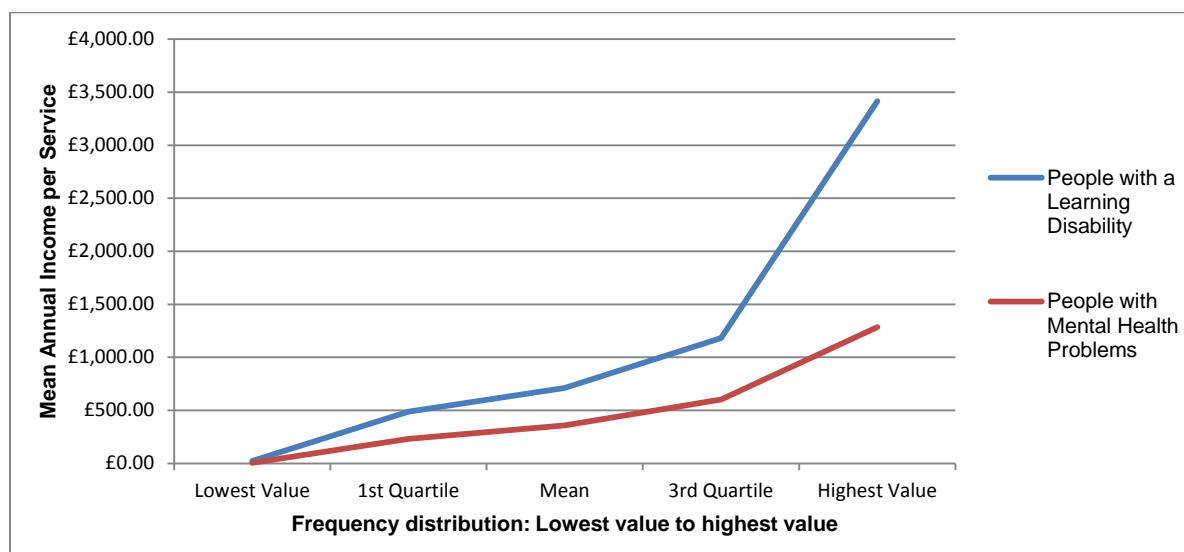
- SPG accounts for 34.5%;
- HB accounts for 5.6%;
- SPG + HB (Housing Budget) accounts for 40.1%;
- Social care funding accounts for 53.9%; and
- Services charges and other income account for 5.9%.

The mean income per service was £276.792. The mean weekly income per unit was £541.16.

The mean annual income per service for learning disability services was almost 80% higher than the mean annual income in mental health services. Indexed on a per bed space basis, the mean annual income per bed space in learning disability services was almost exactly double the mean annual income in mental health services.

Figure 7.2 below compares total weekly income per bed space for mental health and learning disability services, showing the very different payment profiles for the two types of service.

Figure 7.2: Comparison of total income per week per bed space for SPG funded mental health and learning disability services



7.3.3.7 Total income, expenditure and operational surplus / deficit

Given the variability in the levels of income shown in the Supporting People data for different types of services, it is of interest to review levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the mental health and learning disability services that are partly funded by SPG are operating at a surplus or deficit overall, and within their housing support activities.

Taken overall, income and expenditure for both mental health and learning disability services are in balance, with on average a very small surplus of 1% - 2%. However, the summary data hide very large variations in the financial position of individual services.

Learning disability services

- 39 learning disability services (29%) were in overall deficit, the largest deficit was £228,649;
- more than one third of the services in deficit were operated by H&SC Trusts;
- 70 services were in surplus (59%) - the largest surplus was £237,871;
- 16% of the services in surplus were operated by Trusts.

Mental Health Services

- 34 services for people with mental health issues (32%) were in deficit - the largest deficit was £155,774;

- One third of the services in deficit were operated by H&SC Trusts;
- 54 services (51%) were in surplus - the largest surplus was £ 306,269; and
- Only three of the services operated by one of the Trusts were in surplus.

These very wide disparities suggest that closer attention should be paid to the overall financing of learning disability and mental health accommodation-based support services by the statutory partners.

The data also show that both the learning disability and the mental health Supporting People budgets were in overall deficit by £2.377 million (10%).

Learning Disability Services

- Learning disability services made a loss on their Supporting People budgets of **-£1.390** million (10%);
- indexed on a per service basis this is equivalent to a loss of **-£10,450** per service per annum; and
- indexed on a per bed space basis this is equivalent to a loss of **-£21.46** per week.

Mental Health Services

- Mental health services made a loss on their Supporting People budgets of almost **-£987,000**; and
- this is equivalent to a loss of **-£9,400** per service; or **-£17.33** per unit per week.

However, the aggregate figures hide a very wide variation in the performance of individual services. Some services are in surplus; others are making significant losses. Details are given in the companion report.

Taken overall, SPG-funded housing support services provided for learning disabled people and people with mental health problems are being run at a significant loss. For learning disability services, this is true for both H&SC Trusts and non-Trust organisations. Non-Trust organisations are making a very small surplus on mental health services overall, but once again Trusts are running these services at a loss.

The variation in performance between different providers and services suggests that the explanation may be found in a combination of contracting issues and performance issues. The key questions are: 'Are some providers being funded adequately for the type of need they are addressing and the level of service they are providing?'; 'Are all providers delivering an efficient and cost effective service?'

7.3.4 Indicators of Service Efficiency

Two indicators of service efficiency and effectiveness are available from the NIHE Supporting People data. These are:

- Occupancy – the level of occupancy of the accommodation provided in November 2014 when the data were compiled (fully occupied = 100%); and
- Throughput – the number of people who moved into and out of the service during 2014, expressed as a percentage of the number of contracted units.

7.3.4.1 Service Occupancy

The Supporting People team sets the same performance benchmark of 92% for occupancy in accommodation-based schemes as in homeless services, with a lowest acceptable threshold of 85% occupancy measured over a quarter and a fully financial year.

No occupancy data were available for 18 services (8%). Detailed analysis of the service level data for the remainder shows that:

- mean occupancy met or very slightly exceeded the performance benchmark in both client groups in 2013/2014; but
- 34 services (16% of the remainder) had occupancy levels well below 85%, ranging from 17% to 84%;
- 32 services (15%) had occupancy levels between 85% and 92%; and
- 154 services (70%) had occupancy levels above 92%.

Services that had occupancy levels below the 85% minimum standard need to be followed up by the SP team to establish the reasons for apparently sub-standard performance

7.3.4.2 Service Throughput

The term 'throughput' is defined in the previous section on homelessness services. The term carries the same meaning in relation to accommodation-based services for learning disabled people and people with mental health issues. However, as turnover is not expected to as high in these services, it is less significant as a measure of performance than would be the case for homeless services. Nevertheless, it provides a useful indicator of the extent to which services are providing short, medium or long term accommodation.

Sixteen services (7%) did not report on either occupancy or throughput and should be followed up by the SP team if that has not already been done.

Analysis of throughput data for the remainder shows that:

- 4 services had a resident throughput of below 50%, suggesting that their residents were in occupation for more than two years, and in one case for up to five years;

- 83 services had a throughput of between 50% and 99%, suggesting that residents are in occupation on average for between one and two years; and
- The remaining 135 services (61%) had a throughput measured at between 100% and 138%, suggesting that on average residents are in occupation for between six and twelve months – almost all of these were services for those with mental health issues.

7.3.5 Indicators of Service Value for Money

Given the involvement of H&SC Trusts in commissioning and funding, and as a final stage in the evaluation of these services, we have reviewed the income streams, costs and surplus/deficit on a per-service and per-bed space basis, comparing the financial performance under these headings of H&SC Trusts and other mainly voluntary organisations. In the following tables, we show this comparison for:

- Income from Supporting People Grant;
- Income from Housing Benefit;
- Income from Statutory Social Care;
- Total income from all sources;
- Total expenditure on all service elements; and
- Operational surplus and deficit.

7.3.5.1 Supporting People Grant

At both service and bed space level, H&SC Trusts received a smaller income from SPG than non-Trust organisations. Indexed as a cost per bed-space, non-Trust organisations received on average 25% more grant within learning disability services; and 250% more grant in mental health services.

7.3.5.2 Housing Benefit

Overall, non- H&SC organisations received on average about three times the level of Housing Benefit that H&SC Trusts at the service level for learning disability services; and five times the level of HB per bed-space. The differential is even wider within mental health services, where non-Trust organisations received approximately three times the level of payment at both service and unit levels as found in Trust services.

7.3.5.3 Statutory social care funding

Social care funding for Trust services is around 45% higher overall at the service level than for non-Trust organisations, and 60% higher in learning disability services. Indexed to income per bed space, however, there is very little difference in the levels of funding

between learning disability services provided by the two types of organisation; and only a small difference in mental health services.

7.3.5.4 Income from all sources

H&SC Trusts providing learning disability services receive around 21% more income per service than non-Trust organisations at the service level. This increases to around 30% more per bed space. However, Trusts providing mental health services receive about 54% less income per service and 62% less income per bed space than non-Trusts.

7.3.5.5 Total expenditure

Once again there are significant differences between learning disability and mental health services. Trusts spend 33% more per service (19% per bed space) more than non-Trust providers of learning disability services. Whereas Trusts spend 40% less per service (47% less per bed space) on mental health services than non-Trust organisations.

7.3.5.6 Operational surplus and deficit

There is very wide variation in the levels of surplus and deficit being made by providers on both learning disability and mental health services. At the mean, these services are loss-making for H&SC Trusts and showing small surpluses for non-Trust organisations. Indexed to £ per bed space the differentials between Trust and non-Trust services are very significant – a difference comparing Trust deficits with non-Trust surpluses of +£63 per week per bed space in favour of non-Trusts for learning disability services, and +£32 per bed space in favour of non-Trusts for mental health services.

Even allowing for variation in the results of individual Trust and non-Trust financial results, variances of this amount require further examination. Whilst in most cases Trusts receive lower amounts of SPG and HB than other organisations, and more social care funding, their overall income and expenditure are much higher. Their services are, on average, running at a loss while non-Trust organisations are, on average, running at a surplus.

The following questions arise: 'Are the needs of clients with whom Trusts are working that much higher than clients for whom non-Trust organisations are providing services?' 'If so, are Trusts operating supported housing?' 'Or are they running services that are more analogous to residential care?' 'Or is it just that Trusts are far less efficient than non-Trust organisations?' Further work is needed to explain the reasons for these differences.

7.4 Supported accommodation services for older people and people with physical or sensory disabilities

This section reports on the financial and operational performance data associated with the Older People and Physically Disabled People thematic group, which includes the following sub-groups:

- Older people with support needs, (mainly sheltered housing)
- Frail elderly,
- Older people with mental health issues/dementia, and
- People with a physical or sensory disability.

We have used the term 'physically disabled people' in the analysis to include both people with a physical impairment and those with a sensory impairment.

We have concerns about grouping older people and physically disabled people into a single super-group, even if only on the grounds of administrative convenience, because this tends to reinforce a medical model of disability as opposed to a social model. For this reason, our analysis attempts to enable an analysis of the physically disabled client sub-group in isolation, in addition to the analysis of the thematic client grouping overall.

The SP-funded accommodation for older people with support needs was largely commissioned in the 2000s to replace residential care schemes for older people operated by H&SC Trusts that were thought to be too institutional in character. This accommodation is also known as 'sheltered housing for the elderly'. It is treated as general needs accommodation for the purposes of the NIHE Common Waiting List, not as specialised accommodation. Some of this accommodation is now hard to let to older people and vacancies are being filled through the Common Waiting List allocation process by other client groups. There are a number of anomalies here. The SP funding for these services is awarded on a Block Grant basis. This means that grant is paid for each unit of accommodation regardless of whether it is occupied or not, whether it is occupied by an older person or not, and whether the occupant has a housing support need. In the research team's view, the Housing Executive should consider changing either the designation of this accommodation as 'services for older people with support needs', or change the type of SPG funding from block subsidy to a payment based on the support needs of individual occupants as has been done in Scotland.

7.4.1 Overview

There are 431 accommodation-based services for older and physically disabled people. These services provide 9,819 units of accommodation. Of these, 390 services and 9,078 accommodation units are in services for older people with support needs. In reviewing the results that follow, it should be noted the very large number of services in the 'older people with support needs' group will tend to skew overall averages.

The mean number of units per service for older people is 24.9; the mean number of units per service for disabled people is 9.6. The mean number of units per service for older people is significantly above the recommended number needed to facilitate a homely environment that promotes independence. This result is influenced by the large number of people with support needs living in sheltered accommodation, a form of housing that tends to be based on the co-location of quite large numbers of people in order to achieve economies of scale. Those

that are elderly typically have a lower level of needs in comparison to other client sub-groups and may require a less intensive level of support. For that reason, however, many people housed in sheltered housing will be active and capable of living an independent life with some degree of support. Research by Age UK recommends that older people benefit from living in smaller groups where they have a more personalised form of accommodation and support. The numbers of people co-located in this accommodation may be one of the reasons that it has become hard to let. Given a choice, most people prefer to live in their own homes with care and support services provided there. The policy of allocating sheltered housing to other types of people from the Common Waiting List, including people with drug and alcohol issues, may be another factor in letting this accommodation to older people as originally intended.

7.4.2 Proportion of services delivered by a H&SC Trust

Consistent with the lower needs inherent within the older people with support needs sub-group, only 1% of the 390 services that receive Supporting People funding, are being delivered by a Health and Social Care Trust. One out of the thirteen Supporting People funded services for people with a physical disability is delivered by a Trust. However this single Trust service accounts for almost one fifth (18%) of the total SP-contracted units for disabled people. However, given the higher care needs, more than half (52%) of units provided for older people with mental health problems and dementia are delivered through a H&SC Trust.

7.4.3 Geographical Distribution of Services

Services for older people with support needs, and for frail elderly, are evenly distributed across the five administrative areas. However, services for older people with mental health needs and dementia are concentrated in Belfast, the north and west; most services for disabled people are concentrated in Belfast and the south.

7.4.4 Funding for older peoples' and disabled peoples' services

7.4.4.1 Supporting People Grant

Sheltered housing for older people with support needs has a relatively low level of SPG per service and per unit compared with other older peoples' groups and with the client groups in the homeless and learning disability/mental health categories. Levels of SPG funding for the frail elderly and older people with dementia/MH issues are significantly higher, but still well below the mean cost per unit in most other client groups.

The total annual Supporting People payment for all services in 2013/2014 was £8,117,266 at a mean weekly unit rate per bed space of £15.90. 16% of this funding is committed to services that accommodate and support individuals with a physical or sensory disability. The remainder is committed to varying levels of support service for older people.

Consistent with the higher support needs of disabled people and people with mental health issues or dementia, there is a much higher level of Supporting People funding per contracted unit for these two groups than for the frail elderly and older people with support needs sub-groups.

7.4.5 Housing Benefit

Taking the services overall, NIHE committed £9,359,809 in Housing Benefit at a mean unit cost of £18.33 per unit per week. The amount of HB committed to services for disabled people is almost double the level of HB paid to services for the frail elderly and those with dementia; and four times the level paid to services for older people with support needs.

"Services for older people with support needs received on average just over half the level of HB per unit compared with both services for the frail elderly and for those with mental health

issues and dementia. On the face of it, this is a surprising result because services for older people with support needs are more closely aligned with 'ordinary' social housing than the forms of provision that are made for the other two client groups."

"Overall, and for individual client sub-groups, the total level of Housing Benefit is significantly higher than the level of Supporting People funding allocated."

7.4.6 Aggregate funding for older people and physical/sensory disability services from the Housing Budget (SPG + HB)

As previously noted, Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funding given by DSD to NIHE. In total, SPG and HB awarded to Supporting People providers for older people and those with a physical/sensory disability totalled £17,477,075 in the 2014 calendar year. The overall mean combined SPG and HB payment to older peoples' services was £31.06 per unit per week. The combined payment to older people with Dementia/MH issues was five times the level of payment in sheltered housing for older people needing support; and four times the level of payment to services for the frail elderly.

"The DSD/NIHE housing budget contributed £15.659 million to older peoples' services in 2013/2014 in the form of either SPG or HB. On average, this amounted to just over £25 per week per unit in services for older people with support needs, four times this amount in services for the frail elderly, and five times this amount in services for older people with mental health issues and dementia."

The mean combined SPG and HB payment for both older and disabled client groups was £34.23 per unit per week. The level of aggregated SPG + HB paid on average to disabled peoples' services was eight times higher than that paid to older peoples' services overall. These differences may serve to illustrate some of the distinctions between the client sub-groups and the undesirability of grouping them within a single thematic group.

7.4.7 Statutory Social Care Funding

The total annual value of statutory social services funding for older and disabled people is £5,962,023.

H&SC Trusts delivered 44% of services for older people with mental health issues and dementia, but only 0.5% of services for older people with support needs. The allocation of social care funding reflects these figures.

In total, only 19 out of 418 services for older people with support needs (1%) receive statutory social care funding. In contrast, more 50% of the services for older people with mental health issues and dementia receive care funding, and two thirds of services for the frail elderly receive care funding.

However, the mean level of care funding per unit in services for older with support needs was twice the level of care funding in services for older people with mental health issues,

and four times the level of funding per unit for the frail elderly. This is an unexpected result that requires further investigation.

Most housing and support services for older people with support needs are in some form of sheltered housing. As people get older, individuals may need domiciliary and personal care. The differences in funding between services for older people with support needs and the other older peoples' client groups suggest that some services in the first category are actually extra care schemes. In our view, these should be separately identified or included with services for the frail elderly.

Social care funding for disabled people is more than twice as high as the mean level of funding for older peoples' services. However, this mean hides the high level of care funding in sheltered housing for older people with support needs. On average, disabled peoples' services receive around 10% more care funding than services for older people with support needs.

The combined level of statutory social care payments for both older people and disabled client groups is only 33% of the combined funding for these services from the housing budget. There are two possible conclusions to be drawn from this: either the majority of these services are primarily housing services with ancillary care and support, in which case the balance of funding between housing and care sources seems appropriate. Alternatively, some of these services are analogous to residential care, in which case the balance of funding is not appropriate. That may be particularly the case for those services for older people with support needs that receive high levels of statutory social care payment. We do not have sufficient evidence to decide on which possibility is the more likely, but the issue should be examined by the NIHE.

7.4.7.1 Other Income

Services for this client group also receive two other types of income: charges raised by the landlord organisation to pay for services such as heating and lighting and cleaning; and 'other income' the sources of which are not specified on the SP data sets. The other income category might include items such as payments for self-funded services and sundry income/donations.

Services for older people generated almost £3.8 million in service charges levied on the occupants by landlords in 2013/2014. Around 80% of this was generated within services provided for older people with support needs. However, not all providers charge for accommodation services:

- Of 16 services, only 1 service for mental health / dementia (6%) made a service charge. This one service, however, generated almost £0.5 million, at a rate of just over £300 per unit per week;

- Just over 25% of services for older people with support needs made a service charge. These were at a more modest rate of £23 per unit per week, however given this covered more than 2,500 units it still generated almost £3 million; and
- Only 1 service, out of 13 for the physical / sensory disability client group made a service charge, this was extremely low in comparison with the older people client groups at a total just over £22,000.

In addition, services for older peoples' client groups combined with disabled people also generated just under £7 million in 'other' income. While, again, not all providers generated income from other sources, the rate was higher in comparison to generation of income from service charges:

- Of 431 services across the four client groups, 299 (69%) generated income from other sources, on average around £18.40 per unit per week;
- Other income generated by services for older people with support needs accounted for just under 84% of the total other income across the four client groups;
- At just under £65 per unit per week, services for physical / sensory disabilities were most successful in generating income from other sources on a per unit basis; and
- However, while 7 out of 13 services for physical / sensory disabilities recorded having generated income from other sources, 1 service was responsible for just over 90% of the total other income for this client sub-group. The other 6 having generated much more modest amounts totalling £20,500 between them.

7.4.7.2 Income from all Sources

The annual income from all sources for the 341 Supporting People funded accommodation-based older people and physical/sensory disability services in 2014 was £34,228,645. The mean income per service was £79,417. The mean weekly income per unit was £67.04.

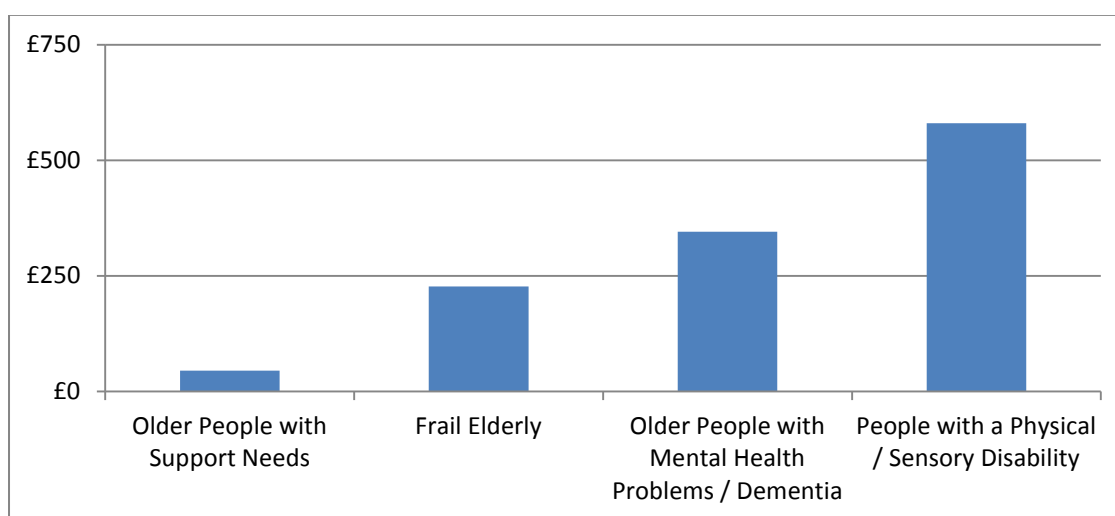
While the mean income per service across all older people groups is just under £75,000, to a large extent this is skewed by the large number of services for older people with support needs which have a much lower mean annual income than the other 3 client sub-groups. The highest mean income per service is generated by services for older people with mental health problems / dementia. These services have a mean annual income per service of almost £350,000, which is around 630% higher than the same figure for older people with support needs.

The mean income per service for disabled peoples' services is more than £290,000 per annum. This is well below the service level income for services for the frail elderly and for older people with mental health needs and dementia.

However, indexed on a per unit basis, services for people with a physical disability have a mean income per unit per week of just over £580. This is around 1.7 times higher than

income per unit for older people with mental health problems and dementia; and ten times higher than the average per unit weekly income across the all older peoples' services.

Figure 7.3: Weekly income from all sources per unit by client group



7.4.7.3 Operational surplus and deficit – total income and expenditure

We have also reviewed levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the different types of service are operating at a surplus or deficit overall, and within their housing support activities.

Taken overall, income and expenditure for services for older people had a significant operational surplus in 2013/2014 of £1.7 million (around 6% of total income). However, this result is skewed by the surplus generated within services for older people with support needs of £2.1 million. There are significant variances in the financial position of the different client sub-groups and of individual services within each of them.

Key points are set out below.

Frail Elderly Services

- Overall this client sub-group displays a modest surplus of 1%;
- 4 of the frail elderly services (33%) were in overall deficit in 2014;
- These services were operated by H&SC Trusts;
- the largest deficit was **-£109,777**;
- all of the services showing a surplus were operated by a non-H&SC Trust organisation;
- one half of the services (6) were in surplus; and
- the largest surplus was £118,043.

Older People with Mental Health Problems / Dementia services

- This sub-group shows an overall deficit of 7%;
- half of the 16 services were in deficit;
- the largest deficit was **-£228,432**;
- of the 7 services operated by H&SC Trusts, only 1 reported a surplus;
- only 25% of all services recorded a surplus; and
- the largest surplus was £74,926.

Older People with Support Needs

- Overall, services for older people with support needs displayed a surplus of around 10%;
- however, 177 of the 390 services (45%) posted a deficit in 2013/2014;
- the largest deficit was **-£70,598**;
- of the 4 services for this client group provided by a H&SCT Trust, only 1 posted a minor deficit, the remainder were in surplus;
- only around half the services overall (154) posted a surplus; and
- The highest level of surplus was £592,058.

Services for people with a physical / sensory disability made an overall surplus of 6%. In terms of mean annual surplus per service, and mean surplus per unit per week, services for this client sub-group in average made significantly higher levels of surplus in comparison to services for older people. Again, however the summary data hide some significant variances.

These are set out below.

- 3 (23%) of the services for people with a physical / sensory disability were in deficit in 2014;
- the highest deficit was **-£13,065**;
- 6 (46%) of the services for this client group were in surplus; and
- the highest level of surplus was £116,417.

Across the 14 services delivered by Health and Social Care Trusts for both older people and disabled people, only three (21%) reported a surplus while four reported a deficit. Half of all H&SCT delivered services posted neither a surplus nor a deficit for 2014.

7.4.7.4 Operational surplus and deficit – housing related support activity

The combined Supporting People budgets for older people services were in overall deficit by £3.3 million (48%). The aggregate figures hide a very wide variation in the performance of sub-groups and individual services.

Frail Elderly

- The overall deficit on the SPG account was £215,000;
- 5 of 13 frail elderly services made a loss on their Supporting People budget in 2014 (38%);
- The largest loss was **-£57,532**;
- The 2 Health and Social Care Trust services posted neither a loss, nor a surplus;
- 3 services made a surplus, with 2 making a surplus over £10,000; and
- The largest surplus was recorded as £34,074.

Older People with Mental Health problems / Dementia

- The overall deficit was £486,000;
- 8 of the 16 mental health / dementia services reported a loss on their Supporting People budget in 2014;
- The largest deficit was **-£270,435**, this was a H&SCT service;
- The only service to post a surplus was also a H&SCT service, however this was a modest £1,650; and
- 7 of the 16 services, including 5 H&SCT delivered services, reported neither a surplus nor deficit.

Older People with Support Needs

- These services posted an overall deficit of £2.6 million;
- However, 301 (77%) services for older people with support needs reported a loss on their Supporting People budget in 2014;
- The largest loss on Supporting People budget was **-£112,646**; and
- Of the 4 H&SCT services being delivered for this client group one reported a modest loss on their Supporting People budget (**-£9,185**), one a modest surplus (£1,377) while 2 reported neither a loss nor surplus;

Only 31 (8%) of services reported a surplus on their Supporting People budget, the largest of which was £8,193. 49 services reported neither a loss nor surplus. Services for both client groups made a deficit on their housing support activities. However, services for people with a physical / sensory disability made a much less significant loss on (5%) in comparison to services for older people. Looking at the performance of individual services for this client group:

- 6 of the 13 services for people with a physical / sensory disability (46%) reported a loss on their Supporting People budget in 2014;
- The largest loss on Supporting People budget was **-£46,367**;
- 4 services did not report either a loss or surplus on their Supporting People budget, including the lone H&SCT provided service to this client sub-group; and
- Of the 3 services to post a surplus on their Supporting People budget, the highest level of surplus was £25,149.

7.4.8 Indicators of Service Efficiency

We have used the same two indicators of service efficiency and effectiveness as for the homelessness and mental health/learning disability thematic groups, and the comments made earlier about the need for caution in the use of these indicators are also relevant here. The indicators are:

- Occupancy – the average level of occupancy of the accommodation provided in 2013/2014 (fully occupied = 100%); and
- Throughput – the number of people who moved into and out of the service during 2013/2014, expressed as a percentage of the number of contracted units.

7.4.9 Service Occupancy

The Supporting People team sets a benchmark for occupancy in accommodation based schemes that it funds of 92%, and a lowest acceptable threshold of 85%. This applies equally to services for the homeless, for people with mental health issues and learning

disabilities, for older people and for people with physical disabilities. No occupancy data were available for 21 services (5%). Detailed analysis of the service level data for the remainder shows that:

- mean occupancy meets/exceeds the minimum standard of 85% in all client groups except for services for older people with mental health problems / dementia, where mean occupancy was 82%;
- mean occupancy was 87% in frail elderly services, and above the 92% benchmark in services for older people with support needs and for disabled people;
- at the service level, 49 services (12%) had occupancy levels below 85%, ranging from 22% to 84%;
- 36 services (9%) had occupancy levels between 85% and 92%; and
- 325 services (79%) had occupancy levels above 92%.

In older peoples' services, there is an expectation that relatively high occupation levels are achievable because few residents move on unless into a higher care service such as a care home, hospital or hospice, or because they die. In services for disabled people, there does tend to be some move on, but normally this can be accommodated within the 85%+ minimum standard. The fact that 12% of all services for older people and disabled people had mean occupancy below 85% in 2013/2014 is a concern as it suggests that low occupancy may be caused by factors such as low demand, a slow rate of referrals or management practices.

7.4.9.1 **Service Throughput**

In services for older people and for disabled people where the numbers of people moving in or out is relatively small, throughput would normally be somewhere between 0% per annum (meaning no movement in or out) and possibly 50% per annum in both older and disabled peoples' services implying a length of stay of up to two years. No throughput data were available for 18 services (4%). Within the overall picture, there is once again considerable variation between services:

- 6 services had a resident throughput of below 50%, suggesting that their residents were in occupation for more than two years, and in one case for up to five years;
- 114 services had a throughput of between 50% and 99%, suggesting that residents are in occupation on average for between one and two years; and
- The remaining 293 services (71%) had a throughput measured at between 100% and 149%, suggesting that on average residents are in occupation for between six and twelve months.

This is a surprisingly high rate of resident turnover for services which in most cases are intended for medium to long stay.

7.4.10 Indicators of Service Value for Money - H&SC Trust Services in comparison with non-H&SCT Trust Services

As a final stage in the evaluation of these services, we have reviewed the income streams, costs and surplus/deficit at the per-service and per-bed space levels, comparing the performance under these headings of H&SC Trusts and other mainly voluntary organisations. In the following tables, we show this comparison for:

- Income from Supporting People Grant;
- Income from Housing Benefit;
- Income from Statutory Social Care;
- Total income from all sources;
- Total expenditure on all service elements; and
- Budget surplus and deficit.

There was no income/expenditure data presented for the sole H&SCT delivered service for the physical / sensory disability client subgroup. This sub-group has therefore been omitted from the following analysis.

7.4.10.1 Supporting People Grant

With the exception of services for the frail elderly, H&SC Trusts received a significantly larger income from SPG compared with non-Trust organisations. In total, indexed as a cost per contracted bed space per week, non-Trust services received on average a level of grant more than 5 times below that for Trusts. This was most marked in services for older people with support needs where the level of SPG income per unit per week was 8.7 times higher in H&SCT delivered services compared to non-Trust services. This is a surprising result that needs to be examined in more detail by the NIHE. On the face of it, there is no obvious reason why Trusts should receive significantly more SPG per service and per bed space than non-Trust organisations. The possibility that SPG is cross-subsidising care or other services provided by Trusts needs to be checked. It could also arise from the co-commissioning of these services by NIHE and Trusts.

7.4.10.2 Housing Benefit

Only H&SCT services delivered for older people with mental health problems / dementia received income from Housing Benefit. There is no obvious reason why this client group should receive HB and not the other groups whose support is provided by a Trust.

7.4.10.3 Statutory social care

Income from statutory social care sources is significantly higher within H&SCT delivered services compared with services delivered by non-H&SCT organisations. This is the case

notably in services for older people with support needs. Non-H&SCT services receive no statutory social care funding whatsoever, while the 4 H&SCT delivered services for this client group have the highest per week unit rate of social care funding compared to the other clients in this grouping.

These results do not appear to have any logical rationale other than the possibility that either Trust services are supporting people with much higher levels of need; or that funding is skewed in favour of Trusts. The NIHE might explore this issue further.

7.4.10.4 **Total income from all sources**

The general pattern of income is that Trust services have substantially higher income than non-Trust services in older peoples' services.

When income is indexed on a per unit basis, the pattern varies slightly. Income per unit in services for the frail elderly is similar in both Trust and non-Trust services. However, in other older peoples' services Trust income is significantly higher than in other provider organisations.

- In services for older people with mental health issues and dementia, Trust income is 50% higher than in non-Trust organisations;
- In services for older people with support needs Trust income is more than seven times higher;
- Taking older peoples' services overall, Trust income is almost seven times higher.

There are two possible explanations for this variance: either Trusts are providing services for older people with greater levels of need than in other providers; or Trust services are more expensive or delivered less efficiently. There are gaps in the available information which mean that it has not been possible to carry out the same analysis for physical and learning disability services.

7.4.11 **Total expenditure on all services**

Once again there are very significant differences in levels of expenditure between the various client populations within the older people client group between Trust and non-Trust providers.

Expenditure in H&SCT delivered services is consistently and significantly higher on an annual per-service and a weekly per-unit basis than the equivalent non-H&SCT delivered services. The largest difference is in services for older people with support needs, where the cost per service in Trusts is almost four times higher than in non-Trust services. When indexed on a per unit per week basis, this difference increases to more than seven times the cost in non-Trust services.

The possible explanations for these differences are the same as outlined in the previous section. There is a strong selling point here for the housing association and voluntary sector even if the costs shown in Trust returns are skewed in some way.

7.4.11.1 **Surplus and deficit**

There is significant variation in the levels of surplus and deficit made by both H&SC Trusts and non-Trust providers. Trusts are making higher losses than other providers on frail elderly and older people with mental health/dementia services, and larger surpluses than other organisations in older people with support needs services, than are non-Trust organisations.

Taking each of the older peoples' services separately:

Frail elderly

- Trust services are significantly in deficit while non-trust services are in surplus;
- there is a mean differential between Trusts and non-Trusts of +£49,000 in favour of non-Trust organisations at the service level; and
- +£31.61 per unit per week

Older people with mental health issues / dementia

- Both Trusts and other organisations made broadly similar deficits in 2013/2014;
- the mean differential per service is +£1,683 in favour of non-Trusts, and per service it is +£6.94 per unit per week.

Older people with support needs

- For this client sub-group Trusts are making more than three-times as much surplus per service compared with non-Trust organisations;
- The mean differential per service is -£13,453 against non-trust organisations, or -£23.85 per unit per week.

The implication of these findings is that there is a much closer fit between total income and total expenditure in non-Trust providers than in the Trusts.

8 BALANCE BETWEEN ACCOMMODATION BASED SUPPORTS AND OTHER SERVICES

8.1 Introduction

This section examines the current balance between accommodation based support and other supports and considers whether this is effective, based on feedback from stakeholders (Providers and strategic stakeholders). It then considers what factors should be taken into account when deciding an appropriate balance between service types.

8.2 Current Balance

The majority of stakeholders felt there is a need for both services, and that provision should be based on individual need:

“Whether accommodation based support is the best option depends on the individual and decisions should be client-led. There are some people who will never be able to live independently. Having a continuum of accommodation is important - there is always a need for some element of temporary accommodation.”

There were some differences in opinions based on the client group being served. For the older people client group, the consensus was that accommodation based services are the best options as these people, generally, need longer-term support:

“The vast majority of supported living is older-people-orientated; they are not getting any younger and will generally need to stay in supported accommodation until such a time when it is required they move to a situation with more intensive care e.g. nursing care, or specialist dementia services.”

“A key element of supported accommodation is the companionship and interaction – Floating Support can cause isolation for the elderly. At the same time many are not at the stage of need as requiring more intensive residential care. Accommodation based support is the perfect halfway house.”

For homeless clients, there were feelings that accommodation based services are entirely necessary, but that they should be a short-term option for the majority, with the ultimate aim of getting these people into their own home:

“If a person presents as homeless, the most obvious thing they need is a home. This is what accommodation based services provide in the short-term, but these people want to have their own home, and that is what they are entitled to. This is where floating support comes into play – supporting those, who need help, in their new home”.

“It’s important [clients] are able to move on as soon as is judged necessary, the capacity at the next level of support must be there to take this on. There is little benefit in people continuing to linger on in accommodation based support.”

There were some examples where stakeholders also felt that accommodation based supports were a short-term, but necessary, service. Specifically in case of women fleeing domestic violence:

“We do not think [accommodation based support] is the best option for long term support. But, for the majority of women it is a transient thing. There has been a build-up, a crisis, and this has been responded to. The aim is that they leave and get on with their lives after receiving the support to lay new foundations.”

A small number of stakeholders favoured floating support in the case where individuals have lower levels of need:

“In terms of the best long term option, we would hands down go for the floating support model for the vast majority of clients. Accommodation support is the appropriate long term option for a small proportion of those with the highest needs.”

“Accommodation support is an intensive level of provision – while it does allow a level of independence, there is still a high level of support required by these people. Have to beware of the risk of dependency on the support which would be directly in conflict with the need to support independence.”

“It comes back to striking the balance between support and dependence. Floating support is the best model at striking this balance for the majority of people – accommodation based support is the most appropriate option in cases of more severe need.”

When asked if they believe that accommodation based support is the best option for service users who require long term support (as compared to floating support), 18 Providers responding to the survey agreed that it was.

“Whilst for some client groups independence can be developed, there will always be some service users who benefit for having support available as required. Those who require long term support can also benefit from the sense of community in accommodation based schemes and the security of knowing the service is not likely to be withdrawn whilst they live in the scheme. Also for many in long term support, their ability to access good social housing can be limited, potentially resulting in them being offered poor housing stock in run down estates that do not help improve their independence and ability to manage on floating or peripatetic support.”

“Floating support is more applicable to service users living in their own home. The service users we have require a higher level of support and benefit from staff being there 24/7”

The communal nature of accommodation based supports and its ability to reduce isolation was highlighted as strength by several Providers:

“Accommodation support prevents social isolation and promotes integration through ongoing support and independence”.

“Relapse would be too easy an option in the early stages if living in their own house, separate from peers and the mutual support that accommodation support provides”

Just under one third (18) of Providers responding to the survey believe that accommodation based support is not the best option for service users who require long term support. Reasons given for this included:

“In relation to domestic violence, it is vital that the accommodation based services exist, however, the best long term outcome for any service user is to be able to live safely in the community free from abuse. Both services work in tandem to ensure that every service user ultimately is empowered to live without the need of support from either”

“Clients can become institutionalised in long term accommodation based support. Clients can become disempowered and reliant on the support on offer. Dependency can become detrimental to the client for future independence”

“We believe that clients with severe and enduring complex needs can be supported via a floating support type model, in their own homes where the support is provided to a step up/step down flexible model that is totally person centred”

8.3 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 accommodation based services and floating support. Local assessments of needs and the availability of appropriate supported accommodation in the area were considered to be the most important factors (with 26 agreeing that these were either quite important or very important). Local circumstances were also considered to be important in determining a balance between the different supports (24).

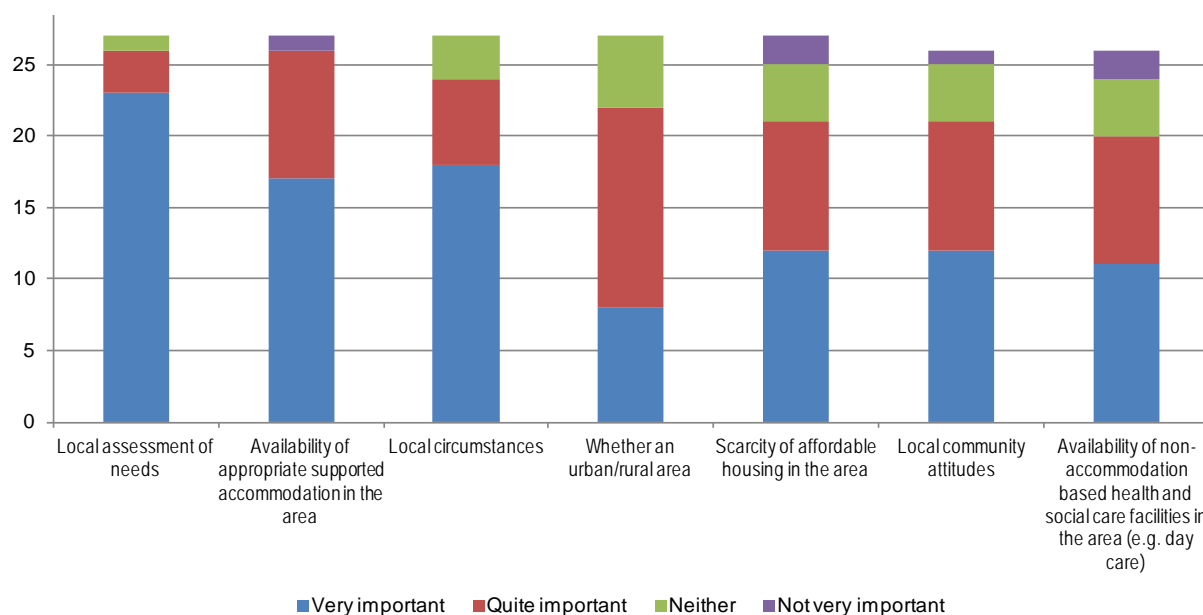
Other important factors cited by survey respondents included:

“Assessment of individual risk”

“Aspirations of service users and their families for supported living, especially in client groups such as Learning Disability where service users may wish to continue living in an area, or have some idea of the type of supported housing they wish to live in”

“Effective working protocols between accommodation based services and floating support services. Working protocols with other relevant support providers”

Figure 8:1: Important factors in determining a balance between Accommodation Based Supports, residential care and floating support (multiple response question)



Base: 26-27

The majority of stakeholders consulted with believed that the individuals' level of need is the most important factor in determining the balance between the services.

"People need to access a continuum of support – from floating support to peripatetic support to accommodation based support – and may not necessarily need more than one of these options, however, individuals can benefit by accessing these different options at different times."

8.4 Partnership working

The vast majority of Providers responding to the survey reported working in partnership with other organisations. As shown in the table below, this includes a wide range of organisations. Nearly all (27) of responding Providers work with the health services and 25 with social services. Three quarters (21 respectively) work with benefits advice services and education and training advice services.

Table 8:2: Other organisations that providers work in partnership with (either formally or informally)

	Response Total
Health services - inc. mental health and addictions	27
Social services	25
Benefits advice services	21
Education and training advice services e.g. colleges/training providers	21
Police	20
Housing advice services	19
Legal advice services e.g. CAB	17
Day care services	16
Probation services	16
Money / debt advice services	16
Careers advice services	10
Childcare services e.g. Sure Start etc.	10

Base: 28

Providers who were interviewed also reported working with the same organisations. Information sharing between organisations was highlighted as an important aspect of partnership working and many of these Providers have protocols in place to facilitate this:

"We have information sharing as a set protocol with some agencies, for example. NIHE and Social Services. However, more extensive information at time of referral would be much appreciated".

"We are trying to develop an information sharing protocol with the PSNI, mostly for purposes of enabling [Provider] to have a full picture of any background on some service users so risks can be adequately profiled".

Other Providers have more informal systems in place with partner agencies:

"Staff have good relationships with PSNI, Social Services, and NIHE, so the sharing of information has never come up as an issue. Mostly information is shared quite freely on an informal basis"

"We don't have any specific protocols on information sharing, but we do a lot of ad-hoc, one-to-one information sharing through personal relationships".

8.4.1 Brokering access to other services

All Providers responding to the survey reported that they signpost users onto other services as and when required. Similar to the organisations they work in partnership with, nearly all (27) Providers signpost service users to health service. High proportions also signpost to social services, benefits advice services, education and training advice services. (24 respectively). Other services Providers signpost to include:

- Community based health services e.g. counselling, suicide intervention;
- Ethnic minorities services;
- Specialised services e.g. trafficking, immigration, asylum, rape services;
- Day services/centres; and
- Social activities and groups

Table 8:3: Services that providers signpost to (multiple response question)

	Response Total
Health services - inc. mental health and addictions	27
Social services	24
Benefits advice services	24
Education and training advice services e.g. colleges/training providers	24
Housing advice services	23
Legal advice services e.g. CAB	21
Money/debt advice services	18
Careers advice services	17
Childcare services e.g. Sure Start etc.	9

Base: 28

8.5 Overlaps in Provision

Providers responding to the survey were asked if they think their service substitutes supports provided by other services. Ten respondents to the survey did not believe their service substitutes for any of the services listed in the table below; while a small number of Providers felt they were substituting for social services, mental health services, health and addiction services (NB: these results should be interpreted with caution as they are based on small samples). However, the analysis of SP data carried out for the research does not entirely substantiate the majority view.

For homelessness services, both income and costs for H&SC Trust-delivered services are significantly higher than in non-Trust services, and operating losses are greater. The implication is that there is a closer fit between income from all sources and costs in non-Trust providers than in the Trusts; and that non-Trust services are more cost efficient than Trust services. This in itself does not imply a substitution of services unless homeless accommodation provided by Trusts is institutional in some form or carries an element of residential care which the data do not confirm one way or another.

In services for people with a learning disability or mental health issues, however, H&SCT trusts receive significantly more SPG per service and per bed space than non-Trust organisations. There is no obvious rationale for this, and the possibility that SPG is cross-subsidising care or other services provided by Trusts from SPG needs to be checked.

H&SCT trusts receive a larger income from SPG for older peoples' and disabled peoples' services and much lower levels of statutory social care funding in comparison with non-Trust organisations. In total, indexed as a cost per contracted bed space per week, Trust services received on average a level of SPG more than 5 times above that for non-Trust organisations. This was most marked in services for older people with support needs where the level of SPG income per unit per week was 8.7 times higher in H&SCT delivered services compared to non-Trust services. On the face of it, there is no obvious reason why Trusts should receive significantly more SPG per service and per bed space than non-Trust organisations.

In contrast, the combined level of statutory social care funding for elderly and physically disabled peoples' services is only 33% of the combined funding for these services from the housing budget. There are two possible conclusions to be drawn from this:

- Either the majority of these services are primarily housing services with ancillary care and support, in which case the balance of funding between housing and care sources seems appropriate; or alternatively; or
- Some of these services are analogous to residential care, in which case the balance of funding appears not to be appropriate and service substitution is a possibility.

The possibility that SPG is cross-subsidising care or other services provided by Trusts needs to be checked.

Table 8:4: Other services Accommodation Based Services substitutes for (multiple response question)

	Response Total
Social services	5
Mental Health services	4
Health services	3
Addiction services	3
Children's services	2
Child Protection services	2
Probation services	2
None of the above	10

Base: 20

Stakeholders were asked to explain to what extent, and in which circumstances, they believe accommodation based supports substitute for other services. There was consensus that service users often have a range of support needs that cannot be met by just one provider, and so there will inevitably be overlap:

"There will be some areas of overlap - otherwise there would be gaps, which would be counterproductive. The overlap is kept marginal and is more in the sense of providing a 'bridge' between the users accessing our support and their moving on to accessing other avenues of support."

"We are supporting women who are going through processes with many other agencies"

A small number of Providers felt that they were not duplicating any other organisation's work as their service is so specialised:

"Our service is very specialised. No one else is providing it, so we are not duplicating anyone's work".

"As [Provider's] service is so specialised, it's not the sort of thing that would overlap with anything local groups could provide"

It is important to note that consumer choice and preference should also be a consideration, in addition to the reasons given above.

8.6 Summary

There is consensus among stakeholders that a continuum of support is required and that service users should have access to level of support they require. In determining an appropriate balance between accommodation based services and floating support, the

majority of stakeholders cited individual need is the most important factor. Other important factors included:

- Assessment of risk;
- Local circumstance and availability of appropriate supported accommodation in the area; and
- Aspirations of service users and their families.

Stakeholders highlighted various circumstances where accommodation based support is the preferred option:

- In the case of older people who, generally, need low-level but longer-term support;
- In the case of people with high-level support needs due to physical or mental disability, but can still live independently with the appropriate support; and
- Where accommodation based supports act as a short-term crisis response, generally in the case of homelessness and fleeing domestic violence.

A total of 19 Providers responding to the survey believe that accommodation based support is not the best option for service users who require long term support. Providers highlighted a number of reasons for choosing floating support over accommodation based support, including:

- Where people have lower levels of need and can be supported in their own home;
- Where floating support is a more cost-effective option; and
- Where there is a risk of creating dependency on the higher level of support provided through accommodation based services, thereby contravening the aim of creating independence.

Providers reported working in partnership with a range of other agencies and services. This was most commonly with various health services, social services, benefits advice services and education and training advice services. Providers also reported signposting their service users onto these services, depending on the individuals' needs and requirements.

Views on whether accommodation based services were substituting other services were mixed. Some stakeholders reported that there are areas of overlap, simply because they are working with individuals with a range of needs that cannot be met by one Provider alone. Other Providers felt that their service was too specialised and niche to be duplicated elsewhere.

9 CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

This report presents the findings of research undertaken to evaluate the effectiveness of Accommodation-Based Support funded by the Supporting People programme, and is based upon the Terms of Reference:

- To ascertain the extent to which accommodation-based services achieve the objective of developing service users' capacity to live independently in their own homes / temporary accommodation;
- To determine the quality of life and other associated benefits of accommodation-based services to service users and their families;
- The extent of any directly quantifiable financial savings which accrue to public services, particularly health and social care, from the delivery of accommodation-based services funded by Supporting People;
- To determine the effectiveness and efficiency of Supporting People funded accommodation-based services in Northern Ireland compared to similar services in other parts of the UK or the Republic of Ireland;
- To determine in which circumstances or contexts accommodation-based services either add or do not add value in comparison with floating support services; and
- To establish if Supporting People accommodation-based services are substituting for social care services and if so, to what extent and in what circumstances.

The research was also required to take into consideration any differences in outcomes or the efficiency or effectiveness of services between different Supporting People client groups.

This concluding section draws together the main findings of the research, addresses the objectives individually and provides a number of key recommendations for the future delivery of the Accommodation Based Services funded by Supporting People.

9.2 Developing Service Users' Capacity to Live Independently

To ascertain the extent to which accommodation based services achieve the objective of developing service users' capacity to live independently in their own homes / temporary accommodation.

There was consensus among all stakeholders that accommodation based services enable people to live independently – whether in a scheme itself, or in mainstream housing after moving on from an accommodation based services:

"The Programme's value is based around creating independence through support – and not dependence."

The overwhelming majority (26) of Providers responding to the survey agreed or strongly agreed that accommodation based supports enable users to live independently.

Stakeholders were also asked what they understood to be the meaning of the term 'independent living'. Common themes among the definitions proffered were freedom, choice, stability and social inclusion.

These themes were also reflected in the feedback from service users, who reported feeling better equipped to live independently than they had previously, and valued the choice and options they were given in where to live:

"This has been like a learning curve. I get a lot of support, but I've also learned a lot for myself. I have a completely different perspective on responsibility and how to manage myself now". (Male, 21 years old)

"It's improved my independence and ability to budget, shop, pay rent and generally live my own life like an adult" (Male, 25 years old)

"No one had ever asked me if I wanted to live there, I was just put there [in a former institution]. Now I have my own home and I can come and go when I like, just like other people." (Male, aged 48)

9.3 Benefits to service users and their families

To determine the quality of life and other associated benefits of accommodation based services to service users and their families.

Stakeholders and Service Users consulted with through the research identified a range of benefits and impacts of accommodation based supports. These included:

- Provision of a person-centred service that promotes choice and independence;
- Provision of a non-institutionalised approach that enables people to live in ordinary housing;
- Improvements in service user's health (physiological and psychological) and overall quality of life;
- Increasing social inclusion and companionship – both within scheme and with family, friends and wider community;
- The prevention of hospital admissions/readmissions;
- A greater sense of security for service users, not only within their home, but should they fall ill or require support this is readily available and can be accessed;
- Improved access to other support services, tailored to the individuals' needs;

- Improvement in life skills and preparing people to transition into mainstream accommodation; and
- Impact on wider family members through knowing the individual is living in a secure environment and the removal of caring responsibilities.

Providers responding to the survey were also in agreement that the services impact on each of the areas listed in the table below. Most (more than half) agreed or strongly agreed that the services impact on each of the areas, with all (27) agreeing or strongly agreeing that they impact on:

- Increasing social inclusion;
- Improving user's quality of life; and
- Improving user's health.

Table 9:1: Impacts of Accommodation Based Services

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Increasing social inclusion	27	19	8	0	0	0
Improving user's quality of life	27	19	8	0	0	0
Enabling user to live independently	27	19	7	1	0	0
Enabling people to live in ordinary housing	26	16	10	0	0	0
Prevention of hospital (re)admissions	27	17	8	1	0	1
Improving user's health	25	15	10	0	0	0
Reconnecting with family / friends / community	27	14	11	1	0	1
Prevention of tenancy breakdown	27	13	11	1	1	1
Facilitating discharge of people from hospital and other facilities	27	10	14	0	0	3
Accessing / obtaining tenancy	27	12	11	3	0	1
Facilitating access to training / employment	27	6	16	1	1	3
Addressing child protection issues	26	9	12	3	0	2
Resettlement from hostel / short stay accommodation to obtain tenancy	27	9	11	3	0	4
Reduction of substance abuse	26	7	12	4	0	3
Reducing rent arrears	27	7	11	2	0	7

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Addressing of anti-social behaviour	27	4	13	3	0	7
Reducing homelessness through evictions	27	6	8	6	0	7

Base: 25-27

9.4 Value for money

The extent of any directly quantifiable financial savings which accrue to public services, particularly health and social care, from the delivery of accommodation based services funded by Supporting People.

Our review of the Supporting People data highlighted the following for each of the client groups.

9.4.1 Homelessness

Supporting People contracts for homeless services are termed 'Block Gross'. This means that the Supporting People payment is made irrespective of whether all the contracted bed-spaces are occupied or not.

The data reported on service occupancy is therefore important as it means that a significant number of services are being paid for accommodation that is not in use throughout the year.

The total annual Supporting People Grant payment per service in 2014 was £21,944,672 at a mean weekly unit rate per bed space of £227.62. More than half (56%) of this funding is committed to services that accommodate and support homeless families and single people. The level of weekly income per unit is highest for services for women escaping domestic violence – more than double the mean rate for all services at £1,006 per week; and homeless young people – 1,061 per week.

When income and expenditure are compared, services for women, services for homeless young people and the two services for Travellers made an overall operating surplus in 2013/2014. Services for homeless families with support needs, services for single homeless people and services for people with alcohol and drug issues made operational losses overall. The data provided for offender services were inconclusive on surplus and deficit. More work is needed by the SP team to clarify the data and to determine whether there are anomalies in the funding of offender services.

There were also operational deficits on the housing support activity account (SPG compared with the cost of housing related support) in 2013/2014 for homeless single people (1£12.63 per unit per week – a significant loss), homeless families and people with alcohol and drug issues. However, services for Women escaping domestic violence made significant surpluses (£12.30 per unit per week). There is a case for reviewing the funding

arrangements and financial viability of some services for homeless families and single homeless people which were heavily loss-making in 2013/2014.

Taking homelessness services overall, there was a cumulative operational deficit on the programme as a whole, and on the SPG/housing support activity account in 2013/2014.

Recommendation: Overall, operational losses on the homelessness programme are unsustainable. The basis for funding the programme should be reviewed if losses on this scale continue.

9.4.2 Learning Disability and Mental Health

There is an important caveat to be made in reviewing figures. Services within both categories are working with people who have different levels of disability and different needs. Differences of approach to service provision may be reflected in the different levels and sources of income and expenditure that are evident in the services.

H&SCT trusts receive significantly more SPG per service and per bed space than non-Trust organisations. Income from statutory social care sources is also significantly higher within H&SCT delivered services compared with services delivered by non-H&SCT organisations. Notably, this is true in services for older people with support needs, for which non-H&SCT services receive no statutory social care funding at all.

These results do not appear to have any logical rationale other than the possibility that either Trust services are supporting people with much higher levels of need; or that funding is skewed in favour of Trusts for some other reason (e.g. efficiency).

Recommendation: The NIHE should explore the issue of H&SCT trusts receiving significantly more SPG per service and per bed space than non-Trust organisations further to ensure that funding is being awarded on a comparable basis.

The cumulative effect of these differences is that, overall, Trusts generate more income per service and per unit for mental health and learning disability services than non-trust organisations. On the other hand, Trust costs per service and per unit are also very considerably higher than in non-Trust organisations. As a consequence, Trusts are making an operational loss on all their services for older people at both a per service and a per unit basis. Within this overall picture Trusts are making higher losses than other providers on mental health and learning disability services.

The implication is that there is a closer fit between income from all sources and costs in non-Trust providers than in the Trusts; and that non-Trust services are more cost efficient than Trust services.

Again, there is no obvious rationale to explain why H&SC Trusts receive significantly more SPG per service than non-Trust organisations.

Recommendation: The possibility that the Supporting People Grant is cross-subsidising care or other services provided by Trusts from SPG needs to be reviewed.

9.4.3 Older people and physical disability

As with the learning disability and mental health groups, services within this category are working with people who have different levels of need. Again, differences in service configuration will impact on costs. So too will the mix of client groups now being accommodated within services for older people with support needs. In an attempt to overcome this, we have provided an analysis of the physically disabled client sub-group in isolation, in addition to the analysis of the thematic client grouping overall. It is also important to note the potential skewing effect on overall averages from the 'older people with support needs' client sub-group, given the significantly larger number of services provided within this sub-group in comparison to others.

Consistent with the lower needs inherent within the older people with support needs sub-group, only 1% of the 390 services for older people with support needs that receive Supporting People funding, are being delivered by a Health and Social Care Trust. These services are delivered in sheltered housing, and referrals come from the Common Waiting List. People from client groups other than 'older people with support needs' are now being accommodated in sheltered housing because some of the accommodation is hard to let and may not meet the needs and aspirations of older people.

Similarly, only one out of the thirteen SP funded services for people with a physical or sensory disability are delivered by a Trust. However, as might be expected given their higher support needs, more than half (52%) of units provided for Older People with mental health problems/dementia are delivered through a H&SC Trust.

Supported housing for older people with support needs has a relatively low level of SPG per service and per unit compared with other older peoples' groups and with the client groups in the homeless and mental health/learning disability categories. Levels of SPG funding for the frail elderly and older people with dementia/MH issues are significantly higher, but still below the mean cost per unit in most other client groups.

The total annual value of statutory social services funding for older and disabled people is £5,962,023. For those older peoples' services that do receive some social care funding, this is lowest among the 'frail elderly' client population, at £114 per unit per week, and highest for two services for people with support needs (£413.99 per unit per week). In comparison, care funding in services for people with a physical/sensory disability averages £451 per unit per week.

Taking an overview of income from all sources, Trust services for older people have much higher levels of income per service than non-Trust organisations. This is particularly the case in services for older people with support needs (presumably the client group with the lowest needs). When income is indexed on a per unit basis, income is similar for the two

types of organisation for frail elderly, but Trust income is 50% higher per unit than in non-Trust organisations in services for older people with mental health problems/dementia and more than seven times higher (730%) in the relatively small number of services for older people with support needs.

There is no obvious explanation for these variances other than that either Trusts are working with people who have substantially greater support needs (in which case the designation as 'older people with support needs' is misleading), or their running costs are much higher than in other organisations. This may be an issue of efficiency rather than effectiveness. However, there is insufficient information to make any judgement about effectiveness. There is also insufficient information as a basis for evaluating the efficiency or effectiveness of services for people with physical and sensory disabilities.

On the question of operational surpluses or deficits, the data showed that there was a much closer fit between total income and total expenditure in non-Trust providers than in the Trusts. At the service level, Trusts tended to make either a large surplus (e.g. older people with support needs) or a substantial deficit (e.g. frail elderly and older people with mental health issues / dementia).

The combined level of statutory social care payments for both elderly and disabled client groups is only 33% of the combined funding for these services from the housing budget.

There are two possible conclusions to be drawn from this:

- either the majority of these services are primarily housing services with ancillary care and support, in which case the balance of funding between housing and care sources seems appropriate; or
- some of these services are analogous to residential care, in which case the balance of funding appears not to be appropriate.

Recommendation: The NIHE should conduct a more detailed analysis of SPG and other funding for H&SC Trusts that takes into account the nature of the regime and the way in which any social care is funded. This examination is particularly urgent for services for older people with support needs where income per unit was shown to be seven times higher than in services provided by non-Trust organisations.

9.5 Effectiveness and efficiency of accommodation based services

To determine the effectiveness and efficiency of Supporting People funded accommodation based services in Northern Ireland compared to similar services in other parts of the UK.

We encountered difficulties in drawing meaningful conclusions on service effectiveness, due to limitations in the Supporting People data collected. The following summarises our findings in relation to service effectiveness for each client group.

9.5.1 Homelessness

A significant number of homelessness services are failing to meet the benchmark standard for scheme occupancy. In some cases there are no doubt good reasons for this. But in others the data imply that housing resources are not being well employed, with possible consequences for the way the service is being run and for service effectiveness. In contrast, almost all services for which data are available experienced on average at least a 100% resident turnover during 2004. This suggests that most services are meeting the requirement to provide a temporary solution to homelessness and related problems as a basis for more permanent housing solutions.

9.5.2 Learning Disability and Mental Health

It has proved almost impossible given the data at our disposal to make meaningful comments about service effectiveness. Low occupancy in the scheme may in some circumstances be an indicator that the resources applied to the service are not being used at their optimum level. Between 15% - 30% of the learning disability and mental health services under review possibly fall into this category. However, as noted in the body of the report, there may be acceptable reasons for low occupancy in some cases.

The information on throughput tells us very little about the nature of the regime in either learning disability or mental health services apart from the fact that resident turnover is slightly higher in mental health services than in those for the learning disabled.

No information is available on service outcomes for residents, or on the Supporting People team's evaluation of individual services or their provider organisations. Without qualitative information of this kind it is not possible to draw conclusions on service effectiveness.

9.5.3 Older people and physical disability

Once again, it has proved almost impossible given the data at our disposal to make meaningful comments about service effectiveness. Low occupancy in the scheme may in some circumstances be an indicator that the resources applied to the service are not being used at their optimum level. Around 20% of the older people and physical / sensory disability services under review are not meeting the benchmark standard for scheme occupancy. However, as noted above, there may be acceptable reasons for low occupancy in some cases.

Throughput data shows that resident turnover is slightly higher in the services for older people with support needs and individuals with a physical / sensory disability than in services for frail elderly and older people with mental health problems / dementia.

Again, no information is available on service outcomes for residents or on the Housing Executive's evaluation of these services.

Providers consulted with identified a number of limitations to providing an effective accommodation based service:

- Issues with the referral process- a lack of referrals from some agencies; appropriateness of some referrals and a lack of information-sharing;
- Resource limitations in the funding of services and staff;
- Issues with rurality, namely a lack of provision in rural areas and access to services;
- Meeting levels of demand - 18 Providers responding to the survey reported that their referrals had increased over the last two years, while half (14) reported that they often have more referrals than they can deal with; and
- Suitability of current and the suitability/availability of appropriate move-on accommodation; and
- Weaknesses in partnership working with other agencies and a lack of a joined-up approach.

In line with the limitation listed above, suggested improvements to service provision from Providers included:

- Clarity on funding issues - both capital investment to maintain existing provision, and future funding to meet increasing demand;
- More effective partnership working between the different agencies, particularly in the planning of services and future provision; and
- More co-ordinated approach to the Supporting People and RQIA inspection processes to avoid duplication of effort.

In his background study for a cost benefit review of the SP programme in Northern Ireland commissioned by NICVA²², Ferres notes that most of the studies of cost effectiveness in the SP programme carried out across England, Wales and Scotland were based on variants of a methodology originally developed by Matrix Research and Consultancy Ltd in 2004, and further developed as 'the Cap Gemini model'. These studies have looked at 'avoided costs' – that is, the costs to various parts of the state of the 'unsupported or ineffectively supported individual.' They are based on comparing the actual costs of housing related support services with the costs of services it is believed that clients would have used had the housing related support services not been available. Ferres tabulates the avoided costs arising from each £1 of expenditure by the SP programme arising from the findings of 19 studies at national, regional and local level. The most recent studies at national level show avoided costs for £1 expenditure by SPG of £1.10 in Scotland (Tribal Consulting, 2008); £1.68 in Wales (Matrix Consulting, 2006); and £1.55 (Frontier Economics, 2010). This report found that Supporting People in Northern Ireland saves the public purse £125.05m per annum, compared to its 2013/14 cost of £65.6m. Expressed as a ratio, every £1 spent on the

²² Ferres G, (2014), *Cost effectiveness of housing-related support: a literature review*, SITRA.

Supporting People services saves the public purse £1.90, which compares favourably to the return on investment realised in Scotland and Wales.

9.5.4 **Absence of some performance and outcome measures**

The research was hindered by the availability of key performance measures that are needed in order to inform an evaluation of efficiency and effectiveness. The Supporting People team were able to provide information on occupancy and throughput within SP-funded accommodation for about 94% of the funded services. 6% (around 50 services) were missing. However, information on the effectiveness with which planning for resettlement occurs for homeless people (e.g. '% of planned departures'), and on the outcomes for people who have been provided with an SP-funded service, are not yet available although work on developing them was reported in the *Housing Related Support Strategy 2012 – 2015* (Section 3.4, page 10). One of the consequences of the gaps in performance information for this research is that more reliance has had to be placed in the final report on the perceptions of people interviewed than on hard statistical evidence. In places, there is an apparent contradiction between what interviewees told the research team and what the statistical data appear to show. However, in the absence of key performance statistics, the contradictions are unresolved.

In the research team's judgement these are serious gaps in the Housing Executive's approach to contract and performance management given that this type of performance measure have been available in other jurisdictions for some years.

Recommendation: There is an urgent need for the NIHE to develop appropriate measures, and insist that providers report on:

- **service performance measures = efficiency**
- **service user outcomes = effectiveness**

The Supporting people team should report on the reporting of these measures annually, and on the remedial action taken to deal with sub-standard performance. A timetable for completing this work should be agreed.

Recommendation: The Supporting People team should construct a standard list of accredited providers and accredited services with key statistical data attached that is updated quarterly. Previous quarterly updates should be archived so that they are available for programme monitoring and business management purposes.

9.6 **Added value of accommodation based services**

To determine in which circumstances or contexts accommodation based services either add or do not add value in comparison with floating support services

There was consensus among those consulted with that a continuum of support is required to meet the range of range complex needs individual have. Stakeholders agreed that the

individuals' level of need is the most important factor to take into account when deciding which service is the most appropriate. Other important factors cited were:

- Assessment of risk;
- Local circumstance and availability of appropriate supported accommodation in the area; and
- Aspirations of service users and their families.

Feedback from consultees suggests that accommodation based support is the preferred option in the following cases:

- For older people who, generally, need low-level but longer-term support;
- For people with high-level support needs due to physical or mental disability, but can still live independently with the appropriate support; and
- Where accommodation based supports act as a short-term crisis response, generally in the case of homelessness and fleeing domestic violence.

A total of 8 Providers responding to the survey believe that accommodation based support is not the best option for service users who require long term support. Providers highlighted a number of reasons for choosing floating support over accommodation based support, including:

- Where people have lower levels of need and can be supported in their own home;
- Where floating support is a more cost-effective option; and
- Where there is a risk of creating dependency on the higher level of support provided through accommodation based services, thereby contravening the aim of the Supporting People Programme to create independence.

Providers who responded to the survey were asked what they consider to be important in determining an appropriate balance between accommodation based services and floating support (their responses are detailed in the table below. The availability of appropriate supported accommodation in the area, local assessments of needs, and local circumstances²³ were considered to be the most important factors (with 26 agreeing that these were either quite important or very important).

Table 9:2: Important factors in determining a balance between Accommodation Based Services, residential care and floating support

²³ The term local circumstances is used here to mean a combination of assessed local needs taken in the context of the local housing market and the availability of appropriate accommodation-based support, floating support and residential care in the locality.

	no.	Very important	Quite important	Neither	Not very important	Not at all important
Availability of appropriate supported accommodation in the area	27	23	3	1	0	0
Local assessment of needs	27	17	9	0	1	0
Local circumstances	27	18	6	3	0	0
Whether an urban/rural area	27	8	14	5	0	0
Local community attitudes	27	12	9	4	2	0
Scarcity of affordable housing in the area	27	12	9	4	1	0
Availability of non-accommodation based health and social care facilities in the area (e.g. day care)	26	11	9	4	2	0

Base: 26-27

9.7 Substitution of Social Care Services

To establish if Supporting People accommodation-based services are substituting for social care services and if so, to what extent and in what circumstances

Views on whether accommodation based services were substituting other services were mixed. Some stakeholders reported that there are areas of overlap, as they are working with individuals with a range of needs that cannot be met by one Provider alone. However, they do not consider this to be an issue as they see it as part of a holistic approach to care:

“There will be some areas of overlap - otherwise there would be gaps, which would be counterproductive. The overlap is kept marginal and is more in the sense of providing a ‘bridge’ between the users accessing our support and their moving on to accessing other avenues of support.”

Other Providers felt that their service is specialist, niche and not provided elsewhere and so is not substituting any other service.

Providers responding to the survey were asked if they think their service substitutes any of the supports provided by the other services outlined in the table below. Ten Providers did not believe their service substitutes for any of the services. A small number of Providers felt they were substituting for social services, mental health services, health and addiction services (NB: these results should be interpreted with caution as they are based on small samples).

Table 9.3: Other services Accommodation Based Services substitutes for (multiple response question)

	Response Total
Social services	5
Mental Health services	4
Health services	3
Addiction services	3
Children's services	2
Child Protection services	2
Probation services	2
None of the above	10

Base: 20

The *Housing Related Support Strategy 2012 – 2015* recognises that there is a spectrum of potential linkages between SPG-funded services and other forms of housing support such as housing advice and housing options services, community alarms and electronic assistive technology at the low intensity level, and residential care, hospitalisation and some forms of offender accommodation at the high intensity end. The existence of these linkages would have had some implications for the research into the efficiency and effectiveness of accommodation-based SP-funded services. However, information on which an evaluation of the way in which these different forms of housing support relate to one another does not appear to be available. The research team was therefore not able to comment on the value and effectiveness of these interactions.

Recommendation: It would be helpful if the Housing Executive could map the full range of these potential interactions, then identify who does what and what the commissioning and programme management responsibilities of each element are as a basis for developing a 'joined up' inter-departmental and inter-agency approach to the provision of housing support.

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APPENDIX 2: OVERVIEW OF SUPPORTING PEOPLE IN ENGLAND, WALES, SCOTLAND & NORTHERN IRELAND

Topic	England	Wales	Scotland	Northern Ireland
Governing legislation	No statutory definition of supported housing.	No statutory definition of supported housing.	Housing (Scotland) Act 2001/ Scottish Statutory Instrument 2002/444; replaced by Housing Support Act 2010: Housing Support Regulations.	Housing Support Services (Northern Ireland) Order 2002
Aims of the Programme	To enable people to remain in a more independent living situation, avoiding institutional care such as hospitals or, at the extreme, prison or a life on the streets; to help people in such institutional care to move to a more independent and stable home in the community.	To help vulnerable people to live as independently as possible; to provide high quality, integrated, sustainable, safe and effective people-centred services that build on people's strengths and promote their well-being.	To assist people to live as independently as possible in the community.	To help vulnerable people live as independently as possible in the community. The programme is intended to provide high quality and strategically planned housing related support services which are cost effective and provide value for money.
Funding	Local Government Act 2000, Section 93, gave the Government powers to create 'single budgets', used as the basis for the SP budget between 1 April 2003 and 31 March 2008. Funding was incorporated in local authority Area Based Grants to March 2011; then completely subsumed into local authority Formula Grant from 1 April 2011. No charging.	Ring fenced allocation to individual local authorities based on a formula that takes into account social deprivation, homelessness etc statistics. No charging.	Ring-fenced 2003 to 2008; ring fence removed from 1 April 2008. SP funding merged with the Local Government Support Grant and no longer separately identified. Some housing support services have been charged since 2004; all services are now subject to a household means test on the same basis as social care.	Funding in Northern Ireland is a ring-fenced allocation to the Housing Executive from the Department of Social Development.
Current SP	Funding has fallen from £1.8	In 2013/2014, the Welsh	The national funding allocation to	The Supporting People

Topic	England	Wales	Scotland	Northern Ireland
spending	billion in 2003/2004 to a planned £1.59 billion in 2014/2015. The Audit Commission (2014) estimates that there has been a 45% cut in local authority funding for SP and related services between 2010/2011 and 2014/2015.	Government invested £136 million in the SP Programme, with SPPG-funded services supporting more than 56,000 people each year.	Supporting People fell from £422 million (£454 million in 2007/2008 prices) in 2004/2005 then to £401 million in 2007/2008. There has been no national monitoring of expenditure on housing support since 2008.	programme in 2015/2016 has an allocation of £72.8 million.
Administration	Originally administered by county and single tier authorities working with a commissioning partnership of other agencies. Since April 2011 it has been a matter for individual local authorities' discretion whether or not they identify a supporting people programme and if they do, its management and administration are also a matter for their discretion.	Local authorities are responsible for administering the SP programme within a framework of governance and requirements laid down nationally.	Local authorities are currently responsible for administering housing support on the basis of their individual policies. In the future, it seems likely that housing support will be administered alongside community care services by new 'integrated' health and local government bodies.	The Supporting People programme is administered by the Supporting People team within the Housing Executive.
Main type of service provider	Mainly voluntary organisations up to 2010; more private sector providers included since 2010.	Housing associations and voluntary organisations.	Local authorities, housing associations and voluntary organisations.	Housing associations, voluntary organisations, the Housing Executive and Health & Social Care Trusts.
Umbrella Organisations	SITRA is a membership organisation for practitioners	The Housing Support Enabling Unit (HSEU) assists and supports	Community Housing Cymru is the representative body for housing	The Committee Representing Independent Supporting People

Topic	England	Wales	Scotland	Northern Ireland
for Service Providers	working in the field of housing; The Housing and Support Alliance is a national charity and membership organisation working with people with learning disabilities, families, advocacy organisations, housing and support providers and commissioners.	independent service providers with the implementation of housing support. HSEU is a partnership of the Coalition of Care and Support Providers Scotland and the Scottish Federation of Housing Associations, funded by the Scottish Government.	associations and community mutuals in Wales, which are all not-for profit organisations. CHC is closely associated with Care and Repair Cymru and has a specialist Supporting People policy officer.	Providers (CRISPP) is a representative body for supported housing providers, chaired by the National Federation for Housing Associations and the Council for the Homeless Northern Ireland.
Main client groups	<ul style="list-style-type: none"> • Older people • Homeless (and families) • People with physical disabilities • People with learning difficulties • Ex-offenders and people at risk of offending and imprisonment • People at risk of domestic violence • People with alcohol and drug problems • Teenage parents • Young people at risk • People with HIV and AIDS • Travellers 	<ul style="list-style-type: none"> • Older people with support needs • Generic • People with learning difficulties • People who are homeless or potentially homeless • People with mental health problems • Young single homeless care leavers • People fleeing domestic violence • People with physical disabilities • People suffering from alcohol dependency • Vulnerable single parents Ex-offenders • People with chronic illness including HIV/AIDS • People suffering from drug dependency 	<ul style="list-style-type: none"> • Older people • Homeless • People with physical disabilities • People with learning disabilities • People with mental health needs • People with alcohol and drug problems • People experiencing domestic violence • People with dementia • Vulnerable due to young age • People with sensory difficulties 	<ul style="list-style-type: none"> • Older people, including those with support needs or dementia • Homeless • People with physical disabilities or sensory difficulties • People with learning disabilities • People with mental health needs • People in the criminal justice system • People accessing addiction services • Young vulnerable people and care leavers • People experiencing domestic violence • Travellers

Topic	England	Wales	Scotland	Northern Ireland
		<ul style="list-style-type: none"> • Refugees • Other 		
Evolution of policy & planned changes	<p>After 2003, the Supporting People programme was recognised as a distinctive programme with its own commissioning structures and funding, related to housing/homelessness policy, adult social care, criminal justice system and social inclusion. All central planning and guidance was removed from 1 April 2011, when SP was treated as a part of the 'localism agenda' and subject to the discretion of individual local authorities. Some authorities maintain an identifiable SP programme; some have merged it as a strand with adult social care; some have eliminated it altogether.</p>	<p>After 2003, the SP programme in Wales recognised two strands in service commissioning and funding – housing-related support that was linked to the provision and funding of community care services commissioned by local authorities; and housing-related support that was specifically linked to housing and homelessness programmes commissioned by the Welsh Government. Following the recommendations of the Aylward Review in 2010, an interim programme based on a single commissioning and funding structure was initiated on 1 April 2012, and a substantive SPPG programme was launched in April 2014.</p>	<p>Housing support services have always been seen as closely related to both homelessness and social care services. Between 2003 and 2008, housing support was commissioned and funded through the Supporting People programme. From April 2008, Supporting People ceased to exist when the funding ring-fence was withdrawn. Housing support is currently commissioned by local authorities either as a separately identifiable service or as part of social care services. In future, housing support will be rolled up into social care services.</p>	<p>Supporting People in Northern Ireland has been recognised as an important programme in its own right since 2003. Between 2003 and 2008, a high proportion of services were legacy services that pre-dated the introduction of the programme. Since 2003 a strategic approach has been taken and there has been an increase in the commissioning of new services, across a range of client groups</p>
Partnership and collaboration	<p>From 2003/2004 to 2010/2011, needs assessment and planning were carried out by Commissioning Bodies, which</p>	<p>The Welsh Government has ensured close partnership and collaboration through an inclusive approach to governance at local</p>	<p>The Scottish Government initially operated the SP programme through national and local government structures. After</p>	<p>The Housing Executive has long established partnerships to support the commissioning of new services with the health and</p>

Topic	England	Wales	Scotland	Northern Ireland
	were partnerships involving housing, health, social care, probation, providers and other agencies, within a framework of national regulation, guidance and monitoring. The national framework was dismantled from 2011/2012 onwards and partnership is now a matter for local authority discretion. Some have maintained the same or similar structures; most have simplified their structures as part of a move towards merger of the programme with adult social care.	authority, regional and national levels.	2008, national structures were abolished and a series of inter-agency collaborative bodies came into being to advise and support providers and service users. New legislation in 2014 requires inter agency collaboration at the local level across all local government services; and new 'integrated authorities that will involve health services and local government inter alia will create structures for local collaboration in care and support.	social care sector, including specific structures for development of young peoples' services, the probation Board and provider organisations. There are five Area Supporting People Partnerships which play a central role in identifying, assessing and prioritising the housing support needs of a range of vulnerable client groups at local level.
Strategic evaluation of services and monitoring outcomes	There are several components to the system for evaluating SP services and monitoring outcomes in England: a client record system; the Quality Assessment Framework (QAF); the Outcomes Framework; Not all administrative authorities still use these systems since 2010. For those that do, data is submitted to the Centre for Housing Research, St Andrews University; analysis is carried out by SITRA.	The Welsh Government has adopted a National Outcomes Framework and a process for monitoring and comparing the effectiveness and efficiency of different services, which are being monitored through the collection of data nationally from providers at local authority level, then reported upwards to the regional and national committees.	Since 2007, a National Performance Framework for all public services has been in place with an overarching purpose, strategic objectives, national outcomes and indicators. All public services were expected to work towards delivering the objectives and outcomes. A new web-based IT tool and system for measuring housing support outcomes has been in place since 2012. This aims to help	Since 2008, the Supporting People team has developed a programme for the accreditation of all provider organisations. This process is supported by a quality assurance (based on the Quality Assurance Framework - QAF) and inspection regime. Contract management is based on annual returns, quarterly service updates, contract meetings, validation visits and performance visits as and when required often

Topic	England	Wales	Scotland	Northern Ireland
	It is not mandatory for administrative authorities to adopt this system.		services record the focus of their work with individuals and at service level.	in response to a critical incident.
Promoting service user involvement	The Office of the Deputy Prime Minister published national guidance on user involvement in housing support services in 2003. The QAF/QAF2 requires providers to report on the way services users are involved in service planning and delivery.	In Wales, there is no unifying guidance on user involvement. Supporting People Guidance requires the representation of service users on Regional Collaborative Committees, and many local authorities and providers have developed their own service user involvement policies. The Welsh Government has promoted user involvement for particular client groups	In Scotland, service user involvement in housing related support is largely driven through the work of the care inspectorate which is responsible for implementing the National Care Standards across all care and support services. Registered housing associations are also expected to promote tenant involvement and this is inspected by the Scottish Housing Regulator	Client involvement and empowerment is a core requirement of the QAF monitoring process that applies uniformly to all providers / client groups in Northern Ireland. DSD has published a Tenant Participation Strategy for Northern Ireland that applies to all social landlords.
Value for money, effectiveness and savings to other budgets arising from the SP programme	Studies of VFM and effectiveness were carried out in England in 2004, 2006 and 2009. The 2006 study found a ration of £1.78 in benefit for every £1 spent. The 2009 study took a slightly different definition of 'benefit and found a ratio of £2.12 in benefit for every £1 of expenditure. SITRA (2014) identified 17 of these 'avoided costs' studies all of which found financial benefits	A 2006 study concluded that for every £1 spent in the SP programme there were savings to the public purse of £1.68. A wide range of different policy-fields were found to benefit from the SP programme, but given that the benefits could not be costed, there was concern that the SP programme might be under-funded if hard evidence for these benefits could not be found. As	There have been a number of studies commissioned by the Scottish Executive / Scottish Government since 2002 that have sought to evaluate the outcomes and VFM of the SP and housing support services. There is no systematic monitoring of outcomes and VFM. Individual local authorities and providers are expected to monitor outcomes and VFM in their own	Organisations funded through the Supporting People programme are required to submit Value for Money (VFM) information on an annual basis to ensure services are cost effective and good quality. In-house VFM analysis is also conducted prior to business cases in Supporting People for any extension to funding services or funding new services.

Topic	England	Wales	Scotland	Northern Ireland
	arising from SP. The average benefit was £2.26 for every £1 spent. SITRA (2014) identified 'social return on investment' studies which showed much larger financial benefits.	part of the post-2012 SP programme, a more robust framework for collecting data on the costs and benefits has been developed.	way. A new system of measuring housing support outcomes introduced in 2012 is expected to provide the basis for future studies.	
Regulation and inspection	Aspects of the housing, support and care system in England were subject to regulation by a number of different agencies after 2003. These include SP administrative authorities, the Housing Corporation / Homes and Communities Agency, the Audit Commission and (indirectly) the Care Quality Commission. The focus was therefore fragmented across a number of agencies. Housing support providers are not registered or subject to a system of national accreditation.	Since 2012, SP services are regulated via 'light touch' regulation by local authorities as part of their commissioning, procurement and contract compliance responsibilities.	Since 2004, all providers of housing support services have been registered with the Scottish care Commission. A programme to register all housing support staff started in 2009. Local authorities are expected to monitor the standards of performance in the services they commission and fund.	DSD is responsible for regulating and inspection housing associations, many of which provide housing support services directly or indirectly through managing agents. There is no registration process for Supporting People providers or their staff in Northern Ireland. The assessment of 'fit and proper' organisations providing services is carried out via the Supporting People accreditation and contract management processes. Depending upon type of service delivered, some providers may be registered with Regulation and Quality Improvement Authority (RQIA) who ensure they are fit and proper and have statutory

Topic	England	Wales	Scotland	Northern Ireland
				<p>powers in regards to inspection and regulation in relation to these services. Homeless services are the ones likely to not be registered through DSD or RQIA but if funded by SP will be contract managed.</p> <p>A Memorandum of Understanding in relation to SP contract management and the registration and inspection of care services with the RQIA is under development, but has not been ratified to date.</p>
Identifying and promoting 'best practice'	<p>From 2003 to 2010, CLG's Supporting People monitoring team encouraged regional and client based information sharing and discussion forums involving commissioners, providers and other stakeholders which were given a voice nationally and regionally through a web site, KWEB. Local authorities were free to participate or not participate in the forums. Since the closure of the SP Monitoring Group and KWEB in 2010, the</p>	<p>The collection and analysis of standardised information on outcomes, together with an ongoing programme of research into the results of the SPPG programme are intended to develop methods and provide evidence on effectiveness and value for money, and identify innovation and best practice in delivering support services. An initial research study reporting in 2014 outlined some themes for consideration.</p>	<p>No single agency or system exists in Scotland to identify and promote innovation and good practice. The Housing Support Enabling Unit offers support and assistance to providers of housing support in the voluntary, private and Registered Social Landlord sectors; local councils may, at their discretion, use information from commissioning and monitoring housing support services to identify and promote innovation and good practice in</p>	<p>There are jointly commissioned projects for young people's services. There are agreed standards and a Regional Good Practice Guidance that the NIHE and HSCT adhere to. Where providers have been found to provide a very high standard through the QAF, SP officers seek to promote the good practice identified and this would include inviting providers to showcase this at stakeholder events.</p>

Topic	England	Wales	Scotland	Northern Ireland
	main drivers of innovation have come from collaboration between providers, membership bodies user-led groups and campaigning organisations. Bodies such as SITRA, Housing and Support Alliance and People First England have been prominent throughout.		their area; a charity, the Institute for Research and Innovation in Social Services promotes evidence based practice, innovation and improvement and dissemination.	



APPENDIX 3: ONLINE SURVEY OF PROVIDERS – QUESTIONNAIRE

Evaluation of Accommodation Based Support: Service Provider Online 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
	Accommodation based service <input type="checkbox"/>
	Floating support service <input type="checkbox"/>
	Peripatetic service <input type="checkbox"/>
	Residential Care <input type="checkbox"/>
	Other <input checked="" type="checkbox"/>
	If 'Other', please state what service(s):

Q3.	Which of the following client groups does your accommodation based support service work with? Please tick all that apply			
	Learning Disability	<input type="checkbox"/>	Ethnic Minorities	<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	Criminal Justice	<input type="checkbox"/>
	Older People	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
	Young Vulnerable People	<input type="checkbox"/>	Addictions	<input type="checkbox"/>
	Domestic Violence	<input type="checkbox"/>	Refugees/Asylum Seekers	<input type="checkbox"/>
	Homelessness	<input type="checkbox"/>	Generic	<input type="checkbox"/>

Q4.	In which Council area(s) is your accommodation based support service?

Q5.	Is the area you cover predominantly...?
	Urban <input type="checkbox"/>

Q5.	Is the area you cover predominantly...?
	Rural <input type="checkbox"/>
	Both Urban and Rural <input type="checkbox"/>

Q6.	How many members of staff work on the accommodation based support service within your organisation?	
	Front line staff	<input type="checkbox"/>
	Service Management staff	<input type="checkbox"/>
	property and asset management staff	<input type="checkbox"/>
	finance	<input type="checkbox"/>
	other back office staff	<input type="checkbox"/>
	Other staff	<input type="checkbox"/>

Q7.	Over the last two years, has the number of people being referred to your accommodation based support service...? Tick one only	
	Increased	<input type="checkbox"/>
	Decreased	<input type="checkbox"/>
	Stayed the same	<input type="checkbox"/>

Section 3: Service Delivery

Q8.	Who refers service users to your accommodation based support service? Tick all that apply	
	Social services	<input type="checkbox"/>
	Health services	<input type="checkbox"/>
	Probation services	<input type="checkbox"/>
	NIHE	<input type="checkbox"/>
	Children's services	<input type="checkbox"/>
	Self-referral	<input type="checkbox"/>
	Other service(s), please specify	

Q9.	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Straight forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clear and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time consuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Too much paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Too little paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of communication between relevant parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Good communication between relevant parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Necessary to enable smooth transition into the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hinders the referral into the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please specify					

Q10.	Do you often have more referrals than you can deal with?
	Yes <input type="checkbox"/> Go to Q11
	No <input type="checkbox"/> Go to Q12

Q11.	How do you deal with this and prioritise clients (e.g. refer elsewhere / operate waiting list etc.)? Please describe

Q12.	Do you have any suggested improvements that could be made to the current referral process? Please specify

Q13.	When a service user first enters your accommodation based support service, please briefly describe...	
	What measures are taken into account when assessing a service user's level of need?	
	How is any risk assessment carried out?	
	What process is followed in developing a support plan?	

Q14.	Do you currently have a waiting list for your accommodation based support service?
	Yes <input type="checkbox"/> Go to Q15
	No <input type="checkbox"/> Go to Q16

Q15.	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)	

Q16.	How much of an impact do you feel your accommodation based support service has on the following?					
	<i>Please consider the following statements and select one on each row</i>					
		Large impact	Some impact	Little impact	No impact	Not relevant to our service
	Reducing rent arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prevention of tenancy breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prevention of hospital (re)admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facilitating discharge of people from hospital and other facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Resettlement from hostel / short stay accommodation to obtain tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accessing/obtaining tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of re-offending rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Addressing anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reducing homelessness through evictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Increasing social inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Addressing child protection issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enabling user to live independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enabling people to live in ordinary housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Improving user's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Improving user's quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facilitating access to training /employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reconnecting with family/friends/community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Reduction of substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other impact(s), please specify					

Q17.	The following are some of the suggested benefits of an accommodation based support service. To what extent do you agree that these are important attributes of an effective accommodation based support service? Please consider the following statements and select one on each row					
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
	Tenure neutral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Separation of support from housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-institutionalised approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Holistic approach to providing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providing a person-centred approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providing Brokerage and Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enabling people to live in ordinary housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other benefit (s), please specify					

Q18.	What to you consider to be the key benefits of an accommodation based support Service? Please list as many as required

Q19.	What are the key obstacles facing the effective provision of an accommodation based support Service? Please list as many as required

Q20.	Is accommodation based support the best option for service users who require long term support i.e. compared to floating support or residential care?
	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Q21.	Please explain your answer?

Q22.	In determining an appropriate balance between accommodation-based services, residential care and floating support, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local assessment of needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Whether an urban/rural area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Scarcity of affordable housing in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Availability of appropriate accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Availability of non-accommodation based health and social care facilities in the area (e.g. day care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local community attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other important factor(s), please specify					

Section 4: Other support services

Q23.	What other services would your accommodation based support users typically access? Tick all that apply
	Social services <input type="checkbox"/>
	Health services <input type="checkbox"/>
	Mental health services <input type="checkbox"/>
	Addiction services <input type="checkbox"/>
	Children's services <input type="checkbox"/>
	Child protection services <input type="checkbox"/>
	Probation services <input type="checkbox"/>
	Other service(s), please specify

Q24.	Do you signpost users to other services if required?
	Yes <input type="checkbox"/> Go to Q25
	No <input type="checkbox"/> Go to Q26

Q25.	What other services would you typically signpost users to? Tick all that apply
	Social services <input type="checkbox"/>
	Health services - inc. mental health and addictions <input type="checkbox"/>
	Housing advice services <input type="checkbox"/>

Q25.	What other services would you typically signpost users to? Tick all that apply
	Benefits advice services <input type="checkbox"/>
	Careers advice services <input type="checkbox"/>
	Childcare services e.g. Sure Start etc. <input type="checkbox"/>
	Money/debt advice services <input type="checkbox"/>
	Education and training advice services e.g. colleges/training providers <input type="checkbox"/>
	Legal advice services e.g. CAB <input type="checkbox"/>
	Other service(s), please specify

Q26.	Do you think your accommodation based support substitutes for support(s) that should be provided through the any of the following providers? Tick all that apply
	Social services <input type="checkbox"/>
	Health services <input type="checkbox"/>
	Mental health services <input type="checkbox"/>
	Addiction services <input type="checkbox"/>
	Children's services <input type="checkbox"/>
	Child protection services <input type="checkbox"/>
	Probation services <input type="checkbox"/>
	Other service(s), please specify

Q27.	If yes to Q26, please explain to what extent and in which circumstances?

Q28.	Do you work in partnership (either formally or informally) with any of the following service providers? Tick all that apply
	Social services <input type="checkbox"/>
	Health services - inc. mental health and addictions <input type="checkbox"/>
	Health Services – GPs and Practice Nurses <input type="checkbox"/>
	Day care services <input type="checkbox"/>
	Probation services <input type="checkbox"/>
	Police <input type="checkbox"/>
	Housing advice services <input type="checkbox"/>
	Benefits advice services <input type="checkbox"/>
	Careers advice services <input type="checkbox"/>
	Childcare services e.g. Sure Start etc. <input type="checkbox"/>
	Money/debt advice services <input type="checkbox"/>

Q28.	Do you work in partnership (either formally or informally) with any of the following service providers? <i>Tick all that apply</i>
	Education and training advice services e.g. colleges/training providers <input type="checkbox"/>
	Legal advice services e.g. CAB <input type="checkbox"/>
	Other service(s), please specify

Section 5: Monitoring Outcomes

Q29.	How do you monitor outcomes for your individual service users?

Q30.	Who do you report the outcomes to: <i>Tick all that apply</i>
	Your Board <input type="checkbox"/>
	Supporting People <input type="checkbox"/>
	H&SC Trust <input type="checkbox"/>
	DSD <input type="checkbox"/>
	Other, please specify

Q31.	Is there any independent evaluation of your services and the outcomes you achieve for service users?
	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	If yes, by whom?

Section 6: Making Improvements

Q32.	Is there anything that could be changed to improve the effective provision of accommodation based support services funded by Supporting People in the future?

Q33.	Please write in any other comments you would like to add on any aspect of accommodation based support not covered in the previous questions

APPENDIX 4: ONLINE SURVEY OF PROVIDERS – RESULTS

Table A4:1.: Service(s) provided by the organisation (multiple response question)

	Response Total
Accommodation based service	27
Floating support service	19
Peripatetic service	6
Residential care	5
Other	8

Base: 29

Table A4:2.: Client group(s) Accommodation Based Services provided to (multiple response question)

	Response Total
Learning Disability	17
Ethnic Minorities	6
Mental Health	13
Criminal Justice	5
Older People	11
Physical Disability	8
Young Vulnerable People	10
Addictions	9
Domestic Violence	6
Refugees / Asylum Seekers	3
Homelessness	11
Generic	2

Base: 29

Table A4:3.: Predominant area covered by service

	Response Total
Urban	10
Rural	1
Mixture of urban/rural	18

Base: 29

Table A4:4.: Average no. of staff working on the ABS

	no.	Range	Average No.
Front Line staff	25	3 - 250	67
Service Management staff	25	1 - 30	8
Property and Asset Management staff	15	0 -38	4
Finance	19	0.5 - 13	2.5
Other Back Office staff	20	1 - 21	5
Other staff	16	1 - 62	11.5

Table A4:5.: How the number of client referrals to the ABS have changed over the last two years

	Response Total
Increased	18
Decreased	1
Stayed the same	8

Base: 27

Table A4:6.: Referral pathways to ABS (multiple response question)

	Response Total
Social services	26
Health services	19
Probation services	11
NIHE	16
Children's services	10
Self-referral	12

Base: 29

Table A4:7.: Views on the current referral process

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Efficient	27	5	17	5	0	0
Straight forward	27	5	18	4	0	0

Clear and easy to follow	26	5	19	2	0	0
Adequate	26	2	18	3	2	1
Confusing	26	0	3	18	5	0
Complicated	26	0	3	18	4	1
Time consuming	26	1	9	13	3	0
Too much paperwork	26	2	7	14	3	0
Too little paperwork	26	0	0	19	7	0
Lack of communication between relevant parties	26	0	9	13	4	0
Good communication between relevant parties	26	2	16	8	0	0
Necessary to enable smooth transition into the service	26	4	20	2	0	0
Hinders the referral into the service	27	1	4	14	7	1
Efficient	27	5	17	18% (5)	0	0

Table A4.8.: Impacts of ABS

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Reducing rent arrears	27	7	11	2	0	7
Prevention of tenancy breakdown	27	13	11	1	1	1
Prevention of hospital (re)admissions	27	17	8	1	0	1
Facilitating discharge of people from hospital and other facilities	27	10	14	0	0	3
Resettlement from hostel / short stay accommodation to obtain tenancy	27	9	11	3	0	4
Accessing / obtaining tenancy	27	12	11	3	0	1
Reduction of re-offending rates	27	5	8	5	1	8
Addressing of anti-social behaviour	27	4	13	3	0	7
Reducing homelessness through evictions	27	6	8	6	0	7
Increasing social inclusion	27	19	8	0	0	0
Addressing child protection issues	26	9	23	3	0	2

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Enabling user to live independently	27	19	7	1	0	0
Enabling people to live in ordinary housing	27	16	10	1	0	0
Improving user's health	25	15	10	0	0	0
Improving user's quality of life	27	19	8	0	0	0
Facilitating access to training / employment	27	6	16	1	1	3
Reconnecting with family / friends / community	27	14	11	1	0	1
Reduction of substance abuse	26	7	12	4	0	3

Table A4:9.: Benefits of ABS

	no.	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Tenure neutral	27	5	13	0	0	9
Separation of support from housing	27	5	12	4	3	3
Non-institutionalised approach	27	15	11	0	1	0
Holistic approach to providing support	27	18	8	1	0	0
Providing a person-centred approach	27	20	7	0	0	0
Providing Brokerage and Advocacy	27	12	13	0	0	2
Enabling people to live in ordinary housing	27	16	11	0	0	0

Table A4:10.: Important factors in determining a balance between ABS, residential care and floating support

	no.	Very important	Quite important	Neither	Not very important	Not at all important
Local circumstances	27	18	6	3	0	0
Local assessment of needs	27	23	3	1	0	0
Whether an urban/rural area	27	8	14	5	0	0
Scarcity of affordable housing in the area	27	12	9	4	2	0

	no.	Very important	Quite important	Neither	Not very important	Not at all important
Availability of appropriate supported accommodation in the area	27	17	9	0	1	0
Availability of non-accommodation based health and social care facilities in the area (e.g. day care)	26	11	9	4	2	0
Local community attitudes	26	12	9	4	1	0

Table A4:11.: Other services typically accessed by ABS users

	Response Total
Social services	24
Health services	23
Mental health services	25
Addiction services	17
Children's services	13
Child protection services	12
Probation services	14

Base: 27

Table A4:12.: Services that providers signpost to (multiple response question)

	Response Total
Social services	24
Health services - inc. mental health and addictions	27
Housing advice services	23
Benefits advice services	24
Careers advice services	17
Childcare services e.g. Sure Start etc.	9
Money/debt advice services	18
Education and training advice services e.g. colleges/training providers	24

Legal advice services e.g. CAB	21
--------------------------------	----

Base: 28

Table A4:13.: Other services ABS substitutes for (multiple response question)

	Response Total
Social services	5
Health services	3
Mental Health services	4
Addiction services	3
Children's services	2
Child Protection services	2
Probation services	2
None of the above	10

Base: 20

Table A4:14.: Other organisations that providers work in partnership with (either formally or informally)

	Response Total
Social services	25
Health services - inc. mental health and addictions	27
Health services - GPs and Practise Nurses	26
Day care services	16
Probation services	16
Police	20
Housing advice services	19
Benefits advice services	21
Careers advice services	10
Childcare services e.g. Sure Start etc.	10
Money / debt advice services	16
Education and training advice services e.g. colleges/training providers	21
Legal advice services e.g. CAB	17

Base: 28

Table A4:15.: Who outcomes are reported to (multiple response question)

	Response Total
Your Board	24
Supporting People	22
Health and Social Care Trust	22
DSD	4

Base: 28

APPENDIX 5: QUALITATIVE FEEDBACK FROM PROVIDERS

This section presents qualitative feedback from Providers on the key themes covered in the evaluation.

Comments on the current referral process:

- What tends to slow the process is if the HSCT is the sole gatekeeper of referrals and if compatibility assessment is required in shared accommodation;
- Largely successful with all agencies with occasional problems;
- Many of [our] NI Accommodation Based services are longer term and therefore there needs to be clear communication and information shared between all parties;
- The service is part of a regional review. Permanent admissions have been held whilst the review is in progress;
- Day care referrals are excellent; and
- With the current panel being on a monthly basis, this can slow down our ability to respond in a timeless manner.

Comments on the number of referrals received and how over-demand is dealt with:

- Admissions/allocation panel considers all applicants and prioritises;
- Service users are prioritised re level of risk assessment and risk management;
- Refer back to the Housing Executive, Trust or other referring body. We operate a waiting list and we contact people if a vacancy becomes available to assess if they are still in need of accommodation;
- A waiting list is operated but the allocation of vacancies is determined by allocation against greatest need as determined by our Selection Panel;
- Operate waiting list, then based on needs;
- Operate a waiting list. Also signpost to other services if appropriate;
- Refer elsewhere where possible;

- Service users are always prioritised on level of Risk identified;
- Where possible, increase support hours;
- Clear Access and Referral criteria, also as a Trust we have both directly run services and independent sector provided schemes which we contract with to refer to;
- There is little we can do as all referrals to accommodation based services are operated by NIHE and we have no control over referrals to the services;
- Prioritise referrals based on individual need as identified by the Trust; waiting list; request extensions to services; signpost inappropriate referrals to other services; and
- Operate waiting lists and reassess when property becomes available.

Suggested improvements the referral processes:

- Sometimes there are a lack of referrals coming through from the Trust;
- More front line staff to reduce waiting lists;
- More joined-up mapping of services between Health and Housing. Differing priorities which is understandable, however, this should not remove the need to work together to make more effective use of limited resources in areas of need. There are mechanisms in place however service providers are not always included in this mapping and this needs to change;
- We have permanent tenants and the service is fairly stable. The last time we had vacancies it took some considerable time for the HSC Trust to make a decision on the next appropriate tenant, however that seems to have sorted itself out via our residential service and would hopefully be the same through the supported living service;
- We use a Computerised system PSOCC - it will log-up referrals. It appears to work very well improvements are linked to appropriate and timely information from referring agents;
- Very little information is provided by NIHE during the referral process in regard to homeless placements. In the majority of cases only basic personal information on clients is received;
- We operate our own referral process and are continually reviewing it to ensure it's effective and efficient;
- 1) Referral panels with referring agent and accommodation based service providers jointly deciding on referral based on level of support needs; and 2) Permitting self-referrals to the service;
- The processes require a centralised co-ordinated approach from a multi-agency/disciplinary approach;
- The process to extend schemes is very cumbersome and takes an inordinate length of time to get agreement to;
- More efficient planning and time allowed for consideration of individual needs of clients;

- The current panel system that operates in the Trusts is a very effective way to manage referrals and to place the young people appropriately according to their needs and wishes;
- Further development of referring outside the Trusts' current processes to address voids (this has begun to happen); and
- Direct access for social worker to access support.

Comments on the impacts of accommodation based services on service users:

- Reduction of physical, sexual, psychological/mental, financial violence and abuse and the impact on children and young people;
- We find that with an older client group the breaking down of barriers of social isolation has the biggest impact on the individual in terms of providing a support service that meets their needs;
- Enabling people to live more independently through use of Smart technology;
- Safety from abuse significantly improved for women and children;
- Protection of women and children;
- Resettlement from hospital;
- Reducing level of risk from significant harm or death;
- Promotion of independent living and rights;
- Respite and crisis support;
- Saving lives, reducing level of harm & abuse to children, keeping families together;
- Promoting independence and sustainable tenancies; and
- Most of our service users are very young and the benefit of providing a transition from care to independence is very useful.

Comments on the key benefits of accommodation based services for service users:

- This is the service users' home and we ensure that it feels like their home. We strongly encourage the service users to be as independent as possible and to lead as fulfilling a life as possible. Also giving them all the relevant information for them to be able to make informed choices and to enable self-empowerment;
- Independence, choice, person centred approach, integration, inclusion;
- Feelings of worth;
- Immediate crisis support and immediate risk reduction;
- Increased personal safety and safety for children;
- It's a 24 hour service;
- Specialised support service;
- Proactive self-help;
- Advocacy & representation on multi agency level;
- Safeguarding children & vulnerable adults;
- Recovery from traumatic life events for women and children;
- Personal growth and learning;
- Independence and increase in self-help;

- In sheltered accommodation we find that the type of housing provided suits the needs of the older person together with the services available can all help sustain the person in their home for longer. Benefits include:- social inclusion in scheme and local community, increase health and general welfare with a greater sense of security not only within their home but should they fall ill or require support this is readily available and can be accessed 24/7 through Telecare service;
- Security of tenancy;
- Round the clock support;
- Person centred care and support;
- Ability to live in the community and as safely as possible;
- Preparation for transition to accommodation of choice in the community;
- Development of wrap around support enabling tenancy sustainment;
- Enabling people to live an 'ordinary' life as independently as possible;
- Firstly, the necessity for our service users to have access to emergency accommodation when they are significant risk of domestic violence. Secondly, the level of knowledge and skills relating to domestic violence that service users can access through using our accommodation service. Thirdly, the ongoing support and advocacy that ensures better outcomes for service users. Fourthly, a base to ensure safety to service user and children where a multi-agency response can be developed to the benefit of the service user;
- Improved safety and security, higher standards of accommodation, helps develop stronger trusting relationships through more frequent contact, better links can be established with external agencies coming in to provide training and employment opportunities, provides opportunities better social links and opportunities to network at resident meetings etc.
- Safe and secure accommodation to facilitate young people to mature and grow in order to be ready to move to full independence in the community;
- Enhancing quality of life via empowerment, choice and independence; improving daily living skills; living as part of the community rather than separated from normal life; rights to housing options; developing skills to achieve maximum independence; reduced reliance on more costly services such as hospitalisation, residential services; improved self-esteem, confidence; and more timely access to support;
- Support for the individual; better quality of life; improved standard of accommodation;
- Support for women and children who have experienced domestic violence, a holistic approach to helping women to take control of their lives and move on to independent living;
- Enables people with past addiction problems to develop life skills that require a group context such as communication, managing emotions, relationship building and developing routines and structure. All these are necessary in order to assist someone moving towards social inclusion;
- Harm and Risk reduction to victims and children;
- Reduction on need of emergency services;

- Increased identification of high level mental health issues;
- Keeping families together;
- Assisting vulnerable people to maintain independence;
- Sustaining crisis intervention that reduced impact on vulnerable people;
- Enabling service users to live in the community, whilst providing a supportive and caring environment. For many the alternative would have to be a hospital bed or a bed in a nursing or residential home as they would be unable to maintain a tenancy by themselves without support;
- High quality temporary accommodation;
- Holistic approach to individual needs with targeted support plans;
- Strong service community links encourages community integration;
- Positive working relationships with other support agencies to address clients individual needs e.g. women's centre;
- Support targeted to resettlement;
- Stability and support until permanent accommodation can be sourced;
- Strong links with Floating Support service provision to maintain tenancies;
- Separating housing from support;
- Being able to match up the right accommodation from a range of housing providers with the right support for the individual; Being able to work in a holistic, person centred manner; People's support levels decreasing as they acquire new skills and greater independence and people's support levels increasing as need requires. Both these options not impacting on a person's accommodation; and People being able to move and bring their support with them;
- Personalised and promoting equality and dignity;
- Peer support, non-judgemental, safety net, reduces isolation, positive risk taking, understanding of issues facing this client group, holistic approach to support, good role models of staff/ support workers;
- Support from a designated worker to address key issues from support plan;
- Daily support from skilled workers that is flexible and timely in the transition period from leaving care to managing their own tenancy, emotional and psychological support;
- Reducing feelings of loneliness and isolation through groups in housing and access to other services;
- Developing self-care and living skills coming from residential background;
- Building positive peer relationships and learning to be a good neighbour;
- Budgeting, accessing benefits, training / education/ employment;
- Keeping young people safe and managing their own front door;
- Tailor-made support for young people with various issues around homelessness. The support allows the young person to remain in their own tenancy and access support when required on specific areas. This is time specific according to the need of the young person;

- Reducing feelings of loneliness and isolation through access to other services that provide groups;
- Developing self-care and living skills; and
- Maintaining tenancies, maximise independence, improved quality of life, helps service user to remain in own community, cheaper option than residential care, empowers service users, security.

Comments on the key obstacles facing the effective provision of an accommodation based support service:

- Lack of referrals coming forward to enable us to fill any voids as quickly as possible;
- Carers/family attitude;
- Funding for both capital & front line services;
- Lack of provision in rural areas;
- Lack of transport from rural to urban services;
- In some areas, there is low demand more often due to the scheme location. For older people as the age their needs become greater so one key area is the provision of support services with the withdrawal of the home help service we need to consider how this can be provided and funded to support people to sustain their home for longer;
- No real obstacles, but the major issue for us as a provider is the Supporting People v RQIA requirements. This can often be similar but not always and one can accept one standard that the other will not. Perhaps if the two bodies could work together to develop an inspection/reporting strategy that would prevent the duplication of administration;
- Lack of appropriate move-on accommodation;
- External referral agents don't always understand what Accommodation based support is;
- Frozen budgets over a prolonged period and debt following service users which private landlords do not have the same responsibility for;
- Information sharing from other agencies;
- Enough safe and secure accommodation options available for move on; reliance on HSCT for referrals; difficulty to move people on due to tenancies (less practical in group house settings); ensuring services meet the demands of SP & RQIA which don't have a joined up approach; and availability of social housing within NI;
- Sometimes service users have complex needs that can't be addressed by ourselves;
- Complex system for securing capital and revenue for new developments;
- Staffing is key - well qualified and trained staff;
- Lack of collaboration between Accommodation Providers and Service Providers;
- Low level of available refuge accommodation to meet demand;

- Low level of funding for front line services delivery impacting on capacity to meet demand re complex needs;
- Lack of available funding to update/ modernise accommodation to meet the demands of complex needs and create an environment where safety and dignity is preserved and where their support needs does not adversely impact on the lives of others;
- Availability of both SP and Care revenue to support placement;
- Ensuring a variety of accommodation models in a locality, i.e. self-contained, communal living, hub etc. to meet the needs of individual service users and their aspirations;
- Housing benefit arrears carried forward with the client impacts on services finances;
- Inappropriate referrals;
- No hostels specifically for women with alcohol or drug addictions;
- Current infrastructure e.g. too dependent on shared accommodation - need to move to own front door model with step up/step down care and support;
- The drawn out process of decision making as part of joint commissioning really hinders effective planning around bringing services into operation. Whilst, at one level, we were advised that things were straightforward, the internal processes within Supporting People appear to hinder responsiveness and, often, statements are made about when decisions will be made which prove to be baseless;
- The requirement to separate out care from housing support tasks using the task analysis tool can be very time consuming and has to be repeated annually;
- The lack of flexibility into how Supporting People funding is provided in contracts can be problematic, as individuals within a Service change over time, and their housing support needs can go up as well as down;
- The focus on outcomes is a real plus, however, there are limitations to the effectiveness of the tools we have available to us to measure progress against outcomes. This is particularly true for individuals with more complex needs where progress over time is much slower;
- There is a lack of close partnership working with Supporting People at Service level. Staff in our Services have annual contact with Supporting People staff, however, this is not regular enough in order to further develop relationships and strengthen partnership working;
- May not be staffed appropriately to meet the very complex needs and challenges presented by the young people. The staffing levels are determined by the funding agreed by the trust and SP, the staff work with high levels of risk on a daily basis.
- Appropriate referrals considering the dynamics and risks that can be dealing with at any one time;
- Increased chronic and pervasive drug abuse and the associated aggressive and criminalized behaviour;
- Access to mental health services at point of crisis;

- Young people not diagnosed with mental health and capacity to maintain accommodation;
- Capped funding; and
- Conflicting vision between regulators and funders

Comments on the balance with floating support and whether accommodation based support is the best option for service users who require long term support:

- Floating support does not operate 24/7. Care Homes are not suitable for addicts.
- Floating support is more applicable to service users living in their own home. The service users we have require a higher level of support and benefit from staff being there 24/7;
- This is a more complex question which requires greater consideration than a yes or no answer. the determination of length of accommodation based support will need to consider individual circumstances in relation to risk, safety, and needs;
- Virtually all of our service users came from their family home and this support enabled them to move out into their own accommodation offering independence and life skills in the safety and security of a fully supported service. We have found that all of our service users have found a 'voice' and their confidence and independence has increased significantly since leaving their family and 'branching out' into supported living;
- In my experience it depends on the needs of the clients and also on the standard and tenure of accommodation that persons are being referred to. There are discussions currently taking place at a policy level in regard to using the private rented sector to refer homeless families directly to, with a floating support service dipping in and out and I have reservations about this model in terms of the clients we work with, and the standard of accommodation in the PRS, as well as security of tenure issues. For those who may require low level support and whose only issue is housing then floating support may be a reasonable option;
- Some young people need a longer stay/more support, although Floating Support is beneficial for all and essential for some - in my view;
- We receive joint funding for accommodation services from SP and HSCT and these service users will continue to need a mix of care and support to maintain the level of independence they have reached and those with enduring mental health or complex learning disabilities would struggle with a less intense FS service only;
- Staff are more readily available particularly if substance abuse is involved;
- For many women it depends on their individual safety needs, staying in their own homes with protection orders would not be an option;
- Disabled population do not get better if anything they deteriorate;
- Some need a more intensive support, moving to floating support. Relapse would be too easy an option in early stage if living on own house separate from peers and the mutual support that provides;

- Whilst for some client groups independence can be developed, there will always be some service users who benefit for having support available as required. Perhaps the accommodation based model should be looking at the ability to reduce, rather than remove, support as people develop their abilities. Those who require long term support could also benefit from the sense of community in accommodation based schemes and the security of knowing the service is not likely to be withdrawn whilst they live in the scheme. Also for many in long term support their ability to access good social housing can be limited, potentially resulting in them being offered poor housing stock in run down estates that do not help improve their independence and ability to manage on floating or peripatetic support.
- People need to access a continuum of support – from floating support to peripatetic support to accommodation based support – and may not necessarily need more than one of these options, however, individuals can benefit by accessing these different options at different times;
- This provides a more holistic and enabling service for people with disabilities,
- Accommodation based support prevents social isolation, promotes integration, ongoing support and independence;
- We should have more choice of how the support is delivered and should not have to move into accommodation to receive it. If the type of supported accommodation is not available in an area and may require the individual to move out of an area, this can be quite traumatic especially if they have lived in an area and have support from family and friends. I would suggest we have a range of both accommodation based and floating support provision to offer more choice and more effectively address issues of resources;
- It actually depends on the assessment of need and the challenges faced by the client towards independent living Floating support works for some people but not for others not the same degree of intensity;
- In relation to domestic violence, it is vital that the accommodation based services exist, however, the best long term outcome for any service user is to be able to live safely in the community free from abuse. Both services work in tandem to ensure that every service user ultimately is empowered to live without the need of support from either;
- Clients can become institutionalised in long term accommodation based support. Clients can become dis empowered and reliant on the support on offer. Dependency can become detrimental to the client for future independence; and
- [We] believe that clients with severe and enduring complex needs can be supported via a floating support type model, in their own homes where the support is provided to a step up/step down flexible model - totally person centred.

Comments on important factors to consider in determining a balance between ABS, residential care and floating support:

- Assessment of risk, safeguarding concerns re children & adults, and individual risk and needs;

- Depends on the identified need in the area and the availability of other services to meet some of the need;
- Aspirations of service users and their families for supported living, especially in client groups such as Learning Disability where service users may wish to continue living in an area, or have some idea of the type of supported housing they wish to live in;
- Effective working protocols between accommodation based services and floating support services. Working protocols with other relevant support providers;
- People need access to appropriate services irrespective of where they live. We do not consider that people need access to residential care apart from short breaks; and
- Understanding between regulators and funders needs to be better.

Comments on the extent, and circumstances, in which accommodation based supports substitute for the other services:

- Accommodation based support should not be used as a substitute for any other level of support as we all provide different types/levels of support;
- Supported living is within the community and tenants should be supported to access services as per any other citizen;
- Our support services identify the client's housing support. However, this assessment will identify the need for other service provision such as meals and support with organising care or indeed other services including cleaning, laundry shopping visits to and from GPs, Dentist, Chiropodists and access to services such as OT, referral onto to addiction services for example;
- We are supporting women who are going through processes with many other agencies;
- The availability of specialised support services in mental health and in addiction is severely low and our work would regularly entail additional support to assist our service users to manage these issues, reduce risk to themselves and others and containment of high risk situations;
- Addicts often have secondary mental health issues;
- We believe that accommodation type services are part of an overall package, which meet a specific need at a specific time. They do not substitute any other services;
- At times we feel that some individuals should be placed in a higher level support service but the options can be limited; and
- Very often the young people remain in the supported accommodation just because there is nowhere else for them to go. It is well known that mental health support is very limited for over 18's.

Comments on the methods used by Providers to monitor outcomes:

- Outcomes are monitored as part of the support planning service. We have a system of audit to ensure assessments are completed with plans developed and

outcomes set with a plan of how they will be achieved. Once achieved or if they need to be changed or adapted this is recorded so that outcomes can be clearly identified;

- We have regular meetings with each service user to determine their aspirations and to see if we meet those. There are regular reviews with Trust Care Managers, Service Users, Family, Day Service Providers and our own staff to ensure that service users are regularly assessed and issues addressed;
- Through individual support plans and reviews;
- Support planning and needs assessment tool along with extensive risk assessment and risk management - measuring distance travelled;
- Review outcomes quarterly and formally evaluate at annual review;
- We keep a range of statistics, but individual outcomes are monitored through the use of our Outcomes wheel assessment tool which allows us to identify changes from service entry to service exit;
- We have several built-in monitoring systems to gather relevant information for HSCT, RQIA, Supporting People and internal Outcomes framework. Most of our Outcomes adhere to the six High Level Outcomes outlined in the OFMDFM "Our Children, Our Pledge" document;
- The support plan captures soft outcomes which are reviewed within the formal review period. Harder outcomes are collated through monthly statistics reports;
- Monthly meetings; contact with other professionals' feedback;
- We have a procedure in place that allows us to monitor outcomes and an exit questionnaire in place;
- We use Substance Misuse Outcome Star Tool
- Wheel of Life assessment by service user and by support worker;
- Regular joint-reviews of needs assessments, risk assessments and support plans with the client and any other support provider, all quality monitored by service management and audited by the organisation and Supporting People;
- Via an award winning Outcomes Framework based on Recovery STAR - specific to the client;
- We identify agreed outcomes with the person receiving the service and their representatives as required. We review progress against these outcomes at Person Centred Review meetings and outcomes are revised in light of progress made and in terms of the person's needs and aspirations. We use the ASCOT tool to assess progress against person centred outcomes; and
- We have a bespoke online IT database that monitors hard and soft outcomes. Young people's individual needs are identified using the outcome star and track improvements through the database in the identified areas of support. Outputs are then produced by the system.

Comments on potential changes that could improve the effective provision of accommodation based support services in the future:

- A commitment could be made in regard ring-fencing funding. An evaluation of the administrative demands placed on staff should be undertaken, particularly in sheltered housing where SP financial investment is comparatively low;
- Upgraded refuges to facilitate decent standard of living for families, increase the availability of refuge for older women, women with disabilities, women with male and female children aged 12 plus;
- Better joined-up working with agencies to provide services that will assist the client maintain their home for longer and make better use of resources. However, there is no formal mechanism for this type of approach to be applied and where it does happen, it can produce an effective service that can meet the needs of not just the clients but also the agencies involved in service provision;
- Funding is possibly the major factor;
- Reporting to different bodies such as RQIA and Supporting People with different standards and agendas;
- Regular capital investment in upkeep of accommodation every 5 years ;
- Improved budgets to deliver on Service User Involvement Strategies;
- Clarification on how the commissioning and extension of services is dealt with by supporting People and DSD;
- Better links with mental health and more support when dealing with mental health issues;
- Housing management and Care and support issues to be amalgamated to facilitate a holistic a formal holistic approach to the work. This would simplify monitoring processes and save time and bureaucracy. Such time could be better used in face-to-face interaction with young people;
- SP having a less time-consuming process for service extensions;
- RQIA and SP having a single or co-ordinated approach to validation/inspections;
- Closer cooperation between all agencies and those organisations supported by the agencies;
- Modernisation of refuges to promote dignity and reduction of complex needs issues;
- Additional number of available accommodation especially in rural areas;
- Holistic needs assessment prior to referral to accommodation based services to ensure the referral is a support need, not just a housing need;
- Increased supply of move on accommodation;
- Accommodation based services should have a community element whereby ex clients can return to the service for courses, activities and workshops. Floating support services should be able to refer community clients to in house training, courses and workshops based at accommodation services;
- Provide a dedicated hostel for women with alcohol/drug addictions;
- Gathering accurate information on unmet need, in partnership with the Health and Social Care Trust, would assist us with planning services in the future;
- Establishing meaningful dialogue with people supported and their representatives around their needs is also critical;

- More streamlined approach where one body takes overall responsibility;
- Investment in the development of appropriate, well-trained staff;
- Improved referral process;
- Widen the range of young people able to access services i.e. young homeless;
- Specialised provision for young people with chronic and pervasive drug issues and chronic mental health;
- Streamline auditing processes of RQIA / QAF;
- Greater emphasis on process required with young people to enable them to achieve positive outcomes, rather than the outcomes themselves; and
- An opportunity to review the mechanisms to support the young person's transition from residential care to supported accommodation.

Additional comments on any aspect of the accommodation based supports provided through Supporting People:

- Whilst communal living is a very valuable aspect of refuge living and assists women in their journey of risk reduction and safety, the current refuge provision is dated and does not address family's needs sufficiently re privacy and mother-child relationship. Given the diverse range of women accessing refuge and their parental responsibilities, having more private and personal space within refuges can reduce interface situations arising and becoming safeguarding issues;
- RQIA and Supporting People could meet to discuss and formulate a mutual standard detailing who is responsible and for what, and to ensure that their standards are comparable. There should be no duplication of inspections;
- Supporting People have been so important to the overall care and support of the most vulnerable in society - long may it continue;
- The style of the accommodation is important, everyone should have own bedroom/bathroom;
- The accommodation we provide significantly reduces high level risk to very vulnerable people and is at the forefront in saving women and children's lives;
- Placement in supported accommodation indicates that the client has support needs. Therefore, the client support record should evidence the client's ability to maintain a tenancy. The housing allocations officer, support provider and client should have quarterly reviews to ensure tenancy sustainability prior to an offer of permanent housing. This would dramatically reduce re-referrals to accommodation based services and failed tenancies in the community;
- There is lack of equality due to the failure to provide a recovery hostel for women with alcoholism/drug addiction for women; and
- Supporting People plays a vital role in meeting people's support needs. The processes within Supporting People need to be more responsive in order to meet identified need.

APPENDIX 6: LITERATURE REVIEW OF POLICY AND PRACTICE IN GREAT BRITAIN

Introduction

This review section of the report summarises the available evidence on accommodation based services in Great Britain. This section begins by describing the range of services that are classified as accommodation based 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 these services.

Supporting People (SP) was a UK-wide programme launched in April 2003 to fund the provision of housing-related support services for vulnerable people who are homeless, at risk of homelessness, or who may find difficulty in managing and maintaining their accommodation as a result of their age, disability or ill-health. Housing-related support aims to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible in their own homes.

Supporting People brought together into a single programme and dedicated budget a number of pre-existing programmes and funding streams. The new system aimed to:

- remove duplication in the funding for particular services;
- create a single approach to the commissioning and delivery of housing-related support services across a wide range of different types of need and provider organisation; and
- remove funding anomalies in that some housing support services previously funded from Housing Benefit (HB) had been held to be ineligible by the Courts.

For those supported housing schemes that were in operation at 1 April 2000, the funding they received was incorporated with the amount they were previously receiving for ineligible services from HB into a system referred to as 'Transitional Housing Benefit ('THB')'. With further adjustments including a provider-led review of the 'real costs' of providing housing related support, plus an element for inflation, THB formed the basis for the initial payment of Supporting People Grant (SPG) to existing housing support services when the programme went live on 1 April 2003.

When the Supporting People programme was introduced, different arrangements were put in place in England, Wales, Scotland and Northern Ireland. These arrangements have continued to diverge, particularly after the devolution of powers to local administrations in Wales, Scotland and Northern Ireland took place, and following the global financial crisis in 2007/2008 which led to significant cuts in public expenditure. In 2015, there are identifiable Supporting People systems in Wales, Northern Ireland and to some extent in Scotland although there is no longer an SP system as such. In England, however, there has been no identifiable SP or housing-related support programme at a national level since 1 April 2010, and considerable variability in whether it exists or not at a local level. Commissioning for care and support services in England is left to the discretion of individual local authorities and housing support is being commissioned (or not commissioned) in many different ways.

The Supporting People Programme in England

Evolution of policy & planned changes

There is no statutory definition of 'supported housing' in England. Section 93 of the Local Government Act 2000 gave powers to the Secretary of State to pay grants to local authorities²⁴. This allowed the creation of the 'single budget' that underlay the Supporting People (SP) programme between 2003 and 2008.

As in other parts of the UK, the SP programme brought together a number of different funding streams into a single budget with the purpose of paying for housing-related support services for a wide range of client groups. By 2005, the programme was being delivered in England through an estimated 37,000 contracted services with more than 6,000 private, voluntary sector, housing association and local authority providers²⁵. More than 1.2 million people were supported through the programme²⁶ including:

- 815,000 older people with support needs;
- 39,000 single homeless people;
- 36,000 people with mental health problems;
- 10,000 women at risk of domestic violence²⁷.

The SP programme was the largest single investment by central government via local authorities in voluntary sector service providers²⁸. Administration of the programme involved every county, metropolitan and unitary council in England, with second tier local authorities, primary NHS care trusts, local probation boards and (from 2005 onwards) provider representatives being closely involved in needs assessment and planning.

Audit Commission Review 2005

A review of the English SP programme carried out by the Audit Commission in 2005 found that²⁹:

- the programme was not backed by a long-term funding framework;
- although SP funding was ring-fenced, authorities were still funded by central government according to historic grant arrangements and there were no plans to move towards a needs-based funding formula;

²⁴ Jarrett T, (2012), *The Supporting People Programme*, Research paper 12/40, House of Commons Library, pages 2 and 6

²⁵ Audit Commission (2005), *Supporting People*, page 6

²⁶ Care Services Improvement Partnership (2007), *Overview of the new (CLG) Supporting People Strategy 'Independence and Opportunity: our Strategy for Supporting People'*, page 1

²⁷ Archived SPK Web information at: <http://webarchive.nationalarchives.gov.uk/+/http://www.communities.gov.uk/housing/supportandadaptations/supportingpeople/>

²⁸ Audit Commission archived site document, (undated) at: <http://archive.audit-commission.gov.uk/auditcommission/inspection-assessment/housing-inspection/supportingpeople/pages/default.aspx.html>

²⁹ Audit Commission (2005), op. cit., page 4

- there was no clear national strategy for the future of Supporting People across government departments and there were only limited connections with the Department of Health agenda;
- this limited the scope for partnership with health, especially when working with individuals who needed integrated housing, health and social care support;
- there were local variations in the implementation of Supporting People in terms of quality, type of provision and eligibility; and
- there was no national minimum standard of provision for different types of service.

The Audit Commission recommended *inter alia* that government should:

- link SP policies, programmes and performance management frameworks across all relevant government departments;
- develop a long-term financial framework to underpin planning and investment;
- define minimum provision and outcome requirements;
- clarify the connections between national, regional and local policy development, administration and regulation;
- provide a clear framework for allocating and linking capital and revenue budgets for new schemes;
- support greater involvement by service users and their carers, and by providers, in the development of local services; and
- maintain a continual focus on improving value for money.

The Supporting People Strategy 2007

In November 2005, the Department for Communities and Local Government (CLG) consulted on the future of Supporting People. After reviewing responses, a new strategy for Supporting People was published in 2007³⁰. It had four main themes each of which had a number of subsidiary objectives including *inter alia*:

- Keeping people that need services at the heart of the programme and exploring alternative models of service provision:
- sharing best practice;
- setting out what service users could expect and what they could influence locally;
- ensuring that people receiving Supporting People services were kept properly informed;

³⁰ Communities and Local Government (2007), capturing and Independence and Opportunity: Our strategy for Supporting People

- ensuring that access to services was not unnecessarily restricted through local connections, particularly for groups of people, such as survivors of domestic violence or gypsies and travellers, who tend to be mobile.
- Enhancing partnership with the third sector;
- Increasing efficiency and reducing bureaucracy.

Audit Commission Review 2009

CLG commissioned the Audit Commission to undertake a second review³¹ of the SP programme covering the period 2005 – 2009 to coincide with the ending of the inspection programme for administrative authorities, changes in the performance reporting framework and new funding arrangements including removal of the ring fence (see following sections) that started to occur from 2008 onwards. By that time, full audit inspections of the administrative authorities running the SP programme in England had been completed.

The review found a number of successes arising from the SP programme:

- local provision of housing related support compared to identified local need had improved;
- service quality had also improved;
- tailored support was being achieved through active service user involvement and as a result there were better outcomes for service users;
- there was a significant increase in the amount of floating support to augment or replace accommodation-based services;
- grades awarded under the Supporting People QAF and comments from service users, providers and commissioners all showed that service quality had improved;
- value for money had improved. In 2003/04, the total grant was £1.814 billion; in 2008/09 the total grant was £1.686 billion but the numbers of service users supported nationally slightly increased and service quality had improved, so the report concluded that the programme was getting 'more from less'.

However, the review also found significant weaknesses:

- unmet housing related support needs were evident in most parts of the country and better co-ordinated move-on arrangements were needed;
- in a minority of authorities the programme had been poorly implemented;
- the value for money and other benefits of housing related support were not well understood by partner agencies, particularly in health and children's services;

³¹ Audit Commission (2009) Supporting People Programme 2005 - 2009

- there were still vulnerable groups whose housing related support needs were not always identified and were frequently not being met.

The report noted that Supporting People services were still not statutory and that, without the protection of a ring fenced grant, they may be at risk as public funding became 'constrained'. The review concluded³² that:

"... the existence of the ring fence and roll forward of underspent budgets provided an incentive for those involved, including providers, to identify savings and make efficiency gains." However: "... given additional pressures on demand for services and funding triggered by the economic recession, the evidence of ongoing weaknesses in some authorities and the extent of local concerns, it is inevitable that commissioners and providers will be faced with difficult decisions in the coming months. This will require ongoing monitoring to assess the impact of the recession on housing related support supply and demand. Further action may be needed if the hard won gains of the past six years are not to be lost. The challenge for local service commissioners and providers is to find ways of preserving and sustaining good practice in the light of potentially far-reaching changes to funding and governance arrangements."

The House of Commons Communities and Local Government Select Committee 2009

The House of Commons CLG Select Committee looked at the extent to which the Department had delivered on the commitments it made in the 2007 Supporting People strategy, and the implications of the removal of the ring fence protecting the SP budget. The committee found that:

*"The value of Supporting People has been demonstrated to us not only in robust financial terms, but also through the volume and strength of submissions we received during our inquiry, which show how the programme has transformed many vulnerable people's lives."*³³

However, the CLG Committee report concluded that pressure in local authority budgets arising from the global banking crisis and reductions in government expenditure posed a risk to the continuation of the SP programme. In particular, this was seen as a problem in under-performing authorities that did not understand either the need for or the benefits arising from the SP programme. The Committee argued for the continuation of collaborative commissioning structures and mechanisms such as the QAF and Outcome Framework on the basis of which the quality and cost effectiveness of services as well as the performance of administering authorities could be judged. These recommendations were not followed by the government.

Developments after 2009

Following the global banking crisis of 2008/2009 and the UK Government's decision to cut public spending, ring-fenced funding for the Supporting People programme was ended. Funding for the programme was incorporated into the local authority Area Based Grants

³² Audit Commission (2009) *op. cit.*, page 10

³³ CLG Select Committee (2009), *op. cit.*, page 77

system. CLG stated that the ring fence was removed in the interests of bringing about: “... *greater flexibility for local areas in delivering their own priorities for housing-related support and wider welfare and other services*”³⁴.

After the 2010 general election, public service agreements, including those covering social care and support, were discontinued; CLG’s SP monitoring team was disbanded; and the Localism Act 2011 shifted emphasis to local authority-led decision making about planning, public services and housing policy, with no clear policy direction or oversight from central government. In the ensuing years, Welfare Reform restricted the availability of funding for housing and the income of people with mild to moderate care and support needs. Taken together, these factors meant that many people who had previously received housing-related support services paid for by SP grant were being assessed under increasingly stringent adult social care criteria and, in some areas, were having services reduced or taken away³⁵.

The dual effect of budget cuts and the localism agenda mean that, since 2010, a variety of different approaches to the delivery (or non-delivery) of Supporting People in England have developed. SITRA found that³⁶:

“Some councils retain Supporting People (SP) teams, often combined with other functions like homelessness, the social fund or drug action teams. Housing support functions have been mainstreamed in other councils and rolled into social care departments. In one authority, for example, five teams based on client groups oversee former SP funds and other care services. A few councils have lost any SP identify whatsoever, particularly where services have been personalised. Commissioning housing support services therefore mostly sits within adult social care, with much less remaining in housing departments.”

SITRA also found that³⁷:

- funding levels for housing support and care varied widely;
- savings were being made by recommissioning services on the basis of reduced hourly rates, and through joint commissioning with social care that resulted in a smaller number of large contracts thus reducing administration costs for the administering authority;
- tendering had become a common feature of procurement, with framework agreements with providers leading into tendering for particular support services, sometimes combined with residential and/or domiciliary care;
- personal budgets had become more common, particularly for learning disabled people and those needing extra care;

³⁴ House of Commons CLG Select Committee Session 1998 – 1999 (October 2009), Volume 1, paragraph 188

³⁵ Mencap (December 2012), *Housing for People with a Learning Disability*, London: Mencap

³⁶ SITRA (2014), Commissioning directions in housing support and care – Summary, page 3

³⁷ SITRA (2014), op. cit., pages 3 - 5

- some councils had made savings by ending contracts for residentially-based support, transferring funding to floating support.

These findings were confirmed in interviews conducted as part of this research with senior managers in two of the largest housing support providers in England with experience across a large number of local authorities. In contrast to the situation in Wales and to some extent in Scotland, fragmentation in the planning, commissioning and management of housing-related support contracts by administering authorities means that there is huge variability in local practice, and no longer a coherent picture of the way SP services are commissioned, delivered and overseen, or indeed of how many SP services there now are, and how many people are supported at what cost.

Funding: 2003 to 2008

When launched in 2003, the English Supporting People budget was a £1.8 billion ring-fenced grant to local authorities intended to fund services to help vulnerable people live independently. While the initial estimate in 2000 of the size of the Supporting People funding stream that would result from pooling other budgets was between £350 million - £750 million, the final allocation to local authorities in April 2003 was £1.8 billion³⁸. The number of funded housing support places increased from 100,000 in 2000 to more than 250,000 in 2003. The Audit Commission found that earlier cost estimates had considerably underestimated the cost of the programme, while new services were developed to take advantage of additional funding³⁹. The Commission identified three reasons for this increase in expenditure⁴⁰:

- new drivers of growth, such as the teenage pregnancies and Valuing People programmes;
- an increased number of homeless and vulnerable people being supported by the programme; and
- apparently well-informed press speculation that “... councils have shunted other ineligible costs such as expensive projects for people with serious learning disabilities into Supporting People, which is intended primarily to help those who need support with housing”.⁴¹

The cost of the Supporting People programme has decreased almost every year since its launch in 2003. In 2005/06 the national grant was £1.8 billion; by 2008/09 it had fallen to £1.54 billion. Taking account of inflation over the period this represented a cut in funding of £406 million (22%)⁴². Local authorities were encouraged to make up the difference through efficiency savings.

³⁸ House of Commons Research paper 12/40 (2012), op. cit., page 8

³⁹ Audit Commission (October 2005), op. cit., page 3

⁴⁰ Audit Commission (October 2005), op. cit., page 59

⁴¹ House of Commons Research paper 12/40 (2012), op. cit., page 9

⁴² Audit Commission (2009) op. cit., page 23

The distribution of funding

The Department for Transport, Local Government and the Regions (DTLR) published a consultation paper on the development of a Supporting People Allocation Formula (SPAF) in 2001⁴³. Supported by Matrix Consulting, a programme of work produced the first SPAF model in 2003⁴⁴, with funding allocations across a range of client groups for each local authority. As estimates of the cost of the Supporting People programme increased, an independent Inquiry into the programme was commissioned which reported in January 2004. The inquiry made a number of recommendations relating to the future of the programme, but supported the basic premise that future funding of Supporting People services should be based on a single grant to local authorities, which should be influenced by levels of local need.

Work on the formula was re-started under the title Supporting People Distribution Formula (SPDF). Work on SPDF was taken forward to the end of 2004 and developed to the point that it could be used to identify 'outliers' - that is, those authorities that would be likely to see increases or reductions in funding over time under a range of possible scenarios. For these limited cases, the formula was used to adjust allocations to Administering Authorities in 2005/06 at the margins.

Further versions of the model were then developed for the 2008/2009, 2009/2010 and 2010/2011 financial years⁴⁵ based on the following principles:

- refinement of the data used to allocate funds across client groups at local authority level;
- three-year allocations of funding;
- a commitment to keep data sources and the construction of the indices of deprivation under review;
- floor and ceiling caps to limit the pace of change for local authorities who were adversely affected by changes in the formula

Removal of the funding ring fence 2008

The removal of the ring fence in April 2009 meant that local authorities were each able to choose how to allocate funding, at a time when funding to local authority budgets from

⁴³ DTLR (2001), Developing an Allocation Formula, available from <http://webarchive.nationalarchives.gov.uk/20100210162740/http://www.spkweb.org.uk/Subjects/Distribution+Formula/SPAF/>

⁴⁴ ODP (2003) Supporting People Allocation Formula Model, available from <http://webarchive.nationalarchives.gov.uk/20100210162740/http://www.spkweb.org.uk/Subjects/Distribution+Formula/SPAF/>

⁴⁵ See: <http://webarchive.nationalarchives.gov.uk/20100210162740/http://www.spkweb.org.uk/Subjects/Distribution+Formula/SPDF+Stage+3/>

central government was being reduced. The following changes occurred after the ring fence was removed⁴⁶:

- for the first year, grant continued to be identified as “Supporting People” funding in a separate line in the Area Based Grant (ABG) allocations to unitary, metropolitan and county councils, although the removal of the ring fence meant that the SP grant had the same financial flexibility as the ABG generally;
- from April 2010, the Supporting People allocation was included within the ABG as an identifiable funding stream, based on the year 3 SPDF;
- from April 2011, the Supporting People allocation was subsumed into the Formula Grant paid to local authorities and use of the SPDF was abandoned. As Formula Grant was a single grant not divided by any service in any way, there was no specific budget line for Supporting People services.

In the 2010 Spending Review the Government announced that national funding for Supporting People would decrease from £1.64 billion in 2010/11 to £1.59 billion in 2014/15. In January 2011 and March 2012, the Housing Minister published letters that sought to discourage local authorities from cutting their Supporting People programmes, but under the localism agenda there were no sanctions for those that did so.

A 2012 report by *Inside Housing* based on Freedom of Information submissions to 152 councils, found that, in the 150 councils that responded⁴⁷:

- more than 46,000 people had housing-related support services withdrawn or reduced after council budget cuts forced the termination of hundreds of support contracts;
- English local authorities withdrew SP funding from 305 services in the 2011/12 financial year, impacting on 6,790 people with services for homeless people, those with mental health issues and drug and alcohol addiction among those affected;
- a further 685 services had SP funding reduced, affecting a further 39,621 people.

This survey showed that, on average, local authorities made cuts of 10% to their SP budgets in the first year after the ring fence was removed, and some local authorities made cuts of up to 44%. In contrast, other authorities protected their SP budgets.

The Audit Commission reported in 2014⁴⁸ that there was likely to have been a 37% reduction in all government funding to local authorities between 2010/2012 and 2014/2015, and that spending on the SP programme, housing support for vulnerable people and housing advice services was likely to have fallen by 45% in the same period.

⁴⁶ House of Commons Research paper 12/40 (2012), op. cit., , page 20

⁴⁷ “Services cut for 46,000 vulnerable people”, *Inside Housing*, 23 March 2012: quoted in House of Commons Research Paper 12/40 (2012), *The Supporting People Programme*, page 25

⁴⁸ Audit Commission (2014) *The financial sustainability of local authorities*,

Impact of the cuts

At a local level, these cuts in funding are having a number of detrimental effects⁴⁹:

- there is an increased emphasis in care and support contracts on driving down the number of contracted hours and hourly rates;
- at the same time there is a noticeable trend towards the referral of people with much higher levels of need that is placing pressure on services in two ways – insufficient hours to provide the support individuals need, and a requirement to recruit more specialised staff which increases costs;
- support for social activity and community involvement outside the home is in many cases no longer funded, with a risk of isolation for service users who lack mobility or capacity;
- there is pressure on providers to develop accommodation for larger groups of residents to achieve economies of scale – a return to the kind of group living schemes that services have been moving away from in the past decade;
- these trends are having a detrimental effect on service quality and on outcomes;
- providers have been forced to close, and there is also evidence that some providers have withdrawn from contracts when they have become unsustainable;
- people with lower needs, including for example people with low to moderate learning disabilities, are no longer being picked up in referral systems for housing support services, but lower cost alternatives are not generally being developed.

Funding through the Housing Revenue Account and Housing Benefit?

In the face of these pressures, providers and local authorities are developing new funding mechanisms for housing-related support.

“We’re not only witnessing a massive switch to increased HB-eligible housing management charges where Supporting People funding is slashed or stopped, but we’re hearing more and more examples of councils that still have stock looking to fund housing support for their tenants post-SP from their Housing Revenue Accounts - as they often did before SP went live in 2003.”⁵⁰

Contributors to this LinkedIn discussion forum have drawn on experience of advising local authorities and service providers in this area in suggesting how this trend might develop in future.

⁴⁹ Interviews with Rachael Byrne, Executive Director Care and Support, Stonham HA / Home Group, and Sarah Maguire, Director of Quality, ChoiceSupport, January 2015

⁵⁰ Ferres G (2015), ‘HRA making a come-back as a source of housing support’, in *LinkedIn Supported Housing UK Group*, LinkedIn

“Over the past few years”, we have “... reintroduced Intensive Housing Management as a strategic tool to enhance levels of Housing Benefit revenue ... as the Supporting People budget has retrenched. This has worked really well. However, the DWP has recently stated that we should collectively avoid the use of the term ‘Intensive Housing Management’. They have not said why and it may be that they may have a concern about formalising a definition of Intensive Housing Management such that it constitutes an agreed list of fundable tasks. Whatever the reason, perhaps it is best if we re-describe these tasks more generally as ‘Additional Housing Management services’, which is what Intensive Housing Management is anyway. I think that the HB budget being used to fund additional needs via Additional/Intensive Housing Management charges is likely to be devolved to local authorities in due course. If and when that happens we are likely to see a cash-limited pot at local level with specific tasks and functions being deemed ‘eligible’. There is therefore an incentive for local authorities to positively consider well-founded and reasonable claims of this nature as they will contribute to each authority’s ‘legacy pot’ going forward.”⁵¹

Partnership and collaboration

The administrative framework for the SP programme laid down from 2003 onwards required local governance through a delivery structure led by multi-agency ‘Commissioning Bodies’⁵². These were partnerships of social services and housing authorities, probation boards and PCTs, operating within unitary and metropolitan authority or county council boundaries. Unitary authorities and county councils were appointed as the ‘Administering Authorities’ for the purposes of the SP programme. They were responsible for implementing the decisions made by commissioning bodies; and they were accountable to commissioning bodies for the SPG awarded to services and for ensuring that grant conditions were met⁵³. Commissioning and funding arrangements took place within a framework of national guidance, supported by CLG’s SP monitoring unit, but were the responsibility of the administering authorities working within needs assessments and commissioning plans determined by the commissioning bodies.

The award of SP grant to a provider came with conditions attached on eligibility, governance and quality. Commissioning bodies were expected to develop eligibility criteria and satisfy themselves that providers were delivering eligible services of an acceptable quality. They were also expected to review all pre-2003 services for costs, quality, and strategic relevance before issuing new contracts to providers. Where necessary, they were expected to make arrangements to withdraw funding from ineligible services or to move the funding of such services to other appropriate budgets. For some, this process took several years to complete. They were also expected to assess the need for housing-related support in their area; to develop a five year strategy for shifting funds and commissioning new or amended provision to better meet those needs; and to work in partnership with providers and service

⁵¹ Patterson M (2013), Welfare Reform, Universal Credit and Exempt Accommodation, briefing from Support Solutions at http://www.supportsolutions.co.uk/briefing/issue_12/exempt_accommodation.htmlcv

⁵² Audit Commission (2009), op. cit., page 5

⁵³ Audit Commission (2005), op. cit., page 6

users in the development of a strategy and the commissioning of services. In due course needs assessment and contract review evolved into a system of 'market management' which reprioritised the programme and rationalised the patchwork of legacy providers into a more coherent structure.

The Audit Commission concluded that this system of governance supported a cross cutting approach and helped link Supporting People provision into wider strategies for relevant vulnerable groups.

"We have found that better Commissioning Bodies are able to work with a range of partners to make difficult decisions which may have been delayed by individual agencies. Clearer eligibility rules and financial arrangements have driven change. Efficiency reductions in grant meant that change had to be made. At the same time needs based strategies, the benchmarking data collected on provider performance, the service review process and the QAF provided Commissioning Bodies with the information to make decisions".⁵⁴

This system appears to have been largely abandoned. One of the consultees for this research whose organisation works in 140 local authorities says that they have not heard references to 'commissioning bodies' since 2010⁵⁵. The other consultee said:

"There is very little if any strategic planning. Needs assessment is being done by social services care managers within the local authority and are very patchy. There are exceptions: Hampshire and Southwark give a lot of thought to planning; elsewhere that is not the case. When it was working well, it was possible to see something coming together. But as things have changed that has gone."⁵⁶

Strategic evaluation of services and outcomes monitoring

In the past there have been three main components to the system for evaluating SP services and monitoring outcomes in England:

- a client record system;
- the Quality Assessment Framework (QAF);
- the Outcomes Framework.

In many cases, local authorities have ended their participation in these systems since 2010. Some have evolved alternatives; others no longer monitor or evaluate housing related support as a distinctive service stream.

Client Record System

The client record system was introduced at the same time as the SP programme was launched on 1 April 2003. This 'common data framework' was designed for use by all

⁵⁴ Audit Commission (2009), *op. cit.*, page 10

⁵⁵ Interview with Rachael Byrne, Stonham Housing, January 2015

⁵⁶ Interview with Sarah Maguire, ChoiceSupport, January 2015

housing-related support services as a basis for recording standard information about people receiving services through the SP programme in England. The data collection, processing and preliminary statistical analysis was and is still carried out by the Client Record Office at the Centre for Housing Research (CHR), St Andrews University. The current version of the common data set was developed by SITRA in 2011 and was adopted by the CHR⁵⁷.

Data on a range of performance and outcome indicators are submitted to CHR by providers contracted by those authorities that support the service. The data cover both accommodation-based and floating support services. Returns differentiate between short term (less than two years duration) and long term (more than two years duration) services; and between the main client groups. The returns are sampled, with a different sample size for each client group, and an annual report is produced online by SITRA using the CHR data for each client cohort⁵⁸.

However, administrative authorities are now responsible locally for the collection of any data required to monitor housing support services. Authorities that do not have a contract with CHR may be making alternative arrangements⁵⁹ and many no longer use the CHR system. According to the people interviewed for the research, some authorities no longer ask for performance returns from providers.

The Quality Assessment Framework (QAF)

The Quality Assessment Framework was developed as a self-assessment tool for providers to evaluate the quality of their services when first awarded an SP contract, and for ongoing self-monitoring of their services to promote 'continual improvement'. The results of the QAF were reported to the administering authority and were used as a basis for service inspections by the authority. The QAF covered seven headings:

- needs and risk assessment;
- support planning;
- security;
- health and safety;
- protection from abuse;
- fair access,
- diversity and inclusion; and
- complaints.

⁵⁷ See: SITRA (2012), Guidance on a National Data Framework for Housing Related Support

⁵⁸ The most recent reports for 2013/2014 are available at: <http://www.Sitra.org/policy-good-practice/housing-related-support-data/>

⁵⁹ SP Client Records and Outcomes Office (2012), Guidance for Completing Supporting People Outcomes for Short Term / Long Term Services, vs 6

One interviewee stated that some local authorities no longer inspect housing support services, but that others are still carrying out inspections based on the QAF2, or their own modifications of the QAF⁶⁰. The other interviewee said that all their services are registered by the CQC⁶¹.

The Outcomes Framework

A National Framework for Outcomes was introduced in May 2007 following a two year consultation by CLG with local authorities and provider interests. This was based on five 'high level' client outcomes with fourteen priority areas within these top-level outcomes. Adoption of the outcomes framework was not mandatory for administrative authorities, but authorities were encouraged to adopt it. Where administrative authorities participated in the system, contracted providers prepared quarterly returns on clients who left short-stay services, and annual returns containing a sample of clients who were provided with long stay services. These were, and in some cases still are being submitted to and analysed at St Andrews University. Composite data are made available online to administering authorities, broken down by primary client group and service type, and benchmarked with national and regional outcomes. Participating local authorities also have access to the outcomes data at individual service and provider level. However, many authorities have now ended their participation in this system.

"Providers are left to set up their own monitoring systems otherwise there is no system for quality assessment. The best local authorities have moved away from only monitoring hours of support, and are monitoring outcomes. But there is no standard outcome framework. Some forward thinking authorities use the health outcomes around improved well being, and return on investment." ⁶²

Promotion of user involvement

National guidance on user involvement in housing support services was published by ODPM in 2003, based on work carried out by a team at the Nuffield Institute.

"The principles underlying this guidance are that involving users is an important means of both improving services, by enabling users to feed in their ideas and preferences, and of promoting users' independence". ⁶³

The advice covered:

- creating a dialogue;

⁶⁰ Interview with Rachael Byrne, Stonham Housing, January 2015. Stonham HA specialised in the provision of short-term housing support services for a wide range of clients and has very few registered care services.

⁶¹ Interview with Sarah Maguire, ChoiceSupport, January 2015. ChoiceSupport delivers 100+ tenancy-based supported living services for people with moderate to profound learning disabilities. All of their services deliver a combination of care and support and are registered.

⁶² Interview with Rachael Byrne, Stonham Housing, January 2015.

⁶³ Godfrey M et al, (May 2003), *Supporting People: A guide to user involvement for organisations providing housing related support services*, Ministerial Foreword, ODPM,

- involving individuals and groups in day to day activities, planning, policy and performance management, and in service management; and
- developing strategy and practice for effective user involvement.

In 2007, ODPM encouraged providers to adopt the principles set out in the Cabinet Office's Gold Star Programme, which aimed to realise the potential of volunteers, mentors and befrienders from socially excluded or disadvantaged groups.

No further advice has been offered nationally since 2007, but various advocacy and provider groups have promoted policy and good practice for user involvement.

Value for money, effectiveness and savings to other budgets arising from the SP programme

A literature review carried out by SITRA⁶⁴ in 2014 identified three approaches to the measurement of cost-effectiveness in the delivery of SP services⁶⁵:

- studies of 'avoided costs' that compare the actual costs of delivering SP services with the deemed cost to the government of services that it is believed clients would have used if the housing related support service had not been available, but which do not consider either benefits to service users or long-term reductions in the need for support or in social exclusion;
- studies of 'social return on investment' which place a monetary value on the benefits accruing from SP services that the avoided costs approach leave out;
- one study that looked at the direct and indirect economic impacts of SP services.

The most widely known avoided costs studies carried out in England are those carried out for CLG by Matrix Consultants in 2004⁶⁶, and in 2006⁶⁷ and 2009⁶⁸ by Cap Gemini.

The 2006 Cap Gemini study was based on an econometric model that compared the costs to the government of complete housing support packages with estimates of the costs that would arise from a series of events that might affect individuals from eighteen different client groups if those packages were not in place. The report found that: *"... the best overall estimate of net financial benefits from the Supporting People Programme is £2.77 billion per annum for the client groups considered (against an overall investment of £1.55 billion)"*. This gave a benefit ratio of £1.78 for every £1 of SP expenditure.

The report noted that every group it considered that received Supporting People funding produced a positive financial return on the investment provided by the programme. Some

⁶⁴ Ferres G (unpublished 2014), *Cost effectiveness of housing related support: a literature review*, SITRA for the Northern Ireland Council for Voluntary Action

⁶⁵ Most of the studies that were identified referred to England, or English regions or authorities.

⁶⁶ Matrix Consultants (2004), *Benefits Realisation of the Supporting People Programme*, CLG

⁶⁷ Cap Gemini (2006), *Research into the Financial Benefits of the Supporting People Programme*, CLG

⁶⁸ Cap Gemini (2009), *Research into the financial benefits of the Supporting People programme*, CLG

groups demonstrated net financial benefits that were four times the Supporting People investment, including

- people with drug problems, (a financial benefit of £96.3 million);
- older people in sheltered accommodation and other, (a financial benefit of £1,090 million, and also the largest single financial benefit) and
- older people in very sheltered housing, (a financial benefit of £138.7 million).

An update to this report commissioned by CLG in 2009 found that the net financial benefits of the Supporting People programme had increased: “... *the best overall estimate of net financial benefits from the Supporting People programme is £3.41bn per annum for the client groups considered (against an overall investment of £1.61bn)*”.⁶⁹ This gave a benefit ratio of £2.12 for every £1 of SP funding.

The SITRA review identified 17 ‘avoided costs’ studies of this kind covering local authority-level, regional or national analysis in England. The majority of these studies were carried out after 2008 when cost and value for money became of increased importance, although three are undated. They showed that, for every £1 of expenditure on SP services, a financial benefit of between £0.91p and £4.11 accrued. The mean benefit across these studies was £2.26 for every £1 spent⁷⁰.

The SITRA review also identified 13 ‘social return on investment studies’ carried out in England⁷¹. Some of these studies were carried out at local authority level; others related to provider organisations and/or individual services or service clusters. They showed that for every £1 invested in SP services, a financial benefit of between £2.28 and £19.00 was found. The mean benefit across these studies was £6.54.

Both of these methodologies are problematic in that they rely on assumptions, either about the imputed costs of services that people might have used in the absence of an SP-funded support service; or about the benefits that those in receipt of SP-funded services obtain from experiencing those services, possibly over an extended period of time. Nevertheless, the results demonstrate that, in most cases, there are financial benefits to the public purse, to service users and to the wider community from investment in SP services that would not be achieved in the absence of those services.

The Sitra research shows that a small number of local authorities have commissioned independent evaluations of value for money since 2010. There may only be limited monitoring of value for money (VFM) by local authorities as part of their contract management processes. The people interviewed for this research said:

“Stonham is part of a Registered Provider and monitors VFM against the Homes and Communities Agency requirements. VFM is the key performance requirement for the HCA.”

⁶⁹ Cap Gemini (2009), *op. cit.*, page 9

⁷⁰ Ferres G (unpublished 2014), *op. cit.*, page 6, Appendix 1

⁷¹ Ferres G (unpublished 2014), *op. cit.*, pages 7 & 8, Appendix 2

Local authorities are only monitoring contract costs and whether contract requirements are being met. For non-housing associations, therefore, there may not be any coherent monitoring of VFM unless they have in-house systems in place.”⁷²

“I am not sure that anyone is doing this. All local authorities now commission on the basis of competitive tendering. But there is some variability between authorities on the balance between ‘quality’ and ‘cost’. The increased tendency for local authorities to move towards centralised procurement influences this. Commissioning is being done by people who do not understand care and support, but ask for the same ISO or environmental standards that they would in building or transport services. It is the bottom line cost that matters not VFM.”⁷³

Regulation and inspection

Responsibility for the regulation of housing-related support services in England after 2003 was divided between:

- SP administrative authorities, which had responsibility for commissioning, contract management and contract compliance within a framework of advice and guidance promoted by CLG's Supporting People Monitoring team, and promoted through a dedicated web site - KWEB;
- the Audit Commission's Housing Inspectorate, which carried out inspections of the administration of SP by administering authorities, and of housing and support services provided by local authorities and registered social landlords;
- The Housing Corporation (now Homes and Communities Agency), which registers and regulates social landlords, some of whom were housing support providers; and
- the Commission for Social Care Inspection, later the Care Quality Commission, which regulates and inspects domiciliary and residential care services that may sometimes be delivered in the same premises or to the same people as a housing support service.

In reality, however, most housing support providers have neither been registered nor subject to any national system of accreditation. Standards of accommodation and of support services have been subject to contractual requirements and post-contract monitoring by the administrative authority. Since 2010, as local authorities develop different approaches to commissioning, support services that are commissioned by social services and delivered alongside domiciliary or residential care are not themselves registered but may be delivered by an agency that is registered under social care or health legislation. In some cases, the distinction between ‘registered’ and ‘non-registered’ service may be breaking down depending on how individual authorities treat the commissioning and tendering for care and support services. However, there is no evidence nationally of what is actually happening on the ground. The interviewees for this research suggest that in non-registered services,

⁷² Interview with Rachael Byrne, Stonham Housing, January 2015.

⁷³ Interview with Sarah Maguire, ChoiceSupport, January 2015.

accreditation is carried out by the commissioner via tendering for 'framework agreements' in advance of the tendering for specific services. As noted above, subsequent inspection through service reviews is at the discretion of the commissioning local authority.

Identifying and promoting innovation and 'best practice'

There has been no statutory guidance on the identification and promotion of innovation and best practice in England. From 2003 to 2010, CLG's Supporting People Monitoring Team encouraged information-sharing and regional and client based discussion forums involving commissioners, providers and other stakeholders which were given a voice nationally through a dedicated web site - KWEB. However, this was not a subject the CLG took an interest in at a policy level. Local authorities were free to participate or not participate in the forums, and those that were committed to service improvement did so.

Since the closure of the SP Monitoring Group and KWEB in 2010, it is significant that the main drivers of innovation have tended to come from collaboration between service users, providers, membership bodies and campaigning organisations.

The Francis, Winterbourne View, and Improving our Lives Team reports have all highlighted deficiencies in the current system, but more people have been placed in hospital in the past three years than previously, so very little has changed. Innovation and best practice are being driven from the bottom up... Generally speaking, user led organisations, families, advocates and those providers with a tradition of influencing commissioning practice drive innovation. The Reach and Driving up Quality Standards are examples of this. We have always used user involvement as a driver. This is based on Reach standards and the organisation has trained disabled clients as 'quality checkers'. Organisations like the Housing Support Alliance and Sitra have had a significant influence through their research, training and conference programmes."⁷⁴

*"Perversely, innovation has improved as a result of the changes since 2010. Before the cuts, many SP authorities were very controlling with no discussion about how services were to be delivered. With less money available, more people are trying new approaches that are more cost effective, and this is driving innovation. Foyers are an example of this. As SP has reduced, providers have gone back to the original ethos and are attracting other forms of funding."*⁷⁵

The Supporting People Programme in Wales

Evolution of policy & planned changes

The introduction of Supporting People in Wales on 1 April 2003 brought together seven previously separate budgets into two new funding streams:

- 'Supporting People Grant' (SPG) - a grant administered by Welsh local authorities for chargeable housing-related support within services linked to adult community

⁷⁴ Interview with Sarah Maguire, ChoiceSupport, January 2015.

⁷⁵ Interview with Rachael Byrne, Stonham Housing, January 2015.

care and sheltered housing. Most of these services were delivered as long term support, and generally catered for older people, people with learning disabilities and people with mental health problems.

- ‘Supporting People Revenue Grant’ (SPRG) – directly administered by the Welsh Assembly Government and paid directly to accredited support providers to cover the non-chargeable provision of short-term housing-related support for homeless and potentially homeless people, vulnerable young people and people escaping domestic abuse.

In effect, there were two parallel SP programmes: a programme closely related to and part of adult social services provision in which people receiving a care service at home received housing-related support in order to ensure that they were able to maintain their accommodation; and a separate stream that was part of the housing programme with close links to the prevention of homelessness, social housing and registered social landlords.

The Aylward Review 2010

A number of difficulties were associated with this two-track approach to commissioning and funding. In 2010, the Welsh Government commissioned a committee chaired by Sir Mansel Aylward to undertake a review of the SP programme in Wales (The Aylward Review). The Committee’s remit was to look at the distribution of funding, value for money, increasing the level of partnership working and improving consistency in administration of the programme. In total 25 recommendations were made to improve the programme⁷⁶. These included:

- simplification of the funding system into a single ‘Supporting People Programme Grant’ (SPPG) to overcome the effects of what the report termed ‘an historical legacy’ (implemented);
- the allocation of SPPG to providers was to be undertaken by local authorities, with funding allocated to each of them by the Welsh Government, ring-fenced to maintain separation from the local government Revenue Support Grant, and used solely to support services that assist vulnerable people to retain their accommodation (implemented);
- the formula for distributing SPPG to local authorities was to be changed - initially in favour of one that reflected measures of deprivation rather than historic patterns of expenditure, and in due course through the implementation of a multi-variate formula (implemented) that would include:
 - the Welsh Index of Multiple Deprivation;
 - the Welsh Fragmentation Index;

⁷⁶ Aylward M et al (2010), The Supporting People Programme in Wales: Final Report, Section 11, page 74 et passim

- the number of people in receipt of at least the middle component of Disability Living Allowance;
- the age structure of the population including the percentage of older people living alone; and
- local measures of homelessness.
- stronger governance arrangements were needed because the existing arrangements lacked transparency and at times confused commissioning with procurement (implemented);
- the eligibility of older people for SPPG was to be based on criteria of need rather than of tenure (i.e. SPPG would not be paid just because someone was living in sheltered housing - implemented);
- there was a recommendation that the SPPG programme was to be brought into the housing association regulatory framework (not implemented – see below);
- there was to be a national system for the accreditation of providers by local authorities, giving consistency of approach (implemented);
- national guidance was to be given to those in local government charged with the commissioning and contract management of housing support services to ensure consistency (implemented);
- work on the development of measurable outcomes that was already under way was given a higher priority and would form the basis for a national system of outcome measurement with a national system of data collection to support it (implemented);
- there was to be a greater role for public health in commissioning SP services (implemented).

Implementation of the Aylward Review 2012 - 2014

Three work-streams – Finance, Governance and Quality – were convened to implement the Review recommendations, reporting to a new National Advisory Board (see below). 2012/2013 was treated as a transitional year in which the programme moved towards new systems and structures. In 2013, the Welsh Government published new arrangements for the programme in ‘*Supporting People Programme Grant Guidance (Wales)*’ which came into effect on 1 April 2014. National support service outcomes were agreed and a new governance structure was put in place.

“The new delivery structure for the Supporting People Programme in Wales focuses on local, regional and national working to achieve:

- *“Improvement to services and outcomes to the end user.*
- *“Probity, accountability, transparency and scrutiny.*

- *“Implementation based upon the principles of equality, collaboration and co-production.*
- *“Provision of strategic oversight and direction in line with national, regional and local strategy and Supporting People commissioning plans.*
- *“A system underpinned by a robust and enforceable regime of governance.”⁷⁷*

In March 2014, Miller Research in association with Shelter Cymru were commissioned by the Welsh Government to carry out an independent review of the Supporting People programme following the structural changes that took place in 2012⁷⁸. The review concluded that:

- while the current structures for the programme should be retained pending a current review of the system of local government in Wales, the strategic vision for the programme needed to be clarified and better communicated;
- links between the SP programme and other policy areas, particularly health, community care and communities, needed to be strengthened;
- the role of the regional collaborative committees (RCCs – see below) needed to be clarified and strengthened, and a capacity-building exercise for the committees was recommended;
- service user engagement also needed to be improved, with more meaningful engagement by people from all the main client groups

Funding

In 2013/2014, the Welsh Government invested £136.6 million in the SP Programme, with SPPG-funded services supporting more than 56,000 people each year⁷⁹. Of these, c.44,000 were older people. Earlier information is not available.

Partnership and collaboration

Since 2012, partnership and collaboration in planning, commissioning and service evaluation have been assured through new governance arrangements⁸⁰. These are based on four tiers of planning and programme management.

- The SPPG programme is overseen nationally by the Department for Housing and Regeneration on behalf of the Welsh Government;

⁷⁷ Housing Policy Directorate (July 2014), *Supporting People Programme Grant Guidance – Wales*, Welsh Government, page 1

⁷⁸ Miller Research Ltd (2014), *Independent Review of the Supporting People Programme Transition Year: Final Report*, Government Social Research paper 86/2014, Welsh Government

⁷⁹ Housing Policy Directorate (July 2014), *op. cit.*, Welsh Government, page 7

⁸⁰ Details of the current governance arrangements are set out in *Supporting People Programme Grant Guidance – Wales* (Welsh Government, 2013) Chapter 2.

- A Supporting People National Advisory Board (SPNAB) chaired by the Minister for Housing and Regeneration, with a membership including representatives from local government, social services, public health, probation, housing chief officers and umbrella organisations provides advice to the Minister, with a brief to ensure that the SP programme is focused on meeting the housing-related support needs of vulnerable people in Wales.
- Six Regional Collaborative Committees (RCCs) have been created with representatives from local government, public health, probation, SP service providers, landlords and service users giving advice to local authorities and other stakeholders, and through the SPNAB to Welsh Ministers, on regional and local priorities in the delivery of the SP programme. The aim is to ensure that the most efficient and effective services are delivered. The RCCs also advise Welsh Ministers on the production of proposed Supporting People Commissioning Plans for the allocation of grant against agreed priorities, but they do not have executive powers or functions.
- In each region one lead local authority:
 - collates commissioning plans for the local authorities in that area;
 - organises RCC meetings;
 - maintains a register of services that may be commissioned or procured at short notice;
 - employs a regional development coordinator funded by the Welsh Government;
 - develops and supports effective partnership working within the region on SP;
 - supports the RCC so that it functions effectively and is appropriately serviced;
 - develops a plan that will incorporate local and regional arrangements and evidence of the outcomes of user involvement to be evaluated and presented to the RCC; and
 - ensures dialogue and collaboration between the local and regional levels with the aim to resolve any issues before commissioning and spend plans are put to local authority members.

Local authorities are responsible for servicing a Supporting People Planning Group with membership drawn from a range of stakeholders and service users, and for developing Local Commissioning Plans based on an analysis of needs, current supply and gaps in provision.

These plans provide a framework for the commissioning and procurement of housing-related support services, and they feed into discussions at the RCCs and then into the three year rolling Regional Commissioning Plans.

Evaluation of services and monitoring outcomes

In the post-Aylward SPPG programme, local authorities have been given the sole responsibility for commissioning and monitoring SPPG-funded services and for evaluating contract compliance in relation to quality, effectiveness and cost within a common all-Wales framework. This is a four stage process.

- Stage 1 – Accreditation: To assess the fitness for purpose of organisations applying to contract for services that are funded by SPPG;
- Stage 2 – Contracting: Contract award following a successful tender process to set terms and conditions and financial monitoring and strategic evaluation processes;
- Stage 3 – Service Monitoring: ongoing and periodic updates and monitoring information to indicate and assess delivery against agreed contract and aims of service, including the analysis of outcomes;
- Stage 4 – Strategic Evaluation: a comprehensive evaluation (minimum three yearly) which includes a review, inspection and generation of an evaluation report to assess contract compliance and the strategic fit of the service.

The SPPG Guidance notes that, when carrying out a strategic evaluation of SPPG services, local authorities need to talk to service users whose support is funded by SP, and it offers advice on approaches and methods⁸¹.

There is a National Outcomes Framework whose purpose is:

- to form the basis for a consistent approach to the collection of meaningful outcome information;
- to use the information to measure, maintain and improve the quality of services provided;
- to recognise and report on the effectiveness of the Supporting People Programme.

The Framework was agreed and implemented in 2012, and is based on four principles⁸²:

- People have the right to aspire to safe, independent lives within their community and the financial security and health to enjoy that community.
- People differ in the barriers they face in achieving these aspirations. Housing related support seeks outcomes for people that are steps on the way towards these ultimate aspirations.

⁸¹ Housing Policy Directorate (July 2014), *op cit.*, Chapter 6, page 43

⁸² Incorporated into a briefing for service providers by Supporting People Team (undated), *Supporting People 'Outcomes'*, Vale of Glamorgan Council

- Outcomes should be person centred, purposeful, negotiated and agreed with the individual and, if appropriate, with their advocates, supporters or carers through the support planning process.
- Outcomes will be achieved through support interventions that resolve identified needs and enable maximum possible control, involvement and understanding for an individual across the outcome areas.”

Under the commissioning and contracting procedures that have been in place since 2012, SP-funded services are required to monitor outcomes for the individuals that they support in the following key areas⁸³:

- Promoting personal and community safety
- Feeling safe
- Contributing to the safety and well-being of themselves and others

Between 2012 and 2014 a regional web-based Outcomes Monitoring Form, an Outcomes Monitoring Database, and an online Supporting People Workbook have been developed and are now operational. These developments allow the Welsh Government, Regional Collaborative Committees and local authority SPPG teams to analyse the information derived from service monitoring and strategic evaluation on a comparable basis, some of which will be available locally, some regionally and some nationally. The collection and reporting of outcomes-based data has been compulsory for all Supporting People-funded services since 1st April 2012.

Promoting service user involvement

In Wales, there is no unifying guidance on user involvement. Supporting People Guidance requires the representation of service users on Regional Collaborative Committees, and many local authorities and providers have developed their own service user involvement policies. The Welsh Government has promoted user involvement for particular client groups using care services including learning disabled people, people with mental health issues and people with substance and alcohol abuse issues. The Care Council for Wales has published a strategy for service user and carer participation in the way in which care service regulation is carried out.

Value for money, effectiveness and savings to other budgets arising from the SP programme

In 2006, the Welsh Government published *Costs and benefits of the Supporting People programme*.⁸⁴ This quantified the financial benefits, mainly to public expenditure, of the Supporting People programme in Wales. The consultants, Matrix, analysed cost data on

⁸³ Housing Policy Directorate (July 2014), *op cit.*, Appendix 4, Annex 3, pages 91 - 93

⁸⁴ Matrix Consultants (2006) *Costs and benefits of the Supporting People Programme: Executive Summary*, Welsh Assembly Government, SJRRS 06/06 September 2006, section 5, page 5

nine SP-funded client groups. Based on a series of assumptions in the absence of consistently reliable data, it estimated the financial benefits that accrued as a result of the programme to individuals receiving housing-related support, to their families and wider communities as well as to local and national government finances. The report concluded that the Supporting People programme was making a significant contribution to the public purse with an estimated saving of £1.68 for every £1 spent on housing-related support services (2006 prices).⁸⁵

The assumptions and methodologies used in the Matrix 2006 report were re-examined during the Aylward Review to assess whether they were sufficiently robust. Aylward thought that this and similar studies were limited by the lack of reliable financial data from the SP programme. These studies tended to be based on estimates rather than hard data, augmented by interviews with stakeholders. Aylward concluded that the underlying assumptions were generally appropriate. However, the lack of an outcomes framework for the SP programme at that time, with only anecdotal evidence available on what the situation would or might have been in the absence of SP funded services, meant that there was no hard evidence on either value for money or the effectiveness of the SP programme.

Notwithstanding this conclusion, Aylward found that these studies identified other valuable but uncoded (and therefore unverifiable) benefits provided by the SP programme. These included:

- improved health and quality of life for individuals;
- increased levels of participation in the community;
- a reduced burden for carers;
- greater access to appropriate services;
- improved educational outcomes for children;
- reduced fear of crime; and
- a reduction in anti-social behaviour.

Aylward argued that these non-monetary benefits of the SP programme might be at least as important as any monetary savings that accrued to other Government budgets and programmes. In the absence of an outcomes framework and a rigorous evaluation of Supporting People schemes compared with alternatives, Aylward concluded that it was virtually impossible to establish precise estimates of cost-effectiveness although the evidence that was available implied cost benefits. Aylward also concluded that the SP Programme's benefits in terms of 'avoided costs' to other budgets are distributed across a range of public sector organisations rendering the programme vulnerable to under-

⁸⁵ Matrix Consultants (2006) *op.cit.*, section 5.2, page 31

investment.⁸⁶ The Aylward recommendations therefore aimed to engender a greater focus on securing tangible outcomes and their robust evaluation, and on setting in place mechanisms which would establish precise estimates of the cost-effectiveness of the programme and the value for money offered⁸⁷.

In the period since 1 April 2012, the deficiencies identified in the Aylward Review have been tackled through the introduction of the new approach to commissioning, contract management and outcomes monitoring outlined in the previous section.

Regulation and inspection

From 2003 onwards, those SP housing-related services that were commissioned by the Welsh Assembly (as it was) were accredited centrally, but care related services were not. The Aylward Report recommended that all housing support services should be regulated and suggested that their regulation should come under the regulatory framework for registered housing associations. The proposal was discussed with providers but was not pursued. The Welsh Government decided not to regulate SP services via a national system of accreditation, but to rely on accreditation and inspection by local authorities as part of their commissioning, procurement and contract compliance responsibilities⁸⁸.

The *Regulatory framework for housing associations registered in Wales*⁸⁹, which came into effect in December 2011, does not therefore cover either care or housing support services even when they are delivered by a registered housing association. However, the framework refers to and lists expectations of the responsibilities that housing associations have in respect of making accommodation available to those with support needs, and assisting those who wish to move to or move on from this accommodation.

Current changes that are proposed for the regulation of social care may have some impact on housing support. At present, care services in Wales are regulated by two organisations: the Care and Social Services Inspectorate Wales (CSSIW) acts as the service regulator; the Care Council for Wales (CCW) is responsible for regulating the workforce. Proposals for changing the regulatory regime for care services through the introduction of a single regulator are contained in a White Paper published in 2013 on which consultation ended earlier in 2014.⁹⁰ The White Paper refers throughout to 'care and support services' rather than 'care services'. The new approach is proposed based on five principles:

- regulation will no longer be based on 'minimum care standards';
- regulation and inspection will be citizen centred and based on people's outcomes;

⁸⁶ Aylward M et al (2010a), *The Supporting People Programme in Wales: Final Report: Executive Summary*, page 6

⁸⁷ Aylward M et al (2010a), *op. cit.*, page 7

⁸⁸ Assistance from Matt Kennedy, Policy Officer (Care, Support and Community Health), Community Housing Cymru, is gratefully acknowledged.

⁸⁹ Welsh Government (2011) *The Regulatory Framework For Housing Associations Registered in Wales*

⁹⁰ Welsh Government (2013) *The Future of Regulation and Inspection of Care and Support in Wales*

- services will be evaluated against specific quality standards and expectations;
- providers will be required to produce an annual report which will include information on outcomes and complaints;
- use of a quality judgement framework linked to outcomes will be considered;
- the service regulator will involve citizens and their families/carers in their processes and practices.

Identifying and promoting innovation and ‘best practice’

The intention is that, over time, a clear picture of innovation and best practice in SP services will be evident from the results of strategic evaluations and outcomes monitoring. In the short term, the Welsh Government currently publishes Supporting People case studies on the government web site.⁹¹

In advance of longer term analysis of outcomes becoming available, the National Advisory Board commissioned a paper to inform discussions on innovation and best practice in SP services in 2013. Research was commissioned that looked at the experience of 29 projects in 10 local authorities. The results were reported in February 2014⁹². The research perceived innovation in Supporting People in different forms:

- Policy Innovation - altering policy instruments to achieve new goals e.g. the Welsh Government moving towards an emphasis on prevention and using new legislation to take forward these objectives;
- Administrative innovation - changes to the way in which services are planned and procured e.g. setting up collaborative committees to bring together sectoral expertise and shape investment and service provision;
- Service delivery innovation - changing the way in which services are provided e.g.
- ‘gateway’ assessment services which create a systematic process for matching people in need to appropriate services or new ways of working which bring together community resources;
- new models such as individualised (personalised) budgets;
- cross-cutting services working across policy/organisation themes;
- private sector access schemes linking housing bond schemes with tenancy support projects.

A number of barriers and blockages to innovation were identified including:

⁹¹ <http://wales.gov.uk/topics/housing-and-regeneration/services-and-support/supporting-people/case-studies/?lang=en>

⁹² Supporting People National Advisory Board (2014), Paper C: Supporting People Programme Innovation

- Rules or over-prescriptive guidance/specification - which set out very strong boundaries and did not encourage innovative ideas; providers and commissioners feared punitive measures for breaching conditions of payment;
- Perceived rules - a popular belief that audit or monitoring will lead to penalties if the letter of guidance or contracts are not strictly adhered to;
- Aversion to risk - in a time of declining resources organisations and individuals wish to play safe and maintain the status quo;
- Funding - shortage of funding or resources such as staff to identify opportunities, design and implement plans for change;
- An unstable policy environment - too many strategies and plans which do not link together coherently;
- Shortage of ideas - a poor understanding of what is 'ground breaking' service provision.

The Supporting People Programme in Scotland

Evolution of policy

Supporting People operated in Scotland from April 2003 until March 2008 under the Housing (Scotland) Act 2001. As in England, Wales and Northern Ireland, the programme was based on an amalgam of previous funding streams. During the transition stage prior to April 2003, local authorities were required to review all services using Supporting People funding in partnership with health, social services and other stakeholders, to assess them for cost effectiveness, strategic relevance and quality, and to decide whether or not to continue to provide funding. Initially these service reviews were expected to be completed by March 2006 but the deadline was extended to March 2007 because of delays in the process⁹³.

By 2007/2008, more than 163,000 people in Scotland, around 4% of the adult population, received services through the Supporting People programme. Older people were the largest client group at around 49%, followed by those who were homeless at around 20%.⁹⁴ Local authorities provided 59% of all funded places, followed by voluntary organisations (20%) and registered housing associations (16%).

Scottish Government funding

In 2004, the Scottish Government published a review of funding in response to concerns over the rising cost of the SP programme⁹⁵. Following the review, the distribution formula through which funding was allocated to individual local authorities was changed. The revised distribution formula took account of disability, poverty, homelessness and the

⁹³ Berry, K. (2007) *Supporting People* (updated), 07.11.07. Scottish Parliament SPICE briefing 07/55, page 5

⁹⁴ Berry, K. (2007) *op. cit*, page 8

⁹⁵ PricewaterhouseCoopers (2004) *Analysis of Funding Arrangements for Supporting People*

number of older people in the area. As a result of the new approach, there was an overall cut in funding from £422 million in 2003/2004 to £401 million in 2005/2006. This represented a 5% cut in cash terms and a 12% cut in real terms. At the same time, the Scottish Government emphasised the need to seek efficiencies in delivering the programme.⁹⁶

Local authorities were asked to monitor the impact of the new distribution of funding. The results of this exercise revealed that across Scotland as a whole⁹⁷:

- service growth was occurring in some areas;
- most of the service growth was benefiting homeless clients and those with learning disabilities;
- where services were being reduced, the main client group affected was older people;
- overall reduction in service capacity was predicted to be a net reduction of about 7,000 clients;
- there was evidence that local authorities were making significant savings as a result of improved contract values, but were also having to impose undesirable budget restrictions mainly on housing associations and independent sector services that were absorbing a greater share of cuts.

Charging for support

Prior to the introduction of SP, local authorities mainly provided free support services to those on Housing Benefit. After 2003, local authorities were able to charge users for longer term (i.e. more than two years) housing support services. Sheltered housing residents not on Housing Benefit tended to be the main group to be charged for services. The Scottish Government originally set grants on the assumption that around 20% of income would be received from charging. In practice, income from charging was modest – around 2% of grant.⁹⁸

Following consultation with local authorities, the Convention of Scottish Local Authorities (COSLA) issued revised guidance on charging in 2006. COSLA argued that the automatic passporting of service users in receipt of Housing Benefit to free housing support services was an anomaly that resulted in inequality for some service users. The revised guidance recommended that charging for SP services should follow the same procedures as those for mainstream community care services by removing the exemption for service users in receipt of Housing Benefit. From 2007/2008 onwards, therefore, charges were determined after a household means test, taking into account a COSLA recommendation that local authorities should adopt a common income threshold at which charges would begin to apply.⁹⁹

⁹⁶ Berry, K. (2007) *op.cit.*, page 3

⁹⁷ Berry, K. (2007) *op.cit.*, page 10

⁹⁸ Berry, K. (2007) *op.cit.*, page 10

⁹⁹ Berry, K. (2007) *op.cit.*, page 7

A new approach 2008 - 2014

In 2007, the Scottish Government decided to remove the funding ring fence from the SP programme. The programme ceased to exist as a separate funding stream with effect from 1 April 2008, with the previous level of ring-fenced funding being rolled up into the Local Government Settlement (as in England). With the removal of the ring fence, both the commissioning systems and funding mechanisms have changed¹⁰⁰.

- Housing support is still seen primarily as a means of helping people to remain in their homes in the community, of preventing homelessness, and of helping vulnerable people who are homeless to resettle and avoid being homeless in the future.
- Local authorities are responsible for assessing the need for housing support as part of their responsibility for developing local housing strategies, and they continue to fund these services. How they discharge this responsibility is a matter for them to decide.
- Charging policies are also a matter for individual councils to decide.
- The Scottish Government considers that housing support services fall within part B services in the EC procurement regulations¹⁰¹. This means that the service may not have to be tendered, particularly where there is an existing provider who is judged to be providing a good service in all the circumstances.
- Local authorities are expected to monitor the services they commission.
- Local authorities are 'strongly encouraged' to share information arising from contract monitoring and inspections with the Scottish Care Commission.
- Local authorities no longer have to submit quarterly monitoring returns of their expenditure on housing support to the Scottish Government.

Effects of ending the ring-fence arrangement

The Scottish Government continued to include an element in local authority grant allocations that reflected pre-2008 levels of expenditure on Supporting People until 2011/2012¹⁰². The Housing Support Enabling Unit (HSEU) estimates that the budget for housing related support was £401 million in 2008/2009; fell in 2008/2009 and 2009/2010, then increased to

¹⁰⁰ Head of Homelessness, Housing Support, Advice and Standards, Department for Housing and Regeneration (April 2008), *Letter to Housing Support Forum, Local Authority Supporting People Lead Officers and COSLA*

¹⁰¹ Part B services are those that the EC considered would largely be of interest only to bidders located in the Member State where the contract was to be performed, and include: Health services; Education services; Recreational, cultural and sporting services.

¹⁰² Housing Support Enabling Unit (2012), *Local authority funding of housing support 2011/2012 and 2012/2013*, page 4

£413 million in 2010/2011. It was then expected to fall again to £411 million in 2011/2012, and £403 million in 2012/2013.¹⁰³

HSEU reported in 2012¹⁰⁴ that:

- local authorities continued to identify housing support in budgets to a greater extent than was anticipated when the ring fence was lifted;
- 18 out of 32 Scottish local authorities continued to identify housing support as a separate item in their housing budgets in 2012;
- however, the funding of housing support fell at a faster rate than overall levels of local authority funding;
- most local authorities mentioned service reviews leading to remodelled services plus other efficiency savings as a way of implementing reduced spending on housing support;
- most providers said that they were delivering the same volume of services for less money.

Overall, HSEU reported that the funding of housing support was not keeping pace with inflation. Only three local authorities (of the 31 that responded and gave details of funding trends) planned to increase funding in 2012/13 and of these two planned increases in line with inflation. This meant that, year on year, local authority funding for housing support in Scotland was reducing in real terms as it was in England.

Partnership and collaboration

Housing and support services

Prior to 2008, SP services were commissioned by local authorities on a contract basis with strategic planning for SP linked to the Local Housing Strategy and local plans for community care, health improvement and social inclusion. The Scottish Government monitored the provision of support services through local authority quarterly returns. The Housing Support Enabling Unit was established as a partnership between the Government and the voluntary sector in 2004 to advise and support independent sector service providers with implementation.

After 2008, three initiatives aimed at facilitating collaboration rather than directing a housing support programme replaced some of these structures.

- a Housing Support Forum was set up, involving Government Departments, national agencies and representative bodies¹⁰⁵. This contributes to the development of policy on housing support services through:

¹⁰³ Later figures are not available.

¹⁰⁴ Housing Support Enabling Unit (2012), *op. cit.*, pages 2 and 9

- policy development;
- monitoring the delivery of housing support services, their quality, the outcomes they achieve and the impact of the changing financial context;
- raising the profile of housing support and promoting greater understanding of its benefits to individuals and to government.
- A new online directory, House Key¹⁰⁶, was established to provide information and advice about housing support services to service users, family carers and others through three online search facilities that are maintained by the Housing Support Team within the Housing and Regeneration Directorate of the Scottish Government. These cover:
 - housing support services;
 - sheltered housing;
 - home adaptation and repair services.
- The Housing Support Enabling Unit¹⁰⁷, which offers access to information, training support and a vehicle for housing support stakeholders to have an input into policymaking continued to operate as a joint initiative of the Coalition of Care and Support Providers in Scotland and the Scottish Federation of Housing Associations. Its work is guided by a management committee with members drawn from CCSP, SFHA, the Scottish Government, COSLA and other voluntary sector umbrella organisations.

The Public Bodies (Joint Working) (Scotland) Act 2014

Effective partnership working between the NHS and local authorities has been recognised in Scotland for more than a decade as necessary for preventing homelessness and for promoting good health and social care outcomes^{108 109}. New legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, promotes the integration of local authority services with health services as a basis for dealing with challenges associated with the current health and social care system in Scotland, including the need to respond to an ageing population. A key aim of integration is

¹⁰⁵ <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/housingsupport/Page4>

¹⁰⁶ <http://www.scotland.gov.uk/housekey/>

¹⁰⁷ <http://www.ccpscotland.org/hseu/>

¹⁰⁸ Kennedy C, Lynch E and Goodlad R (2001) *Good practice in joint/multi-agency working on homelessness*, Scottish Executive Central Research Unit, page 3

¹⁰⁹ Hogg J, Johnson F, Daniel B and Ferguson A (2009) *Interagency Collaboration in Adult Support and Protection in Scotland: Processes and Barriers – Final Report (Part 1)*, University of Dundee and others, pages 3 and 4

“... to shift the balance of care from acute to community-based settings, and to ensure that services and resources can be used more flexibly to better meet need, including through earlier intervention to take future demand out of the system”¹¹⁰.

This legislation has important implications for planning, funding and delivering housing-related support in Scotland. The Act sets out a range of social care functions, including some local authority housing functions, that may or must be delegated to an ‘Integrated Authority’ at their discretion. Integration authorities will be required to establish a strategic planning group aimed at bringing together health and social care services within an area. They will develop and consult on an area strategic plan; and will be required to treat the independent sector as key partners.

Strategic planning group representation includes:

- non-commercial providers of social housing within the local authority area;
- third sector bodies within the local authority area carrying out activities related to health or social care; and
- local authorities, but it will be a local matter as to whether this will include the local housing authority.

Local partners can decide which of two different models of integration they will use:

- a ‘lead agency’ arrangement where functions are delegated from one partner to another or to both partners; or
- a ‘body corporate’ where functions are delegated to a new partnership body whose voting membership will be drawn in equal proportion from the respective health board and local authority.

There are four areas where the proposals are of particular significance to the housing sector:

- functions that are currently undertaken by local housing authorities which may or must be delegated to the new integrated authorities (that includes commissioning of housing support services);
- national health and wellbeing outcomes, and how these connect with the quality of people’s homes and the contribution of the housing sector;
- arrangements for strategic planning by the new integrated authorities, and their relationship with housing strategic planning; and
- arrangements for locality planning, and how housing organisations will be involved.

Among the housing-related functions that ‘may’ be delegated are the following:

¹¹⁰ Housing Support Enabling Unit *et al* (2014), *The Public Bodies (Joint Working) (Scotland) Act, draft Regulations (Set 1 & 2) and their implications for housing: FAQ Guide for housing practitioners*

- the power of a local authority to provide welfare services;
- all matters relating to homelessness;
- common housing registers;
- local authority duties in respect of registered social landlords;
- community care services assessments.

In addition, the Act establishes a power for Ministers to make regulations requiring that certain of those functions 'must' be delegated. Included in the list are:

- housing support services, including aids and adaptations;
- social work services for adults and older people;
- services and support for adults with physical disabilities, and learning disabilities;
- mental health services;
- drug and alcohol services;
- adult protection and domestic abuse
- carers support services;
- care home services;
- adult placement services;
- day care services;
- re-ablement services, including equipment and telecare.

It is not yet clear how these arrangements will affect the commissioning, procurement and funding of housing support services in the future.

Strategic evaluation of services and monitoring outcomes

Following the introduction of the SP programme in 2003, the Scottish Executive (as it then was) commissioned a review of existing approaches to measuring service outcomes and the impact that SP had for service users. The review was undertaken by DTZ Consulting and Research¹¹¹. It recommended that, with modifications, the 'distance travelled' model developed by City of Edinburgh Council would be suitable for application more widely. After some refinement and the development of a data collection component, it was decided to pilot an outcomes framework based on the Edinburgh approach and to commission other

¹¹¹ DTZ Consulting and Research (2007) *Supporting People Outcomes Framework*, The Scottish Executive

researchers to evaluate that pilot. The evaluation was undertaken by Craigforth Research¹¹².

After the Craigforth review was commissioned but before it reported there were changes in the national context that had implications for the SP programme¹¹³.

- A commitment was made by the incoming Scottish devolved government to focus all public services on outcomes, rather than inputs or outputs.
- In autumn 2007, a national performance framework was promoted, setting out an overarching purpose, strategic objectives, national outcomes and indicators for all public services, which they were expected to work towards.
- In support of the outcomes agenda, the Government also committed itself to simplifying and reducing the level of scrutiny, giving local government and other agencies greater freedom in deciding the most effective approach in their local context to delivering these outcomes. Part of the simplification involved the removal of ring fencing from certain budgets including the Supporting People budget (referred to above).
- The removal of ring fencing shifted the emphasis towards a consideration of housing support as part of 'a spectrum of care services'. Indeed, 'housing support' is not mentioned specifically within any of the national outcomes or indicators in the national performance framework.

In spite of these complications, the Craigforth research concluded that the system's strengths outweighed its weaknesses. It recommended that the 'distance travelled' model should be promoted as a tool that offered the potential to measure the impact of housing support interventions, particularly where those services were low level, non specialist and had an emphasis on prevention¹¹⁴.

In support of this, HSEU developed a web-based IT tool and system for measuring outcomes – 'Better Futures'. This was launched by the Scottish Government in 2012. Better Futures is intended to help services record the focus of their work with individuals and to chart the progress that those individuals make. The associated web-based recording tool was designed to capture this information and produce individual and aggregated reports.¹¹⁵

To promote consistency in the way scores are attributed to people's situations there is a matrix scoring guide that provides descriptions for each score within each element of support. The electronic recording system allows for each support plan to be tailored to individuals in that not every person has to be assessed against the entire list of elements of

¹¹² Craigforth Research (2008), *Evaluation of supporting people (housing support) outcomes framework*, Housing, Regeneration and Planning Division, Scottish Executive

¹¹³ Craigforth Research (2008), *op. cit.*, section 1 page 2

¹¹⁴ Craigforth Research (2008), *op. cit.*, section 7, page 51 *et passim*

¹¹⁵ Housing Support Enabling Unit (2012) *Better Futures: a housing support outcomes framework – user guide*, Scottish Government

support. Over time, an 'outcome wheel' is generated as information about support plan targets and reviews builds up. The system is used continuously to review support arrangements and to monitor outcomes at individual and service levels.

Promoting user involvement

Service user involvement in housing related support is largely driven through the work of the care inspectorate which is responsible for implementing the National Care Standards. National Care Standards are written from the perspective of the person receiving the service and are based on six principles (see Regulation and Inspection below):

- Dignity;
- Privacy;
- Choice;
- Safety;
- Realising potential;
- Equality and diversity.

Each service is inspected and every inspection involves an anonymised user survey, monitored through the inspection process as the QAF/QAF2 has not been adopted in Scotland. A major part of the housing support programme is delivered through registered housing associations or their managing agents, and housing associations are also regulated in terms of tenant involvement. There is no national-level oversight of user involvement, but client specific research is carried out from time to time.

Value for money, effectiveness and savings to other budget arising from the SP programme

When the Scottish Government changed the SP funding distribution formula in 2004, it emphasised the need to seek efficiencies in delivering the programme. Research into the impact of funding changes on housing support providers showed that most services reported a funding gap. The difference between funding and service costs increased nine fold between 2004-05 and 2007-08.¹¹⁶

In 2007, Tribal Consulting was commissioned to undertake further research that aimed to:

- explore the costs and benefits of housing related services provided by the Supporting People programme across the range of clients receiving services;
- assess the value for money of the programme and consider at what point increases in programme funding stops producing corresponding improvements in outcomes/benefits;

¹¹⁶ Berry, K. (2007) *op.cit.*, page 3

- make recommendations on how the benefits, costs and impacts of Supporting People services could be more effectively measured ¹¹⁷.

Tribal found a fairly substantial body of qualitative evidence that housing support services provide benefits to recipients and to society in terms of enhanced capacity to maintain an independent life and improved quality of life. The strongest objective evidence of significant impacts related to the effects of housing support in:

- enabling people, especially older and disabled people to avoid the alternative of being moved into accommodation with higher levels of support or residential care;
- reducing the length of hospitalisation for older people suffering illness or injury;
- improving quality of life, expressed as reduced anxiety and improved mental well-being for households of various types.

However, Tribal also found (like Matrix Consulting in Wales and Cap Gemini in England) that there were very few quantitative measures of impact. Further, where work was undertaken to value 'benefits' – for example, to explore the benefits of residential care for healthcare, for costs associated with homelessness and for costs associated with crime - they found that the work assessed 'avoided costs' that would have arisen for these other programmes if housing support was not available, as opposed to costing benefits. Thus the work failed to quantify the value of any quality of life impacts the services might deliver¹¹⁸.

Tribal concluded that the effects of SP could be considered in terms of three types of effect:

- support to help the service user 'move on' to an independent life;
- support that enables the recipient to live in the community; and
- support that improves the likelihood that a household will be able to live independently.

An attempt was made to measure the benefit of a SP intervention in terms of the benefit which would accrue if the intervention was effective, the likelihood that the intervention was effective and the value of the benefit. Using these procedures, the research team concluded that the benefit of the £402 million of SP spend in 2006 – 2007 generated benefits equivalent to almost 110% (i.e. £1 of spend = £1.10p of benefits). Given that there were also unquantified benefits, this gave confidence that, overall, SP was delivering value for money.

Following the delegation of commissioning and outcome monitoring to local authorities and local partnerships, it appears that no further Scotland-wide monitoring of cost effectiveness and value for money has taken place. However, HSEU posted the CLG-commissioned 2009

¹¹⁷ Tribal Consulting (2007), *Supporting People: Costs and Benefits – Final Report*, Scottish Government

¹¹⁸ Tribal Consulting (2007) *op. cit.*, pages ii and iii

Cap-Gemini research on the financial benefits of the Supporting People programme in England¹¹⁹ on its web site as being 'of interest to commissioners and providers in Scotland'.

Regulation and inspection

Prior to 2003, there was no requirement for housing support services in Scotland to be registered with the Care Commission. However, implementation of the Housing (Scotland) Act 2001 found that there was often no hard and fast distinction to be drawn between a housing support service and a domiciliary care service and that, in some circumstances, there could be an overlap between support and care provided at home.

From 2004 onwards, registration under the Regulation of Care (Scotland) Act 2001 became compulsory for support provider organisations. All providers of SP-funded services have been subject to registration by the Scottish Care Commission since that date, with associated contract compliance procedures. The Care Commission assesses applications for registration from organisations that wish to provide housing support services, and inspects services to make sure that they are meeting the regulations and in doing so takes account of the national care standards. This means that all housing support services, except those provided by Registered Social Landlords which are the responsibility of the Scottish Housing Regulator, have been inspected by the Care Commission since 2004, with the first inspections taking place in 2005.¹²⁰ Registration of housing support managers started in 2011; registration of housing support supervisors started in 2014; and registration of housing support workers is due to start in 2017.

National care standards for all adult and children's' services, including housing support services, were introduced in 2002¹²¹ with updates in 2005 and 2009. Standards were developed for each type of service following extensive consultation with working groups that included people who use services, their families and carers, staff, professional associations, regulators from health and social care, local authorities, health boards and independent providers. These standards describe what each person can expect from the service provider; and they are grouped under headings that follow the person's experience of a support service.

On 1 April 2011 a new independent scrutiny and improvement body – Social Care and Social Work Improvement Scotland (SCSWIS) replaced the Scottish Care Commission – now referred to as the Care Inspectorate. The implications of these changes were outlined by one of the contributors to this research.

"The significance of this for us is that the scope of the regulator now includes local authority social work functions and commissioning activity around social care. What happened in 2011 was the bringing together of previously separate bodies. For a long time providers of housing support and of care have been concerned that inspection of services has not dwelt

¹¹⁹ Cap-Gemini (2009), *The financial benefits of the Supporting People programme in England*, Community and Local Government

¹²⁰ Berry, K. (2007) *op.cit.*, pages 4 and 5

¹²¹ Care Commission (2009), *National Care Standards: Housing Support Services*, Scottish Executive, page 5

on funding levels and funding arrangements. It is all very well to have a set of national care standards to adhere to but what happens if the contract value set by the local authority does not cover the costs of staffing necessary? Now that the regulator is responsible for inspecting both service provider and commissioner the hope is that a more rounded picture can be built up.”¹²²

Identifying and promoting ‘best practice’

No single agency or system exists in Scotland to identify and promote innovation and good practice. However, the Joint Improvement Team (JIT) is the leading improvement partnership between the Scottish Government, NHS Scotland, COSLA (Convention of Scottish Local Authorities) and the independent and housing sectors. JIT provides practical improvement support and challenge including knowledge exchange, developmental innovation, improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. The partnership champions the identification, development, evaluation, spread and adoption of good practice.¹²³

The Institute for Research and Innovation in Social Services (IRISS) is a charitable company with a mission to:

“...promote positive outcomes for the people who use Scotland’s social services by enhancing the capacity and capability of the social services workforce to access and make use of knowledge and research for service innovation and improvement.”¹²⁴

IRISS’s work is organised into three inter-related programmes:

- Evidence-informed practice – which focuses on achieving better outcomes for people and communities through better use of evidence;
- Innovation and improvement – which focuses on supporting the social care workforce to realise their potential to make change happen with others;
- Knowledge media - is about the processes for generating and sharing knowledge, and how the use of different media shapes these processes.

IRISS’s statement of purpose says that it is “committed to working in partnership with other agencies involved in care and support and with service users and carers”. The agency works closely with the Coalition of Care and Support Providers in Scotland.

The Housing Support Enabling Unit offers support and assistance to providers of housing support in the voluntary, private and Registered Social Landlord sectors but does not seek directly to promote good practice. Local councils may, at their discretion, use information from commissioning and monitoring housing support services to identify and promote innovation and good practice in their own area.

¹²² Comment by Yvette Burgess, Unit Head, Housing Support Enabling Unit, February 2015

¹²³ See: <http://www.jitscotland.org.uk/about-jit/background/>

¹²⁴ <http://www.iriss.org.uk/about>

Summary

Focus of the Supporting People programme

In England, the SP programme was seen as a link between housing and other social welfare programmes, but was clearly focussed on *housing* support and paid as a single funding stream up to 1 April 2008 when the ring-fence that identified a separate funding stream for Supporting People was withdrawn. After 1 April 2010 no separate funding for the SP programme was identified in local government finance. Implementation of the Localism Act 2011 then resulted in diverse arrangements being developed by individual local authorities that have resulted in some authorities retaining a Supporting People programme, many authorities combining an element of SP with adult social care, and a few authorities no longer funding separately identifiable housing support services at all.

In Wales up to 1 April 2010, there were two strands in the programme – housing support related to *social care* funded from one stream; and housing support related to *housing* funded from a different stream. These two streams were combined as a single funding stream from 1 April 2010. The ring fence for SP funding and an identifiable Supporting People programme have been retained across all authorities in Wales.

In Scotland, SP funding has been more closely aligned with *social care* than in the other two jurisdictions since before 2003 and was a single funding stream between 2003 and 2008, when the funding ring fence was withdrawn. More diverse arrangements at local authority level have been developed since 2008, a degree of support for the programme is retained through the Housing Support Enabling Unit (HSEU – a voluntary sector partnership supported by the Scottish Government), and the programme is increasingly being seen as an element in strategic planning across all local services, particularly health and social care, and homelessness.

Local commissioning

In each jurisdiction, commissioning structures were developed at local authority level in 2003 that brought together housing, social care and other stakeholders. In England, these structures have been largely abandoned. In Wales there is a requirement for local authorities to service a planning group with membership drawn from a range of stakeholders, working under a regional advisory structure with national oversight. In Scotland, planning and commissioning are strongly linked into the local housing strategy, and planning for community care, health improvement and social inclusion. New (2014) legislation which aims to integrate local authority services, particularly, housing, care and support, with health services has significant implications for the way that housing support will be planned and commissioned in future.

National oversight

After 2003, there was some form of national oversight of the programme with an advice service for commissioners and providers in England and Wales (but not in Scotland) with a regional element to this in Wales. National oversight in England focussed on statistical

monitoring of services and outcomes. This approach ended after 1 April 2010. In Scotland the programme was funded by the Scottish Government but largely driven by local authorities who were monitored until 2009 through quarterly returns. In Wales, national and regional guidance and oversight continue in 2014/2015.

Needs assessment and planning

In England and Wales, needs assessment and planning were the responsibility of local commissioning partnerships after 2003, with the local authority (county councils, metropolitan and unitary authorities in England, all local authorities in Wales) as the administrative authorities responsible for commissioning services, managing and monitoring contracts and managing budgets. In England, these commissioning structures have been largely abandoned; in Wales they continue. In Scotland, needs assessment, planning and commissioning have been the responsibility of local authorities from the outset, with national guidance only on the need for partnership between local authorities and health and social care functions. This is increasingly being carried out as part of the planning for adult social care and public health which will evolve further as a result of recent legislative changes.

Funding

England: Funding for the programme was £1.8 billion in 2003, falling to £1.64 billion in 2010/2011, and is forecast to fall further to £1.59 billion in 2014/2015.

Wales: The SP programme was awarded £136 million in 2013/2014. Figures for earlier years are not currently available from the Welsh Government.

Scotland: Funding in 2003/2004 was £422 million, falling to £401 million in 2005/2006. The Housing Support Enabling Unit estimates that the amount allocated then remained static until 2008/2009, fell in 2008/2009 and 2009/2010, then increased to £413 million in 2010/2011. It was then expected to fall to £411 million in 2011/2012 and £403 million in 2012/2013. Later figures are not currently available.

In each jurisdiction, the allocation of funds to local authorities evolved from historic patterns of distribution to one that was based on a needs assessment formula.

Service and outcome monitoring

England and Wales adopted some form of national outcomes framework, the QAF/QAF2 and a client record system as a basis for monitoring the types, quantity, quality and effectiveness of housing support services locally and nationally. However, the way in which these tools have been designed and implemented varies between the two jurisdictions. So too does the use to which the information derived from them is put. In England the data were used to give a purely statistical picture of the services being funded until 2009 when formal national monitoring ended and it became discretionary whether local authorities subscribed to any national systems. Thus the statistical picture for England is now very patchy. In Wales the data have been used regionally and nationally as a basis for monitoring and

planning the programme. Scotland did not adopt either a national outcomes framework or the QAF/QAF2, and there has been no national statistical oversight of housing related support since 2009 when the submission of quarterly returns by local authorities to the Scottish Government ended.

Promotion of user involvement

The Office of the Deputy Prime Minister published national guidance on user involvement in housing support services in England in 2003. The QAF/QAF2 requires providers to report on the way services users are involved in service planning and delivery. English providers were also encouraged to adopt the principles set out in the Cabinet Office's Gold Star Programme that aimed to encourage volunteering among socially excluded people.

In Wales, there is no unifying guidance on user involvement. Supporting People Guidance requires the representation of service users on Regional Collaborative Committees, and many local authorities and providers have developed their own service user involvement policies. The Welsh Government has promoted user involvement for particular client groups using care services including learning disabled people, people with mental health issues and people with substance and alcohol abuse issues. The Care Council for Wales has published a strategy for service user and carer participation in the way in which care service regulation is carried out.

In Scotland, service user involvement in housing related support is largely driven through the work of the care inspectorate which is responsible for implementing the National Care Standards across all care and support services. Registered housing associations are also expected to promote tenant involvement and this is inspected by the Scottish Housing Regulator.

Effectiveness and value for money

Between 2003 and 2009, national studies of effectiveness in the delivery of housing support services and value for money were commissioned in all three jurisdictions. These studies were based on estimates of the costs avoided by other programmes as a result of the existence of the SP programme. This research found that investment in housing support generated savings to the public purse of between £1.10 for every £1 spent on SP in Scotland (2007 study); £1.68 per £1 of expenditure in Wales (2006 study) and £2.12 for every £1 spent in England (2009 study). The data were considered to be sufficiently robust for use by the Audit Commission in England and the Welsh Audit Office.

In England, monitoring the effectiveness and VFM of SP services has been left to individual local authorities since 2010 and there is extreme variability in whether they do so. In Wales there is still national and regional evaluation based on the National Outcomes Framework and monitoring of client records. There is no national monitoring of effectiveness and VFM in Scotland.

Regulation and inspection

Aspects of the housing support system in England were subject to oversight and some form of regulation by a number of different agencies after 2003. These include SP administrative authorities, the Housing Corporation / Homes and Communities Agency, the Audit Commission and (indirectly) the Care Quality Commission. The focus was therefore fragmented across a number of agencies. Housing support providers are not registered or subject to a system of national accreditation. Standards of accommodation and of support services have been subject to contractual requirements and post-contract monitoring by the administrative authority but this is now variable. Since 2010, as local authorities develop different approaches to commissioning housing support, services that are commissioned by social services and delivered alongside domiciliary or residential care are not themselves registered but may be delivered by an agency that is registered under social care legislation. In some cases, the distinction between a 'registered' and a 'non-registered' service may be breaking down in these cases.

The Welsh Government took a considered decision not to regulate Supporting People via a national accreditation system although the 2010 Aylward review recommended this. Since 1 April 2012 when the two track funding system was combined into a single track, SP services in Wales are subject to 'light touch' regulation by the commissioning local authorities, with client record and outcome data aggregated to regional and national level being used as a basis for evaluating the overall quality, standards and impact of the programme. Housing Support providers are not registered nationally but are accredited or assessed as fit for purpose by their local administering authority according to local policy and practice.

All providers of housing support (housing-related and care-related) and all housing support services have been required to register with the Scottish Care Commission since 2004, with inspections beginning in 2005. Registration of housing support managers started in 2011; registration of housing support supervisors started in 2014; and registration of housing support workers is due to start in 2017.

Identifying and promoting innovation and 'best practice'

From 2003 to 2010, CLG's Supporting People monitoring team encouraged regional and client based information sharing and discussion forums involving commissioners, providers and other stakeholders which were given a voice nationally and regionally through a web site, KWEB. Local authorities were free to participate or not participate in the forums, and those that were committed to service improvement did so. Since the closure of the SP Monitoring Group and KWEB in 2010, it is significant that the main drivers of innovation have tended to come from collaboration between service users and advocates, providers, membership bodies and campaigning organisations. Organisations such as SITRA, the Housing and Support Alliance and People First England have been prominent in this.

In Wales, the collection and analysis of standardised information on outcomes, together with an ongoing programme of research into the results of the SP programme are intended to develop methods and provide evidence on effectiveness and value for money, and identify innovation and best practice in delivering support services. An initial research study that

reported in 2014 identified barriers to innovation and suggested themes for further investigation.

No single agency or system exists in Scotland to identify and promote innovation and good practice. The Institute for Research and Innovation in Social Services promotes evidence based practice, innovation and improvement and dissemination across the housing support and care fields.

APPENDIX 7: PERFORMANCE AND VALUE FOR MONEY IN ACCOMMODATION BASED SERVICES FUNDED BY SUPPORTING PEOPLE – DATA ANALYSIS

Introduction

The overall aim of this research project is to enable policy makers, service commissioners and strategic /operational managers to gain a better understanding of the effectiveness and efficiency of accommodation-based services in achieving the aims of the Supporting People programme. The research will also help to inform an overall review of Supporting People policy being conducted by the Department for Social Development.

This Appendix to the main research report sets out the results of a detailed analysis of financial and operational performance data for accommodation-based services, collected by the Northern Ireland Housing Executive's Supporting People (SP) team as part of the ongoing contract management process. Financial performance data are taken from provider financial returns for the April 2013 – March 2014 financial year. Non-financial performance data are for the same period. The key findings and conclusions from this report are incorporated into the Final Report.

The Supporting People (SP) Programme in Northern Ireland divides service users into three broad thematic groupings, each of which contains a number of client-specific sub-groups. The analysis contained in this report reflects the thematic groupings, which are as follows:

Homelessness – incorporating:

- Homeless Families with support needs;
- Single homeless people with support needs including 'generic' services;
- Women at risk of domestic violence;
- People with alcohol and drug problems;
- Offenders or people at risk of offending;
- Travellers;
- Young people 16 – 25 at risk, including those leaving care.

Learning Disability and Mental Health – incorporating services for both of these groups;

Older People and Physically Disabled People – incorporating:

- Older people with support needs,
- Frail elderly,
- Older people with mental health issues/dementia, and
- People with a physical or sensory disability.

There are two Supporting People contracted services that are labelled as 'Generic'. These contain individuals with a variety of different support needs and have been analysed as part

of the Single Homeless client group. Special Needs Management Allowance (SNMA)-funded 'legacy' services dating from pre-2003, Floating Support services that are not accommodation-based and Home Improvement Agency (HIA) services have been omitted from the analysis. Supported Lodgings, Foyer services and accommodation-based Floating Support services have been included.

Supported accommodation services for homeless people

This section analyses the data for the homelessness thematic group. There are 115 accommodation-based services for the eight sub-categories of homeless people. These services provide 1,854 units of accommodation¹²⁵. Table A7:1 summarises the key data for these services.

Table A7:1: Accommodation-based services for homeless people – Number and percentage of services and accommodation units by client sub-group

Homeless Client Group	Services		Units of Accommodation		Average No of Units per Service
	Number	%	Number	%	
Homeless Families with support needs	27	23.48%	339	18.28%	12.56
Homeless Single People with support needs	36	31.30%	721	38.89%	20.03
Women escaping violence	14	12.17%	132	7.12%	9.43
Alcohol and Drugs	11	9.57%	239	12.89%	21.73
Offenders inc mixed single people / offenders	7	6.09%	188 ¹²⁶	10.14%	26.86
Travellers	2	1.74%	13	0.70%	6.50
Young People 16 - 25 and those leaving care	18	15.65%	222	11.97%	12.33
TOTAL	115	100.00%	1854	100.00%	16.12

Source: Provider Returns for 1 April 2013 to 31 March 2014

¹²⁵ Units of accommodation are either 'bed spaces' for single people or 'household spaces' describing accommodation for more than one person.

¹²⁶ The actual number of accommodation units that is specifically linked to the offender accommodation programme is 87. However, 39 of these accommodation units are co-located in services also housing single homeless people. The data provided to the research team do not allow disaggregation of the 'offender' and single homeless' figures, so the number given in the table above also includes 101 accommodation units designated for single homeless people. In this and the following tables the data for offenders should be taken as an approximation that requires further analysis.

The Supporting People Programme funds housing-related support services to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible in their chosen form of tenancy and to develop the ability to maintain a tenancy. This requirement is particularly relevant to the provision of support for homeless people where sustainable resettlement in permanent accommodation is the goal. However, in both the Supporting People and other guidance there is a presumption against forms of accommodation that are institutional. 'Congregate settings' where significant numbers of people with similar needs are living closely together with shared amenities and potentially 'grouped' service delivery are not thought to constitute a homely environment. Some traditional hostels for the homeless are in this form, but the intention is that they should only provide very short term accommodation.

Table A7:1 shows that for most homeless client sub-groups, the mean number of units per service is well above the recommended level of ≥ 5 units. This does not necessarily mean that all these services represent congregate settings. Some services may be very short term, or based on clusters of individual properties each with their own front door which have one or a small number of Supporting People funded clients living in them. However, the homelessness sector is known to provide a number of services across all the client sub-groups with shared facilities and, in a few cases, shared accommodation although the Housing Executive is seeking to phase out room sharing. The Supporting People team has not been able to provide the researchers with information about either the way each service is configured, or the date on which services were commissioned. However, a significant number of accommodation-based homelessness services were commissioned either pre-2003 when the Supporting People programme was launched (these are termed 'legacy services'), between 2003 and 2008 during which time Supporting People commissioning practices moved away from the provision of hostel-type services, or post-2008.

Further work is required to identify those services which no longer provide accommodation or support that meets current commissioning standards.

Geographical distribution of services

SP-funded homelessness services are dispersed geographically with some parts of Northern Ireland better served than others. Table 7.2 overleaf shows the distribution of homelessness services across the NIHE administrative areas¹²⁷.

Almost three quarters of all Supporting People funded accommodation-based services for homeless client groups are located in the NIHE's Belfast and West areas. There are no accommodation-based services:

- for homeless families in the South East area;
- for people with drug and alcohol issues addictions in the North and South areas;
- for offenders and those at risk of offending in the North and South East areas;
- for Travellers in the Belfast, North, South or South East areas.

¹²⁷ Data were not available for the new (post-2015) local authority areas.

Table A7:2: Geographical distribution of accommodation-based services for homeless people

Homeless Client Group	NIHE Area Office											
	Number of services by area						Percentage of service type by area					
	Belfast	North	South	SE	West	TOTAL	Belfast	North	South	SE	West	TOTAL
Homeless Families with support needs	10	6	5	0	6	27	37.04%	22.22%	18.52%	0.00%	22.22%	100.00%
Homeless Single People with support needs	16	6	5	4	5	36	44.44%	16.67%	13.89%	11.11%	13.89%	100.00%
Women escaping violence	2	3	2	3	4	14	14.29%	21.43%	14.29%	21.43%	28.57%	100.00%
People with Alcohol and Drug Issues	5	0	0	2	4	11	45.45%	0.00%	0.00%	18.18%	36.36%	100.00%
Offenders and those at risk of offending	4	0	1	0	2	7	57.14%	0.00%	14.29%	0.00%	28.57%	100.00%
Travellers	0	0	0	0	2	2	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
Homeless Young People 16 – 25 and leaving Care	6	2	2	2	6	18	33.33%	11.11%	11.11%	11.11%	33.33%	100.00%
TOTAL	43	17	15	11	29	115	37.39%	14.78%	13.04%	9.57%	25.22%	100.00%

Homeless Client Group	NIHE Area Office											
	Number of services by area						Percentage of service type by area					
	Belfast	North	South	SE	West	TOTAL	Belfast	North	South	SE	West	TOTAL

Source: Provider Returns for 1 April 2013 to 31 March 2014

A number of questions arise from the findings:

- Does current needs assessment show that areas with no services have no needs?
- Is there a policy of concentrating commissioning for some services in particular locations?
- Are there current plans to commission any new services for clients that at present have no services in a particular area?

Funding for accommodation-based homelessness services

Supporting People Grant

The total annual Supporting People Grant payment per service in 2014 was £21,935,702 at a mean weekly unit rate per bed space of £227.53. Half of this funding is committed to services that accommodate and support homeless families and single people. Table A7:3 shows funding data for each client sub-group.

Supporting People contracts for homeless services are termed 'Block Gross'. This means that the Supporting People payment is made irrespective of whether all the contracted bed-spaces are occupied or not. All these services are therefore funded on a comparable basis.

Table A7:3: Supporting People Grant (SPG) funding for accommodation-based services for homeless people

Homeless Client Group	Total SP payments per client group	Number of services	Mean Annual payment per service	Number of contracted bed spaces	Mean payment per week per unit
Homeless Families with support needs	£3,192,806	27	£118,252	339	£181.12
Homeless Single People with support needs	£7,500,004	36	£208,333	721	£200.04
Women escaping violence	£2,542,403	14	£181,600	132	£370.40
Alcohol and Drugs	£3,116,251	11	£283,296	239	£250.74
Offenders inc mixed single people / offenders	£3,082,178	7	£440,311	188	£315.28
Travellers	£36,564	2	£18,282	13	£54.09
Young People 16 - 25 and those leaving care	£2,474,466	18	£137,470	222	£214.35

TOTAL	£21,935,702	115	£190,745	1,854	£227.53
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Source: Provider Returns for 1 April 2013 to 31 March 2014

As noted in footnote 2, there is an important caveat to be entered about the depiction of funding for 'offender accommodation'. As a result of anomalies in the data collected by the SP team and provided to the researchers, the category includes four services that are dedicated to offenders, and four services that contain a mix of offenders and other homeless single people. In this latter category the data do not allow disaggregation to separate out income and expenditure for different sources for the two types of occupant. The data for offender services contained in A7.6 is therefore a hybrid and should only be taken as indicative of the level of funding per bedspace in offender accommodation. A further complication is that some of the single homeless will themselves be ex-offenders with complex needs, but they are not subject to statutory supervision.

Bearing in mind this anomaly, the mean cost per unit of services for 'offenders' and other single people living in the same services is one third higher per unit per week than the mean cost for all services. The mean cost of services in women's schemes is also well above the mean for all services. In contrast, the mean cost of services for Travellers is approximately one fifth of the mean for all services.

Services for homeless families, single homeless people, women escaping domestic violence and Travellers are commissioned directly by the Housing Executive, and costs can be monitored and controlled. That is not the case for the other client groups. Services for vulnerable young people are jointly commissioned with social services/young peoples' services. The mean cost per unit is slightly below the mean cost for all services, possibly reflecting the fact that there is usually a significant financial contribution from social services (see below). Services for offenders are jointly commissioned by NIHE with the Probation Service NI. It is also worth noting at this point that a budget held by probation services for offender accommodation was merged into Supporting People Grant from 2003 onwards.

Subject to confirmation through analysis of more detailed data, the data suggest that if the mean unit cost in offender services is, in reality, about one third higher than the mean unit cost of all services, the question arises whether all the activities being funded are strictly 'housing related support' services, or whether an element of supervision of the occupants is taking place in offender services. In follow-up discussions with the PBNI it was confirmed that dedicated offender services do not carry out offence-focussed work. However, some of the hostels do harm reduction work and carry out statutory supervision in terms of monitoring behaviour in the hostel. PBNI representatives also said that some homeless self referrals will themselves be ex-offenders with complex needs but they are not subject to statutory supervision.

Housing Benefit

In addition to Supporting People Grant payments to homelessness services, the NIHE committed £7,141,163 in Housing Benefit to these services at a unit cost of £74.07 per unit

per week. 60% of this funding is allocated to services that accommodate and support homeless families and single people. This is above the level of Supporting People funding allocated to these two client groups. Table A7:4 below gives a breakdown of Housing Benefit committed to the different homeless client groups.

Table A7:4: Funding from Housing Benefit (HB) for accommodation-based services for homeless people

Homeless Client Group	Total annual HB payments per client group	Number of Services	Mean Annual Payment per Service	Number of units	Mean Payment per week per unit
Homeless Families with support needs	£1,580,682	27	£58,544	339	£89.67
Homeless Single People with support needs	£2,692,715	36	£74,798	721	£71.82
Women escaping violence	£379,280	14	£27,091	132	£55.26
Alcohol and Drugs	£873,996	11	£79,454	239	£70.32
Offenders inc mixed single people / offenders	£1,083,171	7	£154,739	188	£110.80
Travellers	£59,837	2	£29,919	13	£88.52
Young People 16 - 25 and those leaving care	£471,483	18	£26,193	222	£40.84
TOTAL	£7,141,163	115	£62,097	1854	£74.07

Source: Provider Returns for 1 April 2013 to 31 March 2014

The value of HB per unit for most client groups ranges from £55 per unit per week to £90 per unit per week. However:

- services for young people receive relatively low levels of HB per unit; while
- services for offenders¹²⁸ receive around 50% more per unit than the mean for all other services.

Housing Benefit income is significant¹²⁹, in that the vast majority of homelessness services are delivered via Joint Management Agreements between a provider charity and a housing association. The Welfare Reform Bill 2015 has serious implications for this type of service,

¹²⁸ The cautionary note about the hybrid nature of data for these services referred to in the previous section is also relevant here.

¹²⁹ We are grateful to Ricky Rowledge, Chief Executive, Council for the Homeless NI, who made a number of these points in comments on an earlier draft of this report.

should what is called 'specified' accommodation in Great Britain be applied in Northern Ireland. This legislation could have a negative impact on accommodation based services, especially supported living where units with a 'spare' bedroom will be subject to the bedroom tax. The cessation of HB for under-21s – and potentially for those under 25 - may impact on young homeless people who are not care leavers. In addition there are major issues around rent setting by HA partners where in a number of cases there is a shortfall between rent set and the HB applicable amount. Shortfalls are being funded by providers – which may go some way to explaining the deficits highlighted later in the report.

Aggregate funding for homeless services from the Housing Budget – SPG + HB

Both Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funds awarded by DSD to NIHE. SPG and HB awarded to Supporting People providers for homeless clients totalled £29,085,835 in the 2013/2014 financial year. This amounts on average to £302 per unit per week.

These aggregate figures enlarge upon the variances found in the previous two tables.

- Services for homeless families, Travellers, and homeless young people have combined HB and SPG indexed per unit per week that is below the mean for all services;
- The combined value of HB and SPG per unit per week in services for people with drug and alcohol issues is slightly above the mean for all services.
- However, the mean cost of SPG plus HB per unit per week in women's services and in offender services is around 40% above the mean for all services.

These findings highlight the relatively high cost per unit to the DSD/NIHE housing budget of services for women escaping domestic violence, and possibly for offenders and those at risk of offending.

Table A7:5: Combined funding from SPG and HB for accommodation-based services for homeless people

Homeless Client Group	Total annual SPG/HB payments per client group	Number of Services	Mean Annual Payment per Service	Number of units	Mean Payment per week per unit
Homeless Families with support needs	£4,773,488	27	£176,796	339	£270.79
Homeless Single People with support needs	£10,192,719	36	£283,131	721	£271.86
Women escaping violence	£2,921,683	14	£208,692	132	£425.65
Alcohol and Drugs	£3,990,246	11	£362,750	239	£321.07
Offenders inc mixed single people / offenders	£4,165,349	7	£595,050	188	£426.08
Travellers	£96,401	2	£48,201	13	£142.61
Young People 16 - 25 and those leaving care	£2,945,949	18	£163,664	222	£255.19
TOTAL	£29,085,835	115	£252,920	1854	£301.70

Source: Provider Returns for 1 April 2013 to 31 March 2014

Statutory Social Care funding

Relatively few services for homeless client groups (16 services out of a total of 115 services, or 14%) receive statutory social care funding. Table A7:6 on the following page summarises the position during 2013/2014.

The total annual value of statutory social services funding to the homelessness sector is £2,295,128.

- For those services that do receive some social care funding, the mean weekly unit rate is £157.07.
- The most significant levels of statutory social care funding are allocated to services for people with drug and alcohol issues, and homeless young people needing support or leaving care.
- The highest weekly amount paid per unit is for young people at £346.19 per unit per week.

There is no social care funding for services for women or Travellers. One service for homeless single people that includes accommodation for offenders receives some social care funding. The level of statutory social care payments to drug and alcohol services is less than 50% of the mean unit payment across all homeless services at £71.74. **This seems surprisingly low given the care needs of some people within this client group, and could suggest that the Supporting People programme is subsidising care and rehabilitation**

Table A7:6: Receipt of statutory social care funding by accommodation-based services for homeless people

Homeless Client Group	Number of Services	No of services with Soc Care £	Annual Value of Soc Care £	Mean Annual Soc Care £ per service	No of Units with Soc Care £	Mean Soc Care £ per unit
Homeless Families with support needs	27	1	£346,334	£346,334	38	£175.27
Homeless Single People with support needs	36	2	£536,848	£268,424	32	£322.63
Women escaping violence	14	n/a	n/a	n/a	n/a	n/a
People with Alcohol and Drug Issues	11	4	£354,409	£88,602	95	£71.74
Offenders and those at risk of offending	7	1	£193,443	£193,443	68	£54.71
Travellers	2	n/a	n/a	n/a	n/a	n/a
Homeless Young People 16 – 25 and leaving Care	18	8	£864,094	£108,012	48	£346.19
TOTAL	115	16	£2,295,128	£143,446	281	£157.07

Source: Provider Returns for 1 April 2013 to 31 March 2014

Other income

Homelessness services also receive two other types of income: charges raised by the landlord organisation to pay for services such as heating, lighting and cleaning to communal areas (service charges); and 'other income' the sources of which are not specified on the Supporting People data sets but which could include items such as payments for self-funded services and sundry income/donations. NIHE does not have a breakdown from service providers giving any details. Table A7:7 summarises the data. Note that a significant number of services do not receive 'Other Income'. The table therefore contains data only for those that receive service charges or other income. In those services that do receive some other form of income the amounts are generally very small.

Table A7:7: Income from service charges and other sources by accommodation-based services for homeless people

Homeless Client Group	Annual value of Other Income per Client Group	Number of Services	Mean value of Other Income per Service £	Number of units	Mean Value Other Income per unit per week
Homeless Families with support needs	£465,426	26	£17,901	323	£27.71
Homeless Single People with support needs	£869,654	24	£36,236	511	£32.73
Women escaping violence	£82,392	6	£13,732	58	£27.32
People with Alcohol and Drug Issues	£402,129	10	£40,213	231	£33.48
Offenders and those at risk of offending	£140,310	7	£20,044	188	£14.35
Travellers	£0	0	£0	0	£0.00
Homeless Young People 16 – 25 and leaving Care	£130,630	10	£13,063	74	£33.95
TOTAL	£2,090,541	83	£25,187	1385	£29.03

Source: Provider Returns for 1 April 2013 to 31 March 2014

Where a provider is making a service charge or has some other form of income, the data suggest that services receive the equivalent of around £27 - £33 per week from these sources. Residents in offender services tend to pay significantly lower service charges than other client groups.

Income from all sources

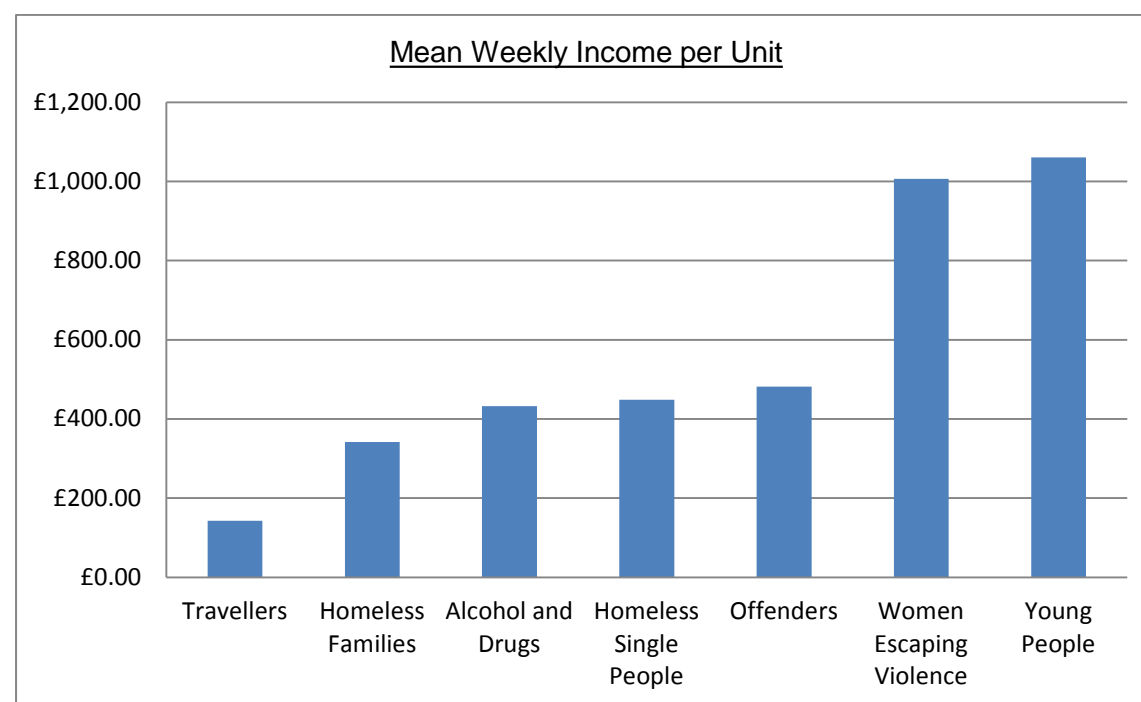
The annual income from all sources for the 115 Supporting People funded accommodation-based homelessness services in 2014 was £34,779,532. The mean income per service was £302,431. The mean weekly income per unit was £482.91. Table A7:8 below shows that there is a very wide disparity in the mean annual income per service for the different homelessness client groups, and more particularly, in the mean income per unit. These differences are illustrated more graphically in Figure A7:1 below.

Table A7:8: Income all sources for accommodation-based services for homeless people

Homeless Client Group	No of Services	Income from all sources £	Mean annual income per service £	No of units	Mean weekly income per unit £
Homeless Families with support needs	£5,742,004	27	£212,667	323	£341.87
Homeless Single People with support needs	£11,921,857	36	£331,163	511	£448.66
Women escaping violence	£3,035,528	14	£216,823	58	£1,006.47
People with Alcohol and Drug Issues	£5,192,595	11	£472,054	231	£432.28
Offenders and those at risk of offending	£4,709,454	7	£672,779	188	£481.74
Travellers	£96,390	2	£48,195	13	£142.59
Homeless Young People 16 – 25 and leaving Care	£4,081,703	18	£226,761	74	£1,060.73
TOTAL	£34,779,532	115	£302,431	1385	£482.91

Source: Provider Returns for 1 April 2013 to 31 March 2014

Figure A7:1: Mean weekly income per unit from all sources by client group, 2014



Discounting the two services for Travellers, which have small numbers of units of accommodation:

- services for homeless families have a mean total income that is around two thirds of the mean income for all services;
- services for people with drug and alcohol issues and for homeless single people have broadly similar levels of income per unit per week (£432 and £448 per unit week respectively);
- services for offenders¹³⁰ have an income slightly higher than this at £482 per unit per week;
- the mean weekly income for women's services and those for vulnerable young people is more than double this level at £1,006 and £1,061 per unit per week respectively.

Income, expenditure, surplus and deficit in accommodation-based homelessness services

Given the variability in the levels of income shown in the Supporting People data for different types of service, it is of interest to review levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the different types of homelessness service are operating at a surplus or deficit overall, and within their housing support activities. The Table A7:9 below compares overall levels of income and expenditure.

There is an overall deficit for homelessness services when total service income is compared with total expenditure of -£1,143,577 (3% of the homelessness sector's turnover) i.e. -£9,944 per service per annum, or -£11.86 per unit per week. On the basis of this analysis, homelessness services were heavily loss-making taken overall in 2013/2014.

The following services were in surplus overall, per service and per unit:

- services for women made an overall surplus of £122,478 (4% of income); £8,748 per service; and £17.84 per unit per week;
- services for young people made an overall surplus of £41,227 (1% of income); £2,290 per service; and £3.57 per unit per week;
- service for Travellers made an overall surplus of £6,146 (6% of income); £9.11 per unit per week.

The level of surpluses being generated in these three services does not appear to be excessive given the risks that provider organisations are running in the provision of housing and support to these groups.

¹³⁰ See previous cautionary note

Table A7:9: Income from all sources, expenditure and surplus/deficit for accommodation-based services for homeless people

Homeless Client Group	Total income from all sources £	Total Expenditure £	Surplus / Deficit 2013/2014 £	No of Services	Annual Surplus / Deficit per service £	No of Units	Annual surplus / deficit per unit £	Weekly surplus / deficit per unit £
Homeless Families with support needs	£5,742,004	£6,258,138	-£516,133	27	-£19,116.05	339	-£1,522.52	-£29.28
Homeless Single People with support needs	£11,921,857	£12,327,193	-£405,336	36	-£11,259.33	721	-£562.19	-£10.81
Women escaping violence	£3,035,528	£2,913,050	£122,478	14	£8,748.43	132	£927.86	£17.84
People with Alcohol and Drug Issues	£5,192,595	£5,301,361	-£108,765	11	-£9,887.77	239	-£455.09	-£8.75
Offenders and those at risk of offending	£4,709,454	£4,992,658	-£283,204	7	-£40,457.71	188	-£1,506.40	-£28.97
Travellers	£96,390	£90,234	£6,156	2	£3,078.00	13	£473.54	£9.11
Homeless Young People 16 – 25 and leaving Care	£4,081,703	£4,040,476	£41,227	18	£2,290.40	222	£185.71	£3.57
TOTAL	£34,779,532	£35,923,110	-£1,143,577	115	-£9,944.15	1854	-£616.82	-£11.86

Source: Provider Returns for 1 April 2013 to 31 March 2014

The following services were in deficit overall:

- homeless families: -£516,133 (a loss of 9%); -£19,116 per service; and -£29.28 per unit per week;
- services for offenders¹³¹: -£283,204 (a loss of 6%); -£40,458 per service; and -£8.97 per unit per week;
- homeless single people: -£405,336 (a loss of 3%); -£11,259 per service; and -£10.81 per unit per week;
- services for people with drug and alcohol issues: -£108,765 (a loss on turnover of 2%); -£9,888 per service; and -£8.75 per unit per week.

At an individual level, not all services are loss-making however.

- 15 out of 27 services for homeless families were making an operating surplus;
- 9 out of 36 services for single homeless people were making a surplus;
- 8 out of 14 women's services were in surplus;
- 5 drug and alcohol services, 4 offender services and 7 services for young people are in surplus.

This suggests that in those client groups where there was an overall deficit, losses in some services were substantial. Taking the figures overall, operating losses on this scale are unsustainable, and there is a case for reviewing the financial viability of some services if losses continue.

SPG income compared with expenditure on housing support

Table A7:10 (following page) compares levels of funding from Supporting People Grant with the cost of housing support activities in services for homeless people.

The data show that housing support activity in accommodation-based services for homeless people funded from the Supporting People budget are being run at an overall loss of £498,819. In cash terms the main losses were:

- -£473,394 in services for single people;
- -£95,613 in services for people with drug and alcohol issues; and
- -£88,509 in services for homeless families.

¹³¹ The previous cautionary note regarding the hybrid nature of some offender accommodation is once again relevant here.

The mean loss per service per annum and per unit per week for the three client groups was:

- single people: -£13,150 per service, -£12.63 per unit per week, ;
- people with drug and alcohol issues: -£8,692 per service, -£7.69 per unit per week;
and
- homeless families: -£3,278 per service, -£5.02 per unit per week.

Operating deficits are occurring for some service categories in support activity as well as in activity generally: homeless single people; services for people with drug and alcohol issues; and homeless families.

Offsetting the losses, services for women made a surplus of £84,417 (£6,029 per service, £12.30 per unit per week) on support activities. There were small overall surpluses on housing support activity for Traveller services and for services for young people.

Services for offenders made a surplus on their support activities of £53,519 (£7,646 per service per annum, or £5.47 per unit per week). However, offender services were heavily loss-making overall (-£283,204 or -£28.97 per unit per annum). Further review of the reasons for the housing support surplus and the overall deficit in offender services should occur when more detailed data are available.

Table A7:10: Supporting People income, expenditure on support activity, and surplus/deficit for accommodation-based support for homeless people

Homeless Client Group	Income from SP £	Cost of Support Activity £	Surplus / deficit on Support £	Number of Services	Annual surplus / deficit per service	Number of Units	Annual surplus/ deficit per unit	Weekly surplus / deficit per unit
Homeless Families with support needs	£3,192,806	£3,281,315	-£88,509	27	-£3,278.11	339	-£261.09	-£5.02
Homeless Single People with support needs	£7,500,004	£7,973,398	-£473,394	36	-£13,149.83	721	-£656.58	-£12.63
Women escaping violence	£2,544,403	£2,459,986	£84,417	14	£6,029.79	132	£639.52	£12.30
People with Alcohol and Drug Issues	£3,116,251	£3,211,864	-£95,613	11	-£8,692.09	239	-£400.05	-£7.69
Offenders and those at risk of offending	£3,082,178	£3,028,659	£53,519	7	£7,645.57	188	£284.68	£5.47
Travellers	£36,564	£23,245	£13,319	2	£6,659.50	13	£1,024.54	£19.70
Homeless Young People 16 – 25 and leaving Care	£2,474,466	£2,467,024	£7,442	18	£413.45	222	£33.52	£0.64
TOTAL	£21,946,672	£22,445,490	-£498,819	115	-£4,337.55	1,854	-£269.05	-£5.17

Source: Provider Returns for 1 April 2013 to 31 March 2014

Indicators of service efficiency

Data that illustrate two indicators of service efficiency and effectiveness are available from NIHE. These are:

- Occupancy – the average level of occupancy of the accommodation during the 2013/2014 financial year; and
- Throughput – the number of people who moved into and out of the service during 2013/2014, expressed as a percentage of the number of contracted units.

Service occupancy

The Supporting People team sets a benchmark for occupancy in accommodation-based schemes that it funds of 92%, and a lowest acceptable threshold of 85%. Fully occupied is equivalent to 100%.

No occupancy data were available for 10 services (9%). This is probably due to provider non-response. If so, there are grounds for suggesting that the Supporting People team should chase up non-responders more vigorously, since the cut off date for reporting was six months after the end of the financial year.

Detailed analysis of the service level data for the services that responded shows that:

- 27 services (26% of responses) had mean occupancy levels well below 85%, ranging from 20% to 84%;
- 16 services (15%) had mean occupancy levels between 85% and 92%;
- 64 services (60%) had mean occupancy levels above 92%.

Mean occupancy is below the benchmark (92%) in all eight client groups, and is below the acceptable threshold (85%) in Traveller services. In two services, for people with alcohol and drug issues and for young people, occupancy is shown at more than 100%. This can sometimes occur when the provider makes additional accommodation available within the overall agreed contract sum; or where residents are asked to share accommodation (i.e. two people sharing a bedroom contracted for one person).

Table A7:11: Highest, mean and lowest occupancy level in accommodation-based services funded from Supporting People by client group

Homeless Client Group	No of services with data available	Occupancy		
		Lowest	Mean	Highest
Homeless Families with support needs	27	55%	90%	100%
Homeless Single People with support needs	35	20%	90%	100%
Women escaping violence	11	73%	86%	93%
People with Alcohol and Drug Issues	11	39%	88%	122%
Offenders and those at risk of offending	6	70%	91%	100%
Travellers	2	78%	81%	85%
Homeless Young People 16 – 25 and leaving Care	13	58%	86%	105%
TOTAL	105			

Source: Provider Returns for 1 April 2013 to 31 March 2014

There are number of possible reasons for occupancy that falls below the benchmark and threshold levels. These might include: low demand; a very rapid turnover of occupants, which might be the case in some hostels and direct access services that affects annual occupancy because of the number of reletting periods; the need to reduce levels of stress in a service that houses very vulnerable or volatile people, as might be the case in a service housing people with drug and alcohol issues; ineffective referral mechanisms from other agencies, which to some extent might be outside the control of the provider; or weak management.

There are other issues affecting occupancy. The majority of referrals are now made by the Housing Executive rather than via self-referral or another agency. Council for the Homeless NI members have reported a drop in occupancy¹³². This may be the result of gate-keeping or better assessment and options for presenters. Further investigation by the Housing Executive is needed to establish whether there has been a recent fall in occupancy, and if so, what the causes might be.

¹³² Ricky Rowledge, Chief Executive, Council for the Homeless NI, in correspondence with the authors.

Service throughput

Service throughput measures the number of separate individuals who have been housed in a service and have then moved-on in a twelve month period. A throughput measure of 100% in a twelve month period suggests that, on average, residents are not staying in the accommodation for more than one year. A 200% result suggests that residents are in occupation for six months; and a 50% result suggests that half the residents move-on in a twelve month period or that residents are in residence for two years on average.

As an efficiency indicator service throughput needs to be used carefully. It is a useful measure for services where Supporting People funding is intended to pay for short stay services – for periods of possibly up to two years, which is the case for most homelessness services. If the intended length of stay in a hostel, for example, is ‘not more than 6 months’, then throughput measured over a twelve month period is one way of establishing whether people are moving on within six months or are staying in the accommodation for longer. Even where the throughput measure suggests that people are staying for more than six months, however, there can be a number of contributory reasons. They include: a lack of move-on accommodation; service users’ inability to sustain other accommodation; or alternatively, inefficiency in the way the service is being run. In services where the intended length of is twelve months or more, as might be the case in some second-stage move-on services, or in some services for offenders or for people with drug and alcohol issues, qualitative factors come into play in determining the rate at which residents move-on. In these longer-stay services throughput may be less useful as a performance measure.

Nevertheless, used alongside a combination of statistical measures such as occupancy, and other qualitative and contractual measures, throughput has a role to play in helping to assess service effectiveness.

Table A7:12: Highest, mean and lowest resident throughput in accommodation-based services funded from Supporting People by client group

Homeless Client Group	No of services with data available	Throughput		
		Lowest	Mean	Highest
Homeless Families with support needs	27	59%	129%	167%
Homeless Single People with support needs	34	20%	171%	681%
Women escaping violence	11	140%	208%	300%
People with Alcohol and Drug Issues	11	40%	194%	494%
Offenders and those at risk of offending	6	145%	173%	204%
Travellers	2	80%	84%	88%
Homeless Young People 16 – 25 and leaving Care	12	91%	115%	139%
TOTAL	103			

Source: Provider Returns for 1 April 2013 to 31 March 2014

No throughput data were available for 11 services (10%). Analysis of throughput data for the remainder shows that:

- 3 services had a resident throughput of below 50%, suggesting that their residents were in occupation for more than two years, and in one case for up to five years;
- 6 services had a throughput of between 50% and 99%, suggesting that residents are in occupation on average for between one and two years;
- 53 services (51%) had a throughput measured at between 100% and 149%, suggesting that on average residents are in occupation for between six and twelve months;
- 22 services (21%) had a throughput between 150% and 199% suggesting that residency lasts between six and nine months;
- 13 services had a throughput of 200% to 250%, and 6 services had a throughput of more than 250%. These cases suggest that occupancy lasts for six months or less, and in a small number of cases that resident turnover is very rapid.

Mean throughput is above, and in some cases well above 100% in all client groups apart from Travellers. As would be expected, resident turnover appears to be highest in services for single people, women, people with drug and alcohol issues and offenders. These services tend to be designated as short stay. Two services had very high throughput levels. A service for single homeless people had a throughput measured at 681% which, if accurate, implies an average length of stay of less than eight weeks. In another case, a service for people with alcohol and drug issues had a throughput of 494%, which implies an average stay of around 2.5 months.

SUPPORTED ACCOMMODATION SERVICES FOR PEOPLE WITH A LEARNING DISABILITY OR MENTAL HEALTH PROBLEMS

Overview

There are 238 accommodation-based services funded by Supporting People for people with learning disabilities or mental health issues (excluding SNMA-funded 'legacy' services, Floating Support services that are not accommodation-based, and HIA services as discussed above). These services provide 2,341 bed spaces. The Table A7:13 summarises the key data for these services.

Table A7:13: Accommodation based services for people with a learning disability or mental health problem

Learning disability and Mental Health Client Groups	Services		Units of Accommodation		Average no. of units per service
	Number	%	Number	%	
People with a learning disability	133	56%	1,246	53%	9.37
People with mental health problems	105	44%	1,095	47%	10.43
Total	238	100%	2,341	100%	9.84

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A7:13 shows that the mean number of units per service is well above the recommended level of ≥ 5 units needed to facilitate a homely environment for people whose accommodation is often provided for a medium- to long-term stay. The same caveats apply here as in the Homelessness section. However, since accommodation for learning disabled people and those with mental health problems may not be 'temporary accommodation' – i.e. individuals may be living in their supported accommodation for more than two years or in the long term - the nature of the service and way the accommodation is configured is probably more critical for these two client groups than it would be for homeless people in temporary accommodation.

This raises questions about the way in which the form of accommodation and the nature of the support service influences outcomes and the effectiveness of the housing support service in terms of the policy aims for these two client groups. Unfortunately, the Supporting People team were not able to provide any information on outcomes in different types of supported housing, so it is not possible to address these questions in this research.

Proportion of services delivered by a Health and Social Care Trust

More than one quarter of all learning disability and mental health services funded by Supporting People are delivered by one of the Health and Social Care Trusts. This is a distinctive feature of the Supporting People programme in Northern Ireland. Elsewhere in the UK, NHS Trusts and social services authorities are not eligible for Supporting People Grant. Table A7:14 below gives a breakdown of the services and bedspaces delivered by H&SC Trusts in Northern Ireland.

Table A7:14: Number and % of accommodation-based services for people with a Learning Disability or Mental Health problems delivered by a Health and Social Care Trust

Learning Disability and Mental Health Client Groups	Total No of Services	% delivered by a H&SC Trust	Total number of SP contracted bed spaces	% delivered by a H&SC Trust
People with a learning disability	133	26%	1,246	35%
People with mental health problems	105	30%	1,095	31%
TOTAL	238	27%	2,341	33%

Source: Provider Returns for 1 April 2013 to 31 March 2014

A higher proportion of mental health services are delivered by trusts than learning disability services; but the proportion of bed spaces delivered by trusts is higher for learning disability services than for mental health services. Learning disability services operated by Trusts have a mean number of 12.88 bed-spaces per service compared with a mean number for all services of 9.37.

However, the mean number of bed-spaces in mental health services operated by a Trust is broadly similar to the number in all services - 10.81 bed spaces compared with 10.43 bed spaces.

Service size – frequency distribution of number of SP-contracted units

Table A7:15 shows the size distribution of supported accommodation units generally in the learning disability and mental health categories.

Table A7:15: Frequency distribution of services by number of units of accommodation per service, in Learning Disability or Mental Health services

Learning Disability and Mental Health Client Groups	Lowest No of Units	25% Quartile	Median	75% Quartile	Highest No of units
People with a learning disability	1	3	6	11	60
People with mental health problems	1	6	10	14	40

Source: Provider Returns for 1 April 2013 to 31 March 2014

There are 55 services for people with a learning disability with ten or more units of accommodation (41%). 19 of these (35%) of these services are delivered by an H&SC Trust.

61 services for people with mental health issues have ten or more units of accommodation (58%). Of these, 20 are delivered by a Trust (33%).

On the basis of these figures, and without more information to establish the precise way in which each service is configured, there must be some concern about the numbers of learning disabled people and those with mental health issues being co-located in a single service. This is particularly the case in services operated by one of the H&SC Trusts. The creation of institutional environments will tend to create dependency and work against independence and the fundamental aims of the Supporting People programme.

Supported accommodation for these two client groups is usually jointly commissioned and funded by the NIHE working in partnership with Health and Social Care Trusts. Palmer and Boyle (2014) concluded in their study of the post-Bamford learning disability resettlement programme that:

*“A correlation was found between the mean number of bed spaces per service in each area and the mean weekly unit price. This suggests that larger aggregations of bed spaces cost less per unit, but this is not necessarily reflected in the overall contract price, which is driven by the number of units and other factors such as residents’ level of dependency. Cost rather than best practice may therefore be a consideration that determines scheme size.”*¹³³

The data in Table A7:15 suggest that the mean number of bed spaces in Trust operated learning disabilities services is considerably greater than in non-Trust services. This may suggest that a higher proportion of learning disability services provided by H&SC Trusts are more institutional in character than are non-Trust services. The question is: does this finding result from policy and commissioning choices? Or is it being driven by cost factors?

¹³³ Palmer JAD, Boyle F, Wood A and Harris S (2014 unpublished), *Bamford Review: the experience of learning disabled people resettled from long stay hospitals in Northern Ireland - Interim Report*, for the Northern Ireland Housing Executive

Geographical Distribution of Services

Table A7:16 shows the distribution of services across NIHE administrative areas. Like Homelessness services, Learning Disability and Mental Health services are geographically dispersed. The table above shows the distribution of services across NIHE administrative areas. The three H&SC hospitals that in the past specialised in the provision of long term hospital-based services for the two clients groups were located in the NIHE's North Area (Muckamore Abbey Hospital, Antrim), South East Area (Longstone Hospital, Armagh) and West Area (Gransha Hospital, City of Derry). The distribution of services across the three areas does not appear to be unduly dependent on the location of one of these hospitals.

Table A7:16: Geographical Distribution of Accommodation Based Services for people with a Learning Disability or Mental Health Problem¹³⁴

	NIHE Administrative Area										
	Number of services by area					Percentage of service type by area					
	Belfast	North	SE	South	West	%	Belfast	North	SE	South	West
People with a learning disability	18	26	48	28	13	133	14%	20%	36%	21%	10%
People with mental health problems	25	23	16	24	17	105	24%	22%	15%	23%	16%
Total	43	49	64	52	30	238	18%	21%	27%	22%	13%

Source: Provider Returns for 1 April 2013 to 31 March 2014

¹³⁴ Geographical location refers to the address of the service not of the provider. Data were not available for the new (post-2015) local authority areas.

Funding for accommodation based learning difficulty & mental health services

Supporting People Grant

Table A7:17 below gives the Supporting People Grant funding data for each client sub-group. The total annual Supporting People payment per service in 2014 was £22,771,210 at a mean weekly unit rate per bed space of £187.06. The 60% of this funding is committed to services that accommodate and support individuals with a learning disability. The data show that, on average, services for learning disabled people are more expensive than those for people with mental health issues. The mean level of SPG paid to learning disability services is 21% higher than for mental health services. When indexed per bed space, this differential increases to 34%.

Table A7:17: Supporting People Grant (SPG) funding for accommodation based services for people with a learning disability or mental health problem

	Total SP Payments 2014	No. of Services	Mean SP Payments per Service	Number of contracted bed spaces	Mean weekly contract value per bed space
People with a learning disability	£13,759,811	133	£103,457.23	1,246	£212.37
People with mental health problems	£9,011,399	105	£85,822.85	1,095	£158.26
Total	£22,771,210	238	£189,280.07	2,341	£187.06

Source: Provider Returns for 1 April 2013 to 31 March 2014

Housing Benefit

In addition to Supporting People Grant, the Housing Executive paid £3,699,330 in Housing Benefit to these services at a unit cost of £30.39 per unit per week. 68% of this funding is allocated to services supporting people with mental health issues. However, the mean level of Housing Benefit being paid is well below the level of Supporting People funding allocated to these two client groups. Services for learning disabled people receive on average less than half the amount of HB per contracted unit (£18.16) than services for people with mental health problems (£44.31).

Table A7:18 gives a breakdown of Housing Benefit committed to the learning disability and mental health client groups.

Table A7:18: Housing Benefit (HB) funding for accommodation based services for people with a learning disability or mental health problem

	Total HB Payments 2014	Number of contracted units	Mean weekly contract value per unit
People with a learning disability	£1,176,429	1,246	£18.16
People with mental health problems	£2,522,901	1,095	£44.31
Total	£3,699,330	2,341	£30.39

Source: Provider Returns for 1 April 2013 to 31 March 2014

Aggregate SPG and HB funding for learning disability and mental health services

Both Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funding given by DSD to NIHE. In total, SPG and HB awarded to Supporting People providers for clients with mental health issues and learning disabilities totalled £26,470,540 in the 2014 calendar year. This amounts to £217.50 per unit per week.

Table A7:19: Combined funding from SPG and HB for accommodation-based services for those with a learning disability or mental health problem

	Total combined SPG + HB Payments 2014	Number of contracted units	Mean weekly contract value per unit
People with a learning disability	£14,936,240	1,246	£230.53
People with mental health problems	£11,534,300	1,095	£202.57
Total	£26,470,540	2,341	£217.45

Source: Provider Returns for 1 April 2013 to 31 March 2014

Reviewing Tables A7:17, A7:18 and A7:19, the data show that while learning disability services are awarded on average more SPG than mental health services, the reverse is true for HB. When the two sources of funding are aggregated, services for learning disabled people receive on average 12% more SPG + HB combined than services for people with mental health issues.

Statutory Social Care Funding

Two thirds of the Supporting People funded services for people with a learning disability or mental health problems (160 services out of a total of 238 services, or 67%), receive statutory social care funding.

The total annual value of statutory social services funding for these two client groups is £35,540,890. The level of statutory social care payments for both client groups combined is more than one-third (34%) higher than the funding for these services from the housing

budget (£35.5 million compared with £25.5 million). Table A7:20 below sets out a summary of the position during 2013/2014.

For those services that receive some social care funding, the mean weekly unit rate is £417. The most significant levels of statutory social care funding are allocated to services for people with a learning disability at a mean payment of £546 per unit per week. Mental health services in contrast receive almost one and a half times less per contracted unit from social services than learning disability services.

Compared with funding from the housing budget (SPG + HB) learning disability services are awarded on average 140% more from statutory social care sources, while mental health services receive just 10% more from social care sources.

Table A7:20: Receipt of statutory social care funding by accommodation based services for people with a learning disability or mental health problem

	No. of services	No. with Social Care funding	Value of Social care funding (£)	Mean Social care funding (£) per service	No. units with Social care funding	Mean Social care funding (£) per unit
People with a learning disability	133	103	£27,968,963	£271,543	985	£546.06
People with mental health problems	105	57	£7,571,927	£72,114	654	£222.65
Total	238	160	£35,540,890	£222,131	1,639	£417.01

Source: Provider Returns for 1 April 2013 to 31 March 2014

Other Income

Learning disability and mental health services also receive two other types of income: charges made to tenants by the landlord organisation to pay for services such as heating, lighting and cleaning; and 'other income', the sources of which are not specified on the Supporting People data sets but which might include items such as payments for self-funded services and sundry income or donations. NIHE does not have a breakdown from service providers giving any details. Table A7:21 below summarises the data that are available.

Table A7:21: Income from service charges and other sources by accommodation based services for people with a learning disability or mental health problem

	Value of Service Charges (£)	No. of Units paying	Charge per bed space p/w	Value of 'other income' (£)	No. of units with 'other income'	'Other income' per bed space p/w
People with a learning disability	£890,967	482	£35.55	£1,804,631	668	£52.99
People with mental health problems	£604,312	409	£28.41	£529,199	680	£14.97
Total	£1,495,279	891	£32.27	£2,369,830	1,348	£33.81

Source: Provider Returns for 1 April 2013 to 31 March 2014

The services for learning disabled people and those with mental health issues generated almost £1.5 million in service charges levied on the occupants by landlords in 2014¹³⁵. However, not all providers charge for housing services. Thus:

- Of 133 services for learning disabled people, only 43 (32%) services make a service charge generating almost £900,000; and
- Of 105 services for people with mental health issues, only 45 (43%) make a service charge generating just over £600,000.

The mean level of charge is slightly higher in learning disability services than in mental health services.

In addition, these services generated £2.369 million in other income. Once again, not all providers generated other income:

- 54 services for learning disabled people (41%) generated £1.8 million; and
- 53 services for people with mental health issues (51%) generated £529,000.

Income from all Sources

The 2013/2014 income from all sources for the 238 Supporting People funded learning disability and mental health services was almost £66 million. Of this:

- SPG accounts for 34.5%;
- HB accounts for 5.6%;
- SPG + HB (Housing Budget) accounts for 40.1%;

¹³⁵ Service charges pay for housing costs that are not recoverable from Housing Benefit, such as cleaning communal areas. Charges are paid for from tenant's personal income including any benefits that they might receive.

- Social care funding accounts for 53.9%;
- Services charges and other income account for 5.9%.

The mean income per service was £276.792. The mean weekly income per unit was £541.16. The table below shows the data for all services.

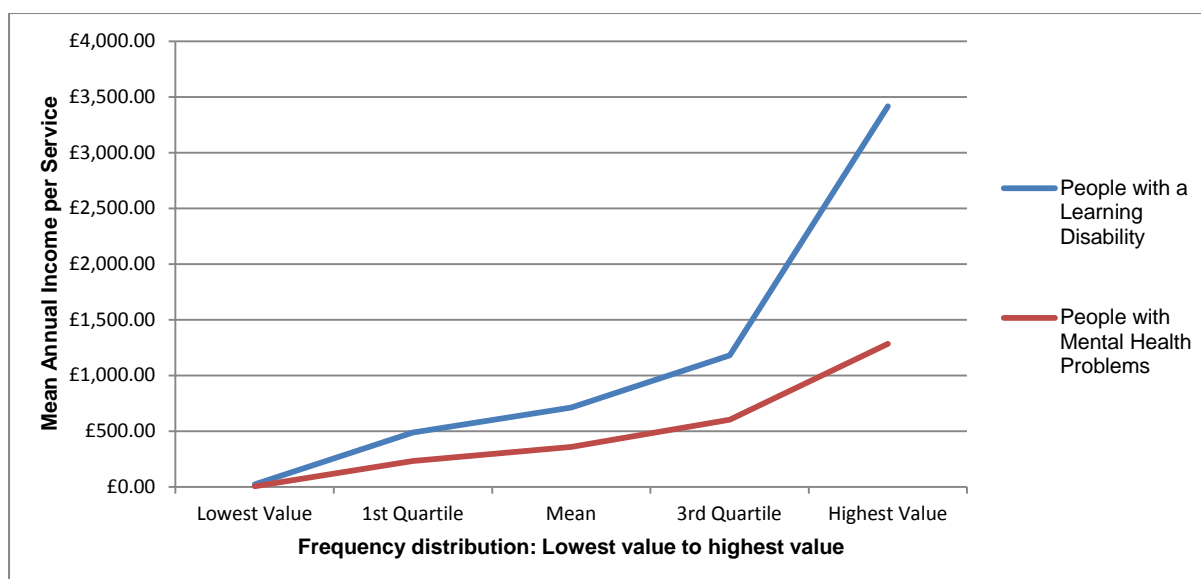
Table A7:22: Income from all sources for accommodation based services for people with a learning disability or mental health problem

	No of Services	Income from all sources (£)	Mean annual income (£)	No. of units	Mean income per unit p/w (£)
People with a Learning Disability	482	£45,636,801	£343,134	1,246	£704.36
People with Mental Health Problems	409	£20,239,738	£192,759	1,095	£355.46
Total	891	£65,876,539	£276,792	2,341	£541.16

Source: Provider Returns for 1 April 2013 to 31 March 2014

The mean annual income per service for learning disability services was almost 80% higher than the mean annual income in mental health services. Indexed on a per bed space basis, the mean annual income per bed space in learning disability services was almost exactly double the mean annual income in mental health services. Figure A6:2 below compares total weekly income per bed space for mental health and learning disability services, showing the very different payment profiles for the two types of service.

Figure A6:2: Mental health and learning disability services: comparison of total income per week per bed space



Total income compared with expenditure showing operational surplus and deficit in services for learning disabilities and mental health

Given the variability in the levels of income shown in the Supporting People data for different types of services, it is of interest to review levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the mental health and learning disability services that are partly funded by SPG are operating at a surplus or deficit overall, and within their housing support activities. The tables below compare firstly, overall levels of income and expenditure, then compares levels of income and expenditure within housing-related support activity.

Table A7:23 (following page) shows that, taken overall, income and expenditure for both mental health and learning disability services are in balance, with on average a very small surplus of between 1% - 2%.

Table A7:23: Income from all sources, expenditure and surplus/deficit for accommodation based services for people with a learning disability or mental health problem

	Total Income from all sources (£)	Total Expenditure (£)	Surplus / Deficit (£)	No. of services	Annual surplus / deficit per service	No. of Units	Annual surplus / deficit per unit	Surplus / deficit per unit p/w
People with a learning disability	£45,636,801	£45,005,112	£631,689	133	£4,749.54	1,246	£506.97	£9.75
People with mental health problems	£20,239,738	£19,636,046	£603,629	105	£5,749.45	1,095	£551.32	£10.60
Total	£65,876,539	£64,641,158	£1,235,381	238	£5,190.68	2,341	£527.72	£10.15

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A7:24: Supporting People Income, Expenditure on Support Activity, and Surplus / Deficit for accommodation based services for people with a learning disability or mental health problem

	Income from SP	Cost of Support Activity	Surplus / Deficit on Support	No of Services	Surplus / Deficit per service	No. of Units	Surplus / Deficit per unit	Surplus / Deficit per unit p/w
People with a learning disability	£13,759,811	£15,150,026	-£1,390,215	133	-£10,452.74	1,246	-£1,115.74	-£21.46
People with mental health problems	£9,011,399	£9,998,338	-£986,939	105	-£9,399.42	1,095	-£901.31	-£17.33
Total	£22,771,210	£25,148,364	-£2,377,154	238	-£9,988.04	2,341	-£1,015.44	-£19.53

Source: Provider Returns for 1 April 2013 to 31 March 2014

However, the summary data in Table A7:23 hide very large variations in the financial position of individual services.

Learning disability services

- 39 learning disability services (29%) were in overall deficit, the largest deficit was £228,649;
- more than one third of the services in deficit were operated by H&SC Trusts;
- 70 services were in surplus (59%) - the largest surplus was £237,871;
- 16% of the services in surplus were operated by Trusts.

Mental Health Services

- 34 services for people with mental health issues (32%) were in deficit - the largest deficit was £155,774;
- One third of the services in deficit were operated by H&SC Trusts;
- 54 services (51%) were in surplus - the largest surplus was £ 306,269;
- Only three of the services operated by one of the Trusts were in surplus.

These very wide disparities suggest that closer attention might be paid to the overall financing of learning disability and mental health accommodation-based support services by the statutory partners.

Table A7:24 (previous page) shows that both the learning disability and the mental health Supporting People budgets were in overall deficit by £2.377 million (10%).

Learning Disability Services

- Learning disability services made a loss on their Supporting People budgets of - £1.390 million (10%);
- indexed on a per service basis this is equivalent to a loss of -£10,450 per service;
- indexed on a per bed space basis this is equivalent to a loss of -£21.46 per week.

Mental Health Services

- Mental health services made a loss on their Supporting People budgets of almost - £987 thousand;
- this is equivalent to a loss of -£9,400 per service; or
- -£17.33 per week.

Once again, however, the aggregate figures hide a very wide variation in the performance of individual services.

Learning disability Services

- 64 learning disability services made a loss on their Supporting People budget (48%);
- The largest loss was £225 thousand;
- most of the very large losses (more than £25,000) were made by H&SC Trusts, but a small number of services operated by voluntary sector providers also made very large losses;
- 16 services (12%) made surpluses of more than £10,000, most surpluses were made by voluntary organisations, and the largest surplus was £38,650.

Mental Health Services

- 42 mental health services made a loss on their Supporting People budgets (40%);
- the largest loss was £174,470;
- once again, most of the largest losses were made by H&SC Trusts, although a small number of voluntary organisations also made significant losses;
- 45 services (43%) made surpluses, and 16 made surpluses of more than £10,000;
- The largest surplus, made by a voluntary organisation, was £100,000.

The key finding from this table is that, taken overall, housing support services provided for learning disabled people and people with mental health problems that are funded from the Supporting People budget are being run at a significant loss. For learning disability services, this is true for both H&SC Trusts and non-Trust organisations. Non-Trust organisations are making a very small surplus on mental health services overall, but once again Trusts are running these services at a loss.

The variation in performance between different providers and services suggests that the explanation may be found in a combination of contracting issues – ‘are some providers being funded adequately for the type of need they are addressing and the level of service they are providing?’; and performance issues – ‘Are some providers delivering an efficient and cost effective service?’.

Indicators of Service Efficiency

Two indicators of service efficiency and effectiveness are available from the NIHE Supporting People data. These are:

- Occupancy – the level of occupancy of the accommodation provided in November 2014 when the data were compiled (fully occupied = 100%); and
- Throughput – the number of people who moved into and out of the service during 2014, expressed as a percentage of the number of contracted units.

Service Occupancy

The Supporting People team sets a performance benchmark for occupancy in accommodation-based schemes that it funds of 92%, with a lowest acceptable threshold of 85% occupancy measured over a quarter and a fully financial year.

Table A7:25 shows indexed data on service occupancy analysed for the both client groups.

Table A7:25: Highest, mean and lowest occupancy level in accommodation based services funded from Supporting People (by client group, at November 2014)

	No. of services with data available	Occupancy		
		Lowest	Mean	Highest
People with a learning disability	118	32%	92%	100%
People with mental health problems	112	17%	93%	100%
Total	220			

Source: Provider Returns for 1 April 2013 to 31 March 2014

No occupancy data were available for 18 services (8%). Detailed analysis of the service level data for the remainder shows that:

- 34 services (16% of the remainder) had occupancy levels well below 85%, ranging from 17% to 84%;
- 32 services (15%) had occupancy levels between 85% and 92%;
- 154 services (70%) had occupancy levels above 92%.

Mean occupancy meets or very slightly exceeds the performance benchmark in both client groups.

There are number of possible reasons for occupancy that falls below the benchmark and threshold levels. These might include: low demand for a particular service; a very rapid turnover of occupants, but this is unlikely in learning disability or mental health services where residents tend to stay for longer periods of time than in homelessness services, for example; the need to reduce levels of stress in a service that houses very vulnerable or volatile people, as might be the case in some of these services where individuals might have challenging behaviours; ineffective referral mechanisms from other agencies, and in particular from H&SC Trusts; or weak management.

Service Throughput

The term 'throughput' is defined in the previous section on homelessness services. The term carries the same meaning in relation to accommodation-based services for learning disabled people and people with mental health issues. However, as turnover is not expected to be as high in these services, it is less significant as a measure of performance than would be the case for homeless services. Nevertheless, it provides a useful indicator of the extent to which services are providing short, medium or long term accommodation.

Table A7:26 shows indexed data on service throughput analysed for the learning disability and mental health client groups.

Table A7:26: Highest, mean and lowest resident throughput in accommodation based services funded from Supporting People

	No. of services with data available	Throughput		
		Lowest	Mean	Highest
People with a learning disability	120	35%	93%	110%
People with mental health problems	102	17%	97%	138%
Total	222			

Source: Provider Returns for 1 April 2013 to 31 March 2014

Once again, no throughput data were available for 16 services (7%). Analysis of throughput data for the remainder shows that:

- 4 services had a resident throughput of below 50%, suggesting that their residents were in occupation for more than two years, and in one case for up to five years;
- 83 services had a throughput of between 50% and 99%, suggesting that residents are in occupation on average for between one and two years;
- The remaining 135 services (61%) had a throughput measured at between 100% and 138%, suggesting that on average residents are in occupation for between six and twelve months – almost all of these were services for those with mental health issues.

Indicators of Service Value for Money

As a final stage in the evaluation of these services, we have reviewed the income streams, costs and surplus/deficit on a per-service and per-bed space basis, comparing the financial performance under these headings of H&SC Trusts and other mainly voluntary organisations. In the following tables, we show this comparison for:

- Income from Supporting People Grant

- Income from Housing Benefit
- Income from Statutory Social Care
- Income from Service Charges and 'Other' sources
- Total income from all sources
- Total expenditure on all service elements
- Budget surplus and deficit.
- H&SC Trust Services in comparison to non-H&SCT Trust Services – Supporting People Grant

Supporting People Grant

Table A7:27 shows that at both service and bed space level, H&SC Trusts received a smaller income from SPG than non-Trust organisations. Indexed as a cost per bed-space, non-Trust organisations received on average twice the level of grant within learning disability services; and almost three times the level of grant in mental health services.

Table A7:27: Mean Income from Supporting People across H&SCT and non-H&SCT Services

	Mean SP Income per Service			Mean SP Income per Unit per Week		
	H&SCT	Non-H&SCT	All services	H&SCT	Non-H&SCT	All services
People with a Learning Disability	£88,149	£108,715	£103,457	£131.59	£256.16	£212.37
People with Mental Health Problems	£42,348	£104,035	£85,823	£74.47	£195.83	£158.26
Total	£66,305	£106,713	£95,677	£106.67	£227.00	£187.06

Source: Provider Returns for 1 April 2013 to 31 March 2014

Housing Benefit

Overall, non- H&SC organisations received on average about three times the level of Housing Benefit that H&SC Trusts at the service level; and four times the level of HB per bed-space. The differential is even wider within learning disability services, where non-Trust organisations received approximately five times the level of payment found in Trust services.

Table A7:28: Mean Income from Housing Benefit across H&SCT and non-H&SCT Services

	Mean HB Income per Service			Mean HB Income per Unit per Week		
	H&SCT	Non-H&SCT	All services	H&SCT	Non-H&SCT	All services
People with a Learning Disability	£3,439	£10,702	£8,845	£5.13	£25.22	£18.16
People with Mental Health Problems	£10,608	£30,055	£24,313	£18.88	£56.28	£44.83
Total	£6,858	£18,980	£15,543	£11.09	£40.27	£30.39

Source: Provider Returns for 1 April 2013 to 31 March 2014

Statutory social care funding

Social care funding for Trust services is around 45% higher overall than for non-Trust organisations, and 60% higher in learning disability services. Indexed to income per bed space, however, there is very little difference in the levels of funding between learning disability services provided by the two types of organisation; and only a small difference in mental health services.

Table A7:29: Mean Income from Statutory Social Care across H&SCT and non-H&SCT Services

	Mean SC Income per Service			Mean SC Income per Unit per Week		
	H&SCT	Non-H&SCT	All services	H&SCT	Non-H&SCT	All services
People with a Learning Disability	£292,920	£181,916	£219,293	£437.27	£428.64	£431.67
People with Mental Health Problems	£84,346	£66,989	£72,114	£150.10	£125.44	£132.98
Total	£193,446	£132,722	£149,331	£312.82	£281.60	£291.96

Source: Provider Returns for 1 April 2013 to 31 March 2014

Income from all sources

H&SC Trusts providing learning disability services receive around 21% more income per service than non-Trust organisations. This is around 30% more per bed space. However, Trusts providing mental health services receive about 54% less income per service and 62% less income per bed space than non-Trusts.

Table A7:30: Mean Total Income across H&SCT and non-H&SCT Services

	Mean Total Income per Service			Mean Total Income per Unit per Week		
	H SCT	Non-H SCT	All services	H SCT	Non-H SCT	All services
People with a Learning Disability	£394,256	£325,577	£343,134	£588.59	£767.14	£704.36
People with Mental Health Problems	£139,367	£215,126	£192,759	£248.01	£402.82	£355.46
Total	£272,693	£278,332	£276,792	£440.97	£590.55	£541.16

Source: Provider Returns for 1 April 2013 to 31 March 2014

Total expenditure

Once again there are significant differences between learning disability and mental health services. Trusts spend 33% more per service (19% per bed space) more than non-Trust providers of learning disability services. Whereas Trusts spend 40% less per service (47% less per bed space) on mental health services than non-Trust organisations.

Table A7:31: Mean Total Expenditure across H&SCT and non-H&SCT Services

	Mean Total Expenditure per Service			Mean Total Expenditure per Unit per Week		
	H SCT	Non-H SCT	All services	H SCT	Non-H SCT	All services
People with a Learning Disability	£415,244	£311,988	£338,384	£619.88	£735.12	£694.61
People with Mental Health Problems	£146,002	£204,189	£187,010	£259.82	£382.34	£344.86
Total	£286,836	£265,877	£271,601	£463.84	£564.13	£531.01

Source: Provider Returns for 1 April 2013 to 31 March 2014

Operational surplus and deficit

As noted earlier in this section of the report there is very wide variation in the levels of surplus and deficit being made by providers on both learning disability and mental health services. Table A7:32 shows that, at the mean, these service are loss-making for H&SC Trusts and showing small surpluses for non-Trust organisations. Indexed to £ per bed space the differentials between Trust and non-Trust services are significant – a difference in surplus/deficit of +£63 per week per bed space for learning disability services and +£32 per bed space for mental health services.

Table A7:32: Mean Total Surplus / Deficit across H&SCT and non-H&SCT Services

	Mean Total Surplus / Deficit per Service			Mean Total Surplus / Deficit per Unit per Week		
	H&SCT	Non-H&SCT	Total	H&SCT	Non-H&SCT	Total
People with a Learning Disability	-£20,988	£13,589	£4,449	-£31.33	£32.02	£9.75
	Differential: +£34,585			Differential: +£63.35		
People with Mental Health Problems	-£6,635	£10,938	£5,749	-£11.81	£20.48	£10.60
	Differential: +£17,753			Differential: +£32.29		
Total	-£14,143	£12,455	£5,191	-£22.87	£26.43	£10.15

Source: Provider Returns for 1 April 2013 to 31 March 2014

SUPPORTED ACCOMMODATION SERVICES FOR OLDER PEOPLE AND PEOPLE WITH PHYSICAL OR SENSORY DISABILITIES

This section reports on the financial and operational performance data associated with the Older People and Physically Disabled People thematic group, which includes the following sub-groups:

- Older people with support needs, (mainly sheltered housing)
- Frail elderly,
- Older people with mental health issues/dementia, and
- People with a physical or sensory disability.

We have used the term 'physically disabled people' in the analysis to include both people with a physical impairment and those with a sensory impairment.

We have concerns about grouping older people and physically disabled people into a single super-group, even if only on the grounds of administrative convenience, because this tends to reinforce a medical model of disability as opposed to a social model. For this reason, our analysis attempts to enable an analysis of the physically disabled client sub-group in isolation, in addition to the analysis of the thematic client grouping overall.

In reviewing the tables that follow, it should also be noted the very large number of services in the 'older people with support needs' group will tend to skew overall averages. There is an additional point to be made here.

The SP-funded accommodation for older people with support needs was largely commissioned in the 2000s to replace residential care schemes for older people operated by H&SC Trusts that were thought to be too institutional in character. This accommodation is also known as 'sheltered housing for the elderly'. It is treated as general needs

accommodation for the purposes of the NIHE Common Waiting List, not as specialised accommodation. Some of this accommodation is now hard to let to older people and vacancies are being filled through the allocation process by other client groups. There are a number of anomalies here. The SP funding for these services is awarded on a Block Grant basis. This means that grant is paid for each unit of accommodation regardless of whether it is occupied or not, whether it is occupied by an older person or not, and whether the occupant has a housing support need. In the research team's view, the Housing Executive should consider changing either the designation of this accommodation as 'services for older people with support needs', or change the type of SPG funding from block subsidy to a payment based on the support needs of individual occupants as has been done in Scotland.

Overview

There are 431 accommodation-based services for older and physically disabled people. These services provide 9,819 units of accommodation. The vast majority of services and units of accommodation are found in the 'older people with support needs group'. Table A7:33 summarises the key data for these services.

Table A7:33: Accommodation Based Services for older people with a Physical Disability or Older People – services and units (numbers and percentage of totals – 2014 data)

	Services		Units of Accommodation		Average no. of units per service
	Number	%	Number	%	
Older people with Mental Health Problems / Dementia	16	4%	309	3%	19.3
Frail Elderly	12	4%	307	3%	25.6
Older People with Support Needs	390	91%	9,078	92%	23.3
People with a Physical / Sensory Disability	13	3%	145	1%	9.62
Total	431	100%	9,819	100%	22.78

Source: Provider Returns for 1 April 2013 to 31 March 2014

The data in the table also shows a much higher average number of units per service among services providing for older people than for individuals with a physical or sensory disability. As noted in the analysis of homelessness and learning disability/mental health thematic groups, the same caveats in relation to facilitation of a homely environment apply here in the case of both older people and those with a physical or sensory disability. The mean number of units per service for older people is 24.9; the mean number of units per service for disabled people is 9.6. The mean number of units per service for older people is significantly above the recommended ≥ 5 units needed to facilitate a homely environment. This result is influenced by the large number of people with support needs living in sheltered

accommodation.¹³⁶ Many people housed in sheltered housing will be active and capable of living an independent life with some degree of support, but some will not need support. Research by Age UK recommends that older people benefit from living in smaller groups where they have a more personalised form of accommodation and support. The numbers of people co-located in this accommodation may be one of the reasons that it has become hard to let. Given a choice, most people prefer to live in their own homes with care and support services provided there.

Proportion of services delivered by a H&SC Trust

Consistent with the lower needs inherent within the older people with support needs sub-group, only 1% of the 390 services that receive Supporting People funding, are being delivered by a Health and Social Care Trust. One out of the thirteen Supporting People funded services for people with a physical disability is delivered by a Trust. However this single Trust service accounts for almost one fifth (18%) of the total contracted units for this client sub-group (i.e. the scheme is very large).

However, given the higher care needs, more than half (52%) of units provided for older people with mental health problems and dementia are delivered through a H&SC Trust.

The table below shows the size distribution of supported accommodation units for older people and those with a physical / sensory disability.

Table A7:34: Percentage of services/units delivered by a H&SC Trust

	Total no. of Services	% HSCT Delivered	Total no. of Units	% HSCT Delivered
Frail Elderly	12	17%	307	21%
Older People with Mental Health Problems / Dementia	16	44%	309	52%
Older People with Support Needs	390	1.0%	9078	1%
S/t Older People	418	3%	9,694	3%
Physical / Sensory Disability	13	8%	125	18%
Total	431	3%	9,819	3%

Source: Provider Returns for 1 April 2013 to 31 March 2014

Geographical Distribution of Services

Table A7:35 shows the distribution of services for older people and for disabled people across the NIHE administrative areas. Data were not available for the new (post-2015) local authority areas.

¹³⁶ See previous comment about the types of occupant now living in accommodation for older people with support needs.

Services for older people with support needs, and for frail elderly, are evenly distributed across the five administrative areas. However, services for older people with mental health needs and dementia are concentrated in Belfast, the north and west; most services for disabled people are concentrated in Belfast and the south.

Table A6:35: Geographical Distribution of accommodation based services for older people and disabled people

	NIHE Administrative Area										
	Number of services by area						Percentage of service type by area				
	Belfast	North	SE	South	West	Total	Belfast	North	SE	South	West
Frail Elderly	4	3	3	3	3	16	25%	19%	19%	19%	19%
Older people with Mental Health Problems / Dementia	3	3	1	0	5	12	25%	25%	8%	0%	42%
Older People with Support Needs	118	92	79	53	48	390	30%	24%	20%	14%	12%
People with a Physical / Sensory Disability	6	1	0	4	2	13	46%	8%	0%	31%	15%
Total	131	99	83	60	58	431	30%	23%	19%	14%	14%

Source: Provider Returns for 1 April 2013 to 31 March 2014

Funding for older peoples' and disabled peoples' services

Supporting People Grant

Table A6:36 shows the level of SPG funding for older people client sub-groups only. The following table compares the aggregate SPG funding for older people with SPG funding for disabled peoples' services.

Table A6:36: Supporting People Grant (SPG) funding for accommodation based services for older people

	Total SP Payments 2013/2014	No. of Services	Mean SP Payment per Service	Number of contracted bed spaces	Mean weekly contract value per bed space
Frail Elderly	£1,213,495	12	£101,125	307	£76.01
Older People with Mental Health Problems / Dementia	£1,686,745	16	£105,422	309	£104.98
Older People with Support Needs	£3,957,722	390	£10,148	9,078	£8.38
Total	£6,857,962	418	£15,912	9,694	£13.60

Source: Provider Returns for 1 April 2013 to 31 March 2014

Sheltered housing for older people with support needs has a relatively low level of SPG per service and per unit compared with other older peoples' groups and with the client groups in the homeless and learning disability/mental health categories. Levels of SPG funding for the frail elderly and older people with dementia/MH issues are significantly higher, but still well below the mean cost per unit in most other client groups.

Table A6:37: Supporting People Grant (SPG) funding for accommodation based services for those with a Physical/Sensory Disability (2014 data)

	Total SP Payments 2014	No. of Services	Total SP Payments per Services	Number of contracted bed spaces	Mean weekly contract value per bed space
Physical / Sensory Disability	£1,259,304	13	£96,870	125	£193.74
Older People	£6,857,962	418	£15,912	9,694	£13.60
Overall Total	£8,117,266	431	£18,834	9,819	£15.90

Source: Provider Returns for 1 April 2013 to 31 March 2014



The total annual Supporting People payment for all services in 2013/2014 was £8,117,266 at a mean weekly unit rate per bed space of £15.90. 16% of this funding is committed to services that accommodate and support individuals with a physical or sensory disability. The remainder is committed to varying levels of support service for older people.

Consistent with the higher support needs prevalent among the physical / sensory disability and mental health / dementia sub-groups, there is a much higher level of Supporting People funding per contracted unit when compared with the level of funding for the frail elderly and, especially, the older people with support needs sub-groups

Housing Benefit

Table A6:38 shows the level of Housing Benefit paid to older peoples' services in 2013/2014. Table A6:39 provides a comparison of the levels of HB paid to aggregated older peoples' services in comparison with services for disabled people.

Table A6:38: Housing Benefit (HB) funding for accommodation based services for older people

	Total HB Payments 2014	Number of contracted units	Mean weekly HB value per unit
Frail Elderly	£452,116	307	£28.32
Older People with Mental Health Problems / Dementia	£465,699	309	£28.98
Older People with Support Needs	£7,883,645	9,078	£16.70
Total	£8,801,460	9,694	£17.24

Source: Provider Returns for 1 April 2013 to 31 March 2014

Services for older people with support needs received on average just over half the level of HB per unit compared with both services for the frail elderly and for those with mental health issues and dementia. On the face of it, this is a surprising result because services for older people with support needs are more closely aligned with 'ordinary' social housing than the forms of provision that are made for the other two client groups.

Table A6:39: Housing Benefit (HB) funding for accommodation based services for older people and for disabled people

	Total HB Payments 2014	Number of contracted units	Mean weekly contract value per unit
Older People	£8,801,460	9,694	£17.24
People with a Physical / Sensory Disability	£558,349	125	£85.90

Overall Total	£9,359,809	9,819	£18.33
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Source: Provider Returns for 1 April 2013 to 31 March 2014

Taking the services overall, NIHE committed £9,359,809 in Housing Benefit at a mean unit cost of £18.33 per unit per week. The amount of HB committed to services for disabled people is almost double the level of HB paid to services for the frail elderly and those with dementia; and four times the level paid to services for older people with support needs.

Overall, and for individual client sub-groups, the total level of Housing Benefit is significantly higher than the level of Supporting People funding allocated.

Aggregate funding for older people and physical/sensory disability services from the Housing Budget (SPG + HB)

Both Housing Benefit and Supporting People Grant are paid to service providers from the annual allocation of housing funding given by DSD to NIHE. In total, SPG and HB awarded to Supporting People providers for older people and those with a physical/sensory disability totalled £17,477,075 in the 2014 calendar year. The overall mean combined SPG and HB payment to older peoples' services was £31.06 per unit per week. The combined payment to older people with Dementia/MH issues was five times the level of payment in sheltered housing for older people needing support; and four times the level of payment to services for the frail elderly.

Table A6:40: Combined funding from SPG and HB for accommodation-based services for older people

	Total SPG + HB Payments 2014	Number of contracted units	Mean weekly contract value per unit
Frail Elderly	£1,665,661	307	£104.34
Older People with Mental Health Problems / Dementia	£2,152,444	309	£133.96
Older People with Support Needs	£11,841,367	9,078	£25.08
Total	£15,659,422	9,694	£31.06

Source: Provider Returns for 1 April 2013 to 31 March 2014

The DSD/NIHE housing budget contributed £15.659 million to older peoples' services in 2013/2014 in the form of either SPG or HB (Table a6:40). On average, this amounted to just over £25 per week per unit in services for older people with support needs, four times this amount in services for the frail elderly, and five times this amount in services for older people with mental health issues and dementia.

The mean combined SPG and HB payment for both older and disabled client groups was £34.23 per unit per week. The level of aggregated SPG + HB paid on average to disabled

peoples' services was eight times higher than that paid to older peoples' services overall. These differences may serve to illustrate some of the distinctions between the client sub-groups and the undesirability of grouping them within a single thematic group.

Table A6:41: Combined funding from SPG and HB for accommodation-based services for older people and for disabled people

	Total SPG + HB Payments 2014	Number of contracted units	Mean weekly contract value per unit
People with a Physical / Sensory Disability	£1,817,653	125	£279.64
Older People	£15,659,422	9,694	£31.06
Overall Total	£17,477,075	9,819	£34.23

Source: Provider Returns for 1 April 2013 to 31 March 2014

Statutory Social Care Funding

Tables A6:42 and A6:43 below set out firstly, a summary of the allocation of social care funding to the older people client groups during 2013/2014, followed by a comparison between aggregated older peoples' services and services for disabled people..

Table A6:42: Statutory social care funding for accommodation based services for older people

	No. of services	No. with SC funding	Value of SC funding	Mean SC (£) per service	No. units with SC	Mean SC (£) per unit
Frail Elderly	12	8	£1,215,473	£151,934	187	£114.03
Older People with Mental Health Problems / Dementia	16	9	£2,433,713	£270,413	201	£212.42
Older People with Support Needs	390	2	£589,938	£294,699	25	£413.99
Total	418	19	£4,239,124	£223,112	413	£197.39

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:34 showed that H&SC Trusts delivered 44% of services for older people with mental health issues and dementia, but only 0.5% of services for older people with support needs.

In total, only 19 out of 418 services for older people with support needs (1%) receive statutory social care funding. In contrast, more than half of the services for older people with

mental health issues and dementia receive care funding, and two thirds of services for the frail elderly receive care funding.

The mean level of care funding per unit in services for older with support needs was twice the level of care funding in services for older people with mental health issues, and four times the level of funding per unit for the frail elderly. This is an unexpected result that requires further investigation. Most housing and support services for older people with support needs are in some form of sheltered housing. As people get older, individuals may need domiciliary and personal care.

However, the differences in funding between services for older people with support needs and the other older peoples' client groups suggest that some services in the first category are actually extra care schemes. In our view, these should be separately identified or included with services for the frail elderly.

Table A6:43: Statutory social care funding by accommodation based services for older people and for disabled people

	No. of services	No. with SC	Value of SC (£)	Mean SC (£) per service	No. units with SC	Mean SC (£) per unit
Physical / Sensory Disability	13	7	£1,722,899	£246,128	67	£451.14
Older People	418	19	£4,239,124	£223,112	413	£197.39
Total	431	26	£5,962,023	£229,309	480	£217.91

Source: Provider Returns for 1 April 2013 to 31 March 2014

The total annual value of statutory social services funding for older and disabled people is £5,962,023.

Social care funding for disabled people is more than twice as high as the mean level of funding for older peoples' services. However, this mean hides the high level of care funding in sheltered housing for older people with support needs. On average, disabled peoples' services receive around 10% more care funding than services for older people with support needs.

The combined level of statutory social care payments for both client groups is only 33% of the combined funding for these services from the housing budget. There are two possible conclusions to be drawn from this: either the majority of these services are primarily housing services with ancillary care and support, in which case the balance of funding between housing and care sources seems appropriate. Alternatively, some of these services are analogous to residential care, in which case the balance of funding appears not to be appropriate. That may be particularly the case for those services for older people with support needs that receive high levels of statutory social care payment. We do not have

sufficient evidence to decide on which possibility is the more likely, but the issue should be examined by the NIHE.

Other Income

Services for this client group also receive two other types of income: charges raised by the landlord organisation to pay for services such as heating and lighting and cleaning; and 'other income' the sources of which are not specified on the SP data sets. The other income category might include items such as payments for self-funded services and sundry income/donations. The tables below summarise the data.

Table A6:44: Income from service charges and other sources in accommodation based services for older people

	Value of Charges (£)	No. of Units paying	Charge per unit p/w	Value of 'other income' (£)	No. of units with 'other income'	'Other income' per unit p/w
Frail Elderly	£301,945	187	£31.05	£437,552	213	£39.50
Older People with Mental Health Problems / Dementia	£488,927	31	£303.30	£480,793	256	£36.12
Older People with Support Needs	£2,987,227	2,505	£22.93	£5,861,740	6,769	£16.65
Total	£3,778,149	2,723	£26.68	£6,780,085	7,238	£18.01

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:45: Income from service charges and other sources in accommodation based services for older people and disabled people

	Value of Charges (£)	No. of Units paying	Charge per unit p/w	Value of 'other income' (£)	No. of units with 'other income'	'Other income' per unit p/w
Physical / Sensory Disability	£22,300	5	£85.77	£209,013	62	£64.83
Older People	£3,778,149	2,723	£26.68	£6,780,085	7,238	£18.01
Total	£3,800,449	2,728	£26.79	£6,989,098	7,300	£18.41

Source: Provider Returns for 1 April 2013 to 31 March 2014

Services for older people generated almost £3.8 million in service charges levied on the occupants by landlords in 2013/2014. Around 80% of this was generated within services

provided for older people with support needs. However, not all providers charge for accommodation services:

- Of 16 services, only 1 service for mental health / dementia (6%) made a service charge. This one service, however, generated almost £0.5 million, at a rate of just over £300 per unit per week.
- Just over 25% of services for older people with support needs made a service charge. These were at a more modest rate of £23 per unit per week, however given this covered more than 2,500 units it still generated almost £3 million.
- Only 1 service, out of 13 for the physical / sensory disability client group made a service charge, this was extremely low in comparison with the older people client groups at a total just over £22,000.

In addition, services for older peoples' client groups combined with disabled people also generated just under £7 million in 'other' income. While, again, not all providers generated income from other sources, the rate was higher in comparison to generation of income from service charges:

- Of 431 services across the four client groups, 299 (69%) generated income from other sources, on average around £18.40 per unit per week.
- Other income generated by services for older people with support needs accounted for fewer than 84% of the total other income across the four client groups.
- At just under £65 per unit per week, services for physical / sensory disabilities were most successful in generating income from other sources on a per unit basis.
- However, while 7 out of 13 services for physical / sensory disabilities recorded having generated income from other sources, 1 service was responsible for just over 90% of the total other income for this client sub-group. The other 6 having generated much more modest amounts totalling £20,500 between them.

Income from all Sources

The annual income from all sources for the 341 Supporting People funded accommodation-based older people and physical/sensory disability services in 2014 was £34,228,645. The mean income per service was £79,417. The mean weekly income per unit was £67.04. Table A6:46 below shows the data for older peoples' services; Table A6:47 compares the aggregate data for older people's services with data for disabled peoples' services.

Table A6:46: Income from all sources for accommodation based services for older people

	No of Services	Income from all sources (£)	Mean annual income (£)	No. of units	Mean income per unit p/w (£)
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	No of Services	Income from all sources (£)	Mean annual income (£)	No. of units	Mean income per unit p/w (£)
Frail Elderly	12	£3,620,581	£301,715	307	£226.80
Older People with Mental Health Problems / Dementia	16	£5,555,877	£347,242	309	£345.77
Older People with Support Needs	390	£21,280,322	£54,565	9,078	£45.08
Total	418	£30,456,780	£72,863	9,694	£60.42

Source: Provider Returns for 1 April 2013 to 31 March 2014

While the mean income per service across all older people groups is just under £75,000, to a large extent this is skewed by the large number of services for older people with support needs which have a much lower mean annual income than the other 3 client sub-groups. The highest mean income per service is generated by services for older people with mental health problems / dementia. These services have a mean annual income per service of almost £350,000, which is around 630% higher than the same figure for older people with support needs. Social care funding does not play a significant role in services for older people with support needs generally because of the very small number of services in receipt of care funding.

Table A6:47: Income from all sources for accommodation based services for older people

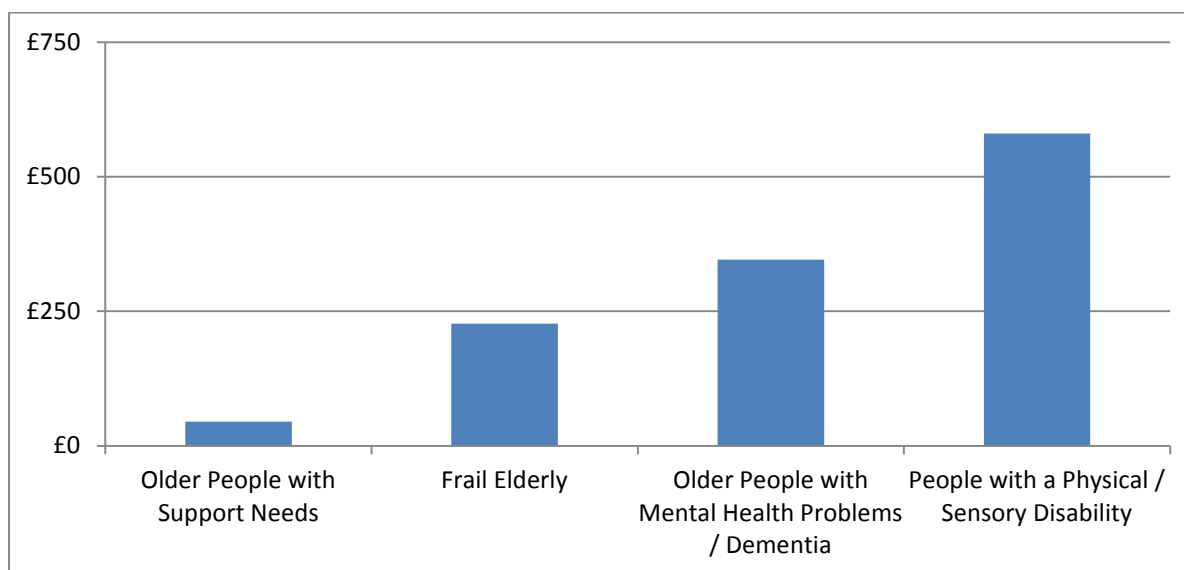
	No of Services	Income from all sources (£)	Mean annual income (£)	No. of units	Mean income per unit p/w (£)
Physical / Sensory Disability	13	£3,771,865	£290,143	125	£580.29
Older People	418	£30,456,780	£72,863	9,694	£60.42
Total	431	£34,228,645	£79,417	9,819	£67.04

Source: Provider Returns for 1 April 2013 to 31 March 2014

The mean income per service for disabled peoples' services is more than £290,000 per annum. This is well below the service level income for services for the frail elderly and for older people with mental health needs and dementia.

However, indexed on a per unit basis, services for people with a physical disability have an a mean income per unit per week of just over £580. This is around 1.7 times higher than income per unit for older people with mental health problems and dementia; and ten times higher than the average per unit weekly income across the all older peoples' services.

Figure A6:3: Weekly income per unit from all sources by client group



Operational surplus and deficit – total income and expenditure

Given the variability in the levels of income shown in the Supporting People data for different types of services, it is relevant to review levels of expenditure in relation to income to establish whether higher levels of income reflect higher costs. In the process it is then possible to establish whether the different types of service are operating at a surplus or deficit overall, and within their housing support activities. Table A6:48 and A4:49 (following page) provide this information.

Table A6:48 shows that, taken overall, income and expenditure for services for older people had a significant operational surplus in 2013/2014 of £1.7 million (around 6% of total income). However, this result is skewed by the surplus generated within services for older people with support needs of £2.1 million. There are significant variances in the financial position of the different client sub-groups and of individual services within each of them. Key points are set out below.

Frail Elderly Services

- Overall this client sub-group displays a modest surplus of 1%;
- 4 of the frail elderly services (33%) were in overall deficit in 2014;
- the largest deficit was **-£109,777**;
- none of the services showing a surplus were operated by a H&SC Trust;
- one half of the services (6) were in surplus;
- the largest surplus was £118,043.

Older People with Mental Health Problems / Dementia services

- This sub-group shows an overall deficit of 7%;
- half of the 16 services were in deficit;
- the largest deficit was -£228,432;
- of the 7 services operated by Health and Social Care Trusts, only 1 reported a surplus;
- only 25% of all services recorded a surplus;
- the largest surplus was £74,926.

Older People with Support Needs

- Overall, services for older people with support needs displayed a surplus of around 10%;
- however, 177 of the 390 services (45%) posted a deficit in 2013/2014;
- the largest deficit was -£70,598;
- of the 4 services for this client group provided by a H&SCT Trust, only 1 posted a minor deficit, the remainder were in surplus;
- only around half the services overall (154) posted a surplus;
- The highest level of surplus was £592,058.

Table A6:48: Income from all sources, expenditure and surplus/deficit for accommodation based services for older people

	Total Income from all sources (£)	Total Expenditure (£)	Surplus / Deficit (£)	No. of services	Annual surplus / deficit per service	No. of Units	Annual surplus / deficit per unit	Surplus / deficit per unit p/w
Frail Elderly	£3,620,581	£3,537,438	£47,143	12	£3,928.58	307	£153.56	£2.95
Older People with MH Problems / Dementia	£5,555,877	£5,952,589	-£396,712	16	-£24,794.50	309	-£1,283.86	-£24.69
Older People with Support Needs	£21,280,322	£19,188,532	£2,091,790	390	£5,363.56	9,078	£230.42	£4.43
Total	£30,456,780	£28,714,559	£1,742,221	418	£4,167.99	9,694	£179.72	£3.46

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:49: Income from all sources, expenditure and surplus/deficit for accommodation based services for those with Physical / Sensory Disability (2014 data)

	Total Income from all sources (£)	Total Expenditure (£)	Surplus / Deficit (£)	No. of services	Annual surplus / deficit per service	No. of Units	Annual surplus / deficit per unit	Surplus / deficit per unit p/w
Physical / Sensory Disability	£3,771,865	£3,559,008	£212,857	13	£16,373.62	125	£1,702.86	£32.75
Older People	£30,456,780	£28,714,559	£1,742,221	418	£4,167.99	9,694	£179.72	£3.46
Total	£34,228,645	£32,273,567	£1,955,078	431	£4,536.14	9,819	£199.11	£3.83

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:49 shows that services for those with a physical / sensory disability made an overall surplus of 6%. In terms of mean annual surplus per service, and mean surplus per unit per week, services for this client sub-group in average made significantly higher levels of surplus in comparison to services for older people. Again, however the summary data hide some significant variances. These are set out below.

- 3 (23%) of the services for people with a physical / sensory disability were in deficit in 2014;
- the highest deficit was **-£13,065**;
- 6 (46%) of the services for this client group were in surplus;
- the highest level of surplus was £116,417.

Across the 14 services delivered by Health and Social Care Trusts for both older people and disabled people, only three (21%) reported a surplus while four reported a deficit. Half of all H&SCT delivered services posted neither a surplus nor a deficit for 2014.

Operational surplus and deficit – housing related support activity

Tables A6:50 and A6:51 (following page) show the income, expenditure and surplus/deficit for all older peoples services, then for older peoples services compared with disabled peoples' services. Taking the aggregated figures first, the combined Supporting People budgets for older people services were in overall deficit by £3.3 million (48%). Once again the aggregate figures hide a very wide variation in the performance of individual services. The global deficit across all three client sub-groups was only £3,300. However, this figure hides very wide variation between client sub-groups and individual services.

Frail Elderly

- The overall deficit was £215,000;
- 5 of 13 frail elderly services made a loss on their Supporting People budget in 2014 (38%);
- The largest loss was £57,532;
- The 2 Health and Social Care Trust services posted neither a loss, nor a surplus;
- 3 services made a surplus, with 2 making a surplus over £10,000;
- The largest surplus was recorded as £34,074.

Older People with Mental Health problems / Dementia

- The overall deficit was £486,000;
- 8 of the 16 mental health / dementia services reported a loss on their Supporting People budget in 2014;

-
- The largest deficit was £270,435, this was a H&SCT service;
 - The only service to post a surplus was also a H&SCT service, however this was a modest £1,650;
 - 7 of the 16 services, including 5 H&SCT delivered services, reported neither a surplus nor deficit.

Table A6:50: Supporting People Income, Expenditure on Support Activity, and Surplus / Deficit for accommodation based services for older people

	Income from SP	Cost of Support Activity	Surplus / Deficit on Support	No of Services	Surplus / Deficit per service	No. of Units	Surplus / Deficit per unit	Surplus / Deficit per unit p/w
Frail Elderly	£1,213,495	£1,429,025	-£215,230	12	-£17,960.83	307	-£702.05	-£13.50
Older People with Mental Health Problems / Dementia	£1,686,745	£2,172,530	-£485,785	16	-£30,361.57	309	£1,572.12	-£30.23
Older People with Support Needs	£3,957,722	£6,555,700	-£2,597,978	390	-£6,661.48	9,078	-£286.18	-£5.50
Total	£6,857,962	£10,157,255	-£3,299.293	418	-£7,893.05	9,694	-£340.34	£6.55

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:51: Supporting People Income, Expenditure on Support Activity, and Surplus / Deficit for accommodation based services for those with a Physical / Sensory Disability (2014 data)

	Income from SP	Cost of Support Activity	Surplus / Deficit on Support	No of Services	Surplus / Deficit per service	No. of Units	Surplus / Deficit per unit	Surplus / Deficit per unit p/w
Physical / Sensory Disability	£1,259,304	£1,318,196	-£58,892	13	£4,530.15	125	£471.14	-£9.06
Older People	£6,857,962	£10,157,255	-£3,299.293	418	-£7,893.05	9,694	-£340.34	£6.55
Total	£8,117,266	£11,475,451	£3,358,185	431	-£7,791.61	9,819	-£342.01	-£6.58

Source: Provider Returns for 1 April 2013 to 31 March 2014

Older People with Support Needs

- These services posted an overall deficit of £2.6 million;
- However, 301 (77%) services for older people with support needs reported a loss on their Supporting People budget in 2014;
- The largest loss on Supporting People budget was £112,646;
- Of the 4 H&SCT services being delivered for this client group one reported a modest loss on their Supporting People budget (£9,185), one a modest surplus (£1,377) while 2 reported neither a loss nor surplus;

Only 31 (8%) of services reported a surplus on their Supporting People budget, the largest of which being £8,193. 49 services reported neither a loss nor surplus. Services for both client groups made a deficit on their housing support activities. However, services for people with a physical / sensory disability made a much less significant loss on (5%) in comparison to services for older people. Looking at the performance of individual services for this client group:

- 6 of the 13 services for people with a physical / sensory disability (46%) reported a loss on their Supporting People budget in 2014;
- The largest loss on Supporting People budget was £46,367;
- 4 services did not report either a loss or surplus on their Supporting People budget, including the lone H&SCT provided service to this client sub-group;
- Of the 3 services to post a surplus on their Supporting People budget, the highest level of surplus was £25,149.

Indicators of Service Efficiency

We have used the same two indicators of service efficiency and effectiveness as for the homelessness and mental health/learning disability thematic groups, and the comments made earlier about the need for caution in the use of these indicators are also relevant here. The indicators are:

- Occupancy – the average level of occupancy of the accommodation provided in 2013/2014 (fully occupied = 100%); and
- Throughput – the number of people who moved into and out of the service during 2013/2014, expressed as a percentage of the number of contracted units.

Service Occupancy

The Supporting People team sets a benchmark for occupancy in accommodation-based schemes that it funds of 92%, and a lowest acceptable threshold of 85%. This applies equally to services for the homeless, for people with mental health issues and learning disabilities, for older people and for people with physical disabilities. Table A6:52 below shows indexed data on service occupancy analysed for the all client groups.

Table A6:52: Highest, mean and lowest occupancy level in accommodation based services funded from Supporting People by client group

	No. of services with data available	Occupancy		
		Lowest	Mean	Highest
Frail Elderly	10	22%	87%	100%
Older People with Mental Health Problems / Dementia	15	38%	82%	98%
Older People with Support Needs	372	38%	94%	100%
Physical / Sensory Disability	13	59%	96%	100%
Total	410			

Source: Provider Returns for 1 April 2013 to 31 March 2014

No occupancy data were available for 21 services (5%). Detailed analysis of the service level data for the remainder shows that:

- mean occupancy meets/exceeds the benchmark in all client groups except for services for older people with mental health problems / dementia, where mean occupancy was 3% below the lowest acceptable threshold of 85%.
- 49 services (12% of the remainder) had occupancy levels below 85%, ranging from 22% to 84%;
- 36 services (9%) had occupancy levels between 85% and 92%;
- 325 services (79%) had occupancy levels above 92%.

The possible reasons for low occupancy have been given earlier in the report. However, in older peoples' services, there is an expectation that relatively high occupation levels are achievable because few residents move on unless into a higher care service such as a care home, hospital or hospice, or because they die. In services for disabled people, there does tend to be some move on, but normally this can be accommodated within the 85%+ minimum standard.

Service Throughput

In services for older people and for disabled people where the numbers of people moving in or out is relatively small, throughput would normally be somewhere between 0% per annum (meaning no movement in or out) and possibly 50% per annum in both older and disabled peoples' services implying a length of stay of up to two years. Table A6:53 below shows indexed data on service throughput analysed for each of the homelessness client groups.

Table A6:53: Highest, mean and lowest resident throughput in accommodation based services funded from Supporting People by client group

	No. of services with data available	Throughput		
		Lowest	Mean	Highest
Frail Elderly	10	22%	91%	106%
Older People with Mental Health Problems / Dementia	15	32%	89%	108%
Older People with Support Needs	375	11%	98%	120%
Physical / Sensory Disability	13	59%	96%	102%
Total	413			

Source: Provider Returns for 1 April 2013 to 31 March 2014

No throughput data were available for 18 services (4%). Within the overall picture, there is once again considerable variation between services:

- 6 services had a resident throughput of below 50%, suggesting that their residents were in occupation for more than two years, and in one case for up to five years;
- 114 services had a throughput of between 50% and 99%, suggesting that residents are in occupation on average for between one and two years;
- The remaining 293 services (71%) had a throughput measured at between 100% and 149%, suggesting that on average residents are in occupation for between six and twelve months.

This is a surprisingly high rate of resident turnover for services which in most cases are intended for medium to long stay.

Indicators of Service Value for Money - H&SC Trust Services in comparison with non-H&SCT Trust Services

As a final stage in the evaluation of these services, we have reviewed the income streams, costs and surplus/deficit at the per-service and per-bed space levels, comparing the performance under these headings of H&SC Trusts and other mainly voluntary organisations. In the following tables, we show this comparison for:

- Income from Supporting People Grant
- Income from Housing Benefit
- Income from Statutory Social Care
- Total income from all sources
- Total expenditure on all service elements
- Budget surplus and deficit.

There was no income/expenditure data presented for the sole H&SCT delivered service for the physical / sensory disability client subgroup. This sub-group has therefore been omitted from the analysis.

Supporting People Grant

Table A6:54: Mean Income from Supporting People across H&SCT and non-H&SCT Services

	Mean SP Income per Service			Mean SP Income per Unit per Week		
	H&SCT	Non-H&SCT	Total all services	H&SCT	Non-H&SCT	Total all services
Frail Elderly	£44,893	£112,371	£101,124	£26.98	£88.93	£76.01
Older People with Mental Health Problems / Dementia	£113,124	£83,875	£105,421	£110.62	£98.75	£104.98
Older People with Support Needs	£46,426	£9,772	£10,148	£70.02	£8.04	£8.38
All Older People's services	£92,874	£13,952	£16,406	£83.82	£11.54	£13.60

Source: Provider Returns for 1 April 2013 to 31 March 2014

Table A6:54 shows that apart from services for the frail elderly, H&SCT trusts received a larger income from SPG compared with non-Trust organisations. In total, indexed as a cost per contracted bed space per week, non-Trust services received on average a level of grant more than 5 times below that for Trusts. This was most marked in services for older people with support needs where the level of SPG income per unit per week was 8.7 times higher in H&SCT delivered services compared to non-Trust services. This is a surprising result that needs to be examined in more detail by the NIHE. On the face of it, there is no obvious reason why Trusts should receive significantly more SPG per service and per bed space than non-Trust organisations. The possibility that SPG is cross-subsidising care or other services provided by Trusts needs to be checked.

Housing Benefit

Table A6:55 table (following page) shows that only H&SCT services delivered for older people with mental health problems / dementia received income from Housing Benefit. There is no obvious reason why this client group should receive HB and not the other groups whose support is provided by a Trust.

Table A6:55: Mean Income from Housing Benefit across H&SCT and non-H&SCT Services

	Mean HB Income per Service			Mean HB Income per Unit per Week		
	H&SCT	Non-H&SCT	Total all services	H&SCT	Non-H&SCT	Total all services
Frail Elderly	£0	£45,211	£37,676	£0.00	£35.78	£28.32
Older People with Mental Health Problems / Dementia	£28,539	£29,547	£29,106	£23.72	£34.79	£28.98
Older People with Support Needs	£0	£20,424	£20,214	£0.00	£16.80	£16.70
All Older People's services	£15,367	£21,239	£21,056	£13.87	£18.08	£17.46

Source: Provider Returns for 1 April 2013 to 31 March 2014

Statutory social care

Table A6:56 shows that income from statutory social care sources is significantly higher within H&SCT delivered services compared with services delivered by non-H&SCT organisations. This is the case notably in services for older people with support needs. Non-H&SCT services receive no statutory social care funding whatsoever, while the 4 H&SCT delivered services for this client population have the highest per weekly unit rate of social care funding compared to the other client populations in this grouping.

Table A6:56: Mean income from Statutory Social Care across H&SCT and non-H&SCT services

	Mean SC Income per Service			Mean SC Income per Unit per Week		
	H&SCT	Non-H&SCT	Total all services	H&SCT	Non-H&SCT	Total all services
Frail Elderly	£273,522	£66,843	£101,289	£164.38	£52.90	£76.14
Older People with Mental Health Problems / Dementia	£246,144	£78,967	£214,607	£204.54	£92.98	£151.46
Older People with Support	£147,485	£0	£1,513	£222.45	£0.00	£1.25

Needs						
All Older People's services	£219,999	£3,405	£10,141	£198.56	£2.82	£8.41

Source: Provider Returns for 1 April 2013 to 31 March 2014

Once again, these results do not appear to have any logical rationale other than the possibility that either Trust services are supporting people with much higher levels of need; or that funding is skewed in favour of Trusts. The NIHE might explore this issue further.

Total income from all sources

Table A6:57: Mean total Income across H&SCT and non-H&SCT services

	Mean Total Income per Service			Mean Total Income per Unit per Week		
	H&SCT	Non-H&SCT	Total all services	H&SCT	Non-H&SCT	Total all services
Frail Elderly	£367,059	£288,646	£301,715	£220.59	£228.43	£226.80
Older People with Mental Health Problems / Dementia	£503,471	£225,731	£347,242	£418.36	£265.77	£345.77
Older People with Support Needs	£212,766	£52,925	£54,565	£320.91	£43.52	£45.08
All Older People's services	£393,037	£62,586	£72,863	£354.73	£51.76	£60.42

Source: Provider Returns for 1 April 2013 to 31 March 2014

The general pattern of income is that Trust services have substantially higher income than non-Trust services in older peoples' services. When income is indexed on a per unit basis, the pattern varies slightly. Income per unit in services for the frail elderly is similar in both Trust and non-Trust services. However, in other older peoples' services Trust income is significantly higher than in other provider organisations.

- In services for older people with mental health issues and dementia, Trust income is 50% higher than in non-Trust organisations;
- In services for older people with support needs Trust income is more than seven times higher;
- Taking older peoples' services overall, Trust income is almost seven times higher.

There are two possible explanations for this variance: either Trusts are providing services for older people with greater levels of need than in other providers; or Trust services are more expensive or delivered less efficiently. There are gaps in the available information which mean that it has not been possible to carry out the same analysis for physical and learning disability services.

Total expenditure on all services

Table A6:58: Mean total expenditure across H&SCT and non-H&SCT services

	Mean Total Expenditure per Service			Mean Total Expenditure per Unit per Week		
	H SCT	Non-H SCT	Total all services	H SCT	Non-H SCT	Total all services
Frail Elderly	£404,257	£276,492	£297,786	£242.94	£218.81	£223.84
Older People with Mental Health Problems / Dementia	£529,211	£249,790	£372,037	£439.75	£294.10	£370.46
Older People with Support Needs	£194,105	£47,700	£49,201	£292.77	£39.22	£40.65
All Older People's services	£406,647	£57,840	£68,695	£367.01	£47.84	£56.96

Source: Provider Returns for 1 April 2013 to 31 March 2014

Once again there are very significant differences in levels of expenditure between the various client populations within the older people client group between Trust and non-Trust providers. Expenditure in H&SCT delivered services is consistently and significantly higher on an annual per-service and a weekly per-unit basis than the equivalent non-H&SCT delivered services. The largest difference is in services for older people with support needs, where the cost per service in Trusts is almost four times higher than in non-Trust services. When indexed on a per unit per week basis, this difference increases to more than seven times the cost in non-Trust services. The possible explanations for these differences are the same as outlined in the previous section.

There is a strong selling point here for the housing association and voluntary sector even if the costs shown in Trust returns are skewed in some way.

Surplus and deficit

There is significant variation in the levels of surplus and deficit made by both H&SC Trusts and non-Trust providers (Table A6:59). Trusts are making higher losses than other providers on frail elderly and older people with mental health/dementia services, and larger surpluses than other organisations in older people with support needs services, than are non-Trust organisations.

Table A6:59: Mean operational surplus / deficit across H&SCT and non-H&SCT services

	Mean Surplus / Deficit per Service			Mean Surplus / Deficit per Unit per Week		
	HSCT	Non-HSCT	Total all services	HSCT	Non-HSCT	Total all services
Frail Elderly	-£37,198	£12,154	£3,928	-£22.35	£9.26	£2.95
	Differential = +£49,352			Differential = +£31.61		
Older People with Mental Health Problems / Dementia	-£25,741	-£24,058	-£24,794	-£21.39	-£28.33	-£24.69
	Differential = +£1,683			Differential = -£6.94		
Older People with Support Needs	£18,661	£5,226	£5,363	£28.15	£4.30	£4.43
	Differential = -£13,453			Differential = -£23.85		
All Older People's services	-£13,610	£4,746	£4,170	-£12.28	£3.93	£3.46

Source: Provider Returns for 1 April 2013 to 31 March 2014

Taking each of the older peoples' services separately:

Frail elderly

- Trust services are significantly in deficit while non-trust services are in surplus;
- there is a mean differential between Trusts and non-Trusts of +£49,000 in favour of non-Trust organisations at the service level; and
- +£31.61 per unit per week

Older people with mental health issues / dementia

- Both Trusts and other organisations made broadly similar deficits in 2013/2014;
- the mean differential per service is +£1,683 in favour of non-Trusts, and per service it is +£6.94 per unit per week.

Older people with support needs

- For this client sub-group Trusts are making more than three-times as much surplus per service compared with non-Trust organisations;
- The mean differential per service is **-£13,453** against non-trust organisations, or **-£23.85** per unit per week.

The implication of these findings is that there is a much closer fit between total income and total expenditure in non-Trust providers than in the Trusts.