

Prevention and personalisation

# The case for Housing Related Support



Report commissioned by the Yorkshire and Humber Housing Related Support Group



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## Foreword

Housing Related Support provides a cost effective way of delivering services to a wide range of vulnerable people. It achieves positive outcomes in line with people's personal circumstances and prevents demand for more expensive services.

Prevention and personalisation are at the heart of Housing Related Support. The aim of this report is to demonstrate the value of delivering these services, to individuals, families, the wider community and those responsible for allocating resources. In compiling the report, we have canvassed the views of numerous stakeholders and used established analysis tools. The report identifies the costs and benefits of Housing Related Support in both monetary and human terms. Together they make a compelling case.

I'd like to thank the service users, providers and other stakeholders who took part. They told us how Housing Related Support services were central to tackling all kinds of disadvantage and achieving positive outcomes. Importantly, they demonstrated the essential role that Housing Related Support will need to play in future, by delivering services in the most cost effective and efficient ways.

**Jayne Hellowell**  
**Chair, Yorkshire and Humber Housing Related Support Group**

# 1. Introduction

## Background and aims

This report was commissioned in 2010, by the Yorkshire and Humber Housing Related Support Group. The aim was to highlight the contribution of Housing Related Support to the achievement of positive outcomes for vulnerable people. The study focused on how Housing Related Support:

- Enables individuals facing multiple disadvantage to improve their well being;
- Complements the strategic objectives of a wide range of stakeholders involved with supporting vulnerable individuals;
- Offers good value for money, by preventing the need for expensive crisis interventions and long-term institutional solutions;
- Promotes independence, by enabling service users to take control of their own lives;
- Provides a platform for the development of wider service choice.

Housing Related Support is funded by the Supporting People element of each local authority's Area Based Grant (ABG). The research was timely because Supporting People has recently undergone significant changes. Since April 2010, local authorities and their partners have had much greater control over resources. Supporting People is no longer ring-fenced, which provides local partners with more opportunities to utilise it creatively, in harmony with other funding streams.

## Summary of methodology

The methodology used for the research was as follows:

- Oversight by a steering group, consisting of Supporting People lead officers from several local authorities, the National Housing Federation and the Chartered Institute of Housing;
- In-depth case studies, with eight service users who had benefitted from Housing Related Support;
- Financial analysis of the costs and benefits of Housing Related Support, as demonstrated by these case studies. These costs and benefits are identified in the detailed accounts of each case study;
- Interviews with over 30 key stakeholders, embracing local authority Strategic Housing and Housing Needs Departments, Adult Social Care, the National Health Service, Probation, the Police, and service providers;
- Analysis of Supporting People Outcomes Data.

A shorter, printed version of this report was distributed at a launch event in Bradford on 17 September 2010.

## What is Housing Related Support?

In Yorkshire and Humber, the Supporting People programme funds Housing Related Support to over 230,000 people per year, including:

- People with learning, physical and sensory disabilities;
- People suffering from health problems, such as mental illness and drug and alcohol misuse;
- Older people who require support to live in their own home;
- Homeless people and others who are at risk of losing their accommodation, including those who are under threat from domestic abuse;
- People from disadvantaged groups, who may have multiple needs, face discrimination, or need to re-engage with society.

If the wider support needs of all of these groups are to be met effectively, adequate housing (together with the support required to help them live in it) is a necessity.

## A local partnership

In consultation with service users and other stakeholders, Housing Departments, Adult Social Care, the National Health Service (NHS) and the Probation Service have joint responsibility for commissioning Housing Related Support services, which are then delivered by voluntary and private sector agencies, health trusts and in-house services through the provision of:

- **Supported housing:** This includes specially developed projects, such as hostels, refuges and group homes, where people need to live in a particular kind of accommodation in order to be supported effectively;
- **Floating support:** This is available to anyone with Housing Related Support needs, regardless of where they live, or in what type of home.

Services can be short-term, aimed at assisting someone to get back on their own feet, or long-term, if there is an enduring need. Services are typically:

- **Preventative** and aimed, for example, at ensuring that someone does not get evicted;
- **Personalised** and based on a detailed support plan, which is tailored closely to individual need and may result in the creation of an Individual Budget, with which the recipient can buy their own services.

*“Prevention and personalisation are not mutually exclusive. All Housing Related Support services, however short-term, try to meet needs in accordance with the principles of personal choice and control.”*

Head of Support Services

## A personalised service: Meeting the needs of individuals

Housing Related Support meets needs at the individual, neighbourhood and local levels. Services are highly personalised and closely tailored to helping individuals to achieve their desired outcomes. In this context, one of the main intentions of this report is to focus on the human stories behind the strategic priorities and policy themes. Case studies, therefore, form a major part of the overall report.

The case studies look in detail at the:

- Events and circumstances leading up to the service user accessing Housing Related Support;
- The amount and nature of Housing Related Support provided;
- The outcomes achieved by the service user, using the Supporting People Outcome Monitoring Domains;
- The undesirable outcomes prevented by the provision of Housing Related Support.

The case studies then include costings for:

- The Housing Related Support service provided, alongside other services that would be required by the service user, regardless of whether or not they received Housing Related Support;
- One or more “counterfactual scenarios”, which take account of the additional interventions and services that would be likely to be required if Housing Related Support was *not* provided.

The costings are based on the figures and methodology used by Cap Gemini<sup>1</sup> in their evaluation of the Supporting People programme. A schedule providing specific references for the figures used in the case studies are drawn from the Cap Gemini report, is available on the Sitra website at [www.sitra.org](http://www.sitra.org)

Costs are for a “given year”, which can include:

- Weekly or monthly Housing Related Support costs for periods of up to a year;
- Other weekly or monthly costs for periods of up to a year;
- One or more occurrences of counterfactual events within the year.

Where costs and benefits might apply to a run of years (that is, in the case of an ongoing long-term support package) we have given figures for a single year only. 2010 prices have been used throughout.

In the case studies, the term “Supporting People” can be read as interchangeable with Housing Related Support, as all the Housing Related Support services referred to were Supporting People funded. A fuller explanation of the methodology is set out in Chapter 5.

The following initial case study illustrates this approach and provides an introduction to a wider examination of Housing Related Support across Yorkshire and Humber.

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<sup>1</sup> Cap Gemini, July 2009, *Research into the financial benefits of the Supporting People Programme*, CLG.

## Counting the cost of domestic abuse

### Case study: D

<b>Personal details</b>	<p>Meera* is a 29 year old woman with two children, a daughter aged 7 and a son who is 9 months old.</p> <p>*Name has been changed to protect identity.</p>
<b>Personal history</b>	<p>Meera experienced physical, financial and emotional abuse from her husband and his extended family. She was expected to carry out all the domestic duties for the household and to serve them at their convenience. Meera also provided personal care to her mother-in-law.</p> <p>Meera was unable to spend time alone in her room or leave the house unless she was taking her daughter to school or picking her up. She was unable to learn English, had no friends and was not allowed to have any money. Meera was isolated and depressed.</p> <p>Meera was threatened with physical violence and aggression and assaulted on a number of occasions by all members of the household. As Meera's daughter grew older, she also became a victim of physical and verbal abuse.</p> <p>Despite Meera's personal experience, she had not approached the police as she felt it was her duty to do her best for her marriage. When she realised her daughter was at risk she sought help.</p> <p>Meera's daughter had been performing poorly at school and did not make friends. The school were concerned about the late attendance of Meera's daughter. When the teacher spoke to Meera, she told her what was happening. Meera wanted to tell the teacher because her sister-in-law had recently assaulted her daughter. The teacher contacted the police and made calls to the local refuge.</p> <p>Three injunction orders were issued against the husband.</p>
<b>Support received</b>	<p>Meera stayed one night in the local refuge and then moved into another refuge in a different area. She stayed at this refuge for two months, but the husband tracked her down and tried to abduct the daughter from school. Meera gave birth to her son and her daughter went into to foster care for a short period. Meera then moved on to a supported tenancy where she continued to live for a further four months.</p> <p>Currently she has a tenancy with a social landlord and receives floating support for an average of two hours per week.</p> <p>Meera received support to access her benefit entitlements, which gave her responsibility for managing her money for the first time in her life. She learnt how to use a bank account for the first time.</p> <p>Meera was supported about the terms of the tenancy and the successful management of it. Help was provided to set up home and to access furniture and utilities. Her support provider helped Meera to access English lessons and to develop her parenting skills. Meera also</p>

	<p>received support from Sure Start. Because Meera had not been able to go out, she had to learn her way around and was initially unable to use the bus without help.</p> <p>Meera was supported to access a GP and dentist in her new area and to access appropriate ante-natal care.</p> <p>Meera has been supported to navigate her way through the legal system and to attend court hearings and to ensure child protection. Support was given to maintain personal safety including the installation of an alarm in her property.</p>
<b>Outcomes</b>	<p><b>Achieve Economic Well Being</b></p> <p>Meera is now able to manage her weekly income and bills.</p> <p><b>Enjoy and Achieve</b></p> <p>Meera is transforming into a confident and independent woman living in a safe home along with her two children. She attends a coffee morning with other women who have experienced domestic abuse and she is learning new cooking skills. Her English language skills are improving.</p> <p>Meera's daughter has improved school performance and her attendance is good. She is gradually making new friends.</p> <p>Meera is putting her talent with the sewing machine to practical use to make clothes and soft furnishing for the home.</p> <p><b>Be Healthy</b></p> <p>Meera keeps active by walking. She is able to travel independently and has a better awareness of her personal safety.</p> <p><b>Stay Safe</b></p> <p>She has secure and appropriate housing and the family are making new friends and social networks.</p> <p><b>Make a Positive Contribution</b></p> <p>Meera accesses culturally appropriate services and community engagement.</p>
<b>Future plans</b>	<p>Meera plans to attend IT classes set up through her floating support provider. She says she has a brighter future and likes to be independent. She wants to develop her skills so that she can do paid work and give her children a happy future.</p>
<b>Prevention</b>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Attendance at Accident and Emergency (A&amp;E) for D and her children;</li> <li>• Further mental and physical health care;</li> </ul>

	<ul style="list-style-type: none"> <li>• Children not achieving at school;</li> <li>• Ongoing court proceedings;</li> <li>• Police call outs;</li> <li>• Permanent local authority care for her children.</li> </ul>
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#### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People costs: (2 months in refuge @ £266 per week, plus 4 months in supported tenancy @ £201 per week, plus 6 months @ £38.02 x 2 hours per week)	£7,766
Cost of temporary foster care for daughter while son is born: (6 weeks @ £234 per week)	£1,404
Housing costs	£8,886
Benefits and related services	£8,996
<b>Likely total cost of services, including Supporting People</b>	<b>£ 27,052</b>

#### **LIKELY COSTS OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED**

The Cap Gemini report models a range of alternative events which may befall women who suffer domestic violence. Not all such events will befall all such women but, conversely, some women will suffer these negative outcomes more often than others. Clearly, in this case, Meera felt a serious assault against either herself or her daughter was increasingly probable. This has been costed into the non-Supporting People scenario.

Additional cost of being victim of a severe domestic assault	£23,818
Hospital admission (adult)	£558
Hospital admission (child)	£531
Likely homelessness cost	£2,210
Housing costs	£8,886
Benefits and related services housing costs	£8,996
<b>Likely total cost of services, if no Supporting People provided</b>	<b>£44,998</b>

## COSTS SAVED

Likely total annual cost of services, including Supporting People	£27,052
Likely total annual cost of services, without Supporting People	£44,998
Potential saving to local authority and statutory partners	£17,946
<b>% saving</b>	<b>40%</b>

Stakeholders across Yorkshire and Humber reported numerous examples of joint working across agencies. Clearly, there is an acceptance that prevention of domestic violence (or early intervention to support victims and address the perpetrators behaviour) saves money, at the same time as improving well being. Housing Related Support services include:

- Refuges for women escaping domestic violence;
- Support services to male victims;
- Move on flats for victims and families who need support after a spell in a refuge or other temporary housing.

Domestic abuse was seen as a major cause of homelessness, with prevention and early intervention beginning to take precedence over approaches centred only on emergency accommodation. As with other Housing Related Support services, flexibility is key. There are no “typical” cases and interventions need to focus on specific individual and family needs.

## 2. An overview of Housing Related Support in Yorkshire and Humber

### Benefits to the community

It is not just individuals and families that benefit from the provision of Housing Related Support. One of the main outcomes it promotes is “making a positive contribution”. This means that service users engage with the community, overcoming loneliness and isolation and getting access to mentors. The community benefits from their involvement and negative perceptions are gradually challenged.

*“Housing Related Support can help to build communities. For example, young offenders can get involved in regeneration projects. People in neighbourhoods start to see them making a real difference. This helps to break down mutual suspicion and build up respect.”*  
Probation Service

Stakeholders highlighted how Housing Related Support could be important to sustaining a sense of community. This is being promoted in a number of ways across Yorkshire and Humber, including:

- Provision of generic floating support across estates and neighbourhoods, helping to combat isolation, fear of victimisation and anti-social behaviour;
- Intensive case management of very chaotic members of the community;
- “In-reach” support to people living on Gypsy and Traveller sites;
- Inclusion of Supported Housing in regeneration projects, in order to ensure that vulnerable people do not miss out on community benefits;
- Provision of dispersed supported flats in safe neighbourhoods for people with learning disabilities;
- Promotion of home ownership options for disabled people.

Planning and resource allocation requires aggregation of personal support requirements. This is why all Supporting People Partnerships in Yorkshire and Humber develop strategic plans for the deployment of Housing Related Support resources.

### Meeting the needs of local people

Sometimes Housing Related Support or Supporting People strategies are stand-alone documents. Alternatively, they form part of wider prevention strategies. Either way, Housing Related Support priorities are linked to the commissioning priorities of other stakeholders such as:

- **Children and Young People:** Strategic Housing and Supporting People can come together to commission services such as pre-tenancy Support services for young people aged between 16 and 25 years;
- **The Probation Service:** Supporting People commissioning structures can ensure that the right balance is struck between meeting the needs of offenders in general support services and in more specialised schemes. For instance, offenders often have substance misuse and alcohol problems so that their needs overlap more with users of specialist services;
- **Adult Social Care:** Again, Supporting People governance arrangements can facilitate joint commissioning around services for older people, people with a learning disability and people with a disability or sensory impairment;
- **Strategic housing:** The housing needs of adult social care service users can be assessed in conjunction with any review commissioned by Strategic Housing;
- **Housing needs:** Services for homeless people are a key strategic driver for the Supporting People programme, as is provision for asylum seekers and Gypsies and Travellers;
- **Health:** Through the relevant Supporting People forums, health commissioners, with lead responsibility for services such as those for people with mental health problems and substance misuse issues, are involved in strategic discussions on prioritisation of Housing Related Support resources.

Where alterations have been made to Supporting People governance and administrative arrangements, in light of the recent funding changes, Supporting People still tends to be fully represented at relevant Joint Commissioning Forums. Supporting People is also linked in to Local Area Agreement (LAA) themes.

Service user engagement is also important. Putting the vulnerable people who use Supporting People services at the heart of the programme is one of the most significant aspects of Housing Related Support. One of the main thrusts behind Housing Related Support is to promote and enable the contribution many vulnerable people wish to make. But, sometimes, service users are held back by a lack of confidence and a personal sense of worth.

There is now a strongly growing awareness that individuals have a great understanding of their issues and the support they require to overcome them. By service providers listening to this and acting upon the information a more positive outcome is likely. The Supporting People programme already requires service providers to establish Support Plans together with individual users and focused upon their specific needs. In addition, many recent service specifications require providers to clearly demonstrate how they will enable clients to access continuing employment and educational opportunities.

Another important aspect of the Supporting programme is building closer working relationships between statutory bodies and the local Voluntary Sector (also known as the Third Sector) and Social Enterprises. This can be achieved through health scrutiny bodies (such as the LINK groups, which may be replaced by in due course by Health Watch or a similar body) and other umbrella organisations such as Councils for the Voluntary Sector (CVSs).

All this helps to ensure that new service developments will be fully aligned to other strategic priorities and that the opportunities for joint commissioning and producing more cost effective solutions for local problems are maximised. In tandem with this, Housing Related Support

commissioners across Yorkshire and Humber will continue to rigorously assess all existing services and new services developed to ensure they are efficient and cost effective. They see themselves as having a key responsibility to ensure that scarce public funding is directed at those vulnerable people with most need and that the services that support them demonstrate value for money.

## **Working across boundaries: Overcoming bureaucracy**

Although Housing Related Support focuses primarily on the individual in their community, some of the needs it meets mean that commissioners from different local authorities often need to come together to pool expertise and/or resources. Joint working can span geographical as well as bureaucratic boundaries. This can be the case where:

- The client group identified are insufficiently numerous to warrant provision in a single local authority area (this is often the case with some small unitary authorities);
- The services required are highly specialised and can be more efficiently and effectively delivered if a sub-regional overview is taken (perhaps based on a Probation Area or similar).

Examples in Yorkshire and Humber include:

- Development of a drug free hostel supporting people who have been substance users;
- A dual diagnosis project supporting people with mental health and substance misuse issues, addressing a previously unmet need.

Partnership working of this kind can be central to effective delivery as:

- It can enable needs to be identified and solutions found to meet them;
- It enables funding packages to be put together and land and properties to be provided, as well as the joint development of additional services such as education and training;
- Partners can see how supported housing contributes to improving not only housing outcomes but also health, education and employment, safety and social cohesion.

This helps to engender a holistic approach to helping individuals to achieve their goals.

## **The national policy context**

The Supporting People funding framework has its origins in major handover of responsibilities from central government funding to local authorities and their strategic partners. The recent consolidation of Supporting People into Area Based Grant (ABG) can be seen as the logical culmination of this trend. It is in tune with current government priorities, which place the service user in the driving seat and seek to keep local and national bureaucracy to a minimum. Service user empowerment goes hand in hand with the personalised approaches we describe elsewhere in this report.

Nevertheless, it is worth outlining briefly the current national policy dimension, despite the national/regional/local dynamic being in considerable flux. For example, the current National Indicators (NIs) recently used to evaluate the performance of Supporting People do provide an idea of high level outcomes:

- NI 141: Number of vulnerable people achieving independent living;

- NI 142: Number of vulnerable people who are supported to maintain independent living.

Before 2010, Public Service Agreement (PSA) objectives were also an important way of assessing the success of Supporting People. The vulnerable groups that the targets set under PSA 16 are now categorised as facing "multiple disadvantage".

The phrase is drawn from the Cabinet Office report *State of the nation report: poverty, worklessness and welfare dependency in the UK*<sup>2</sup>. It refers to people with:

- Serious and enduring mental health problems;
- Learning disabilities;
- Physical disabilities or limiting illnesses;
- Homelessness and other serious housing problems;
- Drug and/or alcohol problems;
- A history of offending (and ex-offenders);
- A history of local authority care.

The "socially excluded groups", which hitherto comprised one of Supporting People's three strategic, super-client categories, are now seen as included within this wider agenda. Housing Related Support will continue to have a key role to play in meeting their needs.

The national outcomes monitoring and quality assessment frameworks which apply to Supporting People are examined in Chapter 4.

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<sup>2</sup> Cabinet Office, May 2010, *State of the nation report: poverty, worklessness and welfare dependency in the UK*, HM Government.

### 3. Tackling multiple disadvantage

#### Finding and sustaining a home

Losing your home represents a major crisis for anybody. For a vulnerable person, it can be the start of a downward spiral into depression, substance misuse, violence, crime and prison. That's why Housing Related Support services put so much emphasis on prevention.

*“Evictions are a last resort now. In almost all cases, it’s better to address underlying needs and provide Housing Related Support. Tenants and their families can be supported so that they pay their rent, look after their properties and do not engage in anti-social behaviour. If we can help them turn their lives around, it saves so much money in the long run.”*

Head of Housing Needs

Most disadvantaged people find themselves in transition at various points in their lives. If they cannot access adequate housing, at the right time, their attempts to achieve positive outcomes can be seriously undermined. So, Housing Related Support services across Yorkshire and Humber assist:

- Former rough sleepers, and other single homeless people living in hostels, to move-on into self-contained accommodation;
- Recovering substance misusers, to settle down after treatment and rehabilitation;
- Offenders, who have lost their homes while in prison, to plan for their release;
- Young people leaving care to live independently for the first time.

Stakeholders reported how substantial public funds have often been invested in helping people to recover, re-engage and change. Without adequate housing, this investment can be lost. It is far more costly to deal with the implications of repeat homelessness than to manage the risks while someone is living in settled accommodation.

*“We didn’t feel happy where we were living before as it was too far away from our family. Without the support we would probably still be there. I think that that the support we get is brilliant and we wouldn’t have half of the things we have to set up our home.”*

#### Teenage parents

##### Case study: Rebecca and Terry

<b>Personal details</b>	Rebecca is 17 years old. Her partner Terry is 21. They have a daughter who is six months old.
<b>Personal history</b>	Rebecca was pregnant at 16 years old. Both Rebecca and Terry were living separately with their parents but overcrowding issues

	<p>meant they were unable to stay and were forced to leave their family homes.</p> <p>They were assessed as unintentionally homeless and in priority need by their local housing options service. They were allocated accommodation. However, the second floor flat was over seven miles outside of town and nine miles from their families. The flat was not in a good condition and there were a number of outstanding repairs. Rebecca was also finding it difficult to attend her medical appointments.</p>
<p><b>Support received</b></p>	<p>A referral was made by the homeless service to help support Rebecca and Terry. The young couple required Housing Related Support to effectively manage their first independent tenancy. An assessment of need was carried out by the couple and their support worker, and a support plan was developed. Rebecca and Terry received approximately 3.5 hours of support per week.</p> <p>Rebecca and Terry did not feel equipped to manage a tenancy and had not done so before. They were both young with limited life skills and felt isolated where they were living. Terry was suffering with depression.</p> <p>They were supported to find suitable alternative accommodation in the private sector and assisted with a rent bond so they could move on from the unsuitable flat.</p> <p>Rebecca and Terry were also supported to manage their finances and household budget, to pay utilities, to obtain furniture, and helped to develop cooking and other life skills. Assistance with parenting skills was provided by their support worker and they were signposted to other support which helped them become good parents</p> <p>Rebecca was supported to see the midwife and attend ante-natal classes. To help keep healthy during the pregnancy, Rebecca also attended aqua-natal exercise classes.</p> <p>The young couple have developed very good communication with their landlord who offered them a property that better suited their needs following the birth of their daughter.</p> <p>Rebecca and Terry have been supported to access educational and paid work opportunities</p> <p>Rebecca and Terry now live with their daughter in a suitable, safe, affordable family home.</p>
<p><b>Outcomes</b></p>	<p><b>Achieve Economic Well Being</b></p> <p>Rebecca and Terry are both managing finances with the assistance of household budgets drawn up as part of their support plan. They have set up their home with a combination of grants and donated furniture.</p>

	<p><b>Enjoy and Achieve</b></p> <p>Both Rebecca and Terry completed a City &amp; Guilds module on Caring for Dependants in preparation for their baby.</p> <p>Through the support of Connexions, Rebecca is now in full-time training to become a care worker and has just started a placement in a residential care home for older people.</p> <p>Terry is the full time carer of their daughter. He has made links with his local Sure Start centre where he takes his daughter to the drop-in and are about to start the 'Little Shakers' group.</p> <p>They have maintained strong support links with their families and see them on a regular basis. This has been especially valuable for Rebecca throughout her pregnancy and birth of her daughter.</p> <p><b>Be Healthy</b></p> <p>Vital ante-natal appointments were attended. Both Rebecca and Terry see their GP and Terry does not suffer with depression any longer. They both enjoy walking to help them to keep fit.</p> <p><b>Stay Safe</b></p> <p>The right housing has played an important role in establishing stability and safety for this young family. Housing Related Support has enabled them to develop life skills to maintain their tenancy and avoid returning to homelessness. The Housing Related Support provider's strong professional links with local landlords in the private sector enabled this young family to move quickly to a more suitable property.</p> <p><b>Make a Positive Contribution.</b></p> <p>Both have become members of the student union and part of the college community.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Homelessness;</li> <li>• Family breakdown/separation from partner due to stress;</li> <li>• Loss of links with a trusted GP;</li> <li>• Loss of learning opportunities;</li> <li>• Deterioration of mental health;</li> <li>• Increased contact with emergency and acute health services due to poor health during pregnancy, poor living conditions etc;</li> <li>• Young persons being "not in education, employment or training" (NEET).</li> </ul>
<p><b>Future plans</b></p>	<p>Both Rebecca and Terry like where they live and intend to live in their home for many years. As they say: <i>"It is a nice area and</i></p>

	<p><i>there's a good school close by."</i></p> <p>When Rebecca is in paid employment Terry intends to take a course in mechanics, joinery or construction.</p> <p>The level of support they receive has gradually reduced, as they have become independent and confident young parents. They will continue to have support to access employment and training and will soon move to an outreach service, which will give them support on an ad hoc basis when they need it.</p>
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#### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People costs: £66.96 per week x 10 months	£2,902
Experience of homelessness	£884
Re-housing costs/rent bond	£2,700
Housing costs	£8,886
Benefits and related services housing costs	£6,428
<b>Likely total cost of services, including Supporting People</b>	<b>£21,799</b>

#### **LIKELY COSTS OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED**

Repeat homelessness	£884
Breakdown of tenancy costs	£2,909
Temporary accommodation in B&B for 24 weeks	£5,455
3 visits to NHS paediatrics specialist consequent on losing touch with GP service due to unplanned move	£747
Further teen pregnancy cost	£576
Risk of need for local authority care (above the level of risk in the general population)	£ 8,200
Additional costs associated with being admitted to hospital with pregnancy related health issue	£ 308
Housing costs	£8,886
Benefits and related services housing costs	£6,428
<b>Likely total cost of services, if no Supporting People service provided</b>	<b>£ 34,392</b>

## COSTS SAVED

Likely total annual cost of services, including Supporting People	£21799
Likely total annual cost of services , without Supporting People	£34,392
Potential saving to local authority and statutory partners	£12,593
<b>% saving</b>	<b>37%</b>

As regards young parents, stakeholders in Yorkshire and Humber highlighted the importance of holistic approaches to housing and support. Jointly funded services include:

- Provision of Hub Services to help parents aged under 18 to access appropriate housing;
- Personalised Housing Related Support packages aimed at the whole family, ensuring a seamless approach across “adult” and “children’s” services;
- A focus on willingness to train and work.

All these approaches involve close co-operation between the statutory and voluntary sectors, with housing, support, care and advice providers all working in a co-ordinated fashion.

## Tackling homelessness: A strategic approach

Meeting the housing and support needs of homeless (and potentially homeless) people is an important priority for local authorities across Yorkshire and Humber. Housing Related Support services contribute to strategic objectives by providing:

- Family intervention, which utilises professional staff skilled at working with all members of a family, in order to address the whole range of factors which place them at high risk of homelessness;
- Tenancy sustainment, where support staff work with housing officers to support tenants with problems such as arrears, nuisance and neglect of their property;
- Refuges and ongoing support for women (and men) who risk losing their home as a result of domestic abuse;
- Hostels and other forms of temporary accommodation for families and single people without a roof over their heads;
- Street outreach to very vulnerable groups such as rough sleepers, sex workers and asylum seekers;
- Intensive case management of high risk individuals;
- Work with communities to help vulnerable people to access support networks.

Stakeholders reported how Housing Related Support/Supporting People, Housing and Homelessness strategies were now closely aligned. The table below shows how local strategic housing initiatives contribute to local performance against National Indicators (NIs).

<b>Strategic theme</b>	<b>Example National Indicators</b>
Homelessness prevention and tenancy sustainment	NI 17, 21: Anti-social behaviour NI 34: Domestic violence NI 143: Offenders in settled and suitable accommodation NI 136,142: Maximising independence
Under occupation/illegal occupancy	NI 160: Tenants' satisfaction NI 154, 155: Additional homes
Overcrowding	NI 160: Tenants' satisfaction
Worklessness	NI 116: Child poverty NI 117: Education and employment (16 to 18 year olds) Local economy NIs generally
Lettings, allocations and choice	NI147: Care leavers in suitable accommodation NI 145: Adults with learning disability in settled accommodation NI149: Adults in contact with mental health services in settled accommodation
Move-on from supported housing	NI 141: Independent living NI 143: Offenders in settled and suitable accommodation
All above	NI 156: Households in temporary accommodation

## **Tackling homelessness: Working with the private sector**

The private sector can play a key role in tackling homelessness. With a shortage of social housing across Yorkshire and Humber, work with private landlords is another major aspect of local authority homelessness strategies.

Housing Related Support, and Floating Support services in particular, can facilitate work with the private rented sector in the following ways:

- Contracts can require providers to source private sector tenancies for people with support needs, as an integral part of their overall support service;
- Pre-tenancy work, looking at benefit entitlements and the responsibilities of having a tenancy, can help to ensure that the homeless person will be a good tenant;
- Rent Deposit and Bond Schemes can further help to reassure private landlords that formerly homeless tenants do not represent a high business risk;

- Close liaison with the private sector landlords (or their agents) can help to ensure that any problems with tenancies are addressed quickly and effectively.

*“Facing up to eviction was my wake up call. After that, I knew I had to make changes if I was going to keep the kids. Thanks to the support I’ve had, I’m ready to be a responsible tenant. Now I’m looking forward to be able to live more independently.”*

## Homeless families

### Case study: Sam

<b>Personal details</b>	Sam is a 33 year old woman with four children aged 16, 15, 10 and seven.
<b>Personal history</b>	<p>Sam was responsible for a high level of anti-social behaviour in her neighbourhood. She played her music very loud and noise measuring equipment was used to provide evidence of statutory nuisance. All of Sam’s audio equipment was confiscated as a result. She says: <i>“I was an idiot. I had a lot of people in my house and I was drinking heavily”</i>.</p> <p>The children were sleeping out a lot, particularly at Sam’s mother’s. Her eldest child stopped attending school, while the school attendance of her other children was erratic. The 10 year old son was having a lot of problems with his behaviour, often refusing to do as he was told by the teacher. He was prone to emotional outbursts and he was receiving support from the Educational Psychology Service, Child and Adolescent Mental Health Services (CAMHS) and the Education Welfare Officer. CAMHS attempted to set up Family Therapy sessions, but these were not successful and the family were deemed to be too chaotic.</p> <p>Sam stopped looking after the house. She was not paying the rent or keeping the house clean and tidy. The garden became overgrown and was full of rubbish. Action was being taken by the landlord to evict Sam and her family.</p>
<b>Support received</b>	<p>Sam and her children moved in to the Family Intervention Unit in late 2008. The unit has a strict code of conduct for residents including a curfew at 10pm. All visitors are police checked. The unit provides a 24-hour service.</p> <p>Sam found the regime very difficult and initially refused to participate in planning her support. She continued to drink heavily and was not managing the new tenancy. Social Services took action and removed the children from Sam, placing them in the care of her mother.</p> <p>Initially, Sam had Housing Related Support of up to 10 hours per week. This included calls in the morning to ensure the children were ready for school. Support was available any time of the day, for emergencies if needed.</p> <p>Sam was supported to attend ‘Core Group’ meetings (which</p>

	<p>included a multi-agency group of social services, a school representative and the Family Intervention Unit).</p> <p>Sam was assisted to register with a GP and she was quickly diagnosed and treated for depression.</p> <p>Due to the difficult history with the boy's schools, the Family Intervention Project also supported Sam to change the schools attended by her youngest children.</p> <p>Sam attended a parenting skills course, where she learnt not to quit when things became difficult. Sam now has a positive relationship with the new school. Her 10 year old son's behaviour is improving and he has had a new Educational Psychology assessment. The youngest son is particularly thriving and doing very well. The family have undertaken Family Therapy which was successful.</p>
<p><b>Outcomes</b></p>	<p>Because Sam has been successful in achieving the goals set out in her support plan, the local authority Family Intervention Panel have assessed her as ready to take on a new tenancy.</p> <p><b>Achieve Economic Well Being</b></p> <p>The reduction in her drinking has given her more money and improved her budgeting.</p> <p><b>Enjoy and Achieve</b></p> <p>Sam gets up at 7am and helps the children to get ready for school. All the children are doing well at school and are making friends and participating in activities. Sam and her eldest daughter plan to start at their local college in September, to attend a hair and beauty course.</p> <p><b>Be Healthy</b></p> <p>Sam sees her GP regularly about her depression. She attends every two weeks and is now being supported to stop taking medication. She is planning on undergoing talking therapy in the near future.</p> <p><b>Stay Safe</b></p> <p>Sam's support worker is helping her to apply for a tenancy with a local housing association or in the private sector. She is looking forward to living more independently.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Children taken into care;</li> <li>• Hospital admission due to alcohol abuse/depression;</li> <li>• Further eviction;</li> <li>• Noise nuisance;</li> </ul>

	<ul style="list-style-type: none"> <li>• Anti-social behaviour;</li> <li>• Further CAMHS intervention.</li> </ul>
<b>Future plans</b>	<p>Sam would like to do well at her course.</p> <p>She looks forward to having her own place and seeing the children succeed in achieving their aspirations.</p>

Sam's case is clearly a complex one and therefore difficult to cost accurately. A stay in a Family Intervention Unit is undoubtedly very expensive and cannot be reliably costed from either the Cap Gemini analysis of Supporting People data or from NHF/Sitra benchmarking information, as this is a very specific form of service whose costs are likely to be submerged under other labels. So, Supporting People figures for Family Intervention have been obtained from elsewhere in this case.

#### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People costs (2010 figure. Midpoint estimate drawn from <i>Family Intervention Projects: A Toolkit for Local Practitioners</i> , Respect Taskforce, July 2007)	£25,124
Housing costs	£8,886
Cost of fortnightly CAMHS session for 1 child (2010 figures, based on 2003 estimate of £66 per hour for young person counselling: <i>National Clinical Practice Guidelines number 28</i> , National Institute of Clinical Excellence, p37)	£2,136
Benefits and related services	£8,995
<b>Likely total cost of services, including Supporting People</b>	<b>£45,141</b>

#### **LIKELY COSTS OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED**

Cost of ASBO (2010 figures, based on an estimate from CME Whitehead, JE Stockdale and G. Razzu, October 2003, <i>The economic and social costs of anti-social behaviour: A review</i> , London School of Economics and Political Science, p31)	£5,975
Cost of court appearance	£954
Hospital costs (alcohol/depression)	£11,203
Cost of tenancy failure to local authority	£2,909
Likely homelessness cost	£2,210

Cost of foster care for 4 children for 20 weeks	£18,720
Cost of weekly CAMHS session for child (2010 figures, based on 2003 estimate of £66 per hour for young person counselling, in National Clinical Practice Guidelines number 28, National Institute of Clinical Excellence, p37)	£4,272
Housing costs	£8,886
Benefits and related services	£8,995
<b>Likely total cost of services, if no Supporting People service provided</b>	<b>£64,124</b>

## **COSTS SAVED**

Likely total annual cost of services, including Supporting People	£45,141
Likely total annual cost of services, without Supporting People	£64,124
Potential saving to local authority and statutory partners	£18,983
<b>% saving</b>	<b>30%</b>

Stakeholders stressed that working with the whole family in a co-ordinated fashion was crucial to success. It was important to work across boundaries such as Adult and Children's Services, Social Services and Education, Housing and Health. Cases such as this show how important is to take a wider view of the savings to the public purse that prevention can bring, as opposed to focussing in on departmental budgets.

## **Education, employment and training**

Respondents across Yorkshire and Humber reported how achievement of economic well being through engagement with education, employment and training was central to Housing Related Support. Just as important was the degree of social and community involvement that can be experienced by individuals who might otherwise be isolated or stigmatised.

**“Housing Related Support can help young people to find and keep a job, as well as a home. Initiatives on the Humber, such as the Foyer and Build Your Future, promote a sense of achievement and responsibility. They help young people to see the long term benefits of education, training, job search and community involvement.”**  
**Housing Partnership**

A home and a job are fundamental to economic well being. One without the other can lead to long-term dependence on benefits. Housing Related Support services prioritise getting people with support needs into education, training and employment.

## From offending to self-employment

### Case study: Pip

“I feel like I have achieved much in the last two years and I don’t think I could have done it without the support and guidance. I am now a normal person again, I live a normal life and live it to the full. I never want to turn to crime again it just isn’t worth it. You can succeed if you have the right support and choose to use it!”

<p><b>Personal details</b></p>	<p>Pip is 25 years old.</p>
<p><b>Personal history</b></p>	<p>Pip was in the care of the local authority from the age of 11. He says this was a very unsettled time and he was required to move 18 times in the space of a three-year period.</p> <p>When he left care, he stayed at a friend's house. Pip had a good job refurbishing trains and started to earn good money compared to many of his friends.</p> <p>He began to abuse alcohol which led to him commit a violent offence. He served one year of his sentence and was released from prison when he was 22 years old. Pip served the rest of his sentence on a Home Detection Curfew which ended in February 2010.</p> <p>Pip had nowhere to live and had lost his job due to his stay in prison. On release, he initially stayed at his girlfriend's parent's house but the relationship did not last and he was asked to leave.</p>
<p><b>Support received</b></p>	<p>The Housing Related Support service at first helped Pip to find private rented accommodation in a shared house and then a tenancy with a housing association. The service consisted of two to three hours of floating support each week.</p> <p>With the support officer, Pip set goals and developed a support plan. He received help to access a GP and a dentist and was supported to attend college to study an IT course. He was helped to bid for social tenancies through the local Choice Based Lettings system and to set up the tenancy, access utilities and obtain furniture.</p> <p>The support provider was able to liaise with other agencies. For example, Pip has accessed specialist support to help him with his drinking.</p> <p>Support was also provided to help Pip find paid work. He has had advice from a business support agency.</p> <p>Pip has had support to help him to manage his emotions and feelings. He is able to manage disappointment and frustration much better than he has in the past.</p>
<p><b>Outcomes</b></p>	<p>Pip is proud that he has achieved many of the goals he set himself.</p> <p><b>Achieve Economic Well Being</b></p>

	<p>After completing a business plan to start a PC repair business, Pip was awarded £500 start up for testing equipment. He aims to run a business with £26,000 turnover each year.</p> <p>Pip has set up his business website and next plans to print a flyer when he has generated enough profit.</p> <p><b>Enjoy and Achieve</b></p> <p>Pip attended an IT course at a local college. He is a drummer and enjoys music.</p> <p>Although he has no family support, with the help of his support worker he has re-established some links with his mother and is seeing her more regularly. He has begun a new relationship and her family is being very supportive.</p> <p><b>Be Healthy</b></p> <p>Pip says he does a lot of walking and works out with a punch bag. He has reduced his alcohol intake significantly and drinks in moderation only.</p> <p><b>Stay Safe</b></p> <p>Pip is successfully maintaining a tenancy and has the furniture he needs. He is managing the finances and household budget well.</p> <p><b>Make a Positive Contribution</b></p> <p>Pip was recently involved on a locally organised Neighbourhood Alliance week to tidy up his local area.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Alcohol abuse – GP visits, access to A&amp;E;</li> <li>• Re-Offending – prison and probation involvement;</li> <li>• Violence – access to A&amp;E;</li> <li>• Homelessness and temporary housing</li> <li>• Prevention of mental health problems</li> <li>• Avoidance of remaining “not in education, employment or training” (NEET);</li> <li>• Reliance on benefits.</li> </ul>
<p><b>Future plans</b></p>	<p>Pip states he has security and stability for the first time. He is keen to run a successful business and one day hopes to have his own premises. He is happy about his new relationship and hopeful for their future. In the short-term he is keen to get the house decorated.</p>

## COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED

Floating support service x 2 years in Yorkshire and Humberside region: £24.36 x 52 weeks x 2.5 hours	£3,168
Housing costs	£3,554
Crime costs	£7,548
Benefits and related services	£4,256
<b>Likely total cost of services, including Supporting People</b>	<b>£18,526</b>

## LIKELY COST OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED

Housing costs	£3,554
Crime costs	£7,548
Benefits and related services	£4,256
Additional costs of offending behaviour, including costs to victims in terms of repair of property, hospital visits etc	£10,585
Cost of homelessness consequent on losing private sector accommodation	£750
Net cost of three months stay in B&B, net of standard social housing rent	£5,682
Variety of other health and social care costs	£202
<b>Likely total cost of services, if no Supporting People service provided</b>	<b>£32,577</b>

## COSTS SAVED

Likely total annual cost of services, including Supporting People	£18,525
Likely total annual cost of services, without Supporting People	£32,577
Potential saving to local authority and statutory partners	<b>£14,052</b>
<b>% saving</b>	<b>43%</b>

Stakeholders interviewed as part of this report highlighted how Housing Related Support supports employment and training outcomes in a number of ways:

- **Foyer projects** provide on-site training and job search facilities, with which young people must engage as part of a package of housing with support;

- **Support plans** for people living in supported housing services encourage service users to get out during the day, to go to work or take advantage of training and volunteering opportunities;
- **Floating support services** “signpost” service users to educational establishments, training agencies, Business Advice, Job Centre Plus and other activities, often accompanying service users to their first one or two appointments;
- **Schemes such as Build Your Future** engage people with support needs in the construction of the housing they and their peers will occupy.

Willingness to work is becoming a key national policy driver. Housing Related Support services have anticipated this by putting access to training and employment opportunities at the heart of their approach.

### **Prevention and early intervention: The health and social care dimension**

Housing related, preventative services help to reduce dependence on costly crisis services and promote public health. The contribution of housing and support to health outcomes is well documented in the National Housing Federation’s, *Health and housing: worlds apart? Housing care and support solutions to health challenges*<sup>3</sup>. In Yorkshire and Humber, Housing Related Support has helped to link housing and health through co-location of services. At the strategic level, local authorities and Primary Care Trusts come together to develop Joint Strategic Needs Assessments.

*“A stable home environment is fundamental to good health. This is particularly true of people from disadvantaged groups, who are much more likely to have experienced homelessness, mental illness and other associated problems. Fortunately, we’re located in the same building as one of the main local providers of housing and support services. We can make resolution of housing problems integral to our holistic approach to treatment.”*

GP in Yorkshire and Humber

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<sup>3</sup> National Housing Federation, 2010, *Health and housing: worlds apart? Housing care and support solutions to health challenges*.

**Preventing mental ill health**  
**Case study: Joanne**

*“Getting my new tenancy really helped. I needed a lot of support at first, but now that me and my family are safe and healthy, I’m looking forward to managing much more independently.”*

<p><b>Personal details</b></p>	<p>Joanne is aged 39 years and has two daughters aged 10 and 17 year.</p>
<p><b>Personal history</b></p>	<p>Joanne has had mental health problems for many years. She had a history of suicide attempts dating back to when she was 18 years old. Joanne would get very depressed and find it hard to cope. Her last attempted overdose resulted in her spending time in intensive care.</p> <p>Joanne’s depression was made worse by alcohol and drug abuse. Joanne usually drank about eight cans of lager every day and had a history of drinking with her family since a young age. Her parents both had alcohol problems and her mother was also openly harming herself. As a child, Joanne had provided a lot of care and support to her parents.</p> <p>In addition, Joanne had been going through a period of domestic violence. A serious assault on Joanne resulted in a broken cheek bone for Joanne and a prison sentence for her ex-partner.</p> <p>Joanne was also becoming physically aggressive herself. She often damaged her house and when the police were called she would be physically aggressive towards them. The aggression continued until Joanne was prosecuted for the assault on a neighbour. Joanne says:  <i>“I couldn’t even remember it happening. It was a wakeup call.”</i></p> <p>Joanne’s eldest daughter also had mental ill health and had been with Child and Adolescent Mental Health Services (CAMHS) since she was aged seven. Adult Social Care was considering child protection issues when the family was referred for Housing Related Support. Her daughter told a teacher when she was nine that she had taken an overdose. She was also self-harming and had anger and emotional problems.</p> <p>Both of Joanne’s daughters were failing to attend school and when they were there they were both very withdrawn and were not making friends. Joanne was required to attend a court hearing regarding her youngest daughter’s school attendance. Due to the self-harm Joanne’s eldest daughter refused to do any physical exercise. After moving schools a number of times. The eldest daughter was taught through other provision.</p> <p>Joanne was living in private rented accommodation and had been asked to leave by the landlord. She was struggling to budget and had rent arrears and door-step loan debts. Joanne was referred to a floating support scheme by the Mental Health Liaison Nurse at the hospital following the overdose.</p>
<p><b>Support received</b></p>	<p>Joanne has been receiving two to three hours floating support weekly.</p> <p>Joanne has worked on putting together a plan for support with her housing support worker. Her immediate priorities were to set up a new tenancy and the utilities. Her support worker helped her to identify and deal with her</p>

	<p>alcohol issues.</p> <p>She was signposted for additional, short-term, specialist support and developed a harm reduction plan with the Community Drug and Alcohol Team (CDAT). Joanne also took up advice and support in relation to the welfare of her children and their educational development. She worked on the Triple P programme with the Youth Offending Team, to help her develop her parenting skills. Joanne was helped to manage her debts and to claim the relevant benefits. Her support worker helped her to go through the court process following the assault charge.</p>
<p><b>Outcomes</b></p>	<p><b>Achieve Economic Well Being</b></p> <p>Joanne has a budgeting plan and is now able to manage her weekly income and bills.</p> <p><b>Enjoy and Achieve</b></p> <p>Joanne is now in a stable and loving relationship. Her partner says: <i>“I hear her talking about the past and I can’t believe it’s the same person we’re talking about.”</i></p> <p>Joanne has resolved the neighbour nuisance issues and has avoided any potential eviction process. She has attended classes at her daughter’s school to help to improve her literacy skills.</p> <p>Joanne’s youngest daughter has transformed into a lively and motivated young person. She has improved school performance and her attendance is excellent. She is attending booster classes with the rest of her year from 8 am each morning. She is making new friends and enjoys playing hockey. She loves to dance and recently her dance group came second in an inter-school competition. Joanne’s older daughter has a baby and is no longer in receipt of support from CAMHS.</p> <p><b>Be Healthy</b></p> <p>Joanne has significantly reduced her alcohol consumption. Joanne now feels more in control of her circumstances and a lot less isolated and depressed. Joanne has become more confident. Although her mother died recently she is coping with it.</p> <p>Joanne keeps active by walking and enjoys going bowling with her family.</p> <p><b>Stay Safe</b></p> <p>Joanne has secure and appropriate housing which is in good physical condition. They are managing the housework.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Eviction;</li> <li>• Further A&amp;E admissions, due to reduction in alcohol consumption and absence of suicide attempts;</li> <li>• Further court proceedings;</li> </ul>

	<ul style="list-style-type: none"> <li>• School failure;</li> <li>• Children may have been taken into care;</li> <li>• Possible custodial sentence.</li> </ul>
<b>Future plans</b>	<p>Joanne is keen to find paid work and is particularly interested in supporting people who have been through some of the same experiences. She is being given advice and support to help her to achieve this.</p> <p>Joanne and her partner very much hope to have a family holiday together some time in the future.</p>

#### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Floating support service @ £24.36 per hour x 2.5 hours x 52 weeks	£3,167
Housing costs	£4,147
Social Services costs	£6,958
Benefits and related services	£3,554
<b>Likely total cost of services, including Supporting People</b>	<b>£17,825</b>

## LIKELY COST OF SERVICES IF SP WAS NOT PROVIDED (SCENARIO 1)

### Alternative costs that might arise *without* Supporting People Services (a) – a minimum figure:

This scenario assumes Joanne is made homeless due to her inability to control her budgeting, and she loses the ability to look after her daughters temporarily, but she does not accept, or is not referred to, inpatient or residential care treatment for her alcoholism.

Housing costs	£4,147
Benefits and related services	£3,554
Cost of homelessness consequent on private sector accommodation	£750
Cost of tenancy failure to local authority	£2,909
Net cost of 4-5 weeks stay in B&B, net of standard social housing rent	£945
Cost of assumed two court appearances re alcohol related offences	£1,908
Cost of 20 hours alcohol counselling	£677
Cost of fortnightly CAMHS session for daughter (2010 figures, based on 2003 estimate of £66 per hour for young person counselling in National Clinical Practice Guidelines no 28, National institute of Clinical Excellence p37)	£2,136
Cost of foster care for two daughters for 20 weeks @ £234 per week	£9,360
Variety of other health and social care costs (national figure for 2009 updated by 2.5% derived from Cap Gemini report p 62)	£702
<b>Likely <i>minimum</i> cost of services, if no SP service provided</b>	<b>£27,088</b>

## LIKELY COST OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED (SCENARIO 2)

### Alternative costs that might arise without Supporting People Services – a figure involving inpatient and/or tier four service usage:

Housing costs	£4,147
Benefits and related services	£3,554
Cost of assumed two court appearances re alcohol related offences	£1,908
Cost of 10 days in-patient detox	£2,393
Cost of 16 week package of tier four residential rehab	£12,956
Cost of foster care for two daughters for 20 weeks @ £234 per week	£9,360

Cost of fortnightly CAMHS session for daughter (2010 figures, based on 2003 estimate of £66 ph for young person counselling in National Clinical Practice Guidelines no 28, National institute of Clinical Excellence p 37)	£2,136
Variety of other health and social care costs	£702
<b>Likely cost of services involving detox and residential, if no Supporting People service provided</b>	<b>£37,156</b>

## COSTS SAVED

Likely total annual cost of services, including Supporting People	£17,826
Likely total annual cost of services, without Supporting People	£27,088
Potential saving to local authority and statutory partners	<b>£9,262</b>
Likely total annual cost of services to without Supporting People, if detox and residential rehab prove necessary	£37,156
Potential saving to local authority and statutory partners	<b>£19,330</b>
<b>% saving</b>	<b>34-52%</b>

Across Yorkshire and Humber, examples of successful prevention and early intervention services, developed through multi-agency approaches, include:

- **“Light touch” floating support services** for older and other vulnerable people, designed to prevent hospital admissions;
- **Home from Hospital Services**, which offer short-term support at home, designed to re-able vulnerable people retuning from a spell in hospital. This frees up beds and avoids the need for moves to residential care;
- **GP surgeries** co-located with Housing Related Support services;
- **“Single assessment” Mental Health services**, aimed at ensuring that associated issues such as housing problems, dual diagnosis and offending behaviour are addressed coherently;
- **Integrated housing options**, including supported housing, move-on and floating support, for substance misusers who have undertaken treatment.

In mental health services, the aim has been to provide people with:

- Access to accommodation appropriate to their needs and choices;
- Support and advice to help sustain their accommodation;
- Choice in defining the level and type of support received.

Stakeholders highlighted how important it was to promote service user choice and control, even in preventative and early intervention services. For example, the fact that services might be short-term should not be a barrier to personalisation. Some service users might not want to manage personal budgets and direct payments may not appropriate in all cases.

Nevertheless, flexible services based on support plans developed with a high degree of service user input are still necessary, to ensure that personal outcomes are given precedence.

## Prevention and early intervention: Crime and substance misuse

Prevention of offending (and re-offending) is a major priority in Yorkshire and Humber, with responsibilities spanning the NHS and local authorities, as well as all agencies within the Criminal Justice System. Settled accommodation has an important role to play. Indeed, in one area, more than 65% of persistent offenders were found to have accommodation needs.

### Substance misuse Case study: Kerry

“I know how to cope now. I’ll never go back to a life on drugs.”

<b>Personal details</b>	Kerry is female and is 39 years old. She has three sons
<b>Personal history</b>	<p>Kerry’s partner of 20 years died suddenly. The cause of death was not known at the time and Kerry was taken into police custody. She remained on bail until the post-mortem. Her son was nine months old and he was immediately taken into foster care.</p> <p>Kerry’s older son, who is 15 years old, lived with his grandmother (Kerry’s mother) who had residential and parental orders.</p> <p>Although Kerry had not been using drugs prior to her partner passing away, she found it very difficult to cope. Her changes in circumstances meant changes to benefits. Kerry could not deal with the finances and soon all payments were stopped and her debts began to mount.</p> <p>Kerry began to use drugs again.</p> <p>The following month, Kerry was going through her son’s adoption when she decided that she did not want that to happen and she stopped using drugs. Social Services made it clear to Kerry that she had to demonstrate that she could be a good parent.</p>
<b>Support received</b>	<p>Kerry was referred to a local Housing Related Support provider who assessed Kerry as requiring initial support twice per week for two hours each time. Kerry received this support from Laura for just under a year.</p> <p>Kerry was supported to sort out her benefits and re-establish payments. Kerry was signposted to specialist advice at the local Citizens Advice Bureau, who helped her with a Debt Relief Order. She was helped to sort out her debts and to set up arrangements to pay arrears. Laura helped Kerry to access a funeral payment.</p> <p>Kerry was supported to attend meetings with social workers, had regular support reviews, attended solicitor’s appointments and police visits.</p>

	<p>Kerry was signposted to a drug counsellor at a local addiction service which helped her to cope with her feelings, conquer the drug misuse and prevent a relapse. Cognitive Behavioural Therapy has helped Kerry realise that using drugs was a way of coping with depression.</p> <p>She gave regular samples to social services to demonstrate that she had stopped using drugs.</p> <p>The support worker helped Kerry to think about what it took to be a good parent. Kerry was supported to have contact with her son every day. Kerry maintained her commitment to her son and has been awarded shared custody. Her son is now living back at home.</p> <p>Kerry has been homeless in the past and has lived in hostel accommodation so she is relieved that she has had support to maintain her tenancy.</p>
<p><b>Outcomes</b></p>	<p><b>Achieve Economic Wellbeing</b></p> <p>Kerry is now relatively debt free and is in receipt of the correct benefits.</p> <p><b>Enjoy and Achieve</b></p> <p>Kerry feels her greatest achievement is not only getting her youngest son back but also getting her family back too. Her eldest son is now an adult and lives independently but visits often. Her younger son now spends more time with Kerry than he does with his grandmother and they are enjoying a strengthening relationship.</p> <p>Kerry has completed parenting classes and a domestic violence course to help her to avoid future exploitative relationships. Kerry attends a playgroup with her son at a local community centre and often takes him to visit the local library. Her youngest son will be attending nursery two days per week.</p> <p><b>Be Healthy</b></p> <p>Kerry now sees her GP, who is helping her to manage asthma, regularly. Kerry has also registered with a dentist. Kerry is keen to keep a healthy lifestyle and regularly walks and has recently joined a gym.</p> <p><b>Stay Safe</b></p> <p>Kerry is able to maintain her tenancy and no longer takes risks to get drugs.</p> <p><b>Making a Positive Contribution</b></p> <p>Kerry has received a lot of support from her mother in the past. Her mother is now disabled following a stroke and has arthritis. Kerry is providing care and support to her mother such as taking her shopping and to the hospital, help with jobs around the house, and maintaining the garden.</p>

<b>Prevention</b>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Debt and increases due to interest;</li> <li>• Loss of tenancy and homelessness;</li> <li>• Loss of benefits;</li> <li>• Care of child by local authority/foster care;</li> <li>• Hospital admission;</li> <li>• Crime due to drug addiction.</li> </ul>
<b>Future plans</b>	<p>Kerry wants to take each day as it comes. She wants a normal family life and is keen to make sure her son knows who his family are.</p> <p>She is looking forward to a caravan holiday with her sons and her mother.</p> <p>Kerry is keen to gain paid employment or to do some voluntary work. She would like to work with people who have faced the same problems she has had.</p>

#### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People costs: £25.33 per hour x 2 hours per week x 52 weeks	£2,634
Housing costs	£4,147
Health/Criminal Justice costs (based on cost of drugs intervention)	£4,328
Benefits and related services	£4,256
<b>Likely total cost of services, including Supporting People</b>	<b>£15,365</b>

Kerry was clearly on a downward spiral in her previous lifestyle. Although the adoption of her son would have reduced the otherwise very significant costs of keeping him in care, it is very likely that she would have lost her home and she may well have also required detox. But this is not certain. Many habitual misusers of substances refuse or fail to complete such treatment. What seems more or less certain, though, is that she would eventually have been arrested and appeared in court, because of her continued drug usage. So it is possible to cost conservatively, in order to avoid over inflating the figures with an automatic assumption that she would have gone through hospital or tier four drug/alcohol treatment.

## LIKELY COST OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED

Cost of drug possession or supply arrest	£4,706
Cost of court appearance	£954
Cost of tenancy failure to local authority	£2,909
Likely homelessness cost	£2,209
Housing costs	£4,147
Health/Criminal Justice costs	£4,328
Benefits and related services	£4,256
<b>Likely total cost of services, if no Supporting People service provided</b>	<b>£23,509</b>

Likely total annual cost of services, including Supporting People	£15,365
Likely total annual cost of services, without Supporting People	£23,508
Potential saving to local authority and statutory partners	£8,143
<b>% saving</b>	<b>35%</b>

Stakeholders across Yorkshire and Humber which focused on substance misuse mentioned Housing Related Support or jointly funded projects including:

- Integrated access to accommodation and support services for serious and persistent offenders, including those involved in substance misuse;
- Staged accommodation and care navigation services for recovering substance misusers, which ensure there is a seamless transition from treatment, through supported living and in to maximum independence;
- Initiatives aimed at re-uniting young offenders with their families;
- Housing and support for planned referrals from Youth Offending Teams (YOTS);
- Mentoring for young offenders;
- Services reaching out to sex workers.

A consistent theme was the centrality of settled housing to helping people to turn their lives around. All too often, a spell in prison can ruin an individual's circumstances and life chances. So, across Yorkshire and Humber, Criminal Justice agencies are closely involved in Housing Related Support commissioning structures. There was a shared understanding among those interviewed that a little support at the right time can go along way towards mitigating the social costs of offending and anti-social behaviour.

## 4. Supporting People: Outcomes and service quality

### Outcomes monitoring

Everyone who receives Housing Related Support is helped to create a support plan. Their support plan will address how they will achieve a range of outcomes from among the following headings:

- Economic Well Being;
- Enjoy and Achieve;
- Be Healthy;
- Stay Safe;
- Make a Positive Contribution.

By way of example, in Yorkshire and Humber, during 2008/09:

- Over 900 people with mental health problems were helped to maximise their incomes and manage their debts;
- The members of nearly 700 homeless families were supported to take part in training and education;
- Over 70 people with learning disabilities were enabled to improve their physical health. Many more will have benefited from long term services;
- Over 250 people with drugs problems were helped to maintain settled accommodation;
- Approximately 750 offenders were assisted to avoid offending behaviour and make positive contributions to their local community.

These examples relate to short-term services and are taken from the outcomes data available at <https://www.spclientrecord.org.uk/>

Providers of Supporting People funded services complete electronic returns for clients leaving short-term services, as well as for a sample of service users who are receiving Housing Related Support for longer periods. This means that there is a wealth of information on the outcome “domains” above, analysed by:

- Specific client groups;
- Different types of service;
- Geographical areas.

### Service quality

The Supporting People Quality Assessment Framework (QAF), which stakeholders reported as being used in most Yorkshire and Humber local authority areas, provides a common methodology for ensuring standards. It looks at:

- Assessment and Support Planning;
- Security, Health and Safety;

- Safeguarding and Protection from Abuse;
- Fair Access, Diversity and Inclusion;
- Client Involvement and Empowerment.

Services are ranked at levels A to C. Level A implies “excellence” and is associated with provider striving to be a leader in its field, and:

- Is flexible and responsive, and able to adapt the service best to meet clients’ needs;
- Is a learning organisation that reflects on its work and uses this information to challenge its own performance;
- Effectively engages clients and staff in this shared learning;
- Engages in partnership working at a strategic level to better meet the needs of clients, the service/organisation and commissioners;
- Demonstrates the achievement of shared outcomes as a result of effective partnership working;
- Demonstrates vision, leadership and creativity that influences practices beyond the boundaries of the service.

Level B means that the service can evidence good practice, and:

- Has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed;
- Has staff that are confident to take the initiative, and work effectively with other agencies;
- Has clients meaningfully engaged at a service level;
- Engages in partnership working at a service level to better meet the needs of clients and the service;
- Is working towards the achievement of shared outcomes at a service level;
- Challenges its own performance with internal auditing and the setting and monitoring of targets;
- Demonstrates a commitment to continuous improvement.

Level C means that the service meets, and is able to evidence, the required minimum standard but there is scope for improvement, and:

- Complies with any statutory requirements;
- Has policies and procedures in place, and that these are followed;
- Has staff that understand and can explain the policies and procedures;
- Has clients who understand the nature of the service they are receiving;
- Engages in partnership working at a client level to better meet the needs of the individual;
- Is working towards achievement of individual outcomes;
- Demonstrates a commitment to continuous improvement.

The scoring of services in the QAF is based on averages of scores. Any service who receives a grade C score cannot achieve a grade A score overall. The scores are as follows:

Failure to reach level C on any standard/objective	➔	Failure to reach minimum standards
Level C on a majority of standards/objectives and no failure to reach level C	➔	Performance level C
Level B or above for a majority of standards/objectives	➔	Performance level B
Level A for the majority of standards/objectives and no level Cs	➔	Performance level A

The emphasis on service user involvement at all levels means that the QAF helps to promote choice and control. Stakeholders across Yorkshire and Humber reported almost universal utilisation of the QAF framework and were highly supportive of its role in promoting personalised, preventative services.

## 5. The financial benefits of Housing Related Support

### The current context

We are facing a time of retrenchment in public spending. As a nation we have to find ways of doing things better, for less. It is a time when many long cherished programmes will be looked at with a sharply critical eye by policy makers. The logic of prioritising the most important public services over the 'nice-to-have' will be increasingly come to dominate discussions in Whitehall and in the Council Chamber.

In this context, the provision of Housing Related Support is a vital tool for local commissioners in their struggle to maximise the value of public investment programmes. It is perhaps the clearest possible example of a 'spend to save' initiative that allows real savings to be quantified by local government and their strategic partners.

At its very heart, Supporting People is a *preventative* programme: it exists to help vulnerable people avoid or delay entry into institutional services, and to live as independently as possible for as long as possible.

*The programme has been instrumental in supporting the needs of some of most vulnerable and socially excluded members of society and delivers savings to the Exchequer of £3.4 billion for a £1.6 billion investment per annum<sup>4</sup>.*

### A discretionary programme

However, Supporting People is also a discretionary programme: there is no statutory framework which legally obliges any local authority to provide these service on the lines that, say, the homelessness legalisation obliges housing authorities to provide for certain categories of homeless people. As such, it is inevitably subject to the deepest possible scrutiny in cost conscious times.

In principle, many people accept the argument that preventative programmes like Supporting People save money in the long term. But the savings do not necessary directly accrue to the body which funds the particular preventative programme, or at least not to them alone. So such programmes can seem like 'add-ons' to what is perceived of as 'mainstream provision' – and sometimes as expensive add-ons as well.

### Towards a Total Place perspective

In today's climate though, there is little excuse for such 'silo thinking'. Such old fashioned approaches are being directly challenged by developments such as [Total Place](#) (also known as Place Based Budgets) which looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations, delivering a step change in both service improvement and efficiency at the local level.

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<sup>4</sup> Communities and Local Government Select Committee, October 2009, *The Supporting People Programme*, Thirteenth Report of Session 2008–09, HC 649-I&II.

Opposition to 'silo working' is easy enough to express and has regularly been expressed by national and local politicians of all persuasions for many years. Doing something about it is more difficult. The dull pressure of 'silo *accounting*' can make one department's 'efficiency saving' into an additional cost for another bit of the public sector but neither party may be aware of this perverse financial relationship. It is very striking that one of the major themes of the developing Total Place work focuses precisely on how best to use data, including financial data, collaboratively, and to focus resources on *outcome* based budgeting. This must surely be the way forward for the entire public sector.

Housing Related Support has a vital part to play in this. But it has often struggled to demonstrate the financial value of its impact in the past, precisely because of this widespread practice of silo accounting. Many of the savings which can be reasonably expected to accrue to any community due to the provision of Housing Related Support are – *in accounting terms* – diffuse ones which show up indirectly or under several budget headings spread across housing, social care, benefits, criminal justice and health agencies. But in terms of the impact on the workload of statutory staff, and on the cohesion of the community these benefits are not diffuse at all: they are a concentrated example of how relatively minor expenditure on preventative work can radically improve outcomes and decrease costs for mainstream services.

### **Methodology: Costing counterfactuals**

Any attempt to apply cost benefit analysis to *prevention* inevitably involves some element of counterfactual thinking. It is generally easy enough to establish the cost of the existing service – but how does one approach the business of establishing what might have happened, but didn't, if the current service had not been in place? Until one has established such a counterfactual scenario, it cannot be costed, and the costs of the current service cannot be judged in comparative terms.

At a national level, Community and Local Government (CLG) have commissioned research into this area twice, first in 2006 and then again in 2009. Both pieces of work followed substantially the same methodology, although the latter work included costings for a somewhat wider number of client groups. In essence that methodology can be summarised as:

- Estimating the cost of current services by drawing upon returns made by local authorities to CLG showing the division of spend by primary client group label and service type, together with typical benefit, housing, social care, health and criminal justice costs incurred by people in such situations;
- Costing a range of potential adverse events that might occur to different client groups in the absence of Supporting People services being provided;
- Making an estimation of the percentage of each client group who might or might not need an alternative and more expensive service in the absence of the provision of Housing Related Support;
- Comparing the overall costs of either providing or not providing Supporting People services.

At a national level the savings are very clear, as demonstrated in the table below taken from the 2009 report<sup>5</sup>. Two pounds are saved for every pound invested in Supporting People services.

Client group	Cost (£m)	Net financial benefit (£m)
People with alcohol problems	(20.7)	92.0
Women at risk of domestic violence	(68.8)	186.9
People with drug problems	(30.1)	157.8
Homeless families with support needs – settled accommodation	(32.5)	(0.5)
Homeless families with support needs – temporary accommodation	(17.5)	28.5
Single homeless with support needs – settled accommodation	(130.1)	30.7
Single homeless with support needs – temporary accommodation	(106.7)	97.0
People with learning disabilities	(369.4)	711.3
People with mental health problems	(254.4)	559.7
Offenders or people at risk of offending, and mentally disordered offenders	(55.4)	40.3
Older people in sheltered accommodation	(198.2)	646.9
Older people in very sheltered accommodation	(32.4)	123.4
Older people receiving floating support and other older people	(97.3)	628.0
People with a physical or sensory disability	(28.4)	73.3
Teenage parents	(24.9)	(18.3)
Young people at risk – settled accommodation	(94.9)	26.6
Young people at risk – temporary accommodation	(38.1)	26.7
Young people leaving care	(12.7)	(0.7)
<b>Total</b>	<b>(1,612.4)</b>	<b>3,409.4</b>

**2009/10 Supporting People Expenditure in the Yorkshire and Humberside Region was £173.9 million or 10.44% of the national total. Directly translating the results of the CLG financial benefits research onto this figure suggests that it saved statutory bodies in the region around £368 million.**

It is immediately obvious that savings of this order must be highly dependent on precisely how many people currently in receipt of Housing Related Support might otherwise require residential care or some other more expensive option. Indeed, in their sensitivity analysis the authors calculate that if *no one* receiving Supporting People services required such an ‘escalated arrangement’ then the savings from investing in the programme would disappear. But even under this frankly implausible counter-scenario the net cost of the programme nationally would only be £30m p.a. or under 2% of the overall cost of the programme. *In other words, Supporting People all but pays for itself, even without any major counterfactual assumptions about highly expensive alternative forms of provision.* In practice, the balanced view emerging from the research is that the programme makes massive savings for the public purse, a view endorsed by a recent Parliamentary Select Committee.

Furthermore, the authors of the 2009 report stress that the benefits of providing Housing Related Support are certainly not confined to financial gains:

<sup>5</sup> Cap Gemini, *Research into the financial benefits of the Supporting People programme*, 2009, CLG.

*“...there are a range of valuable but un-costed benefits from Supporting People services which should be considered in any thinking about the broader social value of those services. These vary from client group to client group, but may include:*

- *reduced risk, in the long term, of social exclusion;*
- *improved educational outcomes, in the long term, for children;*
- *improved health and quality of life for individuals;*
- *increased participation in the community;*
- *reduced burden for carers;*
- *greater access to appropriate services;*
- *reduced fear of crime; and/or*
- *reduced anti-social behaviour.”*

## **The figures used in the report**

Although we have extensively drawn on the figures provided by the CLG research in this report, we have taken a subtly different methodological approach. Rather than trying to make overarching estimations of cost savings for client groups as a whole, we have attempted to cost the alternative outcomes for a range of real individuals, whom we have personally interviewed.

Again, this work depends on counterfactuals – but, in many cases, our counterfactuals are grounded in verifiable reality. Inevitably, the national study had to depend on a range of evidenced assumptions: we have been able to ask vulnerable people themselves, or the agencies supporting them, how they were coping and what their life trajectory was before they received Housing Related Support.

### **(a) Costing existing Housing Related Support services**

In some case we have information on the actual cost of particular Supporting People funded services received. In others, we have been able to access the results of the NHF/Sitra benchmarking service to provide more nuanced Supporting People costs where individual contract prices have not been available. In our view, this offers three advantages over the cost data derived from the returns to CLG:

1. It includes the costs of any element of support not funded by Supporting People, not just the per capita average Supporting People contract price for particular client groups. Although Supporting People is the overwhelming source of funding for Housing Related Support, it is not the only one so to exclude these other costs may be misleading;
2. In some cases, where there is sufficient data in the NHF/Sitra system, it has been possible to calculated regionally specific cost figures, not just national averages;
3. In our experience, client group labels are often an imprecise definition of vulnerability. To say, as the national research quite reasonably does, that the average package of support for someone labelled ‘single homeless’ costs a certain amount is not the same as saying someone who is at risk of homelessness necessarily receives such a package. They may well pass through a service with a different client group label and a different cost profile. Because the benchmarking data is analysable not merely at client group but also at service type and cover type levels we can more closely match the cost of services received to individual experience.

There is one exception to these principal means of costing services received – how we have decided on the cost of a Family Intervention Project used by one of our interviewees. Such schemes are rare, specialist and very expensive. In both the returns to the CLG analysed by the authors of the national financial benefits reports and in the NHF/Sitra benchmarking data it is likely that specific costs of such services are hidden within averages for a wider range of services. So we took the relevant figure from a publication of the Respect Taskforce<sup>6</sup> and updated it for inflation.

All non-Housing Related Support costs, for example, costs of providing benefits, housing and so on alongside Housing Related Support have been drawn directly from the CLG research.

### **(b) Costing alternative events and service usage**

At the level of a spending programme, or even at the level of a client group, it is entirely reasonable – indeed, unavoidable – to make assumptions about any given percentage chance of a certain event occurring in the absence of a Housing Related Support service. For instance, the CLG research offers an evidenced figure for the likely cost of homelessness and emergency accommodation for different groups. In essence, these are statistical associations, and as such are perfectly valid when dealing with large collections of records, financial and otherwise, of aspects of individual experience.

At the level of the individual, however, there cannot be absolute certainty around the likely chain of events that might have occurred in the absence of the provision of Housing Related Support. For instance, people with substance misuse problems do, sometimes, simply conquer their addiction on their own or through a voluntary 12-step group, without any call on public resources. Similarly, some homeless people, even those with support needs, may re-house themselves without any external intervention. And many vulnerable old people may live lives, albeit perhaps foreshortened lives of quiet desperation, rather than ask for help of any kind, much less escalate their expressed needs from a Housing Related Support service to a residential care home.

To address this issue we have consciously based our costing of alternative scenarios on conservative assumptions. Unless it was clear from the interview material that expensive ‘escalated arrangements’ (such as entry into registered care or hospital or children being taken into Social Services care and so on) was a real probability on the balance of evidence, we costed less expensive alternatives.

Wherever possible, we drew cost figures for alternative events from the CLG research and its associated modelling tool, but in one or two cases we sought cost information from other sources, all of which have been carefully referenced. Adopting this approach means it is at least as possible that we have under costed the savings likely to accrue to local statutory agencies as to have over costed them.

Inevitably, a focus on individual case studies runs the risk of being accused of providing “anecdotal” evidence. But these case studies are not anecdotes. They are examples of the complexity of vulnerable people’s lives in Yorkshire and Humber, of how need expresses itself in so many ways, and how it impacts on the budgets of so many agencies. The costings provided for the individual experiences recounted here are not specific to the person concerned – they are drawn from nationally recognised sources.

In other words, the personal stories are unique but the financial benefits to the community of providing Housing Related Support offer generally applicable lessons.

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<sup>6</sup> *Family Intervention Projects: A Toolkit for Local Practitioners*, Respect Taskforce, July 2007

## 6. Good practice in personalisation of services

### Promoting independence, choice and control

Housing Related Support is a person-centred service. Its aim has been to promote independence, choice and control. In Yorkshire and Humber, this has been achieved in a number of ways:

- **Housing choice** can help vulnerable people to access accommodation of the right type and in the right location;
- **Service personalisation** means that support is available when and where people need it;
- **Person-centred support plans** ensure that desirable outcomes are agreed with service users, in harmony with what they want to achieve in other aspects of their lives;
- **Individual Budgets** give people even more control over how their needs are met and can result in;
- **Direct Payments**, where the cash value of services are made over to the user to spend as they wish.

In Yorkshire and Humber, all of these methods are being used to ensure that Housing Related Support helps people to achieve their goals.

### Independent living: Personalised services for people with learning disabilities

Many people with learning disabilities face serious challenges from a very young age. But most of them want to live independently. Housing Related Support can help to make this a reality.

Across Yorkshire and Humber, Housing and Social Services Departments have joint working arrangements which ensure that people with learning disabilities can access the housing, care and support they need. Housing choices include:

- **Supported housing**, perhaps shared with other compatible individuals who can offer friendship and support;
- **Ordinary rented housing**, with care and support provided by visiting professionals;
- **Home ownership**, taking advantage of special mortgages and shared equity options that have been specifically developed for this purpose.

All these options prevent the need for individuals to move into Registered Care Homes, which, as well as being costly, are regarded by many as institutional and incompatible with independent living.

## Innovation in housing and support for people with learning disabilities

Some people with learning disabilities want to combine the benefits of peer support with the privacy and “normality” of their own house or flat.

Several local authorities across Yorkshire and Humber work with a support provider called Key Ring to offer this alternative. Typically, Adult Social Services will ask Housing Department colleagues to identify 10 or so flats within walking distance of each other, in a safe neighbourhood. One of the flats will be offered to a Key Ring volunteer who, in conjunction with the provider’s paid staff, will offer support to those living in the other nine.

One authority has introduced Individual Budgets for Key Ring service users who get Housing Related Support *only*, as well as those with wider care packages. This has proved that people with less severe learning disabilities can benefit from increased personalisation of services, in addition to those who have full assessments under the Fair Access to Care Services (FACS) arrangements.

### Learning disabilities Case study: Dawn

*“Getting a job and a nice place to live has made me much more independent. I see more of my family and my support worker has helped me to arrange a holiday. I’m looking good, feeling fit and I’m a regular at the local disco. I meet my friends there on games nights.”*

<b>Personal details</b>	Dawn is a 37 year old woman with learning disabilities, who shares a house with three other people. Dawn has 14 hours per week Housing Related Support provided through a direct payment. Dawn also receives Housing Related Support which focuses on obtaining employment.
<b>Personal history</b>	Dawn lived with her partner but when he passed away she found it very hard to cope on her own. The flat was in poor condition and she was finding it hard to manage a budget. Dawn was also finding it difficult to manage her personal appearance. She moved back to her mother’s house but desperately wanted to live independently.
<b>Support received</b>	<p>A referral was made via the Community Team for Learning Disabilities. The support worker helped her to find suitable accommodation in a shared house and she is now supported by visits from a support worker, and with telephone support.</p> <p>Dawn receives support to help her to stay healthy and stay safe. The support also includes help with money management and support in accessing local community facilities.</p> <p>Dawn receives support to help her with her personal hygiene and self-care. With help from her support worker, she is able to maintain a healthy diet and go shopping. Dawn is also learning to budget and make sure all her bills are paid on time.</p>

	<p>Supporting People funding has helped Dawn to find appropriate accommodation, maintain the accommodation and find paid work.</p>
<p><b>Outcomes</b></p>	<p><b>Achieve Economic Well being</b></p> <p>Following a year's catering course at a local college, Dawn is now in paid work (permitted earnings) at her local supermarket, where she is a waitress in the café. Dawn is very pleased to be the owner of a staff discount card.</p> <p><b>Enjoy and Achieve</b></p> <p>Now that Dawn can live more independently, relationships with her family have improved and she enjoys increased contact with them since moving to her new house.</p> <p>Dawn had very rarely been on holiday but her support worker has helped her to decide where to go and helped her to arrange one. Dawn says she is most looking forward to the shopping. Dawn has an active social network. With support to access transport, she regularly goes to a local disco to meet her friends and particularly enjoys games night.</p> <p>Dawn is building a relationship with her new boyfriend.</p> <p><b>Be Healthy</b></p> <p>Dawn has grown in confidence and now takes pride in her appearance. She feels healthier. Dawn now sees the GP regularly.</p> <p><b>Stay Safe</b></p> <p>Dawn is in appropriate housing. She can travel independently and is aware of possible hazards.</p> <p><b>Make a Positive Contribution</b></p> <p>Dawn regularly goes to a local community centre for disabled people where she works voluntarily in the café.</p> <p>A neighbour who works at the local post office expressed her amazement at the difference in Dawn after a few months of using the service. Dawn is becoming a popular and recognised member of her community.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• A possible move into Residential Care;</li> <li>• Attendance at A&amp;E;</li> <li>• Eviction and homelessness;</li> </ul>

	<ul style="list-style-type: none"> <li>• Further reliance on benefit due to unemployment.</li> </ul>
<b>Future plans</b>	Dawn is looking forward to building her relationship with her boyfriend. She is keen to keep healthy and exercise and wants to lose weight.

## **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People cost @ £19.50per hour x approximately 14 Housing Related Support x 52 weeks	£14,223
Housing costs	£4,147
Social Services costs	£19,312
Benefits and related services	£4,405
<b>Likely total cost of services, including Supporting People</b>	<b>£42,087</b>

Estimating the likely additional costs that *might* arise if Dawn did *not* receive Supporting People services is not straightforward. The Cap Gemini research suggests that a proportion (they estimate 35%) of people in this situation would simply continue to live in the community, but that the clear majority (65%) might require residential care as an alternative.

Those who remain in the community would incur additional costs, including costs for being the victims of crime and, most especially, for health issues, but these costs would be out weighted by the 'saving' on Supporting People expenditure (although it is unlikely that the same positive outcomes would be achieved. In striking contrast, the costs of providing for that majority of people with learning disabilities who might require residential care would far exceed the costs of providing a Supporting People package. So the figures presented below are weighted to reflect this range of possibilities.

## LIKELY COST OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED

		Probability of cost being incurred	Weighted average cost
Housing costs	£4,147	35%	£1,451
Social services costs	£19,312	35%	£6,759
Benefits and related services in the community	£4,405	35%	£1,542
Additional costs arising if individual remains in the community with Supporting People service	£2,429	35%	£850
Residential package	£76,454	65%	£49,695
Benefits and related services if in residential care	£4,658	65%	£3,028
<b>Estimated likely total costs without Supporting People</b>			<b>£63,325</b>

Estimated total cost with Supporting People	£42,087
Estimated weighted average cost without Supporting People	£63,325
Potential saving to local authority and statutory partners	£21,238
<b>% likely saving</b>	<b>34%</b>

Intensive Housing Related Support for people with learning disabilities is not cheap, and in many cases social care is required as well. But the case study shows that a care and support package provided in the client's home offers much better value for money than residential care. Stakeholders reported that the need for some residential care was unlikely to disappear completely. However, the promotion of independent living (and avoidance of expensive dependence) was high on the agenda for all respondents

## Independent living: Older people

The majority of older people want to live in their own homes. They might be home owners or tenants in the private sector, or they may live in sheltered housing owned by a housing association. Whatever their circumstances, Housing Related Support can help them to live where they want to. And by providing an individually tailored service, it can help them to maintain maximum independence.

Stakeholders in Yorkshire and Humber highlighted three broad service models, which can be characterised as:

- **Traditional sheltered (scheme-based):** This includes services where there is an on-site “warden”, scheme manager or similar, dedicated to supporting residents living in a particular cluster of properties;
- **Floating support (community-based):** This includes all “visiting” support arrangements, where support to sheltered housing residents is provided by staff who are not located on site;
- **Hub and spoke (scheme-based in the community):** This includes all “hybrid” arrangements, the key feature being that the support provider has an on-site presence at a sheltered housing project, although the staff located on site may support additional service users, who do not live on the scheme.

The second and third of these models enable support teams to provide services across whole communities, regardless of tenure, and these were reported to be the emerging models. In this regard, Housing Related Support has opened up a range of support options to all, regardless of whether or not they live in housing designated for a specific purpose.

*“I just didn’t see anybody. I’d sit in front of the telly and that was it. The support I’ve had has changed all that. Dee has been great – I’d be lost without her. She helps me to enjoy the safety of my own home and live independently.”*

### Older people Case study: Gerald

<b>Personal details</b>	Gerald is a 69 year old man who lives alone. He has no family.
<b>Personal history</b>	<p>Gerald was an electrician for 40 years, for the same company. Just after his 60th birthday, he was made redundant. This had a profound effect on Gerald who worked seven days a week for many years. He very quickly lost touch with his friends and former colleagues and became very lonely.</p> <p>As Gerald became isolated, he started to become depressed and drinking heavily. He would often drink a can or two of beer in the morning and go to the pub when it opened, to drink for most of the day.</p>

	<p>He increasingly had problems with digestion and his diet worsened. He would buy food which would just go off in the fridge because he gradually lost his appetite.</p> <p>He stopped doing his laundry and would buy clothes to replace what needed washing. He stopped doing the housework and dealing with correspondence.</p> <p>Gerald's balance, mobility and mental health all deteriorated.</p>
<p><b>Support received</b></p>	<p>As a result of Gerald's personal circumstances and deteriorating personal living conditions, he was referred by Social Services for Housing Related Support</p> <p>Although Gerald was initially apprehensive about what the support could offer him, he started to work with Dee, his support worker. Together, they set out a support plan detailing the steps they would take and the timescales it would take to achieve Gerald's goals. Gerald played a key part in setting his own support plan.</p> <p>Dee visited Gerald once per week for about two hours. Visits could be flexible, to support Gerald to attend appointments. Ad hoc support on the telephone could be provided when Gerald required it.</p> <p>Gerald was supported to attend regular GP appointments to help him to improve his physical and mental health. He received medication for depression. He has also attended hospital appointments with support and was due to have an operation to improve his digestion difficulties.</p> <p>Gerald also attended a training course run by the support provider 'Cook and Eat' which gave information about healthy and economical meals and gave Gerald the opportunity to socialise with other people.</p> <p>Gerald was signposted by the support service to an NHS Drug and Alcohol Centre, where he had Cognitive Behavioural Therapy to help him to overcome his addiction to alcohol.</p> <p>Dee helped Gerald to think about taking better care of his flat again, including the cleaning. With the help of his support plan, he focused on a key job which he does each week to keep up with the housework.</p> <p>Gerald also wanted to deal effectively with basic household bills. Dee helped him to set up direct debits and he is now confident to deal with his finances and banks without any additional support. Dee also assisted Gerald to deal with a complaint to the gas company, who had not billed him for two years. Gerald, with support from Dee, has arranged a realistic budget plan with the gas company.</p>

<p><b>Outcomes</b></p>	<p><b>Achieve Economic Well Being</b></p> <p>Since receiving support, Gerald has improved his budgeting and is dealing with his correspondence in a timely and appropriate way.</p> <p><b>Enjoy and Achieve</b></p> <p>Gerald's diet has improved and he has learnt how to eat healthily. Gerald has also improved his social interaction and is a regular member of the dominoes team. Gerald is considering attending another course run by his support provider.</p> <p><b>Be Healthy</b></p> <p>As a result of the support Gerald has received, he has reduced his alcohol intake and his health has improved. He remains focused on looking after himself and likes to go shopping for himself and walking where he can.</p> <p>Gerald has progressed as a result of the support and now attends appointments with both the hospital and his GP alone.</p> <p><b>Stay Safe</b></p> <p>Gerald is now budgeting effectively and as a result is able to meet the running costs of his home. As an owner occupier of his ex-council owned house, he enjoys the safety of his own home and is able to live independently. Gerald particularly enjoys the communal gardens where he lives.</p> <p><b>Make a Positive Contribution</b></p> <p>Gerald misses work and the company of his colleagues and has been discussing possible voluntary work options with Dee. He plans to get involved in a local client involvement group.</p>
<p><b>Prevention</b></p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> <li>• Any need for mental health services;</li> <li>• Visits to A&amp;E;</li> <li>• Any possible move to Residential Care;</li> <li>• Hospital admissions.</li> </ul>
<p><b>Future plans</b></p>	<p>Gerald is looking forward to recovering from his operation and enjoying cooking and eating more.</p> <p>His support provider is arranging day trips which he is looking forward to participating in.</p> <p>Gerald is also going to get involved in the support providers</p>

	<p>client involvement group called Clip Board.</p> <p>Gerald is looking forward to expanding his social interaction opportunities and exploring interests away from alcohol to help him to sustain the health improvements he has experienced.</p>
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### **COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED**

Supporting People costs: £25.98 per hour x 2 hours x 52 weeks	£2,702
Housing costs	£4,229
Social Services costs	£1,064
Benefits and related services	£3,643
<b>Likely total cost of services, including Supporting People</b>	<b>£11,638</b>

Gerald's situation is chronic, not acute. It seems unlikely he would end in residential care. So we have costed the events that might occur in the event of him not receiving a Supporting People service very cautiously indeed, but a significant saving is still evident.

### **LIKELY COST OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED**

10% increased risk of being burgled	£383
4 additional visits to GP consequent on declining health	£220
Combined cost to Health and Social Care consequent on serious fall	£2,050
Home Care costs for 52 weeks	£2,139
Housing costs	£4,229
Social Services costs	£1,064
Benefits and related services	£3,643
<b>Likely total cost of services, if no Supporting People service provided</b>	<b>£13,728</b>

## COSTS SAVED

Likely total annual cost of services, including Supporting People	£11,638
Likely total annual cost of services, without Supporting People	£13,728
Potential saving to local authority and statutory partners	£2,090
<b>% saving</b>	<b>15%</b>

Stakeholders reported that choice, quality and value for money are paramount. In response to this, commissioners and providers across Yorkshire and Humber are working together to make their services more flexible. For example, in sheltered housing, there need be no compulsion to purchase support services. If you do, you will have a choice. A service menu will set out costs and options such as:

- 24-hour, 7-day a week call centre response and action;
- Daily calls, by telephone or intercom, five days a week;
- Monthly or six weekly visits;
- Weekly, fortnightly or more frequent visits, dependent on need;
- Visits that include weekends and bank holidays.

Commissioners highlighted the importance of providing a wide range of services. For example, some older people just need help with repairs, and Housing Related Support can provide this in the form of Home Improvement Agencies. Others only require support occasionally, and Supporting People funded community alarms can meet their needs. Some older people, however, need much more care and support, so several local authorities have developed Extra Care Housing. The availability of Supporting People funding has proved critical to these initiatives in a number of ways:

- It has ensured that basic running costs will be financed, enabling the commissioners and the developer to proceed with confidence;
- It has paid for core services, such as 24-hour cover, so that emergencies can be dealt with, in conjunction with the relevant agencies, at any time of day;
- It has enabled providers to offer more choice, without the concern that individual preferences will undermine service viability.

Stakeholders reported that kind of approach can help to strike a balance between direct payments to individuals and the funding of infrastructure. Core funding of services is not at odds with personalisation. Capital and revenue investment in services such as Extra Care Housing can help ensure that services are there for service users to choose from. They can help to reconcile the tensions between long-term housing choices and short to medium-term care preferences.

## 7. Working together

### Service user involvement

Collaborative working is fundamental to Housing Related Support. Most importantly, there are examples in Yorkshire and Humber of service of user involvement at all levels. Service users make a major contribution to:

- **Governance**, through membership of Supporting People Commissioning Bodies and similar groups;
- **Service design**, through involvement in service specification and procurement;
- **Service improvement**, by getting involved in service reviews.

The guiding principle of personalisation means that work is progressing on further “co-production” of services, which entails individuals and communities coming together, with funders and providers, to commission their own services.

### Efficiency and effectiveness

As public expenditure comes under greater and greater scrutiny, it's important that all agencies and departments work together, to avoid the pitfalls of duplication and unnecessary bureaucracy. In Yorkshire and Humber, examples of effective joint working include:

- Development of cross cutting Prevention Strategies;
- NHS and Probation commissioners acting as Chairs of Supporting People Commissioning Bodies;
- Involvement of NHS and Probation Commissioners in local authority procurement, in order to promote jointly agreed outcomes;
- Joint procurement across Housing and Adult Social Care;
- Piloting of Place Based Budgeting (also known as Total Place);
- Joint Working Protocols across agencies involved in meeting complex needs.

Perhaps most important of all, the partnerships in which Housing Related Support plays a part are accountable to Elected Council Members, providing a chance to influence prioritisation of resources – and a framework of accountability for service users and other interested parties.

### The Right to Control: Housing Related Support and other sources of funding

Yorkshire and Humber is helping to lead the way on personalisation across funding streams, with two councils chosen as joint trailblazer sites for this important initiative. The aim of this initiative is to give disabled people more control over Housing Related Support, as well as a number of other disability related services they might receive, including Disabled Facilities Grant, Work Choice and Adult Social Care.

Sponsored by the Department of Work and Pensions and the Office for Disability Issues, the Right to Control will give disabled people a legal right to:

- Know monetary value of the support they are eligible to receive;
- Decide and agree the outcomes they want to achieve;
- Have choice in the kind of support they get;
- Be able to choose how and from who they receive the support.

With co-production at its heart, this new initiative is in harmony with the drive towards personalisation of Housing Related Support outlined above. It provides just one illustration of what can be achieved if service users, communities, providers, commissioners and policy makers all work together.

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**This report was commissioned by Yorkshire and Humber Housing Related Support Group, which consists of local authority lead officers for Housing Related Support from the whole area.**

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**The research and report writing was carried out by Sitra.**

**A shorter version of this report has been printed. Printed copies of the shorter version are available from Jayne Hellowell ([jayne.hellowell@bradford.gov.uk](mailto:jayne.hellowell@bradford.gov.uk)). Both versions can be found online at [www.sitra.org](http://www.sitra.org)**

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