“Ultimately other services finish at 5pm”

The value of supported housing to homelessness prevention, health and wellbeing

8 March 2023

Key findings

- Good quality, suitable supported housing has a significant positive impact on resident health and wellbeing, and can achieve life-changing outcomes for the people that it supports.
- Supported housing plays a critical and demonstrable role in reducing homelessness.
- As a result, supported housing is significantly relieving pressures on the NHS, social care, criminal justice and housing systems, and making a considerable contribution to the strategic aims and statutory duties of these services.
- The system has the capacity to offer further support, but is being hindered by a lack of government investment and focus.
- There is a clear need to ring-fence and increase long-term revenue funding for housing-related support to local authorities, and to encourage councils to commit to long term funding plans.
- In order to support and improve the short-term supported housing sector’s ability to move people on to suitable and affordable independent tenancies, there is a need for greater investment in social housing. This would also further reduce pressure on local authority homelessness functions.
- In order to maximise the support and benefits that supported housing can offer, it needs to be working within an infrastructure of specialist health, mental health and addiction services that would enable supported housing to work more successfully with people with multiple and complex needs.
- There is a clear need to both gather better data about the profile of those living in supported housing, and to conduct further research on the positive impact this structure has on their health, wellbeing, and the public purse.

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Introduction

The supported housing sector often delivers high quality services that offer value for money and achieve positive, life-changing outcomes for the people that it supports. However, the low profile and lack of understanding of the sector has resulted in a reduction of government investment and focus over a number of years. With the current cost of living crisis affecting residents and services across the country, the role of supported housing is more important than ever. The National Housing Federation and our members wanted to better understand how supported housing specifically impacts homelessness, health and wellbeing**.** We also wanted to further understand the challenges that it faces and the ways in which it supports and interacts with the NHS, social care, the justice system and other public services. We commissioned Imogen Blood & Associates, in partnership with the Centre for Housing Policy at the University of York, to carry out this research.

The research comprised a snapshot survey of 2119 individuals living in supported housing projects for working age adults on 1 August 2022, alongside in-depth, qualitative interviews with 30 professionals working within the sector.

This summary report of Imogen Blood & Associates' findings highlights the key outcomes of this research and presents our recommendations for the government. The full report can be accessed on our website.

This summary includes:

- Key findings
- Resident need
- Impact of supported housing on the prevention of homelessness
- Impact of supported housing on health and wellbeing
- Partnership working
- Improving outcomes for people's lives and value for money to wider services
- Recommendations

What is 'supported housing'?

Supported housing is accommodation provided alongside support and supervision to help people live as independently as possible in the community, e.g. a shared house for people with learning disabilities, a hostel for people who have experienced homelessness or specialist housing for people transitioning out of psychiatric care.

Challenges and opportunities

One of the biggest challenges facing supported housing is the reduction in funding over time. This has happened within a context of:

- Wider cuts across the public sector, especially for local authorities, resulting in social care resources being concentrated on the highest need individuals.
- Ongoing organisational change in health and criminal justice services.
- A procurement-driven, contractual relationship between local authorities and the supported housing sector.
- A shift towards localism in the absence of a national strategy and funding stream.

As local authority spending on housing related support has reduced over the past decade there has been an increase in 'non-commissioned' provision that has particularly impacted the homelessness sector. Additionally, since the end of the *Supporting People* programme, the sector has been disadvantaged by a lack of current data in relation to the impact, outcomes and cost-effectiveness of supported housing. Even gathering accurate data on the scale, scope and cost of supported housing within this study has been extremely challenging.

This, combined with reductions in local authority spending on support provision, has prompted concerns about the lack of oversight on quality, value for money and safety in some supported housing settings. As the government considers how to tackle these concerns, there is a clear need for better data about the profile and needs of people living in some supported housing provided by reputable housing associations, and the impact this has on individual health and wellbeing and homelessness prevention, and on the public purse.

Summary of findings

The study shows that good quality supported housing has a significant positive impact on its residents' health, wellbeing and sense of social connection, and can achieve life-changing outcomes for the people that it supports. Residents of supported housing schemes are likely to have complex support requirements and, in addition to ensuring that a resident's fundamental needs are met (e.g., safety, shelter and access to nutritious food), good quality supported housing is shown to aid its residents in building healthy relationships, higher esteem and independence, and in developing a greater sense of agency over their lives.

The research underlines the critical role supported housing plays in reducing homelessness and shines a light on its considerable impact in relieving pressures on the social care, health, criminal justice and housing sectors - ultimately lessening demands on the public purse.

The importance of effective partnership working with the NHS and social care is clearly demonstrated, alongside the contribution supported housing is making to the strategic aims and statutory duties of these services.

Resident need

The complexity of need of those living in supported housing is striking. The research found that 9 out of 10 supported housing residents have at least one health condition or disability (including substance misuse, mental ill-health, learning disability/autistic spectrum disorder and physical conditions). Additionally, half of all residents are experiencing more than one of the above conditions.

The report estimates the total numbers of people with particular characteristics living in supported housing nationally. Some people are included in more than one category.

User characteristics	National estimate
People with a history of mental ill-health	72,000
People with physical disability, sensory impairment or other long-term health condition	60,000
People in receipt of an adult social care package	48,000
People with an offending history	32,000
People with a history of problematic substance use	35,000
People with history of lengthy or cyclical homelessness	12,000

People who were formerly a looked-after child	20,000

Meeting these needs is all the more challenging because of the complexity of people's circumstances and histories. This includes levels of vulnerability and presenting risks, as well as the co-existence of different health challenges, all of which will present significant challenges to supported housing in delivering a safe and effective service.

Supported housing offers a more person-centred package (and potentially elements of building design), that can offer greater safety or security than mainstream housing.

The rationale for supported housing is that the service user has multiple needs that can most effectively be met as part of a combined housing and support package.

The report found evidence to support this in the survey results, which found that 84% of service users who had at least five identified needs had made some progress during their stay in supported housing. The sector has specialist services for people with particular support needs, such as those arising from mental ill-health or experiences of domestic abuse. Yet, for example, whilst 56% of the whole sample have a diagnosed mental health condition, only a little less than a quarter of them are living in a specialist mental health scheme. The report found evidence of these services enjoying better partnerships with external services linked to their specialism.

The supported housing sector is also managing high levels of risk, within a wider context of reduced availability of statutory services. The survey found that:

- 54% had moved in because they needed a 'safe and secure environment'.
- 60% of residents are vulnerable to exploitation or abuse from others, 18% significantly.
- 29% of the sample were felt to pose a risk of harm to others, 5% significantly.

The report identifies several reasons why a supported housing offer might be appropriate for an individual – either as a transitional stage in preparation for a move to "mainstream housing" or as part of a longer-term home.

There is a clear need to ring-fence and increase long-term revenue funding for housing-related support to local authorities, and to encourage councils to commit to long term funding plans. This would unlock the development of new supported housing schemes needed to meet growing demand and reduce spending on residential care.

Impact of supported housing on the prevention of homelessness

The research found that short-term and transitional supported housing is playing a key role in reducing and/or preventing higher risk forms of homelessness, such as rough sleeping.

Annually, an estimated 50,000 people are moved on to live independently from transitional supported housing. This includes generic homelessness services, young people's services and specialist recovery services for substance misuse, mental health step-down, survivors of domestic abuse, etc. The report estimates that around half of these people (25,000) will have had significant previous histories of homelessness, housing instability and/or time spent in institutions.

However, the ability to move people into independent tenancies is clearly limited by a lack of affordable and suitable housing. This means that some people remain in supported housing longer than is necessary. Barriers to accessing independent tenancies include affordability and issues such as perceived risk of anti-social behaviour and former tenant arrears. The research found that:

- 56% of those in transitional supported housing were deemed ready to move on at a snapshot date.
- For 53% of those ready to move on (regardless of length of stay and complexity) this was not possible because 'finding a suitable move-on option is proving difficult'.

This clearly demonstrates the urgent need for greater investment in social housing, which would greatly improve the short-term supported housing sector's ability to move people on to affordable and suitable independent tenancies. This would further reduce pressure on local authority homelessness functions.

Impact of supported housing on health and wellbeing

Residents in supported housing schemes are more likely to need and rely on the support of partner services in order to maintain their health and wellbeing. 1 in 4 residents across all types of schemes have a physical or sensory disability, and/or a limiting long-term health condition. This intensifies the importance of effective partnership working with the NHS and social care services and, concurrently, the contribution which supported housing is making to the strategic aims and statutory duties of these services.

Supported housing makes a substantial contribution to supporting its residents to access primary care and specialist treatment and diagnosis where needed. There are approximately 140,000 people living in working-age supported housing provided by Private Registered Providers (PRPs) in England at any given time. Out of that population, we estimate that the service has assisted:

- 70,000 people to register with a local GP so they can access primary care services.
- 62,000 people to attend health appointments more consistently.
- 36,000 people to access diagnosis and/-or treatment for mental health conditions.
- 32,000 people to access diagnosis and/-or treatment for physical health conditions.

With greater security of funding, supported housing could support even more 'hard-to-reach' individuals and enable them to access timely and preventative healthcare, reducing avoidable emergencies and admissions.

How does supported housing assist with health and wellbeing outcomes?

A recurring issue raised from the qualitative interviews was that professionals outside of the housing world, particularly in the NHS, often do not understand what workers in supported housing schemes do and where the boundaries lie within these roles.

In cases where supported housing is providing a crisis response, e.g. to those who have been sleeping rough or have fled domestic violence, meeting their basic needs for food, safety and shelter is the priority. The health impacts of this are clear: the current life expectancy for those who are sleeping rough is 45 years for men and 43 years for women, so preventing rough sleeping prevents premature death.

Supported housing can also support people's health in other ways, such as through reliable provision of the space, resources and skills to cook nutritious food, and by helping residents design and organise their support.

Many supported housing services provide advice, helping people to identify their health and care needs, apply for any benefits they are entitled to, and work out how to access support. This is crucial for those who have previously encountered barriers when accessing healthcare, such as prior bad experience of the NHS, or those with stigmatised conditions, such as addiction. It is important not to underestimate the difficulties of managing multiple health conditions, especially where these include mental ill-health, learning disabilities or substance use problems. These challenges are particularly acute for those experiencing homelessness.

Other types of informal support are readily available for residents of supported housing, including emotional support and practical assistance with bureaucratic tasks such as job applications and remembering appointments.

Lindsay Ryder, Director of Housing & Wellbeing at Nacro, said it's about "having someone who can help you through the minutiae […] if you are not feeling able to because you have mental health issues – or whatever – you have got someone who can help you with all of that. And ultimately other services finish at 5pm […] but supported housing is there to respond to all those other needs'.

Additionally, supported housing provides a sense of social connection that is protective against everything from dementia to cardiovascular disease, and provides people with the hope and feeling of being valued and cared for that will allow them to take positive action in their lives.

Capturing health and wellbeing outcomes in supported housing

Monitoring the impact of health and wellbeing on residents of supported housing is challenging, primarily due to the lack of data standardisation. Since the end of the *Supporting People* programme (during which national performance and outcomes data was collected), there has been no standardisation of the data which supported housing providers collect to monitor the impact on services. Providers interviewed reported that different commissioners require different data from them. Data collection is further complicated by the way in which stable housing underpins so many potential impacts, including harder to measure benefits like re-establishing links with family members (or indeed reducing contact with people who are harmful to them), or forming a loving relationship. This can make it significantly harder to

unpick what data would be most useful in terms of both evidencing benefits, and building a business case for commissioners.

Our interviewees who work at the interface between supported housing and health highlighted the importance of collecting data which aligns with NHS priorities.

Partnership working

The NHS was never intended to stand alone; at its birth, it was envisaged that health would be supported by care and housing. We have seen how the supported housing sector supports the NHS by providing a safe place to discharge people following periods in hospital, by helping people access the most appropriate care for their needs and thereby reducing acute crises, and by lessening the risks that homelessness and poor housing pose to health.

Effective partnership working with NHS and social care is critical given the multiple and complex healthcare needs of so many residents. Where this is working well, outcomes for individuals tend to be better.

Supported housing is playing a key role in supporting people with mental health problems, even within the context of acutely over-stretched mental health services. It was found that these services enjoyed better partnerships where they engaged with external services linked to their specialism.

The research found that,

- An estimated 72,000 people with a history of mental ill-health are living in supported housing at any one time.
- Across all schemes, less than half (43%) of those who felt they needed the assistance of mental health services had received that assistance in an unproblematic way.

Where unproblematic assistance from external mental health services was in place, outcomes were better. Even without this supported housing was still managing to achieve positive health and wellbeing outcomes for people with mental health needs.

However, these services could be even more effective if they had good quality coordination and joint working with properly resourced mental health teams. The distinction between the ‘commissioned’ and ‘non-commissioned’ parts of the

supported housing sector is increasingly blurred, as providers try to develop their own move-on pathways and continue to deliver schemes in which local authority support used to be commissioned. There is a clear need to support and enable an infrastructure of specialist health, mental health and addiction services that would enable supported housing to work more successfully with people with multiple and complex needs. This would enable faster and more effective discharges from psychiatric hospitals, reducing re-admissions and improving outcomes for individuals.

Improving outcomes for people's lives and value for money to wider services

Our qualitative interviews highlight the increasingly challenging and financially insecure context within which supported housing operates. We heard that many local authorities are continuing to reduce their funding of housing-related support and that some providers of supported housing are increasingly deciding to exit the market. Based on data received from participating providers, we estimate an average total (including housing and support) cost of £21,000 per supported housing place per year.

Were it not for the supported housing sector, there would be:

- An increase in core homelessness of around 41,000-people, with a further 30,000 people at significant risk of future homelessness (the cost to the public purse of long-term homelessness has been estimated at over £40,000 per person per year).
- A need for 14,000 additional inpatient psychiatric places (each costing around £170,000 per year).
- Increased demand, from the transitional and short-term sector alone, for a further 2,500 places in residential care, many for people with complex needs (each costing in the region of £45-£50,000 per annum).
- A need for a further 2,000 prison places (each costing an average of £32,700 per annum), due to licences or court orders being revoked.

If funding mechanisms for supported housing were to collapse or be withdrawn, the impact on increased rough sleeping, alongside demand for residential care, psychiatric in-patient and prison placements, would be wholly unmanageable, especially since current services are already over-stretched.

Recommendations

Good quality, suitable housing is vital to a person's resilience, health and wellbeing, and supports them in living independently. The government and ICS have the opportunity to help people into better homes that meet their needs, alleviate homelessness and deliver savings to the NHS and social care budgets by championing supported housing. This can be achieved through better security of funding and integration with the NHS, social care and criminal justice services.

The government's plan for health and social care in England should reflect the essential role of supported housing in delivering independence and wellbeing for many people with long-term care and support needs.

In response to the findings outlined above, we have made a series of recommendations for the government based on the themes of the report.

Our main recommendations for the government are:

- Ring-fence and increase long-term revenue funding for housing-related support to ensure spending at least matches the £1.6bn per year allocated to local authorities in England in 2010, and encourage councils to commit to long-term funding plans. This will unlock the development of new supported housing schemes needed to meet growing needs and reduce spending on residential care.
- Invest in social housing to improve the short-term supported housing sector's ability to move people to affordable and suitable independent tenancies. This will further reduce pressure on local authority homelessness functions.
- Support effective partnership working between supported housing, the NHS and social care, especially between specialist organisations and NHS services linked to this specialism, through greater security of funding. This will mean supported housing can support even more 'hard-to-reach' individuals to access timely and preventative healthcare, reducing avoidable emergencies and admissions.
- Bolster the contribution supported housing is making to the strategic aims and statutory duties of NHS and social care services by setting out clear plans to allocate the £300 million DHSC Strategic Housing Fund announced in December 2021. This will support the development of specialist housing and the integration of housing into health and social care systems.

- Foster better coordination between criminal justice services and supported housing. This will allow supported housing to have an even greater impact in reducing re-offending.
- Gather better data about the profile and needs of people living in supported housing and the impact this has on their health and wellbeing, and on the public purse.

Our main recommendations for Integrated Care Systems (ICSs) are:

- Foster better strategic integration of supported housing in wider systems at a place-based level.
- Have a dedicated Supported Housing lead within each ICS to ensure sufficient visibility, understanding and capacity to drive this area of work.
- Create space for housing providers to sit on relevant partnership boards to help them understand local systems, challenges and priorities and work on joint solutions.
- Ensure explicit consideration by Integrated Care Boards of investment strategies that integrate supported housing with clinical practice, care pathways and transformation plans.
- Enable an infrastructure of specialist health, mental health and addiction services that will allow supported housing to work more successfully with people with multiple and complex needs.
- Increase resources to NHS mental health teams to encourage effective partnership working with supported housing for people with mental health needs. This will enable faster and more effective discharges from psychiatric hospitals, reducing (re-)admissions and improving outcomes for individuals.
- Improve understanding by NHS staff of what supported housing schemes do in order to achieve health and wellbeing outcomes and where the boundaries lie within these roles.

Our main recommendations for supported housing providers are:

- Work in partnership with local authorities to help plan supported housing to meet local need.
- Work with local authorities to help plan general needs housing for move-on from supported housing.
- Take an active part in local ICS systems to help the NHS understand the role of supported housing in improving health outcomes.

- Work jointly with specialist health, mental health, addiction and criminal justice services to enhance the support to residents in supported housing linked to these specialisms.
- Provide data on resident need to aid the development of local plans and underpin partnership working.

Appendix

Individual Case Study 1: Riverside - Jamaica Street[1]

Jamaica Street is a 58-bed supported accommodation in Bristol and an integral part of the homelessness pathway in the city.

John (not his real name) came to Jamaica Street in April 2022. He had a history of long-term substance abuse. When he arrived at Jamaica Street he was estranged from his children and family, his heroin use was daily, and he had experienced intermittent periods of rough sleeping. In May 2022, in partnership with Public Health, Riverside created a Specialist Substance Support worker role based in Jamaica Street. The funding came from the central government lead ADDER project. One key aspect of the role is that it is based within the scheme meaning that the engagement was completely person-centred and therefore less rigid. The Specialist worker has lived experience which affords him a far greater understanding and empathy with customers, which has been invaluable in establishing positive relationships.

When a customer moves into Jamaica Street, the Specialist will always engage with them and outline the support they deliver. *John* quickly engaged with the Specialist with the intent to step away from his substance use, his ideal aim being to have his own accommodation where he could have his children stay.

The Specialist worked closely with *John* and the other agencies based in Jamaica Street to establish a realistic, person-centred plan for *John*. This coincided with the GP led Homeless Health Service based at Jamaica Street becoming the first practice in England to trial the use of Buvidal as an alternative treatment pathway in recovery outside of the established Methadone and Subutex.

Over approximately six months, *John* was supported by the multi-agency hub developing in Jamaica Street. The Specialist and wider team aided in all aspects of

[1] For further details, see section 9.5.1 of the full report

his recovery journey, working in a collaborative and person-centred way with housing and benefits teams to ensure that all his needs were met, empowering and supporting him to realise his goals. The team also worked closely with him to access housing and benefits, and to ensure that he did not move on into the next chapter of his life unsupported. It was hard but in November 2022 *John* moved into his own flat. And at Christmas his children stayed over.

Individual Case Study 2: Look Ahead: Clinical Provision in a homelessness hostel[2]

One of Look Ahead's homelessness hostels is located very close to a hospital in London. The 79-bed men's hostel has a high proportion of residents aged over 50, many with complex health conditions. Residents kept presenting at the hospital with infected wounds which could have been prevented with earlier wound care, alongside other physical health ailments. This prompted partnership working to develop a more effective pathway.

The initiative received funding from the Department of Levelling Up, Housing and Communities to ring-fence 10 beds in the hostel, including two for people who have no recourse to public funds. These beds provide step-up/ step-down from hospital, in order to prevent (re-)admissions and facilitate safe discharge. The initiative also has three years' worth of health funding (originally from the Clinical Commissioning Group, but this now sits under the wider Integrated Care System umbrella).

Initially, clinical staff came into the hostel to do wound care on site, then a clinical room with a sluice was built within the hostel. As a further development, Look Ahead now employs a support worker (who has lived experience of homelessness) as a preventative and early intervention health worker. Their sole focus is to try and persuade hostel residents who are reluctant to access health care to do so.

This initiative has built up over time and with a concerted effort and determination from each of the partners. Look Ahead is now hoping to employ a dedicated mental health worker/ Community Psychiatric Nurse within the hostel as a next step in the development.

[2] For further details, see section 9.6.1 of the full report

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