

The Costs and Benefits of Housing Related Support in Bath and North East Somerset

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Contents

	Page
1. Introduction	2
2. Background	4
3. Costs and benefits – the financial assessment	6
4. Achieving positive outcomes	8
5. Case studies	14
6. Efficiency and effectiveness – the benefits of joint working	19
7. Engaging with local communities	23
8. Conclusion	26

THE COSTS AND BENEFITS OF HOUSING RELATED SUPPORT IN BATH AND NORTH EAST SOMERSET

1. INTRODUCTION

What is Housing Related Support?

Housing Related Support (HRS) helps a number of different groups of vulnerable people to achieve a range of positive outcomes. The groups supported include:

- Older people, who require support to live in their own home
- People with learning, physical and sensory disabilities, who want to live as independently as possible
- People suffering from health problems, such as mental illness and substance (mainly drug and/or alcohol) misuse, who need a stable home environment to help with their recovery
- Homeless people and others, who are at risk of losing their accommodation, including those who are under threat from domestic abuse
- Young People and others from disadvantaged backgrounds, who may have multiple needs, face discrimination, or need to re-engage with society (for example, former offenders)

Everyone who receives HRS is helped to create a support plan. Their support plan will set out how they want to achieve a range of outcomes, for example in the following areas:

- Economic Wellbeing
- Enjoying and Achieving
- Being Healthy
- Staying Safe
- Making a Positive Contribution.

In Bath & North East Somerset, the funding programme that pays for HRS is known as Supporting People & Communities (SP). The SP programme used to be ring-fenced by central government, but this is no longer the case. Instead, Bath & North East Somerset Council is now free to determine its own SP priorities. This provides more opportunities to utilise funds creatively, in harmony with other resources.

Bath & North East Somerset Council administers SP in consultation with service users and other stakeholders. This partnership working embraces Housing, Adult

Social Care, the local National Health Service (NHS) and the Probation Service. Partners have joint responsibility for commissioning HRS services, which can then be delivered by voluntary and private sector agencies, health trusts and in-house teams. Most HRS services are either:

- **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 or
- **Floating Support** - this is available to anyone with HRS 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.

Researching the Costs and Benefits of HRS

In June 2011, Bath & North East Somerset Council commissioned Sitra, to examine the costs and benefits of HRS across the local authority area. In carrying out this research, Sitra:

- Assessed the financial impact of HRS services, using an analytical tool developed by Capgemini (see below for a detailed account of the methodology)
- Analysed outcomes data from the SP Outcomes Monitoring Framework;
- Sought service user feedback on outcomes achieved and suggestions for improvements;
- Compiled a number of case studies - real life stories from service users who had benefited from HRS;
- Met with individuals and agencies representing people who had not accessed HRS services, but might have benefitted if they had been able to do so
- Interviewed a wide range of stakeholders, including commissioners and managers of services, who shared many of the aims and objectives embodied by SP and HRS;
- Met with HRS providers, in order to collate ideas about possible future development of the sector.

Sitra would like to thank all of those who contributed to the research.

2. BACKGROUND

Supporting People and Housing Related Support

SP was introduced in 2003, in light of concerns that Housing Benefit was being inappropriately used to finance HRS, through rents and service charges. This restricted HRS to people living in rented housing, especially those occupying properties owned by Housing Associations that could benefit from further, specific funding. In order to make HRS more widely available, the government changed the funding arrangements and ensured that SP could help people living in any kind of accommodation.

Bath & North East Somerset Council was given a budget for HRS based on the amount of Housing Benefit and other specific grants for HRS, as at 1 April 2003. That budget has changed somewhat over the years, but in 2011/12 stands at £4,046,310 per annum.

Housing Related Support – a Local Service

Since the introduction of SP, Local Authorities have gradually been given more and more local discretion over how the funding is spent. Changes have included:

- Easing of the eligibility criteria, which used to determine what kind of provider activities could be paid for by SP
- Removal of the ring fence surrounding SP budgets
- From 1 April 2011, full integration of SP funding with mainstream Local Authority grants from central government.

Bath & North East Somerset Council have broadly welcomed these changes. This is because:

- They have enabled HRS services to be made available across the whole community, regardless of property tenure
- They have made it easier to fund a range of innovative services, that have aims and objectives in tune with SP, but may not have been fully eligible under the old criteria
- They have allowed Health, Social Services and Housing to jointly commission services more effectively, with the focus being on desired outcomes rather than the detail of certain funding procedures.

This last point is particularly significant, as there has been increasing joint working in Bath & North East Somerset, amongst Health, Social Services and Housing taken as

a whole. The collaborative approach embodied by SP has echoed wider developments in partnership working, notably the establishment of a Health & Well Being Board. This in turn has led to a merger of Health, Social Services and Housing into a single department.

The Aims and Objectives of Housing Related Support

HRS services aim to be both preventative and personalised. Preventative services aim to ensure that service users can get access to early interventions, designed to:

- Reduce the risk of adverse life events occurring (e.g. eviction)
- Stop conditions from deteriorating (e.g. mental health problems)
- Avoid the need for institutionalisation (e.g. in a hospital or a care home)
- Secure the longer term success of other interventions (e.g. drug treatment or rehabilitation of offenders)

The principle (examined in the financial assessment below) is that HRS' prevention of undesirable outcomes lessens the demand for more expensive, or repeat, services. In particular, HRS' focus on housing recognises the importance of a stable home environment, both to achieving and maintaining well-being.

Personalised services aim to maximise the success of interventions by ensuring that they meet the individual needs of service users. HRS' emphasis on personal support plans is a good example of this kind of approach. Person centred support plans enable service users to decide what they want to achieve and how best to achieve it. Rather than just accessing what is available as standard, they get involved in shaping the service that they need.

Quality and Value for Money

The effectiveness of HRS is ensured in two main ways. Firstly, the SP Quality Assessment Framework (QAF) helps to ensure 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.

The QAF provides a common standard by which commissioners, providers and users can assess service performance. It also helps to inform judgements about value for money, facilitating choice and best use of public funds.

Secondly, Bath & North East Somerset Council subscribe to the SP Outcomes Monitoring Framework. This framework monitors the extent to which service users are achieving positive outcomes, under the headings, Economic Wellbeing, Enjoying and Achieving, Being Healthy, Staying Safe and Making a Positive Contribution.

Later on in this report, there is an analysis of the outcomes achieved by service users in Bath & North East Somerset.

3. COSTS AND BENEFITS – THE FINANCIAL ASSESSMENT

The Capgemini Model

The Department of Community and Local Government (DCLG) has commissioned Capgemini to research this area twice, first in 2006 and then again in 2009 (see <http://www.communities.gov.uk/publications/housing/financialbenefitsresearch>). Both pieces of work followed substantially the same methodology:

- Determining the cost of HRS services, using information from the relevant local authority, broken down by client group and service type;
- Determining the additional benefit, housing, social care, health and criminal justice costs, typically incurred in respect of people in receipt of HRS, to quantify the cost of whole “support packages”
- Costing a range of potential adverse events that might occur to the various client groups *in the absence* of HRS services being provided
- Estimating the percentage of each client group who might (or might not) need an alternative and more expensive service, again *in the absence* of the provision of HRS
- Comparing the overall costs of either providing or not providing HRS.

A spread sheet tool based on this methodology was made available on line by DCLG. It is this tool that Sitra used for the Bath & North East Somerset research.

Costs and Benefits in Bath & North East Somerset

According to the Capgemini research, every £1 spent *nationally* on HRS saves the public purse £1.79.

In *Bath & North East Somerset*, the position is better than this. Every £1 spent saves £3, as illustrated by the table below.

Client Group	Savings	SP Investment	Savings %	Savings per £1
Alcohol	£179,239	£33,978	528%	£5.28
Dom Vil	£549,170	£81,392	675%	£6.75
H'less Fam	£319,349	£187,682	170%	£1.70
H'less Sg	£437,734	£618,283	71%	£0.71
HSg (temp)	£758,327	£338,550	224%	£2.24
Offenders	£376,104	£160,972	234%	£2.34
Young P	£361,256	£233,767	155%	£1.55
YP (temp)	£701,840	£175,510	400%	£4.00
Drug use	£912,282	£66,239	1377%	£13.77
Lng Diff	£578,036	£336,273	172%	£1.72
Mental H	£2,263,716	£462,129	490%	£4.90
Physical D	-£72,595	£277,936	-26%	-£0.26
OP (fltg sp)	£928,609	£112,788	823%	£8.23
OP (vry sh)	£852,546	£110,352	773%	£7.73
OP (shel)	£3,002,181	£850,460	353%	£3.53
Total	£12,147,794	£4,046,310	300%	£3.00

There are a number of factors that should be borne in mind when comparing Bath & North East Somerset with the national figures:

- There is no nursing care associated with local HRS services for older people. This reduces the cost of the overall support packages being compared to alternative forms of provision;
- On the other hand, domiciliary care costs in Bath & North East Somerset are higher than the national average. For some client groups, this increases the cost of the overall support packages being compared to alternative forms of provision;
- The amount of SP subsidy per unit is lower in Bath & North East Somerset for several client groups (notably Learning Disabilities, Mental Health, Offenders, Young People and Older People in Very Sheltered Housing)
- The amount of SP subsidy per unit is higher in Bath & North East Somerset for some client groups (notably homeless people)

In that context, the table above illustrates that:

- Local HRS services for Alcohol and Drug Mis-users represent particularly good value for money, when compared to the likely alternatives

- Substantial savings also accrue where clients numbers are high, for example in the Mental Health and Older People groupings;
- HRS is a cost efficient solution in all cases, with the one exception of Physical Disability. The Physical Disability figures are drawn from a single service that has now been de-commissioned.

It is also worth noting that the Capgemini report highlights how:

“...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 next section of this report examines how the financial and non-financial benefits of SP can be assessed, by looking at outcomes achieved by service users.

4. ACHIEVING POSITIVE OUTCOMES

The SP outcomes data used in this analysis is collected by HRS providers and collated by the Centre for Housing Research. Data is collected on all clients on exit from short term services (or from a sample in long term services). The outcomes framework records clients’ own perceptions of whether or not they needed support in various areas. It also records the clients’ and support workers’ agreed view on whether desired outcomes were achieved, by provision of the support required.

Short Term Services

The table below looks at 456 clients who accessed short term services, showing:

- how many of these clients achieved the outcomes they identified as desirable
- the percentage of these clients who expressed need in the various areas and who achieved the outcomes they identified as desirable

- comparative figures for HRS services in the South West region.

Performance compared to the regional figures is highlighted to show where it was:

Better than South West by 5% or more

Worse than South West by 5% or more

Supporting People Outcomes Questions	Links to Capping cost savings	B&NES Outcomes data 10-11		
		456 returns from Short Term services		
		Number achieving outcome	% of those who identified this as a need who achieved the outcome	This as % of all 456 clients
Economic wellbeing				
1a) Did the client need support to maximise their income, including receipt of the correct welfare benefits?	Homelessness	332	94%	73%
1b) Did the client need support to reduce their overall debt?		154	77%	34%
1c) Did the client need support to obtain paid work?(after left/while in service)	Welfare Benefit reduction	32	33%	7%
		49	51%	11%
Enjoy & achieve				
2a) Did the client need support to participate in training and/or education? (participated/achieved a qualification)	(Possible) welfare benefit reduction	111	60%	24%
		39	21%	9%
2b) Did the client need support to participate in leisure / cultural / faith and/or informal learning activities?		108	82%	24%
2c) Did the client need support to participate in any work-like activities, e.g. unpaid work/work experience/work-like experience/ voluntary work?	(Possible) welfare benefit reduction	63	66%	14%
2d) Did the client need support to establish contact with external services/friends & or family?	Adult social care Health	279	93%	61%
		163	54%	58%
Be healthy				
3a) Did the client need support to better manage their physical health?	Health (GPs, A&E)	162	87%	36%
3b) Did the client need support to better manage their mental health?	Health (GPs, acute MH services) Children's services	177	86%	39%
3c) Did the client need support to better manage their substance misuse issues?	Health (treatment) C/Justice Children's services	92	61%	20%
3d) Is assistive technology / aids and adaptations helping	Health Adult social care	7	100%	2%

Supporting People Outcomes Questions	Links to Capgemini cost savings	B&NES Outcomes data 10-11		
		456 returns from Short Term services		
		Number achieving outcome	% of those who identified this as a need who achieved the outcome	This as % of all 456 clients
the client to maintain their independence?				
Stay safe				
4ai) Did the client need support to maintain their accommodation and avoid eviction?	Homelessness Adult social care & Children's services Health	159	71%	35%
4aii) Did the client need support to secure / obtain settled accommodation?	C/Justice	253	81%	55%
4b) Did the client need support to comply with statutory orders and related processes, in relation to offending behaviour?	C/Justice	40	74%	9%
4ci) Did the client need support to better manage self harm?	Health	40	91%	9%
4cii) Did the client need support to avoid causing harm to others?	C/Justice Health	22	81%	5%
4ciii) Did the client need support to minimise harm/risk of harm from others?	C/Justice Health	120	94%	26%
Making a positive contribution				
5) Did the client need support in developing confidence and ability to have greater choice and/or control and/or involvement?		293	84%	64%

The table highlights both the successes and challenges of HRS. Specifically, it is worth noting that:

- Proportionately large numbers of clients needed help with money & benefits, leading a fulfilling social life and physical & mental health
- Services were broadly successful in securing positive outcomes in these areas, as well as in helping people with their personal safety
- Services aimed at helping people to sustain their existing accommodation were less successful than might be expected from regional comparisons
- Helping vulnerable people into employment and/or training proved difficult.

The analysis suggests that some specific areas should be addressed in future improvement plans, notably tenancy sustainment and (given the government's shift of policy towards recovery rather than harm reduction) substance misuse. Access to employment and training is an on-going priority, but a very challenging one in times of economic downturn.

Long Term Services

For long term services, data is collected by sampling clients annually. For older persons' services the sample should be 10%. For other long term services it should be 50%. The table below looks at 292 clients.

Supporting People Outcomes Questions	Links to Caggemini cost savings	B&NES Outcomes data 10-11		
		292 returns from Long Term services		
		Number achieving outcome	% of those who identified this as a need who achieved the outcome	This as % of all 292 returns
Economic wellbeing				
1a) Did the client need support to maximise their income, including receipt of the correct welfare benefits?	Homelessness prevention	167	98%	57%
1b) Did the client need support to reduce their overall debt?		19	86%	7%
1c) Did the client need support to obtain paid work?(in paid work/in last 12 mths)	Welfare benefit reduction	2	8%	1%
		4	16%	1%
Enjoy & achieve				
2a) Did the client need support to participate in training and/or education? (participated/achieved a qualification)	(Possible) welfare benefit reduction	50	79%	17%
		4	6%	1%
2b) Did the client need support to participate in leisure / cultural / faith and/or informal learning activities?		158	88%	54%
2c) Did the client need support to participate in any work-like activities, e.g. unpaid work/work experience/work-like experience/ voluntary work?	(Possible) welfare benefit reduction	37	88%	13%
2d) Did the client need support to establish contact with external services/friends & or family?	Adult Social Care	169	97%	58%
		123	71%	42%
Be healthy				
3a) Did the client need support to better manage their physical health?	Health (GPs, A&E)	179	96%	61%
3b) Did the client need support to better manage their mental health?	Health (GPs, acute MH services) Children's Services	86	100%	29%
3c) Did the client need support to better manage their substance misuse issues?	Health (treatment) C/Justice Children's Services	12	86%	4%
3d) Is assistive technology / aids and adaptations helping the client to maintain their independence?	Health Adult Social Care	244	99%	84%
Stay safe				
4ai) Did the client need support	Homelessness	219	100%	75%

Supporting People Outcomes Questions	Links to Capgemini cost savings	B&NES Outcomes data 10-11		
		292 returns from Long Term services		
		Number achieving outcome	% of those who identified this as a need who achieved the outcome	This as % of all 292 returns
to maintain their accommodation and avoid eviction?	prevention Adult Social Care & Children's Services			
4a) Did the client need support to secure / obtain settled accommodation?	Health C/Justice	62	98%	21%
4b) Did the client need support to comply with statutory orders and related processes, in relation to offending behaviour?	C/Justice	10	91%	3%
4ci) Did the client need support to better manage self harm?	Health	23	92%	8%
4cii) Did the client need support to avoid causing harm to others?	C/Justice Health	17	94%	6%
4ciii) Did the client need support to minimise harm/risk of harm from others?	C/Justice Health	79	100%	27%
Making a positive contribution				
5) Did the client need support in developing confidence and ability to have greater choice and/or control and/or involvement?		167	98%	57%

The analysis suggests that:

- As for short term services, proportionately large numbers of clients needed help with money & benefits, leading a fulfilling social life and physical & mental health
- Services had markedly more success in helping people to access volunteering, education that does not lead to a formal qualification and other “work-like” activities than paid employment itself
- There are significant numbers of clients being supported to get more involved in their services and/or exercise more choice and control.

Success in tackling substance misuse was more marked in long term than in short term services. It appears that one area for improvement is helping people to (re) build and maintain networks of families and friends, as the success level here is lower than that for links with external services.

Outcomes and Value for Money

The tables above also cross reference the various outcomes areas to the savings categories used in the Capgemini methodology. This illustrates how there are a number of the areas where investment in preventative support can achieve savings for overall public expenditure, with HRS services making a significant impact.

For example, in both short term and long term services, maximising income can be an important part of the client's preparation for independent living. In other circumstances, it can help the client to stay independent, keeping their home, by helping to ensure rent and household bills are paid. Positive outcomes in this area were achieved for a large number of service users, which will help prevent future homelessness.

Outcomes around finding accommodation and avoiding eviction were successfully achieved by 87% of service users who needed support with that issue. Homelessness gives rise to significant calls on the public purse, including costs of evictions, spending by local authorities on assessment and temporary accommodation, as well as costs associated with poorer health, lost employment and related problems experienced by homeless people.

Establishing contact with external services, again achieved by a large number of service users, ensures savings by improving the use of lower cost community based services, such as attending a GP practice instead of a hospital Accident & Emergency department.

Better management of physical and mental health was achieved for significant numbers of people and makes an important contribution to saving expenditure on community and acute health services. For long term services, the large numbers enabled to maintain their independence through use of assistive technology and aids and adaptations indicate the contribution made to avoiding costly residential care.

Many other kinds of outcome, with a less direct link to the financial savings identified in the Capgemini model, are still to be valued for the part they play in overcoming social isolation and disadvantage and enabling people to have a positive place in their local community.

5. CASE STUDIES

As well as statistical analysis, it is important to look at individual experiences when evaluating the effectiveness of services. The next section of the report provides details of four real cases, where different kinds of clients accessed HRS.

Client Group – Older People

Personal Details	Mr P is and over 80 lives in central Bath. He used to work as a Solicitor.
Personal History	<p>Prior to accessing Supporting People, Mr P had no contact with other services. However, he had a strong desire for independence and wanted to keep going with a mentally stimulating social life. He has a history of prostate cancer and has had a stroke which has impacted on his right-side. His vision is impaired now as a result.</p> <p>He contacted Supporting People because he had been having difficulties with his memory and wanted to ensure he was getting all of his entitlements. He also wanted to do something useful with the expertise he has developed over the years.</p>
Support Received	<p>Mr P was helped to claim Attendance Allowance. The Supporting People service also arranged for him to go to a memory clinic. He is now able to talk openly about his memory loss and has been supplied with essential information about his condition.</p> <p>Mr P was then helped to make a plans covering what he wants for the future. He has opted for a weekly support visits and on-going contact with support staff whilst he reviewed his situation in light of his memory loss. He received help with his computer at his request, as this was a major practical issue for him.</p>
Outcomes	<p>Achieve economic wellbeing</p> <p>A review was carried out to ensure that Mr P was getting all the benefits he was entitled to. This resulted in a claim for Attendance Allowance.</p> <p>Enjoy and achieve</p> <p>Mr P continues to enjoy a vigorous social life.</p> <p>Be healthy</p> <p>Mr P now understands his memory loss and is better able to manage its day-to-day effects, with support as appropriate. This has helped him to maintain his independence.</p> <p>Stay safe</p> <p>Mr P has been able to stay in his own home in central Bath, which is where he feels safe.</p> <p>Make a positive contribution</p>

	Mr P now feels able to make his considerable expertise available to community groups.
Future Plans	Mr P has expressed an interest in offering his skills to the older persons learning partnership, who organise workshops in community locations. Mr P is, therefore, being supported to make that connection, at the pace he wishes.
Prevention	The following undesirable outcomes have been prevented: <ul style="list-style-type: none"> • The strong possibility of a move to residential care • Further admissions to hospital • Mental Ill Health, due to concerns about memory loss • Feelings and consequences of isolation, due to lack of confidence about engaging with others • Loneliness, arising from the need to move • Exclusion from community activities
Personalisation	Various levels of support are available from the Supporting People service that Mr P accessed. Mr P opted for a certain level of contact in the first weeks of his support package, with the option of reviewing this later. It could be that he will require less support, having achieved the outcomes above. Equally, he might experience further problems and opt for a more intensive package. It is even possible to alternate packages week by week if other support options are available. The whole focus of the service is on the customer's needs, not a limited menu of choices.

Client Group - Mental Health

Personal Details	Mr M is 22 years old and has been living in a hostel for five months. Prior to this he used the pre-tenancy service.
Personal History	Mr M has Asperger's Syndrome, anxiety and depression. Prior to living in the hostel, he had been living with his step-father who also had depression and was attempting suicide on a regular basis. Their relationship had become extremely difficult and at times become violent. Mr M's anger led him to be expelled from school at a young age and has continued to be problematic as he grew up. He has been severely bullied in the past by his peers and often finds communication difficult. He therefore tends to isolate himself.
Support Received	Mr M's support initially focussed on preparing him for the hostel environment. Tenancies were discussed in detail, budgeting plans devised and various scenarios considered, pre-empting potential difficulties and giving Mr M opportunity to think through his anxieties. This work was done by a Supporting People service with support from the Mental Health Team.

	Mr M's move to the hostel went extremely smoothly – he has managed his tenancy, money and relationships well. He has been building new friendships and is less isolated. The Supporting People service continues to work on his anger, assertiveness and use of time.
Outcomes	<p>Achieve economic wellbeing</p> <p>Mr M has received help with budgeting and is now in the position to manage his finances sufficiently well to be able to consider an ordinary tenancy.</p> <p>Enjoy and achieve</p> <p>Mr M now has a new group of friends who are crucial to his increased sense of well-being.</p> <p>Be healthy</p> <p>The hostel has provided Mr M with a structured, stable environment which is a platform on which to base his mental health recovery.</p> <p>Stay safe</p> <p>Mr M is now safe from bullying and can achieve appropriate independence from his step-father. The hostel has provided him with a sustainable tenancy with a view to eventual move-on.</p>
Future Plans	Mr M plans to start looking at move-on shortly.
Prevention	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> • Hospital admission as a victim of violence/self-harm • Hospital admission due to increased mental ill health • Homelessness • Negative impact on the mental health of his step-father • Continued isolation and inability to engage, e.g. with training and employment opportunities • Offences associated with potential negative reactions to bullying and exclusion.
Personalisation	Mr M's self-directed support plan has focussed on the prevention of a number of possible undesirable occurrences, as identified by him. Alongside these, he has identified the positive outcomes he wants to achieve and support has been provided in a tailor-made fashion to facilitate this.

Client Group – Learning Disability (Couple)

Personal Details	R and J have been living together for about three years. They were married in 2009.
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Personal History	R and J have always needed housing related support – including post, bills, finances and benefits.
Support Received	<p>R and J are seen regularly by their Community Living Volunteer, who has been helping them live a full and happy life together. The volunteer visits them every week to make sure they are managing and is there to support with anything they need.</p> <p>This has allowed them to feel that they can make informed decisions, with the knowledge that there is a volunteer and staff on hand should they need extra support.</p> <p>R and J are the same as any other couple. They go out to the shops together, meet with other service users, go to bingo and attend their local church group. They enjoy attending network meetings organised by their Supporting People provider and social events as well. Often they will attend other service users' birthday parties and they are keen on throwing their own parties with support from friends and volunteers. They are always on hand to help out others in the community</p>
Outcomes	<p>Achieve economic wellbeing</p> <p>R and J are much more in charge of their own finances now that they receive appropriate support. Whilst they will never be fully independent in this regard, the Supporting People service has helped them to achieve as much choice and control as possible.</p> <p>Enjoy and achieve</p> <p>R and J enjoy being as independent and “normal” as possible. They are active in service user groups.</p> <p>Be healthy</p> <p>With support, R and J are able to make their own health choices and access health services as appropriate.</p> <p>Stay safe</p> <p>A secure housing environment is important to R and J, as is the support of their peers. They feel safe in their community and know that they can get help should problems arise with their tenancy, with neighbours etc.</p> <p>Make a positive contribution</p> <p>R and J are active members of their local church.</p>
Future Plans	Most of all, R and J just want to live a happy married life together
Prevention	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> • Institutional care • Family breakdown

	<ul style="list-style-type: none"> • Bullying/victimisation • Eviction • Over-dependence on services.
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Client Group – Care Leaver

Personal Details	Ms B grew up in the care of the state which she believes did not equip her with the skills to live independently.
Personal History	<p>Before accessing SP funded supported housing, Ms B had lived in various general needs and supported housing environments. Each one of these tenancies had ended in eviction. This resulted in her confidence and self-belief being severely limited.</p> <p>Ms B lived in her new supported housing service for one year and made good progress. However, the stress of moving-on and her lack of confidence in her ability to manage without support led to Ms B relapsing into substance misuse shortly afterwards and returning to a former, abusive relationship.</p>
Support Received	<p>During her spell in SP funded supported housing, Ms B was helped to develop many of the skills necessary to live independently e.g. managing her substance misuse and finances and managing her own behaviour. She broke off the abusive relationship and was feeling more confident.</p> <p>After moving-on, Ms B was helped to address the challenges she faced by the same provider's resettlement service. Staff used motivational interviewing techniques to emphasise Ms B's existing skills, empowering her to negotiate and set boundaries in difficult relationships, manage her wellbeing and substance misuse. She received practical support to manage her finances and to create a home she felt proud of, and therefore wanted to maintain.</p>
Outcomes	<p>Achieve economic wellbeing</p> <p>Ms B is managing her finances independently</p> <p>Enjoy and achieve</p> <p>Ms B is proud of her new home and able to maintain it</p> <p>Be healthy</p> <p>Ms B has greatly improved her physical health and associated sense of wellbeing. She has stopped misusing substances.</p> <p>Stay safe</p> <p>Now that Ms B can handle relationships with more confidence, she is much better placed to avoid harm from others and stay safe in the community.</p>
Future Plans	Ms B has now been living independently for over two years. She hopes that she will be able to sustain this independence over the long term.

Prevention	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> • Further evictions • Homelessness • Further relapses into substance misuse • Harm due to abusive relationships • Debt • Anti-Social Behaviour
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6. EFFICIENCY AND EFFECTIVENESS – THE BENEFITS OF JOINT WORKING

Bath & North East Somerset Council and its partners have prioritised greater integration, in service planning, commissioning and delivery, across non-acute health services, adult social care and housing. The guiding principle has been that full realisation of the benefits of investment in social programmes depends upon a high degree of co-operation amongst commissioners and managers. The joint governance approach taken by the SP partnership has proved to be very much “with the grain” in this regard. This has led to wide spread recognition of HRS as a successful preventative programme.

During this study, a range of stakeholders reported on effective partnership working between SP and the rest of health, social care and housing. Benefits included:

- An increased focus on jointly agreed outcomes when commissioning services;
- More flexible uses of SP funding in conjunction with other sources, without losing sight of the objectives of the SP programme
- Reduced duplication of effort and funding, following the re-configuration of a number of services
- Greater co-operation amongst services and individual professionals on the ground
- A more comprehensive offer to service users, which shifted the focus away from the boundaries between activities and funding, towards what was really required to achieve personalised outcomes.

An overarching theme was the value of the preventative approach embodied by SP. Stakeholders accepted the principle that investment in prevention would result in savings to “their” budgets, even if this was difficult to quantify exactly.

Much of the feedback from stakeholders referred to specific client groups or policy themes.

Older People

There was a view that older people could now benefit from a wider range of services, regardless of whether they lived in sheltered or other social housing, were private tenants or home owners. Many older people were “self-funders”, who paid for HRS and other services themselves, and this had led providers to respond to the market. The council’s commissioning of services had also observed the principle of ensuring greater choice. This had resulted in the location, timing and nature of support provision all being tailored to individual need.

There was a view that efficiency savings had been achieved by reducing the amount of duplication in the pattern of provision, as well as by ensuring increased joint working at the boundaries between health care, social care and HRS. However, more work is required on rationalising delivery arrangements for Community Alarm services.

People with Learning Difficulties

One of the main advantages of HRS services was that people with less severe but still serious learning difficulties could benefit, regardless of whether they had been assessed as needing high levels of Adult Social Care. There was an acceptance of the principle that relatively small HRS interventions could help people to remain independent and able to make their own choices about accessing other services. Where people did get care as well as HRS, the new joined up approaches meant that sensible decisions could be taken about the combined funding and service packages. In practice, personal budgets were helping to put the service user in control.

Either way, HRS helps to prevent the need for more expensive services. Hospitalisation and moves to residential care could be avoided, as could the kinds of crises associated with money problems. Specific measures were being taken to help people with learning difficulties to access appropriate housing. This was an example of the forward planning needed to promote independence.

Housing and Homelessness

HRS was seen as central to the achievement of a number of housing outcomes, including:

- Access to appropriate housing - this was seen by several stakeholders as an important factor underpinning success across a range of health and social care outcomes
- Work with the Private Rented Sector – which is essential given the under supply of social housing in Bath & North East Somerset
- Tenancy Sustainment – vulnerable families and individuals are often at greater risk of eviction. HRS can help to avoiding the financial and personal costs associated with tenancy breakdown
- Homelessness Prevention – for example, work with vulnerable young people and their families to avoid a crisis-driven move
- Reduction of Rough Sleeping – for example, by the provision of hostels and other short term supported accommodation.

As regards future planning and commissioning, it was seen as important that SP revenue funding packages could be set alongside capital investment, in order to develop new supported housing. HRS was also seen as essential to enabling supported housing residents to move-on at the right time, thus freeing up space in existing services, for those who need it.

Offenders, Crime Reduction and Community Safety

The Probation Service has been a member of the SP Commissioning Body and its successors for many years. This means that there has been a strategic approach to meeting the support needs of offenders by:

- Provision of purpose built supported housing specifically for this client group
- Help with move-on from supported housing to an ordinary tenancy when appropriate
- Provision of access for offenders to other appropriate accommodation based and non-accommodation based HRS services.

HRS helps the Probation Service to meet its objectives in a number of ways. It can help to ensure that offenders leaving prison can access appropriate housing, rather than immediately becoming homeless. It also helps to ensure that they can sustain their tenancy and do not re-offend or behave in an anti-social fashion. In this regard, HRS contributes to both crime reduction strategies and measures to combat Anti-Social Behaviour.

HRS can also help with prevention of Anti-Social Behaviour by ensuring early intervention in problem tenancies. Stakeholders tend to regard punitive measures such as evictions and Anti-Social Behaviour Orders as a last resort, which can have the effect of merely displacing people and/or behaviours. It is more cost effective to work pro-actively with families and individuals where there are risk indicators, such as arrears, damage to/neglect of property or nuisance. This is not a soft option – it must be made clear that unacceptable actions can have serious consequences. On

the other hand, some actual or perceived perpetrators are vulnerable themselves and may even be victims of bullying or discrimination.

An important aspect of supporting those at high risk of offending or engaging in Anti-Social Behaviour to change their lifestyles is the link to employment and training. Whilst the economic downturn has made it harder to secure paid employment for this group, there are examples of good practice such as initiatives to place former offenders in the construction industry.

Another contribution of HRS towards local crime and community safety objectives is provision of services, such as refuges, for victims of domestic violence. This can help to ensure the safety of the women, children and (smaller number of) men who are affected by this very common form of offending. HRS services can also help to re-settle this group, either back into their original home or to another location.

Substance Misuse

Drug and alcohol misuse has close links with offending and Anti-Social Behaviour, as well as being a major health problem in its own right. In Bath & North East Somerset, there is wide acceptance of HRS's importance to the whole systems working which is necessary to achieving positive outcomes. Stable housing, supported or mainstream as appropriate, is regarded as essential to recovery from substance misuse. It is also important that HRS is available at the right time in an individual's journey, for example just after treatment.

Joint working with SP has enabled a range of provision to be put in place, including services aimed at those who can manage their substance misuse rather than immediately become abstinent. Services can be either co-located with, say, hostels or set up elsewhere in the area. This recognises that some clients prefer to access services in the community, while others are more dependent on support being available on site.

Other shared priorities include issues such as street drinking and town-centre problems, which can sometimes (but by no means always) be associated with homelessness and rough sleeping. Colleagues in Safer & Stronger Communities work closely with the SP Team on these areas.

Vulnerable Young People

Joined-up approaches are particularly important in the case of young people, as they can often, in terms of statutory responsibilities, find themselves on the borderline between Children's and Adult Services. Within the context of increasing administrative integration, SP funding has been used flexibly to commission a number of innovative services.

Initiatives aimed at young people include services for Teenage Parents, Care Leavers and Supported Lodging Schemes. Foyer projects can bring a particular focus on education, training and employment. Sometimes, it can be best to support the young person's family taken as a whole – in fact, this can be the most cost effective option in terms of avoiding lengthy periods of dependence on care and support services.

Physical and Mental Health

HRS can make a major contribution to reduction and management of demand for health services. For example, in the absence of any other kind of support, many vulnerable people will require numerous hospital admissions, GP visits and ambulance call outs. HRS can ensure that there is someone available to help without recourse to the NHS in the first instance. This approach is in tune with the trend in health services towards enabling people to manage their conditions themselves.

Health and Social Care Services can be regarded as a continuum, with many people (especially those with complex needs) experiencing problems at the borderline between statutory responsibilities. HRS can help to promote independence and reduce the risks of people becoming dependent on expensive care packages. For example, in the area of Mental Health, HRS services tend to focus on recovery rather than high levels of support over the long term.

Other examples cited included re-ablement and support on discharge from hospital. These kinds of services, timed properly, can help to secure positive outcomes from health interventions in the longer term. They help to avoid the need for repeat hospitalisation or dependence on intensive home based care.

Flexibility in commissioning and service delivery was seen as key to the success of this kind of initiative. Furthermore, developments around Personal Budgets are helping to focus services on individual requirements.

7. ENGAGING WITH LOCAL COMMUNITIES

The Voluntary and Community Sector

The Voluntary and Community Sector is essential to the effective delivery of HRS across Bath & North East Somerset. Provider organisations range from large Housing Associations, who can develop new homes and have links with thousands of tenants, to small organisations, specialising in the needs of single client groups. 2011 saw the creation of a new Social Enterprise, established to take on a number of council functions. This adds yet another dimension to provider capacity in the area.

Provider organisations are regularly consulted about the direction of the SP programme and any wider changes that affect them. They meet regularly at a Provider Forum, at which this study was discussed. Feedback included the following:

- Greater integration of commissioning functions was leading to more innovative services
- Services were becoming more efficient and money was being saved
- However, there are limits on the extent to which cuts in funding can be made up for through efficiencies. There is a risk that client numbers will have to decrease and quality might be compromised
- Generally, service users were being given more control over services. However, efficiency can entail standardisation of services and this is not always compatible with choice
- Staff shortages and high-turnover could result in more people being signposted to statutory services. This can undermine the value of preventative approaches
- Some providers may go out of business if funding is cut too much

Other Voluntary and Community Sector organisations, who are not in themselves providers of HRS, nevertheless play a key role in the success of the programme. For example, the Citizens Advice Bureau (CAB) provides specialist advice on benefits, debts and other money problems to clients who have this need identified in their support plan. Tapping into the expertise of their trained volunteers and staff, the CAB also provides advice on housing and employment issues, with clients accessing their services through structured referrals and open access. Where appropriate, clients are enabled to take charge of their own “case”, with support where necessary.

The financial constraints faced by Bath & North East Somerset mean that the coming period will be financially difficult for providers. Nevertheless, providers seem ready to rise to the challenge, tapping in to the expertise and enthusiasm of service users and volunteers.

Service Users

SP service users reported how decent housing and HRS could be crucial in consolidating the outcomes achieved by other interventions. A stable home, with the right support, could make recovery (in its many forms) a sustainable reality. Several people described their support service as having saved their lives.

Finding the right housing was seen as crucial. Service users were aware of the local social housing shortage. They found the private rented sector difficult to get into because of Housing Benefit limits and the fact that landlords do not want people already labelled as potential problem tenants.

Homeless People experienced particular problems. The local Night Shelter is regarded as very unpleasant, which means that residents will take inappropriate housing in order to move out. Many still get stuck in the Night Shelter or next stage

Supported Housing, when really they were ready to move on to their own flat. Service users valued the support provided but thought there should be more focus on moving on into ordinary accommodation.

Other suggestions for service improvement included:

- Replacement of the Night Shelter with alternative and more specialised accommodation, for example a separate service for those who were recovering from substance misuse, who found it difficult if they could not avoid mingling with continuing users
- Separate provision for young and older homeless people
- Better liaison between supported housing providers, the Council and the Housing Associations regarding Choice Based Lettings. Some service users believed that there was prejudice against them
- The need for more dry houses and rehabilitation.

Users thought that individual journeys should be taken into account when judging the success of services. It is necessary to look at where people have come from, where they have got to and what happens to them in the future. Sometimes, people have to be able to start again in new area away from old networks.

Turnover of support staff and short term contracts were seen as major risks to services. However, service users were positive about:

- not having an arbitrary time limit for the duration of support services
- being with others who are making progress
- buddying and peer support
- re-training for new areas of work
- help with bills, debts and money
- help with tackling substance mis-use
- the quality of support staff generally.

From other service users, there was positive feedback about the local Independent Living Service. They were very positive about the benefits of it. The service has a good profile with GPs and is very flexible, for example one package includes a weekly phone call, a monthly visit and a facility to ring a support worker if concerned about anything at all. This contrasted with some very negative experiences of private domiciliary care.

SP services also seemed to be a catalyst for service user involvement. Service users talked about getting involved in wide range of activities, including volunteering. They expressed their need for a stable home and opportunities to get back to work. Access to counselling, advice and information (about who can help with what) was also seen as important.

Some service users had been involved with quality reviews of services. This was seen as a particularly effective way of ensuring that services were safe, effective and run in the interests of the service users themselves.

Potential Service Users

Potential users highlighted how links to the wider voluntary and community sector could be important in ensuring access to services. Some saw local voluntary organisations as their major source of information about services or solutions to problems. Others relied on GP surgeries, although some thought there were limitations on how much GPs knew about other services or how much time they had to talk about them.

Specific support needs reported included help with:

- Getting a care assessment
- Applying for personal budgets
- Making appointments for health services
- Communicating with people
- Transport and getting around
- Dealing with bills & setting up payments
- Taking care of yourself
- Cooking and cleaning
- Reading letters, websites, etc.

A single gateway is now being put in place for HRS services. This should help to ensure that service users who need (but have not managed to obtain) HRS can access them more easily.

8. CONCLUSION

Taken as a whole, the study confirms that continued investment in HRS services represents a sound forward strategy for Bath & North East Somerset. Although resources are tight and there is still work to be done in achieving the right configuration of services, the preventative approach taken by HRS services is realising economies across a range of service areas. Most importantly, significant numbers of vulnerable service users are consistently achieving positive outcomes. Clearly services aimed at prevention and early intervention, though relatively inexpensive, can still get the best results.