



# SUPPORTED HOUSING NEEDS ASSESSMENT

## REPORT FOR HULL CITY COUNCIL

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## Brief

The Needs Assessment was commissioned as part of Hull City Council's programme as a pilot site for the MHCLG Supported Housing Oversight Pilot. Homeless Link was commissioned to undertake the needs assessment in Hull.

As part of this pilot, participating local authorities were expected to deliver a comprehensive needs assessment of the current demand and provision for client groups who are housed in *short-term specified accommodation*. This was with a view to enable local authorities "to take a more active and leading role in managing local provision"<sup>1</sup>.

## Scope

Hull City Council worked on the basis that the supported housing needs assessment should be focused on the need for short-term services as part of the response to homelessness and risk of homelessness. This excludes services provided specifically for the following groups:

- People with a clinical mental health diagnosis
- People with a learning disability that meets statutory thresholds
- Older people with primarily health-related needs
- People with experience of domestic abuse
- Young people who are owed a statutory by the local authority (as homeless 16–17-year-olds or formerly looked-after children)

Supported housing potentially fulfils a slightly different function for these groups and is part of different, wider systems. The methodology for projecting need demonstrated here is not entirely suitable for these groups and needs to be approached differently.

In considering the conclusion from the needs assessment, this limited scope should be borne in mind. For some of the groups excluded from the exercise supported housing could have a very significant role, and, if the indication is that there is potentially an over-supply of types of supported housing, one of the issues that has to be considered carefully is the potential for these resources to be re-purposed

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<sup>1</sup> *Supported Housing Oversight Pilots: Funding details for local authorities invited to participate in pilots (2020)*, MHCLG

for other target groups. The needs assessment also focused on single person households, as this was where it was felt supported housing had a role to play.

## Definitions

**Supported Housing:** There is no comprehensive statutory definition of supported housing. There is however a degree of consensus that it involves the offer of an *integrated package of housing and support*. Effectively, the key aspects of this integrated package are that the individual is in need of an intensive housing management service in order to live independently *and* receive additional support to resolve other issues not directly to do with the management of the property or tenancy, but with implications for their capacity to live independently.

An important part of this project was exploring this in more detail to identify what a need for supported housing really means, and this was set out in a scoping paper at the beginning of the project as quoted overleaf. Someone could need some form of additional support or supervision, without a need for the intensive housing management as well. This would characterise a situation of *ordinary housing with additional floating support* rather than supported housing.

Our supported housing needs assessment methodology therefore involves estimating the proportion of those in need of some form of additional support who *also* need intensive housing management. The implication being that where they do not need supported housing, then some form of floating support should be provided. It has not however been part of the brief to factor in the demand for floating support services.

**Typology of Supported Housing:** Historically, supported housing has been delivered at a single location with a number of people with specific and similar needs for assistance living in the same property or on the same site. Academics tend to refer to this as “*congregate housing*”. More often than not, “*congregate supported housing*” has been shared housing. Over recent years more supported self-contained units on the same site have been developed, but most of the supported housing still involves a high degree of sharing.

There has been a tendency to see supported housing as the default service option for single homeless people, and certainly for people with additional support needs. The essence of the case for “*congregate housing*” is that it is easier and more economic to deliver the assistance that may be needed, and that it allows for the degree of “supervision” that may be required due to various risk factors, and where this would otherwise be difficult to achieve.

However, there are a number of problems with the congregate model;

- Concentrating people with a range of “problems” (particularly behaviour-related ones) in one place can be far from helpful for the individuals, who can end up living with people who are the source of some of their difficulties or who exacerbate their sense of a lack of choice and control. People who have experienced homelessness, mental health problems, or substance misuse, consistently in research, report that they see supported housing services as places to avoid if they want to start the process of rebuilding their lives.
- Additionally, supported housing can, in fact, be a very expensive way of delivering housing support, because of the amount of staff time required to manage the interaction between people with different, but complex, behavioural problems. This is particularly the case housing with a high degree of sharing, large numbers of people, or a concentration on the most complex needs.
- The concept of short-term supported housing, which was formalised by the Supporting People Programme, has had several negative unintended consequences. The fact that people are going to have to move-on after a relatively short period of time tends to prevent them acquiring the attitude that treats the accommodation as “home”. Then, due to the difficulty in finding move-on accommodation, it means that they end up staying in the end far longer than originally intended – a time where the positive work done by support staff can easily be undone by the frustration created. This is all particularly unfortunate because in the normal course of events people tend to move naturally quite frequently anyway, so artificially trying to force this is probably unnecessary to generate throughput.
- People do succeed in using supported housing as a steppingstone to more independent living, but consistently, large numbers of people regularly disengage; get evicted; or abandon the accommodation. This contributes to the “revolving door syndrome”, which particularly affects people caught up in homelessness, and means it can take years to break out of the cycle.
- People living in supported housing tend not to have been given a real choice as to whether this is how they want to live or have their needs met. This is made worse by the tendency to see supported housing as the default form of provision for people in certain circumstances, including, in places, all single homeless people, or more frequently all single homeless people with some additional support need.

## EXPLANATION OF INTENSIVE HOUSING MANAGEMENT AND ADDITIONAL SUPPORT

Housing management itself could be split into two separate elements – **property management** and **tenancy management**.

**Property management** involves a focus on maintaining the property as a resource, including keeping the property safe, secure, and in good repair – and maintenance of accommodation-related services on top of the basic “bricks and mortar” e.g. the provision and maintenance of furniture and equipment.

**Tenancy management** involves a focus on ensuring that the tenancy runs smoothly, including enabling the tenant to understand and comply with their rights and responsibilities as tenants.

This applies to all rented accommodation. However, where tenants are perceived (by themselves and others) to have difficulty managing the tenancy without more intensive assistance than **intensive housing management**, i.e. intensive property and tenancy management, may be required.

Within intensive housing management, the range of housing management tasks is the same, but because of perceived tenant risks or need, the tasks are likely to be carried out more frequently or undertaken in a way that is more time-intensive or expensive. This can take many forms – but the focus on the property and tenancy is maintained. Examples of greater intensity include:

- A wider range of accommodation-related services provided
- An expectation of more frequent repairs being required
- Landlord taking more responsibility for repairs than would normally be the case (i.e. taking on repairs that conventionally would be a tenant’s responsibility)
- Providing more pre-tenancy information, briefings, and training
- Assistance with submitting benefit claims to ensure rent is covered
- Provision of basic security measures to assist tenant control access to the property
- More time devoted to communicating, and emphasising, terms of the tenancy
- More frequent visits to the property, and more contact with tenant
- More personalised ways of communicating with tenant, including face to face meetings rather than reliance on impersonal written communication
- Active attention to assisting the tenant to manage their rent account
- Active mediation to help resolve tenant disputes
- More likelihood of tenancy breaches that require quick response

**Additional Support** should be seen as advice and assistance in relation to wider issues that are relevant to their capacity to manage independence successfully, but go beyond the landlord tenancy management function. It involves enhancing the tenants’ capacity to manage independently by, for example;

- Improving financial independence through finding employment, maximising benefits, renegotiating debts, and building up credit history
- Development of personal potential and wellbeing, by improving self-confidence and active development of strengths and interests, that in turn provides greater social integration and further investment in more positive relationships
- Improving links to family or other sustaining social networks, through personal relationships and community activities
- Greater self-management of health difficulties through greater understanding and access to treatment, aid and adaptations.
- Achieving effective community engagement through employment, training, other community activity, and/or positive engagement with relevant services.

There are clearly circumstances in which congregate supported housing is the most appropriate way to meet the individual's need for additional support. Some circumstances where this may be the case are as follows:

- Where people's need for assistance to sustain independence is based around their health needs as opposed to their behavioural challenges. This can be particularly the case where some form of therapeutic group-work is an element of the assistance offered
- Where people's health and wellbeing require a significant degree of constant and active monitoring to ensure their safety e.g., where people's mental health condition is so fragile that constant contact is required to respond in a timely way if the health of the resident deteriorates
- Where an important element of the assistance provided is the mutual support of other people who have similar experiences or a shared commitment to behavioural change e.g., people with a history of substance use who wish to offer mutual support to each other to maintain abstinence or effective management of their substance use
- Where people would actively choose to live in a shared housing situation e.g., this would possibly apply to some young people with additional support needs

In the needs assessment we put forward the alternative service model, described as "*dispersed supported housing*", under which a minority of ordinary housing units to let come with a package of additional support on a short or long-term basis. It is the need for intensive housing management that would distinguish "dispersed supported housing" from an ordinary housing situation with added floating support. Critical to this vision of "dispersed supported housing" is that there would be no requirement to move out when support is no longer needed or wanted. It is the support that would "move on" not the person. This effectively means that "dispersed supported housing" can only really be provided in self-contained accommodation.

For the purposes of the needs assessment, we would say that *Housing First* is effectively a form of *dispersed supported housing* (where a housing and support package is offered at the same time to people), but with some critical differences obviously. Our principal typology is therefore to distinguish between congregate and dispersed supported housing, with Housing First as a subset of dispersed supported housing – and the balance of need between these high-level types is addressed in Phase Two of the Assessment. To do this, we used a set of indicators of the need for these different supported housing service types, as explained in a subsequent section.

**Service Specifications:** We recognise that commissioning plans cannot be based on this distinction alone. Actual service specifications require further information on a range of key factors in terms of the profile of people in need of supported housing, including:

- Age
- Gender
- Nature of long-term health conditions
- Complexity of need
- Risk factors
- Link to offending and substance misuse
- Level and type of support required
- Length of time that supported housing environment is needed

These aspects are not core to the supported housing typology but are to the design of actual services.

## Overview of Needs Assessment Methodology

The methodology used in Hull to identify the volume and type of supported housing required was a two phase-process.

The **first phase** involves projecting the global need for supported housing. This is achieved through placing the demand for supported housing within the context of capturing the “flows” through the homelessness system in the most recent data-year (referred to as the *base data year*), and then assessing the extent to which this could change, due to trends in wider drivers and/or policy or practice changes. In doing this, use was made of an existing modelling methodology developed by Mark Goldup – referred to as the *Homelessness Flows Model*.

This involves first identifying what is referred to as the “population at risk”, and then the sub-set within that population that needs interventions. These are referred to as the “population in need”. In relation to this exercise, the “population in need” is the population in need of supported housing. The model produces a result which is the total number of households in need of a supported housing service over a year. The global need for supported housing is not sufficient information to base commissioning decisions upon, as it does not provide guidance on the type of supported housing required.

The **second phase**, therefore, involved translating this overall projected demand into demand by type of supported housing provision, making use of a simplified supported housing typology and indicators of need for the different service-types. This element of the methodology was more experimental and involved the development of a new approach to complement and make useable the result of the *Homelessness Flows Model*.

The mechanism for finding evidence for the estimates in this second phase was a *Snapshot Support Needs Survey*, completed by supported housing providers on people resident in their schemes on the night of July 19<sup>th</sup> 2021. This was further complemented by a parallel survey undertaken by the Housing Options Team Manager on those single people presenting to Housing Options between the 17<sup>th</sup> and 28<sup>th</sup> May, who had identified additional support needs.

## Phase One: Homelessness Flows Model

The homelessness flows methodology for estimating the demand for supported housing puts the demand within a “whole-system” context, i.e., works on the basis that it is affected by action taken or not taken to intervene at various points in people’s journey into or out of homelessness. It therefore captures data about what has happened in the most recent year, and then uses this as a scenario-modelling tool to speculate on what should be achievable, in terms of the various levels of intervention and calculating the impact of this on downstream demand for supported housing in future years.

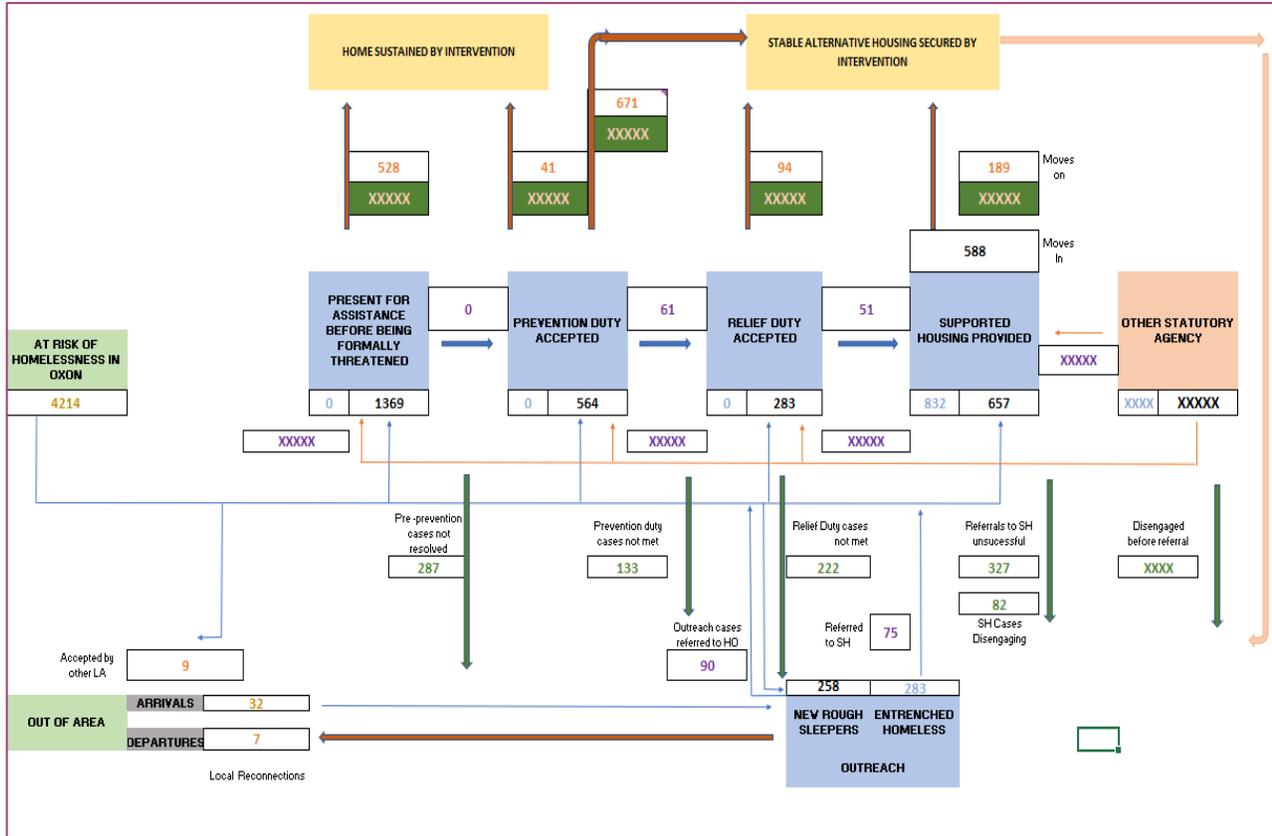
The model captures data (in relation to presentations and outcomes) at the following key junctures:

- People presenting for assistance when at risk of homelessness but before the 56 days threshold of a formal Prevention Duty being triggered (referred to as “pre-prevention duty”)
- A Prevention Duty being triggered
- A Relief Duty being triggered
- Rough sleepers in contact with street outreach teams
- Referral made to supported housing
- A supported housing place being allocated

The “presentations” include people who were in the “system” at the beginning of the year, including people housed in supported housing at the beginning of the year.

The outcomes include:

- The number whose risk of homelessness is prevented by sustaining existing accommodation
- The number whose risk of homelessness is prevented by finding alternative accommodation
- The number whose homelessness is relieved by finding alternative accommodation
- The number whose risk of homelessness or actual homelessness is not resolved at that stage, and who as a result move on to the next stage in the process (e.g. move from being a prevention duty case to a relief duty case)
- The number who fall out of the system because their case is closed without resolution
- The number of referrals to supported housing that are unsuccessful
- The number whose supported housing placement ends in eviction, abandonment or moving out to a form of “temporary accommodation”



## HOMELESSNESS FLOWS MODEL

The Homelessness Flows Model is illustrated above. This is then used to calculate the population at risk of homelessness and the population in need of various interventions.

**Population at Risk:** The “population at risk” is defined as the number of people experiencing homelessness or the risk of homelessness in a *single year*, and who are judged to need some intervention to resolve the situation.

The “population at risk” is calculated by adding together;

- Those presenting for assistance to the local authority because of homelessness or the risk of homelessness (which is a combination of those first presenting as pre-prevention duty cases and those first accepted as prevention or relief duty cases) and those whose case was in process at the beginning of the year,
- Those first presenting as rough sleepers and contacted by the street outreach team and those “on the streets” and already known to the Street Outreach Team,
- And, those referred to supported housing and those already receiving a supported housing service at the start of the year.

These figures include people who do not have their case resolved in the year, including duty cases closed by the local authority without a successful resolution and referrals to supported housing that are unsuccessful. It is assumed however, that a proportion of those cases where the case is closed without a successful resolution of the situation (e.g. a duty case is closed without securing accommodation or a referral is made without being accepted), that the individual or someone on their behalf finds a resolution to their own situation. This proportion of the closed cases is not then included in the population at risk, as they are deemed not to need an intervention to assist them.

One of the greatest challenges in any modelling work on needs assessment drawn from different data sources is to avoid double-counting of individuals. The Homelessness Flows Model tries to minimise this by trying to calculate where people *first* present for assistance in the year. The greatest opportunity within the model for double-counting is in relation to the referrals to supported housing itself – either because someone is referred several times before the referral is successful, or because they cycle in and out of supported housing over the year, and adjustments are made to reflect this.

The population at risk is calculated in the “base data year” (which for this exercise is **2019-20**), but then multiplied by the anticipated rate of increase in the risk of homelessness since that year, and in the following five years.

**Population in Need:** The number of people needing specific interventions in a single year are the “populations in need”. In this instance, the only “population in need” that we are looking to calculate is those who need supported housing.

The proportion of the population at risk “presenting” at the five different points, and the proportion with different outcomes is captured on the Model in the base data year. The number of people “needing” supported housing is taken to be:

- The number of people living in supported housing during the year
- A proportion of unsuccessful referrals (allowing for repeat referrals and a proportion who find their own housing solution)

In future the “population in need” is impacted by:

- The stage at which they first interact with the system
- The proportion at each stage that is referred to supported housing as the best solution

“Populations in need” for future years are therefore adjusted on the basis of the targets set for future years in relation to:

- The proportion of those caught at earlier stages in their homelessness journey (at pre-prevention and prevention stage)
- The proportion of prevention cases that result in sustaining existing accommodation as opposed to requiring alternative accommodation to be provided
- The proportion of people who previously were referred to supported housing who could in fact manage in non-supported accommodation (with or without a floating support package)

Targets are based on national or regional performance figures.

**Comparison to Supply:** The population in need is several people not a number of units. The main way to move from a total population in need to the numbers of units needed is by considering the average length of stay / turnover.

## Activities to Populate the Homelessness Flows Model

The following activities were undertaken to populate the Flows Model and aid the calculation of the population at risk and population in need of supported housing.

- Data drawn from Northgate system on prevention duty and relief duty single person household cases.
- Data drawn from SPOC database on referrals to supported housing.
- Survey to supported housing providers (commissioned and non-commissioned) on referrals to and people moving out from supported housing.
- Analysis of monitoring data collected on street outreach service.
- Case study of 30 prevention and relief duty cases closed without resolution.
- Identification of double counting in Northgate and SPOC data sets<sup>2</sup>.
- Analysis of data on relief and prevention duty cases from 2017-18 (i.e., before Homelessness Reduction Act)<sup>3</sup>.
- Research into the impact of the Homelessness Prevention Trailblazer Programme.
- Comparison exercise on published H-CLIC data between results for Hull and the Rest of England average<sup>4</sup>.
- Analysis of trends from Crisis National Homelessness Monitor.

Additionally, the Snapshot Support Needs Survey fed certain bits of information back into the Phase One calculations.

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<sup>2</sup> It had been hoped to undertake a wider data matching exercise to more completely identify the level of duplication within the different data sets used, using name and date of birth as the linking factor. Unfortunately, however, the level of incompleteness and inconsistency with which this information was recorded meant that this wider exercise was not possible.

<sup>3</sup> This was necessary because no data on the “pre-prevention” duty cases handled by Housing Options was recorded in 2019/20, and assumptions needed to be made using data recorded in the latest pre-HRA year and additionally the research carried out on the Homelessness Prevention Trailblazer programme.

<sup>4</sup> The Rest Of England means the England total without London.

## Summary of Findings from Phase One

The findings were set out in detail in the first interim report, but the main headlines were as follows;

1. Hull experienced high levels of homelessness in the base year – with the number of cases of duty accepted representing 26.2 per 1000 households, as opposed to a national average of 12.2.
2. Single person households formed 69% of duty cases.
3. The proportion of duty cases that were at prevention stage were far less than the national average.
4. The rate of prevention and relief duties being met successfully was in line with the national average, but the proportion of prevention duty cases where this involved securing alternative accommodation was much higher than the national average.
5. There was a heavy reliance on supported housing to supply alternative accommodation – for single households 67% of alternative accommodation secured to meet prevention duty was in the form of supported housing, and to meet relief duty 78% was in the form of supported housing.
6. A case study review of cases closed without successful resolution suggested that the majority of such cases may have found their own solution to their housing situation.
7. There is a very large non-commissioned sector in Hull, with over 1000 bedspaces aimed at the homeless and socially excluded groups. This significantly outnumbers the number of bedspaces commissioned for the same group at around 260.
8. Records suggest that only 52% of referrals to supported housing were successful. Evidence suggests however that the level of repeat referrals for individuals is very high.
9. For commissioned bed spaces, around 26% of people using commissioned services secured settled housing during the year. The estimated figure for non-commissioned services was much lower at 14%.

## Populating the Homelessness Flows Model

What follows is a step-by-step explanation as to how the populations at risk and in need have been calculated. The completed Homelessness Flow Models for the base data year is included as an appendix.

### Calculation of Population at Risk:

Calculation Step	Number in 2019/20	Notes
Number of new Pre-Prevention Duty cases first presenting	772	This was not recorded in 2019/20 by Housing Options. It has been estimated based on the records from 2017/18, when the number of successful prevention cases was monitored. It ignores those preventions which were connected to “major adaptations, resolving anti-social behavior, and tacking disrepair”. It works on an assumption that 60% of households served were single person households. As the “old” prevention cases included those that would now be categorised as prevention duty cases, the actual number of successful prevention duty cases in 2019/20 was deducted from the total derived from 2017/18. As it was only successful cases that were recorded in 2017/18, the number is also inflated by 1.43 (based on analysis of MHCLG’s Homelessness Prevention Trailblazer Programme drawing on the conclusion that 70% of cases across a range of schemes <sup>5</sup> were successful) to estimate the total number that may have presented.
Number of existing prevention duty cases at the start of the year	57	This figure was supplied by Hull City Council.
Less number of unsuccessful case closures assumed to find their own solution	-159	This was assumed to be at a rate of 80% based on the case study exercise on closed cases.
Number of existing Relief Duty cases	170	This figure was supplied by Hull City Council.
Number of Relief Duty Cases first presenting	1326	This figure was based on the number provided by Hull City Council, but was reduced by the number of relief duty cases

<sup>5</sup> This was based on available data from Essex, Oxfordshire, Warwickshire, Cambridgeshire, North London and Sutton.

Calculation Step	Number in 2019/20	Notes
		that had first been opened as a prevention duty case, and by the number of relief duty cases that had been rough sleeping at the point that they had been assessed as owed a relief duty (this group was therefore assumed to feature in the street outreach total below).  It also includes a deduction of a further 5% based on the analysis of the number of households that had more than one relief duty case opened in 2019/20.
Less number of unsuccessful case closures assumed to find their own solution	-279	This was assumed to be at a rate of 60% based on the case study exercise on closed cases.
Number of existing street outreach cases	21	This was derived from the monitoring records of the street outreach team.
Number of new street outreach cases first presenting here	87	This was derived from the monitoring records of the street outreach team.
Number of existing residents of supported housing	1260	This was based on an analysis of SPOC records supplied by Hull City Council, and returns submitted by non-commissioned supported housing providers. An allowance was included for those non-commissioned providers who did not answer the request, on assumption that the number of residents per bedspace would have been at the same rate.
Number of new referrals to Supported Housing first presenting here	293	This was the most complex element of the population at risk calculation.  The starting figure was based on an analysis of SPOC records supplied by Hull City Council, and returns submitted by non-commissioned supported housing providers. An allowance was included for those non-commissioned providers who did not answer the request on assumption that the number of residents per bedspace would have been at the same rate.  This produced an estimated total of 2752 referrals.  It is assumed, however, that there is a large degree of repeat occurrences of the same individuals within this total. A study of the referral record for the three largest Lot 1 commissioned providers indicated that the number of unique individuals was 75% of the total number of referrals made to those providers in a year. It would not seem

Calculation Step	Number in 2019/20	Notes
		<p>unreasonable to think that the number of unique individuals across the full range of supported housing providers was as low as 50% of the total of supported housing referrals. We therefore halved this number.</p> <p>The number was then reduced by the number of pre-prevention<sup>6</sup>, prevention, and relief duty cases that were successfully closed through a referral to supported housing.</p>
<b>TOTAL POPULATION AT RISK</b>	<b>3945</b>	This is the total of all the above numbers.
Uplift in Population at Risk	1.1	<p>It is very difficult to predict the trends in homelessness, particularly as a result of the pandemic.</p> <p>The immediate impact of the pandemic has been to see a slight reduction in levels of homelessness (due to arrange of emergency measures taken by the government, including the raising of the local housing allowance and the freeze on possession proceedings). This was mirrored almost exactly by the fall in duty cases in the first two quarters of 2020/21 in Hull, as noted in the first interim report.</p> <p>It seems reasonable to assume that this is not going to be sustained – and instead we have looked to inflate the population at risk by the average annual increase for the previous 8 years in core homelessness levels in England, as calculated by the Homelessness Monitor published by Crisis. This was calculated as an annual rate of 2.2% per year – rounded down here to 10% over 5 years.</p>
<b>TOTAL PROJECTED POPULATION AT RISK IN 5 YEARS TIME</b>	<b>4340</b>	

<sup>6</sup> This is an estimate based on the analysis of 2017/18 prevention returns.

**Calculation of Population in Need:**

Calculation Step	Percentages Applied	Estimated Need for Supported Housing	Notes
<b>PRE PREVENTION STAGE</b>			
Percentage first presenting at pre-prevention stage in 2019/20	17%		
Target percentage change	+5%		It is felt to be a reasonable policy goal to increase the number of people making contact with Housing Options earlier in their homelessness journey, as there is plenty of evidence that this is more effective in preventing homelessness. This would seem a relatively conservative target to set.
Percentage receiving/needing Supported Housing in 2019/20	36%		
Target percentage change	-14%		This is brought into line with the percentage of prevention duty cases in the Rest of England that were successfully met through a supported housing placement.
Estimated Need for Supported Housing		210	
<b>PREVENTION DUTY</b>			
Percentage first presenting at prevention duty stage in 2019/20	8%		
Target percentage change	5%		In the Rest of England, the proportion of duty cases that were at prevention duty stage were 51% of the total number of duty cases in the comparable year. In Hull it was only 36%. By assuming that the number of prevention and pre-prevention duty

Calculation Step	Percentages Applied	Estimated Need for Supported Housing	Notes
			cases increase by 5% each, as a proportion of the total, then this goes two-thirds towards reaching the national average figure.
Percentage receiving/needing Supported Housing in 2019/20	53%		
Target percentage change	-30%		This is brought into line with the percentage of prevention duty cases in the Rest of England that were successfully met through a supported housing placement.
Estimated Need for Supported Housing		130	
<b>RELIEF DUTY</b>			
Percentage first presenting at relief duty stage in 2019/20	28%		
Target percentage change	-10%		This is a balancing figure to the increase made to the pre-prevention and prevention duty proportions.
Percentage receiving/needing Supported Housing in 2019/20	78%		
Target percentage change	-30%		The Rest of England average is for 18% of relief duty cases to be met by a supported housing placement. The estimate of a 30% shift as a target is assuming that it is possible to go half-way towards achieving the Rest of England average.
Estimated Need for Supported Housing		782	
<b>OUTREACH</b>			
Percentage first presenting at Outreach stage in 2019/20	2%		

Calculation Step	Percentages Applied	Estimated Need for Supported Housing	Notes
Target percentage change			No change suggested.
Percentage receiving/needing Supported Housing in 2019/20	80%		
Estimated Need for Supported Housing		95	
<b>SUPPORTED HOUSING DIRECT REFERRAL<sup>7</sup></b>			
Percentage first presenting at supported housing referral stage	44%		
Target percentage change			No change suggested – but what this means is referral for additional support, rather than referral for supported housing, as such.
Percentage receiving/needing Supported Housing	100%		
Target percentage change	-40%		This is based on the result of Snapshot Support Needs Survey.
Estimated Need for Supported Housing		1145	
<b>Estimated demand for supported housing at the end of 5 years</b>		<b>2362</b>	

To clarify, this figure it is the number of single people who might need a supported housing place over a year, in 5 years' time.

As a direct comparison, Housing Benefit were able to identify the number of separate supported housing claimants in the in-scope supported housing services in 2019/20, and this figure has been calculated as **2318**. This would suggest a very modest increase in demand, which represents a lower proportion of the overall population at risk, and assumes that all those identified as needing a supported housing place would actually get one – which is not the situation currently.

<sup>7</sup> This includes people who will be in residence in supported housing at the beginning of the 5-year period.

## Phase 2: Snapshot Support Needs Survey

**Principle of Indicators for Type of Supported Housing Required:** As previously stated, a need for some form of additional support is not the same as a need for supported housing. The need for supported housing is a need for both additional support *and* intensive housing management.

The population covered by this then must be sub-divided according to the high-level categories that we identified – “congregate” and “dispersed” supported housing (the latter including a sub-set of “Housing First”).

Basically, we worked on the basis that there were reasons as to why a supported housing solution might be needed. For some people there would be specific reasons as to why they would not be suitable for a congregate supported housing service, while for others there would be reasons as to why such a service would be positively beneficial. There would then be people for whom the setting in which they received the support they needed was not critical.

We therefore set out to identify a set of indicators that would suggest approximately what proportion of the population with additional support needs would fall into the following “boxes”;

People who could benefit from additional support <i>and</i> intensive housing management			
People who are not suitable for congregate supported housing	People who would not necessarily be unsuitable for congregate supported housing	People who would specifically benefit from congregate supported housing	People who are suitable for a Housing First service

Those who fall into the boxes shaded in dark grey would constitute the demand for congregate supported housing, and those in lighter grey for dispersed supported housing (until it is possible to fully move to a dispersed model when those offered congregate supported housing are restricted to those who would choose such a service).

It should be emphasised that these indicators are purely for modelling purposes – this is not the same as a set of access or eligibility criteria for specific services, which clearly need to be more nuanced and flexible and based on individual choice and a rounded assessment of what is appropriate.

#### Indicators of the need for supported housing

- No previous experience of living independently
- History of tenancy breakdown
- Health condition fragile and subject to rapid deterioration or change
- Recent history of disengagement from health services (including substance misuse treatment)
- No recent history of significant relationships
- At risk of harm if not closely supervised

Additionally, a level of support needed above a certain threshold is also required to justify a supported housing intervention.

Support needs were categorised into six areas as a need, support, advice, or assistance, in relation to:

<b>Financial management</b>	Achieving financial inclusion through income maximization, debt management, building financial resilience, and/or improved budget management.
<b>Community engagement</b>	Achieving effective community engagement through employment, training, other community activity, and/or positive engagement with relevant services.
<b>Family and personal relationships</b>	Improving family, other personal relationships, and/or supportive social relationships through information about opportunities, mediation, mentoring, and/or practical assistance.
<b>Improving personal capacity</b>	Enhancing self-confidence and capacity to achieve personal goals through access to information, development of relevant skills, counselling, and/or emotional support.
<b>Health</b>	Developing greater capacity to self-manage physical or mental health through ensuring access to treatment or therapy, installation of aids and adaptations, and/or promoting greater awareness.
<b>Achieving housing goals</b>	Achieving housing goals through understanding of options, tenancy/ownership responsibilities, practical assistance with arranging and facilitating moves, and/or transforming a property into a home.

It was assumed that to need supported housing, an identified support need in at least two of these areas was required.

**Indicators for the type of supported housing required:**

Indicators of the need for congregate housing	Indicators of the need for Housing First	Indicators of the need for dispersed housing
<p>No history of independent living</p> <p>Health condition that might deteriorate at short notice</p> <p>Risk of harm to them if they cannot be regularly supervised</p> <p>Social isolation and lack of history of any relationships</p> <p>Previous failure to maintain substance misuse treatment commitment</p>	<p>History of repeat homelessness</p> <p>Prone to bouts of uncontrolled substance misuse</p> <p>Repeat history of disengagement from services</p>	<p>Eviction from previous supported housing</p> <p>Vulnerability to exploitation from others</p> <p>History of violent conflict with others</p> <p>History of criminal exploitation of others</p> <p>History of uncontrolled substance use, and resistance to treatment</p>

It is obviously possible for an individual to fall into more than one box. The existence of one of the factors that makes a dispersed supported housing solution appropriate should however trump one of the factors that lead to a congregate solution being appropriate, i.e., the absence of the personal features that are indicators of the need for dispersed supported housing is also one of the necessary conditions to be categorised as needing congregate supported housing.

**Survey Design:** The Survey was sent to all providers of supported housing – both from commissioned and non-commissioned services.<sup>8</sup> It was also additionally completed for people with identified support needs who had been accepted as being owed a homelessness duty (prevention or relief) over a fixed two-week period. There were four parts to the survey.

Providers were asked to complete information on all their service users in place on July 19<sup>th</sup> 2021 in relation to the following areas:

- The start date of their time in the service.
- Whether they currently needed assistance in relation to the six identified areas of support (with the choice being between saying that this is a significant need, a need to an extent, or that they have no need in that area at all).
- Their case history in relation to the following factors:
  - Housing
  - Homelessness
  - Physical Health
  - Mental Health
  - Offending Behavior
  - Substance Use
  - Vulnerability to Exploitation
  - Posing a Risk to Others
  - Relationships
  - Engagement with Services
- Demographic information in relation to:
  - Age
  - Gender Identity
  - Ethnic Identity
  - Disability / Long Term Health Conditions
  - Whether they fit the definition for “Complex Needs”
  - Whether they have experienced domestic abuse

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<sup>8</sup> It had been intended to get the survey completed by floating support providers as well, but very few such providers sent returns back, so the few that were sent back were effectively discarded. The purpose of including floating support providers had been to make a comparison to the typical support needs of supported housing residents, to indicate whether there was as clear a distinction as imagined. The lack of opportunity to do this is not felt, however, to prevent us achieving the objectives of the survey.

All answers were in the form of multiple-choice selections from a fixed list. There were no free text answers. Identified support needs were scored, and this was used to “allocate” people to “high”, “medium” and “low” support categories for modelling purposes.

## Results from Snapshot Survey

**Level of returns:** In terms of providers, a total of 7 providers returned surveys, as follows:

- Riverside
- Humbercare
- Hull Churches
- Humankind
- Giroscope
- Target
- Salvation Army

In total, this meant details on 727 individual residents in supported housing on July 19<sup>th</sup>. This includes all the in-scope commissioned bedspaces, but less than half of the non-commissioned bed spaces. Results for a further 110 duty cases assessed by Housing Options were also received. Both sample sizes are considered sufficiently large to be considered representative and therefore to be able to draw conclusions about the supported housing population.

**Type of Service Intervention required:** Each support need identified was scored as a “1” if it was marked as “a significant need”, and “0.5” if it was marked as “a need to some extent”. The exception to that being the need for support in relation to housing options. Both answers were scored as 0.5. This is because this need for support is considered so fundamental and universal, that to have it is less significant than the other identified support needs.

In order to identify those that needed supported housing as opposed to other forms of support (floating support), we selected those who had one of the recognised indicators *and* where the support needs “score” was greater than 1 (this required them to be scored on at least two domains).

The result is that only 57% (rounded up for modelling purposes to 60%) of the 727 currently supporting housing service users met the criteria for needing supported housing. The result was not that different for commissioned bed spaces (62%), and non-commissioned bed spaces (54%). For the Housing Options survey the equivalent percentage was 58%.

In terms of the identified categories of supported housing the results were as follows:

	<b>% of those currently in Supported Housing who need this form of service</b>	<b>% of those approaching Housing Options with support needs who need this form of service</b>
Dispersed Supported Housing	80%	72%
Congregate Supported Housing	7%	18%
Not Specific	13%	10%

The chosen indicators for Housing First would suggest that 40% of those needing a dispersed supported housing service in fact could be candidates for a Housing First scheme.

If one is looking for the reason as to why, within this Model, most service users need a dispersed supported housing service, then, most importantly, is that around 50% of service users needing supported housing are categorised as having “some history of being vulnerable to exploitation or abuse”. Additionally, around 30% present a serious risk to others due to their history of abuse, criminal abuse or intimidation.

**Support Needs:** In terms of the areas where people currently living in supported housing needed support, the results for all service users and those who were judged to need supported housing under this model were as follows:

Area of Support	% of all service users needing at least some assistance in this area	% of service users judged to need supported housing needing at least some assistance in this area
Financial Management	61%	88%
Community Engagement	63%	82%
Personal Relationships	54%	71%
Personal Capacity	64%	84%
Health	55%	71%
Housing Goals	86%	97%

This tells you relatively little, apart from the fact that all areas are important, and that in all cases the level of need in these areas is proportionally higher among those needing supported housing.

More informative however, is the distribution of total support need. Following the scoring protocol set out in Section 8, the distribution of total support scores is as follows:

Total Support Score	Number of Service Users	Percentage of Total
0	65	9%
0.5	43	6%
1	63	9%
1.5	74	10%
2	97	13%
2.5	89	12%
3	118	16%
3.5	42	6%
4	46	6%
4.5	35	5%
5	25	3%
5.5	30	4%

This is a basis for translating the cohort into the traditional categorisation of “Low”, “Medium”, and “High” support needs, and quantifying the distribution between them. We would propose the following basis for doing this:

**Low** Support Needs → A score between **0** and **1.5**.

**Medium** Support Needs → A score between **2** and **3**.

**High** Support Needs → A score of **3.5** or over.

Based on this, the distribution would be as follows:

Support Needs	Percentage of Total
Low	34%
Medium	42%
High	24%

These figures are probably influenced by the higher proportion of Commissioned bed spaces that are included in the survey. The figures for commissioned bed spaces only are as follows:

Support Needs	Percentage of Total
Low	21%
Medium	49%
High	28%

Obviously by definition the majority of those categorised in this way as having 'low' support needs are excluded from the cohort of people judged to need supported housing according to the indicators used. The equivalent percentages are however;

Support Needs	Percentage of Total
Low	11%
Medium	54%
High	35%

The pattern for people with support needs approaching Housing Options is slightly different;

Support Needs	Percentage of Total
Low	39%
Medium	29%
High	32%

**Complex Needs:** The snapshot survey gives the opportunity to have a more precise definition of the “complex needs”. We have defined it as at least 3 of the following factors being present in the same individual:

- A history of repeat offending
- A mental health condition that is fragile and subject to rapid deterioration or change
- A history of attempts to manage substance misuse that breaks down periodically, or a history of uncontrolled substance misuse and resistance to treatment
- Recent history of experiencing domestic abuse
- History of rough sleeping and /or cyclical experience of homelessness

On this basis, 11% of those currently living in supported housing have complex needs, but this rises to 16% when looking at commissioned services only, and to 18% when you look at those who we are now saying need to live in supported housing.

**Length of Stay:** The survey asked for the start date in service of all the service users, which allows you to calculate the length of stay to date. The summary results are as follows:

Length of stay to date band	Number of service users	Proportion of total
Under 6 months	220	30.3%
6 months to 1 year	133	18.3%
1 to 2 years	145	19.9%
2 to 5 years	183	25.2%
Over 5 years	46	6.3%

This means that in a year approximately 50% of bed spaces turn over, which means that in a year every 2 bed spaces will provide a service to 3 people.

The ramifications of this are considered further under the section under conclusions, but one issue that this highlights is the fact that for a minority of service users a long-term form of supported housing may be needed. And that is before factoring in the relatively high proportion that our indicators suggest may need a Housing First model. Taking these units out would clearly significantly increase the turnover rate in the balance of provision.

**Other Profile Issues:**

1. In terms of the age profile, only 2 of the current service users were under 18, but 109 were under the age of 25, which represents 15% of the total. When you look specifically at the cohort which we are saying need to live in supported housing this proportion rises to 19%.
2. The gender balance is approximately two-thirds male and one-third female.
3. About 53% of current supported housing service users have a diagnosed mental health condition (or are awaiting diagnosis) – and most of these people are judged to need additional support to manage their mental ill-health. Altogether, 62% of service users have some form of long-term health condition, with many having more than one. When you look specifically at the cohort which we are saying need to live in supported housing, the figures increase to 62% having a mental health condition and 73% having some form of long-term health condition.
4. About 25% of service users have had recent experience of domestic abuse, and this rises to 30% when you look specifically at the cohort which we are saying need to live in supported housing.
5. 30% of service users identified in the survey had previously been evicted from supported housing.

## Conclusions

1. We estimate, using the Homelessness Flows Model that the number of people needing some form of supported housing over the next 5 years is likely to rise to around 2360 per year. This is very similar to the number of people that used supported housing in our base data year of 2019/20. This is even though the snapshot survey indicated that only around 60% of people using supported housing really needed to receive support in this setting. A major factor in this is an expectation that overall levels of homelessness will return to rising in line with previous national trends, and even more significantly that everyone in need of a place will get one, which is not what happened in the base year.

We are therefore comparing total demand in the estimate to the amount of demand that was actually met in the base year. Because a significant number of people referred to supported housing did not get a place in the base year, actual demand as opposed to placements is in fact projected to fall in this assessment.

2. This outcome is however dependent on setting and meeting targets in relation to improving rates of homelessness prevention, and making less use of supported housing by Housing Options to meet their statutory duties.

3. Translating this into several units needed has to take account of the expected average length of stay. Using the current turnover rate indicated by the Snapshot Survey would suggest that the number of supported housing units needed was 1,570. This would represent an increase of around 240 units in total. On the other hand, this is probably a too simplistic way to approach this calculation. If you factor in the need for some genuinely long-term supported housing (including Housing First), the “turnover” rate in the remainder of the stock would be much higher. It may well be therefore that the total stock needed is broadly the same as it is now, although the balance of type of housing required is very different.

4. There are a number of problems with the current congregate supported housing model, which partly results in the relatively low proportion of people in the year being able to secure settled housing. We recommend a shift towards a dispersed supported housing model, and that this becomes the default form of supported housing. Based on the Snapshot Survey, we estimate that up to 80% of supported housing demand should be met in this way. The main reason for this is the high level of vulnerability to exploitation among the target cohort, combined with a high level of people who present a risk of exploitation.

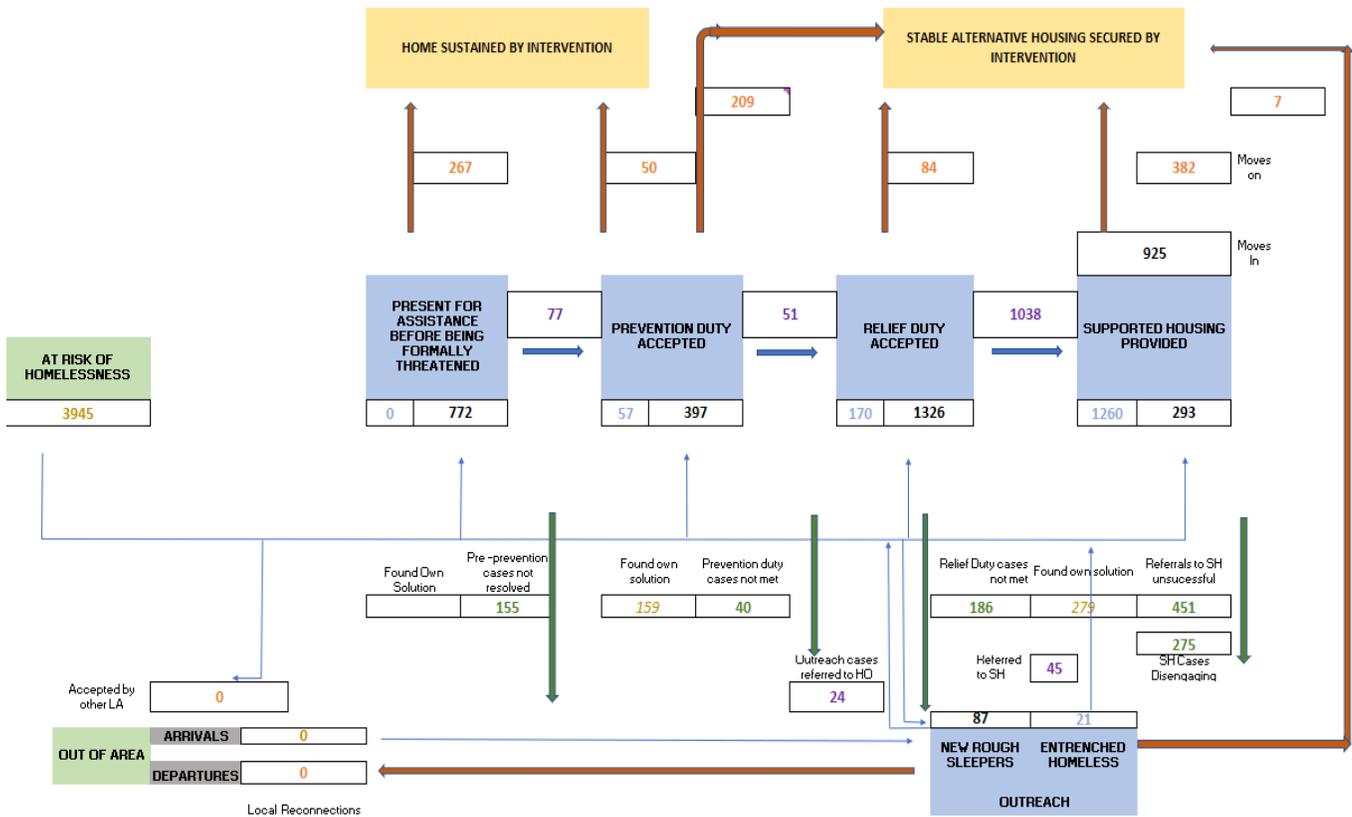
5. Achieving this shift requires access to principally self-contained accommodation as part of a housing-led response to homelessness. This will clearly be logistically challenging (and indeed all but impossible to achieve fully within the suggested 5-year period), particularly as a key part of the model is that the support moves off rather than the individual, and because inevitably a large proportion of the provision will remain in the non-commissioned sector, where the level of control over the nature of the housing is far less. The implications of this research are very significant for the local authority's relationship with the non-commissioned sector.
6. This provides a target to work towards. The extent to which it is deliverable will impact on the value for money achieved by the supported housing programme as dispersed supported housing is likely to be both cheaper per-head, and more effective in taking people out of the homelessness cycle.
7. To the extent to which this shift is possible, it is also likely to present the challenge of what to do with the shared stock. There are however other sectors where shared supported housing is likely to make more of a contribution – including in working with young people and people with mental health problems or learning disabilities.
8. The Snapshot Survey indicated the potential contribution of Housing First in the future. It is quite difficult to use the homelessness flows methodology, which is based on tracking incidence, to project the need for long-term services, which really should be based more on prevalence factors. More work is needed to identify the scale of Housing First demand.
9. Based on the Snapshot Survey it would appear that around 25-30% of supported housing needs to be aimed at those with high levels of support needs. Potentially many of these people will have complex needs (and many will also fall within the demand for Housing First services). More work is proposed to investigate this further.
10. The Snapshot Survey would suggest that the majority of people needing supported housing have long term health issues, particularly mental health (even though mental-health specific accommodation was excluded from the exercise). This makes the case strongly for health bodies to be integrally involved in the design and commissioning of future supported housing.
11. The survey also identified high levels of recent domestic violence being experienced and this needs discussion with community safety, to see how this affects service commissioning.

## Additional Work

To complement the work already done on the Supported Housing Needs Assessment, additional tasks will have to be undertaken to look in more detail at the specific needs of those with “complex needs”. This work will have particular reference to the potential contribution of Housing First, and additionally assess the profile of those with complex needs in relation to their care needs.

Additional data from the Support Needs Survey, ReNew, and Emmaus will be analysed to establish a profile of the people categorised as having “complex needs”, focusing particularly on health and social care needs. Additionally, a relevant mental health provider who is able and willing to complete the survey will be found. The results of the Support Needs Survey will be analysed to indicate the scope for Housing First provision and the implications of removing the proto-Housing First cohort from the results. Furthermore, separate methodology will be used to cross-tabulate on sizing the cohort in Housing First, and these results cross-tabulated with the data generated through the needs assessment.

Appendix



Homelessness Flows Model

Legend: Flows	
	Path taken to first point at which household presents for assistance.
	Positive outcome: Household sustains their accommodation or moves into new settled housing.
	Negative outcome: Household disengages in some way.
	Households entering the system in the year.
	First point of contact with households.
Legend: Numbers	
0	Households entering the system in the year.
0	Households already at this stage of the system at the start of the year.
0	Households presenting for the first time at this stage in the system.
0	Households moving from one stage to another.
0	Households achieving positive outcomes at this stage.
0	Households disengaging from the process at this stage.

