Supported housing needs assessment

Report for Hull City Council

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Homeless Link

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Introduction

Requirements

Hull City Council commissioned Homeless Link to undertake a supported housing needs assessment. This was to build on a previous supported housing needs assessment completed by Homeless Link in 2021, and with a view to feeding into the development of a supported housing strategy, as now required by the Supported Housing (Regulatory Oversight) Act 2023. The assessment would therefore serve as a refresh, but also focus on the following specific aspects:

- The demand for move-on from supported housing.
- The demand for floating support to assist with the move-on process.
- The extent to which the need for adapted properties impacted on the need for move-on provision.
- The need for lower support housing.
- The need for longer-term supported housing.
- Some consideration of the specific needs of women within the supported housing provision.
- To see if there was a way of establishing the level of demand from those sofa-surfing, and whether this was being met.

Methodology

The supported housing needs and supply assessment is conducted through a series of online surveys that helps us to understand the nature and extent of the current demand for, and provision of, supported housing, and how it does and should relate to the provision of other services in the area, in order to get maximum value from this provision. The core activity is therefore to ask supported housing service providers to complete the following two surveys:

1. A service provision survey that is in two parts. The first part asks for information about the services provided, including the nature of the properties in which the services are delivered, the level of support provided, and the existence of specialist expertise. The second part asks for information about referrals received, what happens as a result of the referral, where people leaving the service move to and why they leave.
2. A supported housing snapshot survey, which is completed by caseworkers/keyworkers for each person resident on a specific date. This provides information about the people using the services, including their needs for assistance and case history.

Additionally, in this instance the following activities were undertaken:

- A snapshot survey of cases open to the Housing Options service (limited to single person households with identified support needs). This was intended to compare

the profile of demand for supported housing to those currently receiving the service.
- A snapshot survey of cases open to Riverside floating support services, and a snapshot survey of a sample of open cases for the City Council tenancy sustainment team, in order to understand more fully the contribution that these services can make.
- A consultation exercise with service users and potential service users to understand more fully how supported housing can assist them.
- A short questionnaire completed with service users from specific supported housing services to act as a "reality-check" to the answers given by staff in the general snapshot survey.

The information generated by these surveys' feeds into the basic needs and supply assessment for supported housing which works through five key phases:

1. **Estimating the global need for supported housing:** Demand for supported housing is translated into need considering levels of duplication, results of referrals, reasons for allocations, and allowance for unmet demand. This need is then projected for five years, considering trends in the underlying level of homelessness in the area and the potential for increasing upstream prevention.
2. **Translating the global need from number of individuals to number of units:** This accounts for the proportion of individuals needing longer-term supported housing, the projected average length of stay of those using transitional supported housing, and the operational requirement of a certain level of voids.
3. **Projecting the need forwards five years:** Taking into account trends in relation to homelessness and population projections.
4. **Breaking need down into service types:** We estimate the proportion of service types required, defining service provision by access to specialist expertise, intended duration, primary rationale, level of direct assistance, and property type.
5. **Comparison to existing supply:** Direct comparison of the needs figures to existing service provision will be completed in relation to the aforementioned factors, producing conclusions on gaps in the overall service provision.

The end result of this process is an estimate of the overall need for supported housing, projected five years, and a comparison to the profile of current provision. As a consequence, however, it also involves producing targets for the following key activities:

- Potential improvement in relation to homelessness-prevention activity.
- Access to independent, settled housing, both as an alternative to supported housing and as a necessary next-step.
- Access to floating support to enable appropriate throughput through supported housing.

We also use the survey results to assess the cost consequences of supported housing not being there, in order to demonstrate the value to the whole system of supported housing.

Report outline

This report is structured in the following way:

1. We set out the results of the different survey exercises under the following headings, drawing attention to the most significant findings:
   a. The details of current supported housing services.
   b. The details of other relevant services, including floating support and other key partnership agencies.
   c. The demand for supported housing services.
   d. The profile of service users using supported housing.
   e. The case history of service users using supported housing.
   f. A full consideration of the issues of the next steps from supported housing.
2. We feedback on the service user consultation undertaken.
3. We go through the calculations on needs as a result and identify the principal gaps or over-supply in relation to current provision.
4. We produce a set of recommendations as to what should appear in the supported housing strategy as a result of this exercise.

Response rate

The validity of the conclusions drawn is clearly dependent on the level of participation in the various surveys, so before setting out the results we summarise the level of participation for each.

Service provision survey

We received service provision surveys back from 21 providers, separated out into 25 different services. This represented a total of 872 units of accommodation. The maximum that we could have included was 1,217, and therefore this represents a return rate of 72%. The providers who returned information are listed below.

Table 1: Providers participating in service provision survey

Provider name
Adapt Resettlement
CU Support
Emmaus Hull & East Riding
Giroscope
Goodwin Development Trust
Home Group

Provider name
Hope Housing East Yorkshire
Hull & East Yorkshire MIND
Hull Churches Housing Association
Hull Resettlement Project
Hull Women's Aid
Humbercare
Imagine Housing (NT YMCA)
My Space Housing Solutions
NACRO
Sanctuary Housing Association
Stepping Stones Project
The Riverside Group
Winner Trading Ltd

The two main providers that we did not receive information from were Doorstep of Hull and Target Housing.

Supported housing snapshot survey

We received a total of 464 survey returns. This represents 44% (or 48% if we assumed 5% voids on the snapshot date) of the maximum we could have received. This is a lower proportion than we got in the last needs assessment but still represents a very reasonable sample on which to base conclusions, when compared to the typical sample sizes for other research. The breakdown by provider is set out in Table 2 below.

Table 2: Supported housing snapshot survey response rate

Name	Response		% of units	
Adapt Resettlement	26	6%	30	87%
CU Support	0	0%	105	0%
Doorstep Of Hull	0	0%	-	0%
Emmaus Hull & East Riding	28	6%	30	93%
Giroscope	16	3%	35	46%
Goodwin Development Trust	3	1%	6	50%
Home Group	6	1%	6	100%
Hope Housing East Yorkshire	12	3%	12	100%
Hull & East Yorkshire MIND	31	7%	33	94%
Hull Churches Housing Association	29	6%	47	62%
Hull Resettlement Project	71	15%	73	97%
Hull Women's Aid	13	3%	14	93%

Name	Response		% of units	
Humbercare	57	12%	53	108%
My Space Housing Solutions	4	1%	12	33%
NACRO	1	0%	22	5%
Sanctuary Housing Association	0	0%	12	0%
Stepping Stones Project	24	5%	107	22%
Target Housing	1	0%	146	1%
The Riverside Group	82	18%	122	67%
Winner Trading Ltd	59	13%	178	33%
Total:	**464**	**100%**	**1,043**	**44%**

Floating support snapshot survey

The following three services were included in the floating support snapshot survey:

- Riverside's young people's floating support.
- Riverside's The Crossings resettlement service.
- Hull City Council's tenancy sustainment service.

The surveys returned are summarised in Table 3 below.

Table 3: Floating support snapshot survey response rate

	Response	
Hull City Council	148	93%
Riverside	11	7%
Total:	**159**	**100%**

As far as we know, all the Riverside cases were included (the number of open cases on the snapshot date was well below contract capacity). The tenancy sustainment numbers were based on an agreed sample size.

Housing Options snapshot survey

We received 258 surveys for Housing Options open cases with identified support needs as of the snapshot date. This represented a return rate of 96%, which is an unprecedently impressive result, and we are very grateful to the Housing Options teams for their assistance in achieving this.

Lived experience survey

We were able to complete a total of 18 lived experience surveys with residents at two Riverside services – The Crossings (10 surveys) and Centre 28 (8 surveys).

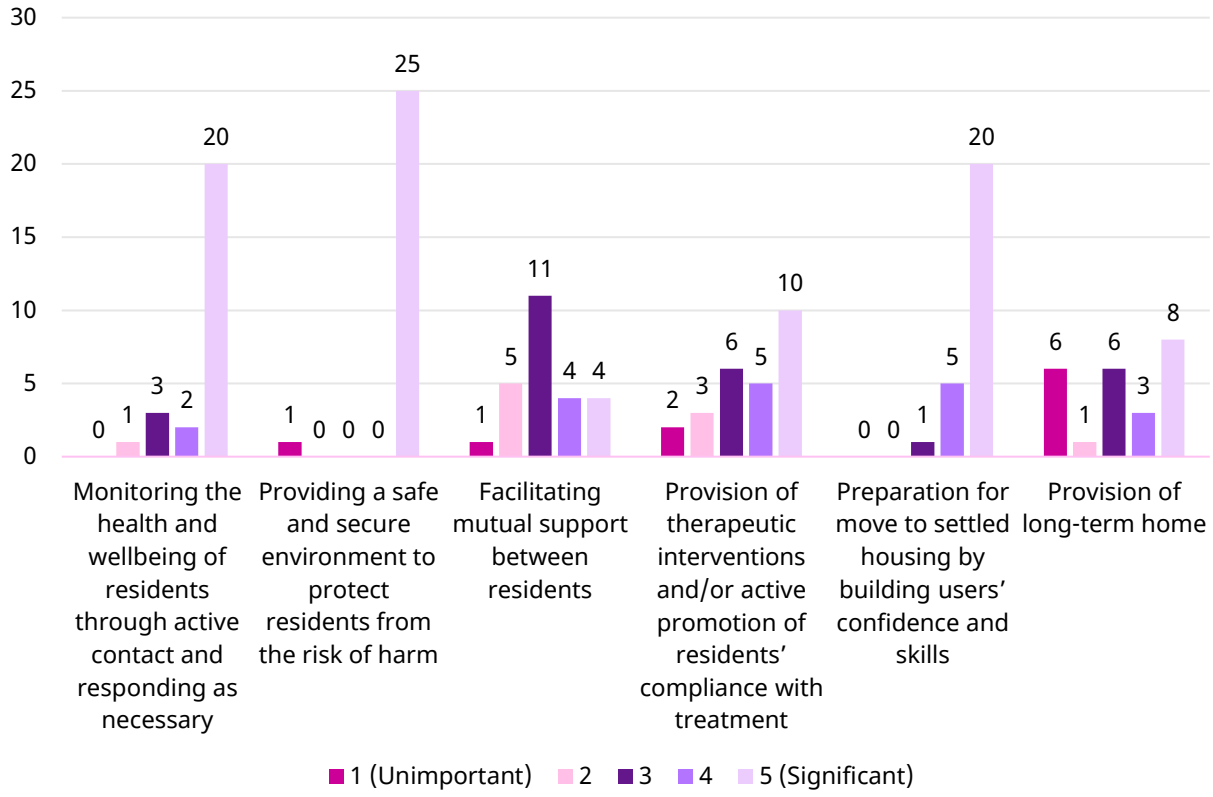
Current supported housing provision

Information about the current supported housing provision comes largely from the service provision survey, although because it logically sits here, we do also include in this section the summary results from one of the supported housing snapshot survey questions.

Rationale

We asked what the provider felt was the rationale behind their supported housing service, ranking six different statements in terms of importance from 1 to 5, with 5 being the most important.

Figure 1: On a scale of 1 to 5, to what extent does the service place importance on the following activity?



Source: Service provision survey

Providing a safe and secure environment to protect residents from the risk of harm was the most significant, with all but one answer grading this as having the highest degree of importance. Monitoring the wellbeing of residents through active contact and responding as necessary was broadly as significant as a preparation for move to settled housing by building users' confidence and skills.

Level of support provided

There are two ways of measuring the level of support provided – the number of support hours provided per person per week, and the normal availability of staff to provide the level of cover. We asked for the number of support hours provided and turned this into the number of support hours per person. We then categorise these as "low", "medium", and "high" based on the following metrics

Table 4: Support level categorisation

Category of support level	No. of hours per person per week
Low	Up to three hours per week
Medium	4 – 8 hours per week
High	8 and over hours per week

Table 5: Level of support provided

	Units	
Low	523	69%
Medium	51	6%
High	188	25%
Total:	**762**	**100%**

Source: Service provision survey

The other way of looking at this is to ask when staff are routinely available for residents to contact them. The results are set out in Table 6.

Table 6: When are staff routinely available for residents to contact them?

	Response		Units	
24 hours per day (with waking staff available at all times)	7	25%	219	25%
24 hours per day (with staff sleeping overnight but available if needs be)	0	0%	0	0%
During extended office hours (evening or weekends included) from an office on site, and supported by an on-call facility at other times	4	14%	179	21%
During standard office hours from an office on site, and supported by an on-call facility at other times	6	21%	207	24%
Through regular visits to the premises, but no regular on-site presence, and with on-call facility at other times	3	11%	69	8%
Through regular visits to the premises	8	29%	198	23%

	Response		Units	
By means of contact at an office/drop-in centre off-site	0	0%	0	0%
:	**28**	**100%**	**872**	**100%**

Source: Service provision survey

Broadly speaking, 24-hour cover equates to "high" support, on-site staff equates to "medium" support, and visiting staff equates to "low" support. The majority of the provision could be reasonably described as low to medium support, although the staff availability pattern would suggest a higher proportion of the provision should be described as medium support. Around a quarter of provision could be described as "high support" in relation to both metrics.

An important aspect of the support package is the capacity to provide follow-on support when people move out of the supported housing. We asked which services were able to do this. The results are set out below.

Table 7: Are you able to provide any assistance to residents when they move on to other accommodation?

	Response		% of services	Units	
No	0	0%	0%	0	0%
Not applicable	2	6%	7%	22	3%
Yes – Practical assistance with the move, including such things as securing furniture, assistance with deposits, etc.	19	56%	66%	566	65%
Yes – Limited to a short resettlement period	12	35%	41%	379	43%
Yes – On a more open-ended or potentially recurring basis	1	3%	3%	0	0%
Total:	**34**	**100%**			

Source: Service provision survey

The capacity to provide resettlement support for a limited period after people moved out was available in relation to 43% of units, while effectively none of them had the capacity to offer this support on an open-ended basis. This is an important finding. Generally, the capacity to provide some form of resettlement support to ease people's transition from supported housing is important and ideally should be available for all transitional housing. At the same time, some people, as identified later in the report,

are likely to need support at some level or at least from time to time in order to sustain independent housing.

Type of support provided at any particular time

In the snapshot survey we ask what the individual service user needs assistance with at the current moment. Effectively, therefore this provides a picture of the balance of types of assistance that service providers are providing at any one time. The results are displayed in Table 8.

Table 8: Which of the following describes the assistance they currently need from the service?

Assistance	Not something they currently need		Is something they currently need to an extent		Is something that they need significant assistance on		Total	
Assistance to develop the independence skills required to sustain independent housing	85	19%	207	46%	162	36%	**454**	**100%**
Assistance to manage their finances more effectively	98	22%	201	45%	148	33%	**447**	**100%**
Assistance to improve family and other personal/supportive social relationships	168	37%	182	40%	102	23%	**452**	**100%**
Assistance to overcome social isolation and lack of confidence in order to enhance the capacity to achieve personal goals	131	29%	198	44%	120	27%	**449**	**100%**
Assistance to access appropriate health and/or social care services or enhance their capacity to manage their health	113	25%	218	48%	121	27%	**452**	**100%**

Assistance	Not something they currently need		Is something they currently need to an extent		Is something that they need significant assistance on		Total	
Assistance to manage substance use more effectively	185	41%	141	31%	122	27%	**448**	**100%**
Assistance to access or sustain employment, education, or training	196	44%	196	44%	52	12%	**444**	**100%**
Provision of close supervision or monitoring of their health or state of wellbeing	137	31%	211	47%	100	22%	**448**	**100%**
Provision of a safe and secure environment to afford them protection from exploitation/ abuse	156	35%	168	37%	126	28%	**450**	**100%**
Promotion of mutual support from other service users	180	41%	203	46%	61	14%	**444**	**100%**

Source: Supported housing snapshot survey

This illustrates well that the range of support provided by supported housing is many and varied. Assistance to “develop the independence skills required to sustain independent housing”, and “manage their finances more effectively” are the most significant, but even so it is only highly significant for about a third of service users at any one time.

It is notable that the least significant area is “assistance to access or sustain employment, education, or training (ETE)”, although whether this reflects realistically the circumstances of service users (e.g., because of the prevalence of long-term health conditions within the user group) as opposed to a commentary on the capacity or interests of service providers is open to question. In order to test the relationship between the existence of long-term health conditions, and a lack of focus on ETE issues we calculated that 50% of those with at least one long-term health condition had no need for assistance with ETE, while the figure was 39% for those with no long-term health conditions. This shows that there is a relationship, but it is not the only factor.

Property type

We asked providers to break down their provision by the type of property it was housed in. Table 9 summarises the results.

Table 9: How many of units are in the following types of property?

	Response	
Small house in multiple occupation (4 – 8 people)	251	29%
Large house in in multiple occupation (9+ people)	34	4%
Shared flat (with up to 3 people)	40	5%
Dispersed self-contained units	300	34%
Self-contained units in single block	247	28%
Total:	**872**	**100%**

Source: Service provision survey

Altogether, providers are claiming that 62% of units were in self-contained properties. This would appear to provide a high degree of flexibility when it comes to matching need to provision and widen the potential part that this provision can play in relation to the overall strategy.

Intended duration

We asked providers to define their provision by intended duration, and the results are set out below in Table 10.

Table 10: What would you say best describes the expected duration of residence of people in your service?

Duration	Response		Units	
Emergency accommodation only (daily/weekly)	0	0%	0	0%
Very short-term (up to 12 weeks)	2	7%	34	4%
Transitional (up to 2 years)	19	70%	410	48%
Longer term (2 – 5 years)	4	15%	415	48%
Home for life	2	7%	1	0%
Total:	**27**	**100%**	**860**	**100%**

Source: Service provision survey

There are therefore equal numbers of units that are seen by providers as “transitional” and “longer-term”.

Specialist support

We asked as to whether the provider felt that they had any expertise in relation to working with particular need groups. This is therefore very much their perception

rather than anyone else's. It is important, however, because it can also be taken as a proxy potentially for those groups that they might specifically want to work with. The results are set out below in Table 11.

Table 11: Would you say that the service has a particular expertise in relation to working with any of the following groups?

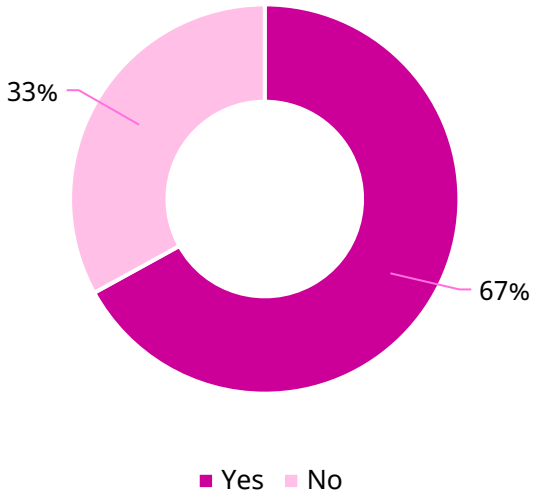
Group	Yes		No		Total	
Women	16	67%	8	33%	**24**	**100%**
Young people	10	38%	16	62%	**26**	**100%**
People with a history of experiencing rough sleeping	21	81%	5	19%	**26**	**100%**
People experiencing domestic abuse	19	76%	6	24%	**25**	**100%**
People with history of substance use	25	89%	3	11%	**28**	**100%**
People with history of mental ill-health	28	100%	0	0%	**28**	**100%**
People with learning disabilities	9	39%	14	61%	**23**	**100%**
People with offending history	22	79%	6	21%	**28**	**100%**
People with social care needs	16	59%	11	41%	**27**	**100%**
Refugees/asylum seekers	6	23%	20	77%	**26**	**100%**
Teenage parents	5	21%	19	79%	**24**	**100%**
Specific cultural/ethnic/nationality groups	8	32%	17	68%	**25**	**100%**

Source: Service provision survey

Generally, it would appear that providers have a high opinion of their expertise, with the majority thinking they have this expertise in relation to all groups except young people, people with learning disabilities, refugees and asylum seekers, teenage parents, and specific cultural/ethnic/nationality groups.

As this was one of the things we were asked to focus on, we illustrate in Figure 2 the proportion of providers where a specific expertise of working with the particular needs of women was highlighted.

Figure 2: Would you say that the service has a particular expertise in relation to working with women?



Source: Service provision survey

Hull Women's Aid and Winner Trading Ltd both have women-only services.

Other relevant services

Floating support

Floating support services are vitally important as a complement to supported housing. Their contribution can be as follows:

- To contribute to the prevention of homelessness and thereby reduce the demand for supported housing.
- To help provide an alternative to supported housing (when combined with access to mainstream accommodation) and thereby allow for supported housing to be targeted at those who will most benefit from the provision.
- To facilitate the move-on from supported housing, where some additional support is required, and this maximise the chance that the move will be both timely and successful.

We wanted to look at current floating support services to understand better the role that they performed, who was benefitting from them, and the extent to which they appeared to be currently contributing to these objectives. Three services participated in the snapshot – two small Riverside floating support services and Hull City Council's tenancy sustainment service.

Profile of service users

In Table 12 below we analyse key indicators that reflect the profile of the service user group – split between floating support and tenancy sustainment and then compared to the headline figures from the supported housing snapshot.

Table 12: Key indicators of floating support service users

Indicator	Floating support		Tenancy sustainment		Supported housing	
In service for less than six months	8	73%	119	89%	178	42%
Childless households	9	82%	112	77%		100%
Women	6	55%	72	49%	187	40%
From a black or minority ethic background	1	10%	14	10%	49	11%
Disability or long-term health condition	7	64%	99	67%	329	76%
Offending history	4	36%	16	11%	204	45%
Mental health condition	7	64%	72	49%	354	81%
Substance use history	2	18%	20	14%	283	61%
Domestic abuse history	7	64%	12	8%	186	40%
Considered vulnerable to exploitation or abuse	7	64%	34	25%	301	66%

Source: Supported housing snapshot survey

In many ways, the difference in profile between these services is not that great. The most striking thing is that supported housing users are much more likely to have a mental health condition, a history of substance use, and an offending history.

As would be expected, the tenancy sustainment service will be dealing with cases on average with lower needs, although a minority do have a more complex case history and disabilities, long-term health conditions, and mental-ill-health still predominate within the caseload.

Balance of types of assistance needed

The current needs for assistance for both sets of services is summarised in Tables 13 and 14.

Table 13: Floating support

	Is something that they need significant assistance on		Is something they currently need to an extent		Not something they currently need		Total	
Assistance to develop the independence skills required to manage in independent housing	2	18%	8	73%	1	9%	**11**	**100%**
Assistance to overcome social isolation and lack of confidence in order to manage in independent housing	0	0%	7	64%	4	36%	**11**	**100%**
Assistance to access appropriate health and/or social care services or enhance their capacity to manage their health	1	9%	5	45%	5	45%	**11**	**100%**
Assistance with overcoming traumatic experiences	0	0%	2	18%	9	82%	**11**	**100%**
Assistance with issues of cultural identity and specific community integration	7	64%	4	36%	0	0%	**11**	**100%**
Assistance to manage their tenancy, i.e., pay bills, attend appointments, etc.	0	0%	4	36%	7	64%	**11**	**100%**
Assistance to access or sustain employment, education, or training	0	0%	1	9%	10	91%	**11**	**100%**

Source: Floating support snapshot survey

This shows a very clear pattern with assistance to develop independence skills, overcome social isolation, and in particular “assistance with issues of cultural identity and community integration” prominent in the support package offered.

Table 14: Tenancy sustainment

	Is something that they need significant assistance on		Is something they currently need to an extent		Not something they currently need		Total	
Assistance to develop the independence skills required to manage in independent housing	14	10%	29	20%	104	71%	**147**	**100%**
Assistance to overcome social isolation and lack of confidence in order to manage in independent housing	10	7%	21	14%	116	79%	**147**	**100%**
Assistance to access appropriate health and/or social care services or enhance their capacity to manage their health	16	11%	15	10%	114	79%	**145**	**100%**
Assistance with overcoming traumatic experiences	8	5%	18	12%	120	82%	**146**	**100%**
Assistance with issues of cultural identity and specific community integration	47	32%	65	44%	36	24%	**148**	**100%**
Assistance to manage their tenancy, i.e., pay bills, attend appointments, etc.	16	11%	26	18%	105	71%	**147**	**100%**
Assistance to access or sustain employment, education, or training	8	5%	14	10%	125	85%	**147**	**100%**

Source: Floating support snapshot survey

Again, the prominence of "assistance with issues of cultural identity and specific community integration" is striking.

We generate a support needs score by allocating a score of 1 each time it is noted that the person needs "significant" assistance, and 0.5 each time they need assistance "to some extent". The resulting range of support scores is as follows in Table 15.

Table 15: Support score – floating support

	Floating support		Tenancy sustainment	
0	0	0%	20	14%
0.5	0	0%	37	25%
1	1	9%	43	29%
1.5	2	18%	9	6%
2	2	18%	12	8%
2.5	3	27%	5	3%
3	1	9%	5	3%
3.5	2	18%	2	1%
4	0	0%	3	2%
4.5	0	0%	2	1%
5	0	0%	4	3%
5.5	0	0%	1	1%
6	0	0%	2	1%
6.5	0	0%	0	0%
7	0	0%	3	2%
Total:	**11**	**100%**	**148**	**100%**

Source: Floating support snapshot survey

The difference in pattern here is striking. For the floating support services, all bar one has multiple needs for assistance, whereas 63% of tenancy sustainment service users have a score of 1 or less. Nevertheless, there were 39 tenancy sustainment cases with multiple and in some case very high needs for assistance, which demonstrates that this service can deal with more complex cases as well.

Prevention of homelessness

We asked as to what the person's homelessness status was at the start of their period of support. The answers are summarised below in Table 16.

Table 16: Homelessness status - floating support

	Floating support		Tenancy sustainment	
They were at future risk of homelessness and were not working with housing options	1	9%	3	2%
They were at future risk of homelessness and were working with housing options	6	55%	8	6%
They were at risk of homelessness within the next 56 days and a prevention duty was owed by the local authority	0	0%	0	0%
They were experiencing homelessness, and a relief duty was owed by the local authority	0	0%	1	1%
They were experiencing homelessness and owed a main housing duty by the local authority (section 193 duty)	1	9%	0	0%
They were in settled housing, and not experiencing homelessness nor threatened with homelessness	3	27%	133	92%
Total:	**11**	**100%**	**145**	**100%**

Source: Floating support snapshot survey

It is perhaps somewhat surprising that so few tenancy sustainment cases were considered to be at risk of homelessness when they started receiving support. We also asked what their current situation is, and what the risk of homelessness was at the snapshot date, set out below in Table 17.

Table 17: Risk of homelessness - floating support

	Floating support		Tenancy sustainment	
There is no significant risk of homelessness	6	55%	135	91%
Based on previous experience there remains a risk of homelessness	5	45%	4	3%

	Floating support		Tenancy sustainment	
For reason of arrears or behaviour there is a realistic possibility that a notice will soon be considered	0	0%	5	3%
Notice seeking possession has been received	0	0%	4	3%
They are awaiting eviction	0	0%	0	0%
They are currently homeless	0	0%	0	0%
Total:	**11**	**100%**	**148**	**100%**

Source: Floating support snapshot survey

It would appear that while low, the risk of homelessness overall has not declined at this point.

Providing an alternative to/move-on from supported housing

The main way in which we can assess the extent to which these services are contributing to these objectives for floating support is to look at where they were living prior to starting on the floating support/tenancy sustainment service.

Table 18: Immediately prior accommodation - floating support

	Floating support		Tenancy sustainment	
At home with parents or other family members on a long-term basis	0	0%	4	3%
With foster parents or in local authority care	2	18%	1	1%
Householder in owner-occupied property	0	0%	0	0%
Tenant in privately rented property	2	18%	0	0%
Tenant in socially rented property	2	18%	113	76%
Sheltered housing	1	9%	0	0%
Rough sleeping	1	9%	1	1%
Sofa surfing with friends or family	1	9%	2	1%
Night shelter, hostel for people experiencing homelessness, or some other form of emergency accommodation	2	18%	1	1%
Living in bed & breakfast accommodation (funded by local authority)	0	0%	0	0%
Supported housing	0	0%	0	0%
A refuge or domestic abuse service	0	0%	0	0%
Prison	0	0%	1	1%
Psychiatric ward, hospital, or mental health facility	0	0%	0	0%

	Floating support		Tenancy sustainment	
General/acute hospital or some other form of medical facility	0	0%	0	0%
Registered care or nursing home	0	0%	0	0%
Some other form of temporary accommodation	0	0%	2	1%
Other	0	0%	2	1%
Not known	0	0%	21	14%
Total:	**11**	**100%**	**148**	**100%**

Source: Floating support snapshot survey

The most striking finding here is that while only 76% of tenancy sustainment cases were already in socially rented housing prior to starting to receive support, it is notable that none of them were in supported housing. This would suggest that the tenancy sustainment service did fulfil a clear resettlement role for new tenants who might be considered to be at risk, but that there is no evidence that it is doing so in relation to resettlement from supported housing. Broadly speaking the same appears to apply to the floating support service as well.

Key partnership agencies

The supported housing snapshot survey looked to uncover the importance of services provided by other agencies to the supported housing service users, and the extent to which these "partnerships" were working well.

We looked at whether a range of other possible key services were relevant to the individual service users, whether they were accessing these services, whether this was working well – and if they were not accessing services, whether this was because the service was proving inaccessible or because the individual was not prepared to engage with them. The full results are set out below in Table 19.

Table 19: Which other agencies are actively engaged with you in providing assistance to this person?

Service	Yes, and this is working well		Yes, but this is proving difficult		Should be, but are not because the service is not easily accessed		Should be, but are not because the person is unwilling to engage		Not relevant		Total	
Mental health	139	33%	58	14%	41	10%	85	20%	102	24%	**425**	**100%**
Substance use	102	24%	69	16%	6	1%	73	17%	171	41%	**421**	**100%**
Learning disability	8	2%	9	2%	11	3%	17	4%	333	88%	**378**	**100%**
Other NHS professionals	102	26%	43	11%	16	4%	21	5%	218	55%	**400**	**100%**
Leaving care	14	4%	3	1%	0	0%	3	1%	359	95%	**379**	**100%**
Domestic abuse	45	12%	12	3%	5	1%	26	7%	296	77%	**384**	**100%**
Probation	54	14%	9	2%	1	0%	7	2%	308	81%	**379**	**100%**
Job Centre Plus	139	37%	22	6%	10	3%	9	2%	199	53%	**379**	**100%**
Local authority housing options	113	28%	76	19%	30	8%	38	10%	142	36%	**399**	**100%**

Source: Supported housing snapshot survey

From this, we take a number of key indicators as follows:

- Whether the service is relevant.
- Whether the individual is accessing the service.
- For how many who are accessing the service it is working well.
- Where the individual is not accessing the service, whether this is because the service itself is proving inaccessible.

The results are summarised below in Table 20.

Table 20: Access to relevant agencies

Service	The service is relevant	The service is relevant, and the individual is accessing		Relevant service, individual accessing, and it's working well		Relevant service, no access, due to inaccessibility of service	
Mental health	323	197	61%	139	71%	41	33%
Substance use	250	171	68%	102	60%	6	8%
Learning disability	45	17	38%	8	47%	11	39%
Other NHS professionals	182	145	80%	102	70%	16	43%
Leaving care	20	17	85%	14	82%	0	0%
Domestic abuse	88	57	65%	45	79%	5	16%
Probation	71	63	89%	54	86%	1	13%
Job Centre Plus	180	161	89%	139	86%	10	53%
Local authority housing options	257	189	74%	113	60%	30	44%

Source: Supported housing snapshot survey

The most relevant "partnership agency" is therefore mental health services, followed by Housing Options and substance use services. Overall, there is an average of three other agencies that are relevant to the service users. This demonstrates the importance of getting these partnerships right to being able to deliver effective supported housing services.

In terms of whether the individual is accessing the service needed, the highest percentages are probation, Job Centre Plus, and the leaving care team. The lowest percentage is in relation to learning disability, mental health, and substance use

services, but it should be emphasised that a clear majority that need these services are accessing them. In terms as to whether, having accessed the service, it is working well, it is the same three services that have the best results, and learning disability, substance use, and Housing Options where the problems are greatest.

In terms of where the lack of access is due to the inaccessibility of the service, the highest proportions are for Job Centre Plus, Housing Options, and learning disability services. It should be noted however that in all but the case of Job Centre Plus the main reason as to why a service is not being accessed is considered to be because the individual is not engaging.

Demand for supported housing services

Source of referrals

In the supported housing snapshot survey, we asked as to where the current service users were referred from – the results are set out below in Table 21.

Table 21: Who referred this person to your service?

Referral source	Response	
Supported housing gateway	0	0%
Local authority housing options/homelessness service	135	36%
Street outreach	1	0%
Emergency accommodation	1	0%
Mental health service	18	5%
Substance use service	4	1%
Domestic abuse service	20	5%
Other NHS/adult social care	7	2%
Leaving care team	4	1%
Other supported housing	17	4%
Registered provider/housing association	1	0%
Another voluntary sector agency	5	1%
Internal referral	16	4%
Self-referral	61	16%
Other	57	15%
Not known	31	8%
Total:	**378**	**100%**

Source: Supported housing snapshot survey

For commissioned services, referrals are all supposed to come through Housing Options, so it is not surprising that this is the main source of referral. Nevertheless, this data would suggest that only a minority of overall demand is caught by this route. The

second most significant source of referral (for the non-commissioned services) are self-referrals.

Result of referral

On the service provision survey, we asked providers to set out the number of referrals received in 2023/24, and what the result of this referral was. This is the starting point for us working out the global need for supported housing. Not all the providers supplied this information, and in total we only have referral information for 709 units of the available accommodation. This is taken into account in the calculation of need undertaken based on those numbers, but the summary for those who did is as follows in Table 22.

Table 22: Referrals received

	Response	
Number of referrals received from 01/04/2023 to 31/03/2024	2,100	
Number accepted and moved in to service	890	43%
Number accepted but still on waiting list at the end of the year	523	25%
Number refused - signposted elsewhere as no place available	137	7%
Number refused - signposted elsewhere as needs/risk considered too high	193	9%
Number refused - signposted elsewhere as not needing supported housing	123	6%
Number refused because property available is not suitable	9	0%
Number lost contact before decision taken	104	5%
Number withdrawn	50	2%
Number still pending	37	2%
Number unknown	10	0%
Total:	**2,076**	**100%**
Missing referral information:	**24**	**1%**

Source: Service provision survey

Therefore, in total, only 42% of referrals were allocated a place in the year – this was only 64% of those who were accepted. There were a significant number of referrals that did not proceed because the need or risk was considered too high. This indicates a gap in the current provision, but whether this needs to be rectified by introducing new services or is more a question of finding ways of giving providers greater confidence in who they can effectively support is something which needs to be investigated further.

Duplicate referrals

The number of referrals is not the same as the number of individuals looking for a service, as a single individual may be referred to multiple providers if not initially unsuccessful. As a proxy way of estimating this, we asked on the Housing Options snapshot survey as to how many times current open cases had been referred to supported housing, with the following results displayed in Table 23.

Table 23: How many different referrals to supported housing have you made for this individual?

	Response		No. of Referrals
None	2	9%	
One	10	43%	10
Two	6	26%	12
Three	5	22%	15
More than three	0	0%	0
Total:	**23**	**100%**	**37**
		Duplicate referral rate:	**0.62**

Source: Housing Options snapshot survey

Sofa surfing

Hull City Council shared concerns that they may be missing a significant element of the homeless population, who could theoretically benefit from supported housing. This is people who are "sofa surfing" with friends or family on a temporary basis. It is quite reasonable to be concerned, as estimates of the core homeless population by Crisis is more than 50% made up of people who are sofa-surfing. This means that when you look at the numbers of people who are rough sleeping, living in supported housing, or temporary accommodation (all of which numbers are known), you can effectively double the number to get a sense of what the core homeless population is.

The problem however is deciding on how much of this massive population at any one time might reasonably be considered to have additional support needs that would justify a supported housing intervention. In the absence of that, it is difficult to say as to whether there is a significant level of missed demand from this source. It should be noted that we found that 11% of service users were sofa-surfing immediately prior to moving into their supported housing.

Housing Options referrals

As the major source of referrals, we wanted to understand more about the cases considered by Housing Options to be suitable for supported housing. As part of the Housing Options snapshot, we first of all asked as to what the ideal housing solution for currently open cases was. The results were as displayed in Table 24.

Table 24: What do you think would be the best solution for their current housing problem?

	No.	%
Action to enable them to retain their current accommodation	4	2%
A move to short-term/transitional supported housing	15	6%
A move to longer-term supported housing	23	9%
A move to a care home or other health/care facility	1	0%
A return to their family	1	0%
A move into independent accommodation, with additional support when needed	65	25%
A move into independent accommodation, with no support required	139	54%
Housing first provision	0	0%
No obvious solution or individual not interested in finding a solution	9	4%
Total:	**257**	**100%**

Source: Housing Options snapshot survey

This means that in the judgement of the staff, some form of supported housing was the preferred option for only 15% of cases with identified support needs. However, a further 25% were thought to need additional support alongside a move to independent accommodation. This could be said to indicate a significant need for floating support or some form of arrangement whereby the support was linked to the allocation of housing. The possibilities in this respect are explored in the recommendations. In terms of the demand for supported housing as such, it is notable that a higher proportion were thought to need longer-term as opposed to transitional supported housing.

Between 1st April 2024 and 31st March 2025 there were a total of 1,705 single person duty cases with an identified support need. If the percentage derived from the snapshot that might be suitable for supported housing was applied to this number, then this would mean that over a year there would be 256 cases suitable for supported housing in a year. It is notable that for these cases Housing Options staff felt that a higher proportion were in need of longer-term as opposed to transitional supported housing. We also asked as to whether they have actually considered, or made, a referral to supported housing. The results are set out below in Table 25.

Table 25: Have you considered a referral to supported housing?

	No.	%
A referral/referrals has/have been made but it has been rejected, or the person has not engaged with the process	27	10%
A referral has been made and is currently being considered	25	10%
No, this is not considered appropriate at the moment	206	80%
Total:	**258**	**100%**

Source: Housing Options snapshot survey

This means that a referral has been made or is being considered in 52 cases, whereas in only 38 cases was supported housing considered the best housing option. This confirms the view that referrals to supported housing are sometime made because this is the only realistic option for a housing solution. Part of this could reflect the lack of temporary options – either without support built in or where the support was tailored to much more specific/short-term issues. Recommendations around following this through are included in the recommendations section.

Housing Options officers were also asked as to why they thought that the referral to supported housing was appropriate. The answers given were as detailed in Table 26.

Table 26: If a referral for supported housing has been made or is being considered, what are the reasons as to why you think this is appropriate?

	No.	%
Their health is such that they need close supervision/monitoring	7	13%
They have recently moved from an intensive care or institutional setting and need some time in a protected environment prior to living independently	3	6%
They are considered vulnerable to exploitation/abuse, and they need the protection of a safe and secure environment	12	23%
They cannot access other accommodation as landlords feel that they were too great a risk	4	8%
They need time to understand and choose their housing options	7	13%
They would benefit from the mutual support of other people living in supported housing	8	15%
They lack the skills or the confidence to live independently	13	25%
They have little or no alternative choice	6	12%
Total:	**60**	

Source: Housing Options snapshot survey

This confirms the finding from elsewhere that because the individual was considered vulnerable, they were in need of the protection of a safe and secure environment, and

that they lack the skills and confidence to live independently, these were the primary rationales for moving into a supported housing scheme. This confirms that some of the referrals were being made because there was little or no alternative choice, or because the person just needed time to understand and choose their housing options. Many of the cases where a referral has been made were unsuccessful. The breakdown of reasons for this were as follows in Table 27.

Table 27: If a referral to supported housing had been made but had not been successful, then why was this?

	No.	%
No place currently available	2	13%
Needs/risk considered too high	4	25%
Needs considered too low	0	0%
Does not meet criteria for some other reason	2	13%
Individual did not pursue	8	50%
Total:	**16**	**100%**

Source: Housing Options snapshot survey

In only 13% of cases was this because there was not an available place. The needs/level of risk presented by the service user would appear to be more significant (but it should be noted that this is a very small sample).

Supported housing service users

The following tables summarise the profile of supported housing service users drawn from the snapshot survey (and as a comparison we highlight the equivalent percentages from the 23 open cases that Housing Options have referred to supported housing, where this is available).

Profile

Age

Table 28: Which age group does the individual currently fall into?

	Supported housing		Housing options	
Under 18	13	3%	0	0%
18 - 25	99	21%	5	22%
26 - 35	91	20%	6	26%
36 - 45	111	24%	5	22%
46 - 55	100	22%	5	22%
56 - 65	43	9%	2	9%

	Supported housing		Housing options	
Over 65	6	1%	0	0%
Total:	**463**	**100%**	**23**	**100%**

Source: Supported housing and Housing Options snapshot survey

The proportion of under 25 year olds is high. It is notable, on the other hand, that far fewer providers felt that they had any expertise in working with young people in relation to some other groups.

Gender

Table 29: How does the individual describe their gender identity?

	Supported housing		Housing options	
Male	273	59%	9	39%
Female	187	40%	14	61%
Non-binary	1	0%	0	0%
Other	2	0%	0	0%
Total:	**463**	**100%**	**23**	**100%**

Source: Supported housing and Housing Options snapshot survey

Ethnicity

Table 30: Would the person identify as being from a black or minority ethnic background?

	Supported housing		Housing options	
Yes	49	11%	1	4%
No	409	89%	22	96%
Total:	**458**	**100%**	**23**	**100%**

Source: Supported housing and Housing Options snapshot survey

Disability

Table 31: Would the person describe themselves as having a disability or long-term health condition?

	Response	
No	135	29%
Yes – A physical disability or sensory impairment	74	16%
Yes – A learning disability	28	6%
Yes – A mental health condition	230	50%
Yes – Autism	21	5%

	Response	
Yes – Another long-term health condition	78	17%

Source: Supported housing snapshot survey

The two most significant aspects of this profiling are probably the relatively high proportion of female service users, and the high proportion who have a disability or long-term health condition, although this latter point is entirely consistent with all needs assessment surveys carried out to date. This nevertheless very clearly demonstrates the significance of supported housing to the wider health and social care agenda.

Case history

Homeless Link is committed to using its continuing involvement in needs assessments to developing some form of benchmarking for the results of the snapshot surveys. It has not yet been possible to collate the data to do this, but as a gesture towards this, we have compared the results from the Hull exercise to the other one that was conducted at the same at for a local authority in Staffordshire.

Housing history

Table 32: How would you describe the person's recent housing history?

	Response	
They have had a lengthy or cyclical experience of homelessness and/or rough sleeping	94	20%
They have been in and out of a series of addresses	119	26%
They have been in prison or in and out of prison for a number of years	43	9%
They have mostly lived at home supported by their family or foster family	63	14%
They have mostly lived in settled housing	121	26%
They have spent all or a large part of their recent life in residential or institutional care of some kind	23	5%
Total:	**463**	**100%**

Source: Supported housing snapshot survey

The proportion whose recent housing history was essentially in settled housing or having been supported by their family is relatively high, and this is where the potential capacity to improve prevention activity to prevent the need for supported housing might exist. As a comparison the proportion in Staffordshire authority who had previously mostly had a settled housing history was much lower. However, Hull has a very developed prevention strategy in place already, and no immediate recommendations as to how prevention could be increased were found.

Complexity

We asked questions about people's history in relation to offending, mental health, substance use, and domestic abuse. The main conclusions from this are that:

- 77% of service users have some form of mental health condition, with 19% having a formal diagnosis and a condition that is considered fragile and subject to rapid deterioration or change.
- 61% of service users with a history of substance use, with 11% having a long history of substance use and a resistance to treatment.
- 45% have an offending history, with 11% having been convicted in the past of offences that include at least one serious offence involving violence, sexual assault, drug dealing, or sexual grooming or trafficking.
- 40% have experienced domestic abuse in the recent past (within the last five years), with 20% regularly experiencing it currently.

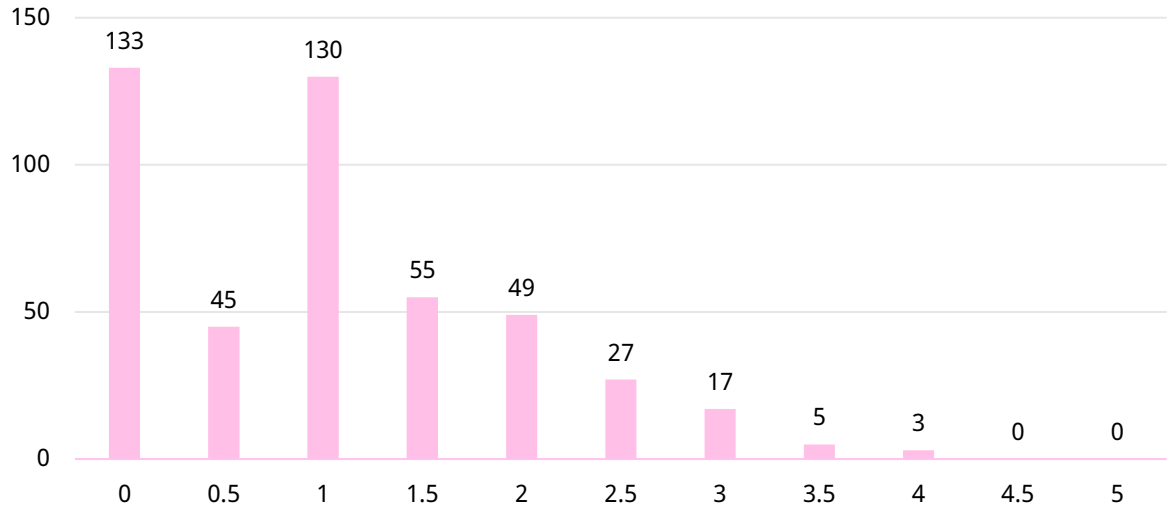
In comparison to Staffordshire, the percentage with a history of substance use (47% there) and recent domestic abuse (24% there) are significantly higher. These metrics contribute to an overall complexity score as explained below in Table 33.

Table 33: Complexity score calculation

	Score
They have had a lengthy or cyclical experience of homelessness	1
They have been convicted in the past of offences that include at least one serious offence involving violence, sexual assault, drug dealing, or sexual grooming or trafficking	1
They have been convicted of a series of less serious or petty offences only	0.5
They have a formal mental health diagnosis, but their condition is considered fragile and subject to rapid deterioration or change	1
Long history of uncontrolled substance use and resistance to any treatment	1
Has history of substance use that has been/is being addressed, but has clear history of it getting out of control periodically	0.5
They regularly experienced domestic abuse in the recent past (or are doing so currently)	1

The results are illustrated below.

Figure 2: Supported housing complexity score



Source: Supported housing snapshot survey

We interpret a score of above 2 as an indicator of multiple and complex needs, which applies to 11% of the sample. This is broadly in line with all needs assessments but is marginally above the Staffordshire local authority (9%). We also looked at four other factors that are significant to the service required and the challenges presented as set out in the following Tables 34 – 37.

Table 34: Were they previously a "looked-after child" (formerly a child in care)?

	Response	
Yes	50	11%
No	283	62%
Not known	126	27%
Total:	**459**	**100%**

Source: Supported housing snapshot survey

Table 35: Would you describe the person as presenting a risk of harm to others?

	Response	
Yes – significantly	28	6%
Yes - a little	88	19%
No	339	75%
Total:	**455**	**100%**

Source: Supported housing snapshot survey

Table 36: Would you describe the person as highly vulnerable to exploitation or abuse from others?

	Response	
Yes – significantly	107	24%
Yes - a little	194	43%
No	154	34%
Total:	**455**	**100%**

Source: Supported housing snapshot survey

This is significant in terms of the form of accommodation that the support should be delivered in, but the level of vulnerability or risk is significantly related to the need for ongoing support. Altogether, 83% of those described as significantly vulnerable and 63% of those described as presenting a significant risk to others are either said to need longer-term supported housing or to move to independent housing with additional support.

Particular challenges are presented where the individual combines a level of risk to others with the existence of vulnerability themselves. This was the considered the case in 76 cases – which means that two-thirds of those people presenting a level of risk to others were also categorised as vulnerable to exploitation or abuse themselves.

Table 37: How would you describe their levels of engagement with other services?

	Response	
They are prepared to seek assistance from external services, and are able to engage fully in treatment when relevant	164	36%
They are prepared to accept assistance from external services if someone else takes the initiative, and usually comply with reasonable requirements of any treatment	146	32%
They sometimes accept assistance from external services, but is minimally responsive to reasonable offers of treatment	99	22%
They avoid engagement with external services, or treatment even when clearly in their best interests to attend/accept	49	11%
Total:	**458**	**100%**

Source: Supported housing snapshot survey

Overall, the pattern is the same in comparison to the Staffordshire authority – services in Hull are dealing with more complex cases on average.

Previous accommodation

Table 38: Where was the person living immediately prior to moving into your scheme?

Location	Response	
At home with parents or other family members on a long-term basis	49	11%
With foster parents or in local authority care	7	2%
Householder in owner-occupied property	2	0%
Tenant in privately rented property	42	9%
Tenant in socially rented property	23	5%
Sheltered housing	4	1%
Night shelter, hostel for people experiencing homelessness, or some other form of emergency accommodation	31	7%
Other supported housing	49	11%
Rough sleeping	64	14%
Sofa surfing with friends or family	49	11%
A refuge or domestic abuse service	8	2%
Living in bed & breakfast accommodation (funded by local authority)	7	2%
Some other form of temporary accommodation	20	4%
Prison	29	6%
Psychiatric ward, hospital, or mental health facility	37	8%
General/acute hospital or some other form of medical facility	4	1%
Registered care or nursing home	0	0%
Other	6	1%
Not known	32	7%
Total:	**463**	**100%**

Source: Supported housing snapshot survey

Key findings include:

- 14% of service users were in a mainstream tenancy immediately before moving into supported housing, and 11% were living with their family on a long-term basis. In the Staffordshire authority, the equivalent figures were 7% and 14% respectively.
- 21% were rough sleeping or using an emergency shelter, whereas 11% were sofa-surfing with friends or family – which is very similar to Staffordshire where it was 19% and 11% respectively.
- 8% were directly discharged from psychiatric hospital and 6% released directly from prison, whereas the numbers in Staffordshire were 3% and 3% respectively.

Why individuals needed supported housing

Table 39: What do you think are the reasons that the person needed a place in your scheme originally?

Reason	No.	% of individuals
Their health is such that they needed close supervision/monitoring	99	21%
They had recently moved from an intensive care or institutional setting and needed some time in a protected environment prior to living independently	27	6%
They were considered vulnerable to exploitation/abuse, and they needed the protection of a safe and secure environment	216	47%
They could not access other accommodation at the time as landlords would feel that they were too great a risk	78	17%
They needed time to understand and choose their housing options	87	19%
They would benefit from the mutual support of other people living in supported housing	90	19%
They felt that they lacked the skills or the confidence to live independently at the time	182	39%
They had little or no alternative choice at the time	257	55%
Total reasons:	**1,036**	
Average number of reasons:	**2**	

Source: Supported housing snapshot survey

The main difference between Hull and the Staffordshire local authority in relation to this question is that being considered as vulnerable to exploitation/abuse and needing the protection of a safe and secure environment is twice as significant according to Hull providers as in Staffordshire. The same applies to the reason “their health is such that they need close monitoring”.

Service users not needing supported housing

We use the question about the reason the individual needed supported housing in the first place to identify the proportion of those on the snapshot date that did not really need to have moved into supported housing. It should be noted that this is different to saying they no longer need supported housing at the snapshot date. This is why we focus on the question as to why they needed supported housing in the first place.

We begin by isolating the individuals whose only reasons for needing supported housing originally were that they had no choice or that they needed time to consider their housing options and then accounted for the continuing level of assistance that they still required. This amounted to 25% of service users in the snapshot exercise. This is a high number but is in line with anecdotal impressions generated through the SHIP programme. We reviewed the percentage for bedspaces tagged as commissioned, and it is in fact very similar.

This is not to say however that these people did not have any needs for assistance as well as a housing need. We looked at the support score of this cohort of users and 64% of them had a score of over 2. This indicates that they maybe needed an alternative form of support rather than supported housing.

Outcomes from services

Why service users moved on

Table 40: Reasons for moving

	Response	
Numbers moving out in planned way to more appropriate accommodation	234	53%
Numbers evicted due to rent arrears	24	5%
Numbers evicted due to anti-social behaviour	89	20%
Numbers abandoning their accommodation	62	14%
Numbers moving out because they had to for reasons of health or criminal justice requirements	30	7%
Total:	**439**	**100%**
Numbers evicted or abandoning:	**175**	**40%**

Source: Service provision survey

A total of 175 left for effectively negative reasons – 40% of the total moving out. This is a very high level of attrition.

Where service users moved to

Alongside asking why service users moved on, we also asked where people moved to. More providers supplied data on move on locations than they did move on reasons. The result is summarised in Table 41.

Table 41: Move on destinations

	Response	
Number of people moving out from 01/04/2023 to 31/03/2024	627	
Number of people moving into other supported housing	81	15%
Number of people moving into social housing tenancy	129	24%
Number of people moving into private housing tenancy	37	7%
Number of people returning to live with family or friends on a long-term basis	78	14%
Number of people returning to live with family or friends on a temporary basis	50	9%
Number of people moving to some other form of temporary accommodation	30	6%
Numbers with no accommodation to move on to	15	3%
Numbers with unknown destination	114	21%
Numbers died	8	1%
Total:	**542**	**100%**
Number moving into settled housing:	**244**	**45%**
Missing move on information:	**85**	**14%**

Source: Service provision survey

A total of 244 people could therefore be said to have moved to settled housing. For these bedspaces, this represents a settled housing outcome rate of 39% when compared to the number of people living in the supported housing in the year, who might be expected to move out to settled housing in the year. This takes into account the following factors:

- The number of people resident in supported housing at the beginning of the year, and the number moving in during the year.
- The proportion of service users at any one time who need a longer-term supported housing placement.
- The anticipated average length of stay needed for longer-term and the balance of transitional supported housing.
- The proportion of people expected to need settled housing as their next move.

It is difficult at this point to evaluate this result, because we have yet to establish a benchmark. The main reasons as to why this is the case are on the one hand the high numbers of people being evicted or abandoning the property, and the high numbers having difficulty finding appropriate accommodation to move to. If the same rate was achieved for the bedspaces that we do not have information for, then this would mean that 370 users would have moved on to settled housing.

Length of stay

Table 42: Current length of time in service

	Response	
0 - 6 months	178	42%
6 months - 1 year	89	21%
1 - 2 years	71	17%
2 - 3 years	38	9%
3 - 4 years	12	3%
4 - 5 years	11	3%
5+ years	22	5%
Total:	**421**	**100%**
Average stay (months):	**14**	
Average stay (years):	**1**	

Source: Supported housing snapshot survey

This is the current length of stay at the snapshot date. The average stay at snapshot date is not particularly meaningful. We have however combined answers to the question as to whether someone was ready to move at the snapshot date with a question about how long this has been the case to work out an assumed "required length of stay" for transitional supported housing service users.

In this calculation we ignore people whose required length of stay is more than three years on the assumption that such people are effectively in need of what we describe as longer-term supported housing. On this basis, we estimate that the average required length of stay for transitional supported housing is nine months.

Move-on

Those ready to move on

We asked the question as to whether the service users were, in the opinion of the staff, ready to move on. The result is summarised in Table 44.

Table 43: Would you say they are now ready to move on into more settled, long-term housing?

	Response	
Yes, and this should happen soon	70	15%
Yes, but finding a move-on option is proving difficult	102	22%
No, not at the moment	193	43%
No, and they are unlikely to be able to do so for some time	89	20%
Total:	**454**	**100%**

Source: Supported housing snapshot survey

Therefore, 37% of residents were, at the snapshot date, considered ready to move on, but for 59% of these people finding an appropriate move-on option was proving difficult. We also asked for how long this readiness to move-on had been the case, which is displayed in Table 45.

Table 44: If they are now ready to move-on, for how long has this approximately been the case?

	Response	
Very recently	60	36%
About a month ago	35	21%
Up to 3 months ago	40	24%
Up to 6 months ago	15	9%
More than 6 months	18	11%
Total:	**168**	**100%**

Source: Supported housing snapshot survey

Type of accommodation and additional support

While it is assumed that in the majority of cases the ultimate aim is to enable people to move on to independent settled housing, there will always be people for whom the next step required is a different form of accommodation. The desired next step is set out in Table 45 – this is in relation to all service users, not just those ready to move on the snapshot date.

Table 45: What form of accommodation would you say that they need to move on to when ready?

	Response	
Self-contained rented accommodation with some additional support	157	35%
Self-contained rented accommodation without additional support	108	24%
Self-contained or shared rented accommodation with some additional support	67	15%
Self-contained or shared rented accommodation without additional support	11	2%
Other supported housing but with higher levels of support	40	9%
Other supported housing but with lower levels of support	33	7%
Long-term supported or sheltered housing	29	6%
Residential facility with ready access to social or nursing care	7	2%
Total:	**452**	**100%**

Source: Supported housing snapshot survey

A total of 76% will need to move to some form of settled housing.[1] Of particular note is the 50% who are anticipated to need some form of additional support, which is a particularly important finding. The independent housing with some additional support suggested here could include a number of different potential models – some of whom might actually still meet a broader definition of supported housing, although could perhaps be better described as "supported tenancies". This needs further consideration and exploration.

Barriers to move on

We asked what the main barriers to obtaining follow-on accommodation was. It was possible to choose multiple options, and the results are displayed in Table 46.

Table 46: If move-on is proving difficult, for what reasons is this proving the case?

	Response	
All the accommodation available is unaffordable	71	42%
The individual has a history of arrears or tenancy breakdown that means landlords are unwilling to make them an offer	32	19%
The individual wants or needs accommodation in specific areas, and this is proving difficult	58	35%
The individual needs adapted accommodation to cater for disability/health condition, and this is proving difficult to find	25	15%
The individual needs accommodation with additional care or support involved and this is proving difficult to locate	52	31%
The individual is not engaged sufficiently with the process	80	48%

Source: Supported housing snapshot survey

It should be noted that affordability was only actually a factor in 42% of cases. Of greater importance was the level of engagement from the service user – and this could be an identified training issue or one way in which more effective support could be given to the supported housing providers to improve throughput levels. The relatively high priority of securing the necessary ongoing support is another issue of note – with this being relevant in 31% of cases.

Hull City Council wished to identify the extent to which accessible accommodation was a particular problem in securing appropriate move-on accommodation. It can be seen from the above summary that this was identified as an issue in 15% of cases.

[1] We did not include the option of "returning to family home" in this question – it is assumed that this option might be subsumed in the answers given.

Disability and move on

Table 47: Disability and move on

	No.	%
People with a disability	330	71%
People with a disability who are ready to move on	99	30%
People with a disability and ready to move on, but are having problems to do so	64	19%
People with a disability and ready to move on, but are having problems due to inaccessibility	9	3%
People with a disability who are not ready to move on	222	67%
People with a disability, who did not provide information on move on	9	3%
Projected people with a disability who are ready to move on, but will have problems due to inaccessibility	6	3%

Source: Supported housing snapshot survey

Reality check

Following the data exercises, we visited both Centre 28 young person's service and The Crossings to survey a selection of their service users. This survey focused on asking a series of questions to "reality check" the responses provided through the earlier snapshot survey. We received the views of a total of 18 service users across the two sites. The discussion focused on a number of key questions that were designed to mirror the key questions within the snapshot exercise. The results are summarised in the following Tables 48 – 53.

Table 48: What do you think were the main reasons you needed support when you entered the service?

	Reality check		Snapshot	
Health issues needing monitoring or supervision	14	78%	99	21%
Safety from exploitation or abuse	8	44%	216	47%
Lack of alternative accommodation	5	28%		
Needed time to understand housing options	2	11%	87	19%
Needed support to live independently	4	22%	182	39%
Other	13	72%		
Total:	**46**		**1,036**	
Average number of reasons:	**3**		**2**	

The high-level of "other" reasons was mostly around the need for stability in relation to mental health conditions and addictions. Otherwise, service users would appear to

emphasise the need for someone to monitor their health rather than the development of independence skills.

Table 49: What help do you need right now?

	Reality check		Snapshot	
Learning independence skills	8	44%	369	81%
Managing finances	14	78%	349	78%
Improving family or social relationships	5	28%	284	63%
Overcoming isolation and building confidence	10	56%	318	71%
Accessing health or social care	7	39%	339	75%
Managing substance use	8	44%	263	59%
Finding work, education, or training	1	6%	248	56%
Staying safe from exploitation or abuse	12	67%	294	65%
Other	6	33%	-	-
Total:	**71**		**2,076**	
Average number of areas of assistance required:	**4**		**4**	

Table 50: Do you feel ready to move into more settled housing?

	Reality check		Snapshot	
Yes, and I want to move soon	10	56%	70	15%
Yes, but it's hard to find options	0	0%	102	22%
No, I'm not ready yet	8	44%	282	62%
Total:	**18**	**100%**	**454**	**100%**

Even more of the service users thought that they were ready to move on.

Table 51: What kind of housing do you think would work best for you?

	Reality check		Snapshot	
Where I am now	4	22%	-	-
Housing with no extra support	4	22%	119	26%
Housing with some support	6	33%	224	50%
Long-term supported housing	4	22%	29	6%
Other	0	0%	-	-
Total:	**18**	**100%**	**452**	**100%**

A significant number of service users wanted to stay in supported housing longer-term.

Table 52: What are the biggest barriers to move on?

	Reality check		Snapshot	
Lack of affordable housing	4	22%	71	42%
Landlords won't accept me	1	6%	32	19%
I need housing in a specific area	4	22%	58	35%
I need housing with care or support	5	28%	52	31%
Other	10	56%	105	63%
Total:	**24**		**318**	
Average number of reasons:	**1**		**1**	

Table 53: What would happen if this service wasn't available to you?

	Reality check		Snapshot	
I'd be rough sleeping	11	61%	167	38%
I'd find temporary accommodation without support	1	6%	143	33%
I'd go into prison, hospital, or care	2	11%	60	14%
Other (please specify)	4	22%	66	15%
Total:	**18**	**100%**	**436**	**100%**

A far higher number would anticipate ending up rough sleeping. Two of the service users also mentioned that they would contemplate suicide.

Service user perspectives

Activities undertaken

Three services were visited during October 2024 to gain the vital views, experiences, and expertise of 10 individuals currently on the periphery of the homelessness pathway in the region (although they may have used any element of Hull's homelessness pathway previously). Participants ranged from their early 20s to their 60s, and were 70% male and 30% female. The services visited were:

- **Changing Futures:** A rough sleeper/complex needs multi-disciplinary team (MDT) hub.
- **Lighthouse Project:** A female-only support service/day centre.
- **RENEW Service by Change, Grow, Live:** One of the city's community recovery and treatment projects that deliver weekly housing drop-in clinics to those not accommodated.

These services were selected to provide a wide and varied perspective of the system and associated blockages, barriers to entry or areas for development that could be shaped by lived experience.

Key learning and recommendations

In a one-to-one consultation with each of the ten individuals, it was discovered that:

- 40% were rough sleeping.
- 20% were accommodated by Hull City Council.
- 10% were placed in temporary accommodation (B&B or hotel).
- 10% were placed in supported accommodation.
- 10% were sofa surfing (hidden/sofa surfing with family) at the time of interview.
- 10% were settled living with family.

Crucially, 100% of those interviewed had experienced homelessness within the city and had experience of the pathway into some form of accommodation. A full qualitative report can be viewed as an accompaniment to this report.

Several key themes emerged that highlight potential "blind spots" within the current homelessness pathway in Hull that should be explored in greater depth. These included:

- **Prison release and homelessness:** Several participants revealed a recurring theme of experiencing rough sleeping immediately following release from prison. They described a lack of support in securing accommodation upon release, which led to cycles of homelessness and recidivism, and some even described how they may seek to commit crimes to gain accommodation, in the form of a custodial sentence.
- **Supported accommodation and drug use:** Many participants emphasised that their experience of homelessness was intertwined with addiction and described the lack of appropriate services that could address both housing and addiction. The availability of abstinence-based housing environments was a consistent concern. Equally, providing safe, harm-reduction based accommodation options for those with ongoing addictions was also an area highlighted; particularly in relation to current supported accommodation providers being described as enabling and facilitating rough sleeping, rather than preventing and reducing evictions that result in rough sleeping in the city.
- **Gender-specific trauma-informed care:** Women stressed the importance of safe and secure housing for women, particularly survivors of domestic violence.
- **Communication and transparency:** Participants consistently reported a low level of understanding of what their housing options were, a distinct lack of information about services available, often not knowing where they stood on waiting lists or what steps they needed to take to secure accommodation. This would benefit form further exploration.
- **Insecure private rented sector housing and recurrent evictions:** Multiple participants experienced housing insecurity due to evictions from private landlords, often caused by landlords selling properties or changing terms.

- **Face-to-face services:** Some participants expressed frustration with the shift towards phone-based services, finding it impersonal and ineffective. Personal interactions were seen as crucial in accessing timely support and building trust.
- **Lack of long-term housing solutions:** Many participants felt that the services focused too much on temporary solutions without providing stable, long-term housing options.

In an ideal world, based on these user perspectives, the following would be the recommendations for action to improve the current system in Hull.

Table 54: Qualitative recommendations arising from discussions with service users

Recommendation	Opportunity
1. Post-prison housing support	Create a dedicated team within homelessness services focused on pre-release housing planning for inmates and enhance partnerships with criminal justice agencies.
2. Specialised support for individuals with addiction	Develop dedicated addiction-aware supported accommodation, in partnership with addiction services, where individuals can stay while undergoing recovery and treatment programs such as Alcoholics Anonymous, Narcotics Anonymous, Self-Management and Recovery Training (SMART), and also consider the commissioning of smaller harm-reduction units for those looking to enter the treatment and recovery pathway.
3. Gender-specific and trauma-informed housing	Establish commissioned female-only spaces and supported housing, designed with input from women who have experienced homelessness and trauma, to ensure safety and security.
4. Improved communication and transparency	In the first instance we might suggest that a task-focused working group be established (reporting to the homelessness forum) that could look at the current way that housing options and possibilities are communicated and how people are kept in touch with progress in relation to their cases. This should definitely involve both the council and housing and support providers as effective communication is clearly a shared responsibility. This should be based on a formal attempt to get wider user feedback on what is currently in place. Solutions could include the development of a centralised online portal, software system, gateway, or at a minimum regular communication schedule that keeps

Recommendation	Opportunity
	individuals updated on their housing status, while reintroducing in-person support options.
5. Tenancy support, homelessness prevention, and legal advice	Develop or further formalise additional homelessness prevention, tenancy sustainment, and legal advice services that specialise in tenancy rights and eviction prevention. Host workshops and one-on-one support for at-risk renters.
6. Reintroduce face-to-face services	Create or re-establish in-person drop-in clinics, specifically facilitated by Hull City Council; where individuals can access support, accommodation status updates, advice, and check-ins with caseworkers – ensuring no one falls through the cracks or is uninformed about their homelessness.

Projection of need

Gross need for supported housing

We have sought to project the overall need for supported housing for the next five years. Our projection of the level of future need starts with finding a measure of demand, which in this instance we take to be the level of referrals to supported housing over the last complete year (referred to as the "base year"). Demand and need are not the same thing, however. Our calculations in moving from one to the other takes into account inappropriate referrals, duplicates, applicants who withdraw or disengage, people whose need is better met in other ways, and people whose need is not recognised because they (or the agency working with them) are unaware of the options. This stage in our process produces a global total of people in need of the overall service in the base year.

We then apply an estimate of trends in future need. In this instance, we have used a combination (50/50) of ONS projections in terms of the increase in households in Hull over the next five years, and a calculation of the rate of change H-CLIC returns for the last three years. This produces a rate of increase over 5 years of 4%.

We generate a number of units required for three categories of supported housing:

- Housing for those with multiple complex needs (equivalent of Housing First).
- Longer-term supported housing.
- Generic transitional supported housing.

The first two categories are based on a snapshot percentage of the number in need of this service at any one time. The logic is that for both categories there is an average length of stay of 5 years, so over a 5 year period there is effectively a complete turnover of residents – and the percentage of the total people in need therefore stays the same. For the transitional supported housing, however, the number of units

needed by applying the average length of stay required, and finally considering an assumed level of voids required in order to allow for operational flexibility. The full calculation process is set out in Table 55.

Table 55: Calculation of gross need for supported housing

Number		Explanation
Annual number of referrals received	2,100	This is the annual number of referrals received as reported through the service provision survey
Deflator based on estimate of proportion of referrals received that were duplicate referrals during the year	0.62	This takes into account the rate of duplicate referrals based on the Housing Options snapshot
Total number of bedspaces available	1,217	This is the total number of bedspaces notified to us by the local authority at the beginning of the project
Number of bedspaces that referral information relates to	702	This is the number of bedspaces that we have referrals information for from the service provision survey
Estimated total number of individuals referred to supported housing in the year	**2,257**	Annual number multiplied by duplicate deflator multiplied by total number of bedspaces/bedspaces reporting
Proportion of referrals that did not proceed because referral was withdrawn or judged not in need of service	8%	This is as reported on the service provision survey
Proportion of referrals that are given a place but do not actually need supported housing	25%	This is calculated from the supported housing snapshot survey, based on the number of people who only moved in because they had no choice.
Possible adjustment for untapped referral sources	1	We allow in the model for a further multiplier to allow for a pattern of referrals not being made for whatever specific reason. We do not have any evidence here however to support the use of this multiplier.

Number		Explanation
Revised number of individuals requiring supported housing - reflecting true demand	**1,512**	**Number of individuals referred in year minus the proportion not needing service multiplied by adjustment factor**
Apply multiplier to reflect trends in homelessness in the locality	1.04	50% based on ONS household projections and 50% based on trends as reflected in H-CLIC returns for last three years
Estimate of projected demand by end of five years	**1,567**	**Individuals requiring supported housing multiplied by projection multiplier**
Proportion of residents in need of Housing First or similar Multiple Complex Needs (MCN) services	0.05	This is calculated from the snapshot survey, but we have adjusted it to reflect the fact that the balance of services participating might have generated a higher number than would have been the cases if all services had participated.[2] The criteria used was as follows: • A complexity score of more than 2. • A support needs score of more than 2. • A history of long-term or cyclical homelessness, or a history of non-engagement with services or treatment.
Total in need of MCN services	**78**	**Projected demand multiplied by MCN percentage**
Estimate of proportion who are long-term cases	8%	This is based on data from the snapshot survey
Total long term units needed	**125**	**Projected demand multiplied by long-term percentage**
Average length of stay for short-term cases (expressed as proportion of year)	0.75	This is based on data supplied in the snapshot survey and the subsequent calculation, in terms of the average required length of stay.

[2] A further explanation of this and an outlining of the consequences are included in a later section.

Number		Explanation
Average void level required	1.05	This reflects an assumption that good practice suggests a minimum of 5% voids at any one time
Estimate of number of short-term supported housing units at end of five years	**1,074**	**Projected demand minus number of MCN and longer-term units multiplied by average length of stay multiplied by voids rate**
Estimate of gross number of supported housing units required at end of five years	**1,277**	**All three categories added together**

Source: Allocation calculations spreadsheet

This represents a potential very small increase in supported housing units being required over the next five years of around 60 units. However, if it were possible to increase the levels of prevention activity targeted at those who move straight from settled housing to supported housing then this number could be reduced.

The above calculation is however also based on the assumption that it is possible to enable people to move on from transitional supported housing broadly at the point at which they are ready to. We calculate in a subsequent section the additional requirement for access that this might involve. It is however not possible to make a simple change to see what the impact if this were not possible would be on the number of units required. The best way if interpreting this is to say that there is broadly the right number of supported housing units in Hull, taking everything into consideration, with some scope possibly for a small increase. In a number of ways however there is a need for some changes in terms of the balance of current provision, and this is covered in the next section.

Type of supported housing needed

This gross need does not tell you anything (apart from duration) about the nature of supported housing required. We define the types of services actually required using the following dimensions:

- Duration of service.
- The need for specialist assistance.
- The overriding rationale behind the service.
- The level of assistance required.
- The type of property (shared or self-contained) that the service needs to be delivered in.

The results of the snapshot survey are used to estimate the proportions of need against each of these dimensions. For the purposes of this analysis, we use the first estimate of gross need highlighted in the previous section.

Duration of service

We distinguish between transitional and longer-term supported housing. This is for modelling purposes – in reality this need exists as a spectrum rather than a hard and fast distinction. Longer-term here is potentially different to "home for life". It is possible that someone could still move on to greater independence, but there is no in-built assumption that this is the case and little or no pressure on the individual to do so. There would however still be turnover, and we assume a standard average length of stay of five years.

In terms of what the provision would look like on the ground, it is not necessary to conceive of this as separate provision. It could just be that it is accepted that in some transitional provision some people will quite reasonably be longer-term residents. There will, however, also be cases where it is necessary to make specific provision for these clients, as sharing provision with those who come and go relatively rapidly may be detrimental to their ability to maintain the maximum degree of independence.

As mentioned, we estimate that 8% of supported housing users in Hull are thought to need longer-term supported housing. On the other hand, the Housing Options snapshot might suggest that this was an underestimate.

Specialist input

Specialism in this instance means a requirement for access to relevant expertise in order to deliver an effective service. This could refer to the level of expertise required within the staff group and/or input form external professionals as an integral part of the service package. There are a number of different ways of addressing this, including the appointment of workers with specialist skills, negotiating access to training or clinical case reviews, hosting relevant "surgeries", rapid referral mechanisms or joint working protocols. Finding ways to facilitate developments in this area will be a legitimate aim of the strategy. Again, this does not necessarily imply a separate scheme, although in some instances this could well be justified.

Specialist assistance is assumed to be needed where the highest level of need is identified in one of the following areas:

- **Mental health:** Where the individual's mental health condition is thought to be fragile and subject to rapid deterioration.
- **Substance use:** Where the individual has a long history of uncontrolled substance use and resistance to any treatment.

- **Domestic abuse:** Where the individual has experience regular domestic abuse in the "recent past" (within the last five years).

There is an estimated need for 643 units of provision with access to some kind of specialism, broken down as follows in Table 56. The need for multiple and complex needs provision can be seen to fall within this group, but the numbers suggest that the number needing specialist input into the generic provision is also very significant.

Table 56: Estimate of units by specialist provision required

Type of specialism	% needed	Estimate of number needed
Mental health	20%	213
Substance use	27%	290
Domestic abuse	12%	134

Source: Allocation calculations spreadsheet

This is a high number, reflecting the relative preponderance of these specific needs in the supported housing cohort – the recent exercise for a Staffordshire local authority in comparison had a need for specialist provision in relation to 40% as opposed to around 60% of the provision. These numbers are based on calculations that require people to be allocated to one specialism or other. Additionally, therefore, we looked at the number of people who required an equally high level of specialist input in relation to ahigh level of need in mental health and substance use at the same time. This identified 13 individuals – a much smaller number but still we would believe significant.

It should be remembered, however, that this requirement for specialist input would usually simply be a question of ensuring that support staff have appropriate training and rapid access to professional advice as needed, although in some cases this would probably involve designated provision as well, e.g., dedicated abstinence provision for people with a history of substance use.

Service rationales

This is in some ways the most original aspect of the proposed service classification system – it is an attempt to describe and distinguish services based on the high-level objectives which are the prime focus for the service and are then linked to the shape of the support model provided. We have identified three broad "rationales" for supported housing projects, which for shorthand purposes we refer to as "protective environment", "monitoring health and wellbeing", and "skills acquisition". An explanation of what these terms mean, and what the indicators drawn from the snapshot survey are, is set out in Table 57.

Table 57: Rationale classification

Rationale:	**Protective environment**
Description:	Supported housing where the primary rationale behind the service is to provide residents with a safe and secure environment that protects them while they adjust to the appropriate level of independent living after a period of institutional care or the experience of some form of trauma.
Indicators:	Service users for whom the original reason as to why they moved into supported housing and continues to apply was either that they had recently moved from a high-care or institutional setting and needed some time in a protected environment prior to living independently, or because they were considered vulnerable to exploitation/abuse, and they needed the protection of a safe and secure environment.
Rationale:	**Monitoring health and wellbeing**
Description:	Supported housing where the primary rationale behind the service is to be able to monitor people's health or wellbeing on a day-to-day basis, as a result of concerns about the fragility of either – through regular supervision, contact, or promotion of mutual support, and where the direct support provided is more likely to be responsive than planned.
Indicators:	Service users for whom the original reason as to why they moved into supported housing and continues to apply was either that their health or general state of being was such that they needed close supervision/monitoring, or that they would benefit from the support of other people living in supported housing, and they did not meet the criteria for a protective environment.
Rationale:	**Skills acquisition**
Description:	Supported housing where the primary rationale behind the service is to provide people with direct assistance to acquire the skills and confidence needed to manage with their maximum degree of independence, and where the sheer number of areas that the assistance is required make it most effective to do this in a designated housing setting, but where there is no particular need to monitor health and wellbeing on a day to day basis or provide a highly safe and secure environment.
Indicators:	Service users for whom the original reason as to why they moved into supported housing and continues to apply was that they felt that they lacked the skills or the confidence to live independently at the time, and they did not meet the criteria for a protective environment or monitoring health and wellbeing.

The results for Hull are set out below in Table 58.

Table 58: Rationale required

	% needed	Estimate of number needed
Providing a protective environment	51%	548
Monitoring health and wellbeing	22%	236
Facilitating skills acquisition	19%	204

Source: Allocation calculations spreadsheet

Level of support

Within this model, the level of support required is determined by the number of areas of assistance required at the same time. This generates the support needs score, and this is then interpreted as follows in Table 59.

Table 59: Support need score calculation

	Support needs score
High	More than 4.5
Medium	Over 2 and Less than 5
Low	Under 2.5

The results in Hull are set out in Table 60.

Table 60: Level of support required

	% needed	Estimate of number needed
High	61%	654
Medium	28%	298
Low	11%	122

Source: Allocation calculations spreadsheet

Property type

For some supported housing service users, a shared environment is considered detrimental. This is either because of their own vulnerability or the risk that they pose to other service users they might be sharing with. We have therefore used the questions on these areas to identify those individuals where self-contained (and preferably dispersed) accommodation is an imperative. Other service users may well prefer self-contained accommodation, but for the purposes of this exercise we feel that this is not a clear imperative. We have therefore distinguished between those needing self-contained and those who may be able to live in shared or self-contained. The results were as follows.

Table 61: Property type required

Type of property required	% needed	Estimate of number needed
Self-contained only	27%	290
Shared or self-contained	73%	784

Source: Allocation calculations spreadsheet

Service types

We have developed an approach to summarising the overall types of services required using this analysis. This focuses on three factors – the rationale, the level of support required, and the need for specialist input. We take the following steps:

- In terms of "rationale", we have combined the "protective environment" and "monitoring" categories.
- In terms of "level of assistance" required, we have divided this between "high" and "medium/low".
- In terms of "specialist input", we have just noted the total number required, rather than separately identify the type of specialist input as such.

This is summarised in Table 62.

Table 62: Allocation by service type

Type of service		% needed	Estimate of number needed	% needing specialist input	Estimate of number needed
Protective environment	High support	53%	569	69%	393
	Medium/low support	27%	290	43%	125
Skills acquisition	High support	10%	107	61%	65
	Medium/low support	9%	97	53%	51

Source: Allocation calculations spreadsheet

Gap analysis

A comparison between the needs identified and service provided would lead to the following conclusions:

- There would appear to be more longer-term accommodation than our analysis would suggest was required, even considering the views of Housing Options case workers or the service users themselves.
- It is difficult to compare the level of specialist input into current provision to the high levels of need identified. Providers generally claim to have the specialist expertise, but this needs to be ratified with further follow-up. Consultation with

service users would indicate that more specialist assistance in relation to substance use is probably required.
- Usage by women is generally higher than in other need assessments undertaken, but there is still a lack of safe and secure designated provision for women – particularly in the light of the high levels of users with a recent history of domestic abuse.
- In terms of the different "rationales" for supported housing, the current distribution would appear to be broadly in line with the identified need.
- The number of self-contained units would appear to be more than sufficient to ensure that those who need this type of property should be able to access it.
- The biggest gap however would appear to be the level of support currently offered within the supported housing provision as a whole. Much higher levels of support are required.

Other services needed

Access to accommodation and floating or resettlement support

We have also calculated the need for additional access to settled accommodation and floating/resettlement support on an annual basis in order to allow supported housing to work to maximum effect.

Table 63: Access required to settled accommodation as move-on

Number		Calculation
Predicted move out rate across bedspaces	**1,395**	**Auto-calculated based on assumption that the move-out rate for supported housing follows a perfectly normal distribution**
Allowance for number where no arranged move-ons were needed	0.15	This is the % identified in the snapshot survey as the proportion being likely to find their own accommodation with all the support they needed if they had to leave supported housing
Allowance for break down rate	0.20	This is the % evicted/abandoned as declared in the service provision survey, divided by 2 – on an assumption that it should be possible to make this improvement
Proportion needing mainstream accommodation as next step	0.76	This is based on data from the snapshot survey, of % needing mainstream accommodation as a next step
Current re-housing level	448	This is the number moving into settled housing based on what was drawn from service provision survey

Number		Calculation
Estimate of need for access to mainstream accommodation (ongoing)	**725**	**Auto-calculated**
Estimate of additional need for access to mainstream accommodation (ongoing)	**277**	**Auto-calculated**

It should not be assumed that this demand will all be met through access to social housing tenancies. It could include increased access to private sector tenancies and an increase in facilitated reconciliations with families. We have used providers' account of where people moved to estimate the balance between these three possible sources of move-on accommodation. This would result in the need for additional access to the different forms of move-on accommodation (on an annual basis) as shown below in Tables

Table 64: Additional access required

Area	No.
Social housing tenancies	147
Private housing tenancies	42
Family reconciliations	89
Total:	**278**

Table 65: Additional access to floating support

Number		Notes
Allowance for number where floating support, resettlement, or a form of supported tenancy is required as part of move-out of supported housing	0.5	This is based on data from the snapshot survey, of % needing mainstream accommodation with support
Average length of floating support package (in years)	0.25	
Current new floating support case rate at any one time	15	This is based on data supplied by floating support service providers
Estimate of additional need for access to floating/resettlement support (ongoing)	**104**	**Number moving on multiplied by % needing floating support multiplied by average length of service minus existing floating support volume**

This is the estimate of the additional number needed at any one time in order to facilitate resettlement. Part of this number could come from within the supported housing providers themselves – but this will probably require additional funding and some assistance potentially to secure it.

The calculation of the need for supported housing assumes that there are genuine alternatives for people who at the moment are being referred to supported housing, even though in reality they do not need this type of service. Based on the snapshot survey which indicated that maybe 64% of these people needed assistance with some issues, we estimate that perhaps a further 374 people might need some assistance to find the appropriate housing option. Some of that number will need access to additional time-limited floating support as well. We estimated what number this might be by looking at the proportion of Housing Options cases (with additional support needs) that ideally needed access to independent housing with additional support. This was 30%, and if the support is provided for an average of three months, this would mean that the demand for this type of floating support could be 28 cases at any one time.

Value for money from supported housing

Cost consequences of supported housing not being available

This section of the report goes on to consider what the costs would be to the system if supported housing was no longer commissioned or available. The snapshot survey looks to establish the needs and circumstances of a typical cross-section of supported housing users. This gives the opportunity to identify the likely cost consequences if the supported housing was not available for this specific set of individuals and compare this to the costs of it being available. This is based on establishing a counter-factual as to their likely living circumstances if the supported housing option was withdrawn. The snapshot survey supplies evidence for establishing the necessary counter-factual. There are two questions that feed into this – where people were immediately before their move into supported housing (and by implication where they might have stayed if they had not been able to move into supported housing), and what the staff thought might happen to people if the supported housing was withdrawn now. A combination of the two gives the opportunity to establish the counter-factual for each individual.

In an ideal world, the cost benefit would be the difference between the costs of the supported housing placement and the alternative scenario for the whole snapshot survey cohort (grossed up for the bedspaces missing from the snapshot). This could be expressed as a per user per week figure. If the snapshot is taken as typical, then this figure could be taken as typical for each week of a year – and thereby you can generate an annual calculation of the cost benefit of the current configuration of supported housing.

Table 66: If a supported housing place was not available, what do you think would happen to the person instead?

	Response	
They would probably need to be placed in a registered care or nursing home	18	4%
They would probably end up in a psychiatric care facility	23	5%
They would probably find other accommodation that gives them any support that they require	66	15%
They would probably find other accommodation but not the support that they needed to sustain it	143	33%
They would probably sleep rough (including very short-term sofa-surfing, squatting, living in a temporary structure, etc.)	167	38%
They would be at risk of prison, given the conditions of a current license or court order	19	4%
Total:	**874**	**100%**

Source: Supported housing snapshot survey

We then use the answer to the question about where the person was living before they moved into the supported housing to interpret these results as explained in Table 67.

Table 67: Counter-factual scenario allocation

Alternative situation	Counter factual scenario to be used
They would probably find other accommodation that gives them any support that they require.	Assume that they do find accommodation with no cost consequences.
They would be at risk of prison, given the conditions of a current license or court order.	Assume that they would be recalled to custody.
They would probably end up in a psychiatric care facility.	Assume that they would be detained (on either compulsory or voluntary basis).
They would probably need to be placed in a registered care or nursing home.	Assume they move into registered care – the type of registered care depending on the existence of need – treated in a hierarchical way. Learning disability if this is mentioned as a relevant need, then mental health if this is mentioned as a relevant need, physical support needs if this is mentioned, and older people if they are over 65.

Alternative situation	Counter factual scenario to be used
They would probably experience sleeping rough (including very short-term sofa-surfing, squatting, living in a temporary structure, etc.).	• Assume that if they had been in local authority temporary accommodation that this is where they would be. • Assume that if they had been in psychiatric hospital then this is where they would return. • Assume that if they had been in prison this might lead to recall. - The latter two could depend on the answer to the question on offending or mental health history. • Assume that they would return to post-18 foster care if this is where they came from, or a refuge is there is where they came from. • Otherwise, assume rough sleeping and being dependent on rough sleeper services.
They would probably find other accommodation but not the support that they needed to sustain it.	• Assume that if they had been in local authority temporary accommodation that this is where they would be. • Assume that if they had been in psychiatric hospital then this is where they would return. • Assume that if they had been in prison this might lead to recall. - The latter two could depend on the answer to the question on offending or mental health history. • Assume that they would return to post-18 foster care if this is where they came from, or a refuge if this is where they came from. • Otherwise, assume that as a consequence of closing commissioned supported housing then they would move into private non-commissioned supported housing.

There are a number of costs in the counter-factual that would accrue to both the local authority and to other agencies – notably health and the criminal justice sector. The cost of the counterfactual thus established is calculated as follows in Table 68.

Table 68: Counter-factual scenario calculation

Counter factual	Calculation
Prison	Current published figure on cost of prison place for Ministry of Justice estimates.
Psychiatric hospital	Current published figure on cost of hospital placement from PSSRU publication.
Post-18 foster care placement	Based on published figure of cost of foster care placement for 17 year olds.
Local authority-funded temporary accommodation	Based on weekly snapshot cost of temporary accommodation as supplied by another local authority.
Rough sleeping	Based on additional service usage identified in "At What Costs" research, uplifted for years since research undertaken.
Living in accommodation without support	Based on the cost of additional service usage as calculated by the Benefits Realisation Research from 2008-9 under the old Supporting People programme and uplifted by CPI.
Registered care	Based on total cost of 18-64 residential care.
Refuge	Based on published figure included in Women's Aid research.

All of this allows us to estimate the weekly cost of the counter-factual scenario if the supported housing was not available, as displayed in Table 69.

Table 69: Weekly cost of alternative scenario

Alternative scenario	Weekly cost
Prison	£896
Psychiatric care	£765
Local authority temporary accommodation	£141
Post -18 foster care	£526
Refuge	£606
Registered care home: mental health	£1,385
Registered care home: physical/sensory disability	£1,385
Rough sleeping	£241
Accommodation with no support	£156

Results

For 66 individuals we have assumed that they would find alternative accommodation in the counter-factual and that their support needs would be met without any additional cost consequences. For the other individuals, the assumed counter-factual arrangements would be as detailed in Table 70.

Table 70: Assumed counter-factual arrangements

Suggested counter-factual	Number allocated from snapshot survey	Number of service users – grossed up to take account of non-returns
Prison	23	52
Psychiatric care	33	74
Local authority temporary accommodation	241	541
Post-18 foster care	2	4
Refuge	0	0
Registered care home	18	40
Rough sleeping	26	58

We then assume that the distribution is the same across the cohort that we did not receive a snapshot survey for, i.e., that the surveys received were typical of the whole supported housing population. The non-commissioned supported housing assumes that 50% of the units attract full subsidy and 50% attract no subsidy. Putting these two figures together, the estimated weekly costs of the various counter-factual are displayed in Table 71.

Table 71: Weekly costs of various counter-factual

Suggested counter-factual	Weekly cost total
Prison	£104,809
Psychiatric care	£127,849
Local authority temporary accommodation	£171,571
Post-18 foster care	£5,316
Refuge	£0
Registered care home	£125,966
Rough sleeping	£31,661
Accommodation without necessary support	£22,035
Total:	**£589,207**

The total weekly costs of the counter-factual on this basis are calculated as £589,207. In order to carry out a full cost benefit assessment, it would be necessary to compare this to the cost of the commissioned supported housing plus the costs of lost subsidy from Housing Benefit payments made to non-registered providers.

This demonstrates the significant role that supported housing plays, and the value it achieves. Failure to provide supported accommodation would have significant cost implications across the whole system, and lead to poorer customer outcomes.

Conclusions and implications for future strategy

The case for supported housing would appear to be well-made. If supported housing was not available, we have estimated that the counter-factual scenarios of where the people then end up would suggest a weekly cost in terms of alternative service provision of nearly £600K. This is considerably more than the current cost of provision – taking into account the support grant levels and the lost subsidy through the Housing Benefit re-funding regime operated by central government.

Additional to this financial value, the other factor which the needs assessment highlights is the central role that supported housing plays within a network of different agency concerns. A majority of supported housing service users experience significant health issues, with 71% having a disability or long-term health condition. On average there are more than three other services that are involved in the delivery of care, support, and supervision to each individual. Supported housing can be said to sit at the nexus of a wide range of statutory services and plays an important role in supporting the work of these agencies. Seeking greater acknowledgement of this and working to improve these key partnerships is a key objective for the strategy. Part of this should be a recognition of the extent to which what might be described as "generic" provision does actually house people who otherwise might be housed in specialist provision, e.g., 40% of people housed have a recent history of domestic abuse, and nearer to 50% have a diagnosed mental illness. These facts need to be communicated to partners, particularly in health and social care.

At the moment the number of referrals successfully securing a place in the year in question is lower than 50%, although this is not only due to a shortage of places, but this would also in itself be an indicator that there is not sufficient supported housing. Additionally, our research found that only 64% of referrals accepted in a year had actually been allocated a place within the year.

According to our calculations, there would appear to be scope for an increase in supported housing of around 40 units in the next five years. This therefore means that the total number of units currently is broadly correct. This takes into account the fact on the one hand that only about half of referrals lead to a placement, while on the other hand that possibly a quarter of service users did not need a supported housing service in the first place. The figure above also assumes that people are able to move out broadly at the point that they are ready to do so, and this therefore requires resolving difficulties with finding move-on accommodation at the appropriate time. Facilitating these developments should also be a key part of the strategy.

One particular characteristic of the current supported housing population is the relatively high proportion of users that come straight from a settled housing address

into the supported housing – 14% had been in some form of tenancy and a further 11% had been at home with parents or other family members on a long-term basis. This would suggest the potential for improving prevention to reduce supported housing demand, but it is recognised that this is a relatively sparse amount of evidence to base this assumption on, and investigating this potential was not part of this project. We would suggest that a number of working groups be established as part of the future development of the strategy. One such group could examine the evidence that there is a significant cohort of people using supported housing that could have been prevented from experiencing homelessness upstream. As part of this we would be willing to contribute an in-depth analysis of this specific group identified through the snapshot to see if this helps illuminate how prevention activities could be refined to hit the target assumption contained in the needs assessment.

A major consideration here however is the number of people receiving supported housing who are really only there because they had no other realistic choice. This is not a good use of the resource. Ensuring that provision is more effectively matched to need is therefore a key task for the supported housing strategy supported by the new powers given to local authorities under the 2023 legislation. It would therefore be sensible to introduce a single point of access for referrals to all supported housing in the city – whether the services are directly commissioned or not. It is acknowledged that this cannot be enforced within current legislation, but the strategy would focus on finding ways to incentivise providers to participate in such an arrangement. On the other hand, benefit regulations and the proposed new licencing regime require that the claimant has a clear demonstrable need for support in order to be covered by the exempt regulations, and this may mean that a single referral route attached to a standard assessment process is an obvious way that this requirement can be met. This would allow for greater targeting and more effective use of the available provision. It could also be supported by a memorandum of understanding among all agencies that potentially make use of supported housing – committed to support this as the only route in, although the current high number of self-referrals undoubtedly makes this more difficult to enforce.

Such a system would also make it easier to address one of the primary issues raised by service users consulted through this project – and that was around the lack of understanding of what options are available and what the choices might be. The capacity to make an informed choice is a major contributing factor to success in helping service users achieve greater independence. Finding ways to improve the communication of housing options is another area where some joint work between the council and other providers, through some form of working group and/or reporting to the homelessness forum. The pressure to use supported housing as the default option

in some cases would be reduced if there were more temporary options available as well as increased access to mainstream accommodation.

The development of a single referral gateway would need to be considered as part of the negotiation of a new relationship with non-commissioned supported housing provision (building on the work already undertaken through the SHIP programme). We would suggest that this should be conceived of as some form of service level agreement that committed both parties to work together for mutual benefit. Greater control of referrals and assurance over standards could be linked with proactive offers to provide support and enable providers to deliver a more effective and indeed cost-effective service. From the council's side this could include a training programme, focusing on improving support techniques and guidance on how to deal with the specific needs of particular groups. There is also potentially scope to facilitate more shared learning between providers through such mechanisms as difficult case reviews – what can be learned from things not working out. We make some additional suggestions below as to what some of these offers might be. Part of the introduction of a service level agreement-approach should involve an attempt to reach agreement with individual providers around how their provision fits within the priorities identified within this needs assessment. The proposed licencing regime would undoubtedly add weight to this process, as providers would be required to demonstrate the need for the provision and be much clearer about their objectives and how they were going to meet them.

Despite what has already been said about a significant number of service users never having needed supported housing, the snapshot survey overall reveals a population that on almost all measures demonstrates higher levels of need than other populations we have surveyed. There is a place for lower-support services, and subsequently we make a suggestion as to one of the ways that providers offering relatively low levels of support could contribute to the overall strategy. Nevertheless, the clear patterns among current users of supported housing is to demonstrate high levels of need of assistance at the snapshot date (not just when they entered the service), we have suggested that over 60% have currently high support needs. Most current provision (outside of that commissioned) we would say provides low to medium support, so this is the major gap. The needs assessment also demonstrated a need for substance use provision focused on abstinence, and some high-support dual diagnosis provision.

In one respect the current provision is well-placed to meet the need. There are high numbers of people described as significantly vulnerable to exploitation and abuse. This is also allied to the fact that the main reason as to why they needed to move in to supported housing in the first place was the need for a protective environment. This

would suggest a need for self-contained supported housing – and Hull has a substantial number of self-contained units being used for supported housing already. It is also possible that some of this stock could potentially help with the identified need for multiple and complex needs provision. Otherwise, however, it is the number of staff hours dedicated to support which appears to be mismatched with the level of needs demonstrated. Innovative strategies are needed to assist providers maximise resources so that they can rise to this challenge. This could include advice and assistance on how to develop fund-raising strategies, and the facilitation of greater sharing between providers (both in terms of costs and practice), which could form part of the assistance to providers mentioned earlier in the context of SLAs.

We have also identified a particular need for specialist input into services – nearly 60% of service users in the snapshot survey were felt to need this – with expertise in relation to substance use being the most significant. This need can be met in a number of ways, from rapid access to professional assistance when required to the upskilling of the provider's own support workers. This will be something which the strategy also needs to address.

More generally, effective partnership with other agencies could be key to addressing the needs of those in supported housing, within the revenue constraints under which it operates. Mental health and substance use services are clearly the most significant, and the support staff felt that between 60 – 70% were accessing services, but in relation to mental health, there were a minority of people not able to access the services they needed even though they were prepared to engage, and this does need attention. One feature of the supported housing sector in Hull is that it does provide a higher proportion of bedspaces to women, but the demand is potentially even greater as demonstrated by the Housing Options snapshot. There is also generally a lack of safe spaces for women within the supported housing stock, particularly considering the high levels of experience of domestic abuse.

As is routinely the case, finding the next step from supported housing is a very significant problem. The snapshot found that 37% of people were, in the judgement of the support workers, ready to move out of their supported housing, and in nearly 60% of these cases this was proving difficult to facilitate for one reason or another. While the affordability of the available accommodation was a significant issue, it is notable that the most significant reason appeared actually to be the level of engagement with the process by the resident themselves. It is also true that one of the most striking facts that we uncovered in this project is the incredibly high number of supported housing placements that result in eviction or abandonment – 40% of departures reported to us were for these reasons. This is a very high figure and an issue that needs to be addressed. If it is not already in place, then some form of eviction protocol,

where the provider commits to contacting a multi-agency panel co-ordinated by the relevant officers within the council, before considering eviction and an alternative plan being discussed could be part of the solution. There is probably also scope for initiatives in relation to building provider confidence in dealing with those users who are difficult to engage, and some form of mutual support through closer communication between providers may be a part of that solution. There clearly is an issue as well in relation to adapted accommodation, needed on moving out from supported housing – as in cases the shortage of adapted accommodation was identified as a reason for difficulty finding appropriate accommodation to move to.

A more radical option that could be considered for commissioned contracts, when they come up for renewal is to contract for the provision of support across the service user journey – so providers would be expected to consider the best option for people at the point of referral and potentially support them into independent housing rather than automatically placing them in supported housing. They could also retain responsibility after they have moved out, and indeed even after the specific supported housing placement might have broken down. This in many ways would be similar to the way that Housing First operates – where people are supported prior to and between tenancies. This could involve the same organisation providing the support in and out of supported housing or could involve a lead provider having sub-contracting arrangements with specialist supported housing providers.

It is important to recognise that the next step for service users will be varied, and for some people this will involve needing to move to another care or support setting. In the snapshot survey, however, in 76% of cases the next step needed was deemed to be independent settled housing. The scale of the demand for move-on accommodation is very challenging. Taking this into account, the need to be able to provide an alternative to those people who do not need supported housing at all and the need for move-on accommodation, we estimate that by the end of five years there will be a need to find approximately 277 extra units of settled accommodation each year (this includes the potential to reconcile people with their families and access to private sector tenancies). It also assumes a significant reduction in supported housing placements ending negatively - down from 40% to 20%. Finding ways to meet this challenge has to be a key target for the strategy.

The proportion needing longer (average of five years) in supported housing is we estimate relatively low at 8%, but some of the projected need for multiple and complex needs provision would also count as a longer-term service. It is very notable however that 50% of service users would in the judgement of staff require some ongoing support alongside settled housing when they move out. This could be interpreted as a need for resettlement floating support, and we have estimated this at a level of an

additional 104 units per year (assuming an average length of support package of three months). However, the exact form which this support takes could vary – and to some extent could involve low-level support being attached to longer-term tenancies - what we might call “supported tenancies”, to distinguish them from supported housing itself. This potentially could be one of the things that features in the discussions with current non-commissioned providers, as this may be a need that is appropriate for them to meet. There might be a number of ways in which this supported move-on provision might additionally be allowed for, and this could include “keyring” like schemes, or responsible tenant schemes in private sector shared housing. This demand for access to additional next step accommodation should not be interpreted solely as a demand on social housing provision.

About Homeless Link

Homeless Link is the national membership charity for organisations working with people experiencing or at risk of homelessness In England. We aim to develop, inspire, support, and sustain a movement of organisations working together to achieve positive futures for people who are homeless or vulnerably housed.

Representing over 900 organisations across England, we are in a unique position to see both the scale and nature of the tragedy of homelessness. We see the data gaps; the national policy barriers; the constraints of both funding and expertise; the system blocks and attitudinal obstacles. But crucially, we also see – and are instrumental in developing – the positive practice and 'what works' solutions.

As an organisation we believe that things can and should be better: not because we are naïve or cut off from reality, but because we have seen and experienced radical positive change in the way systems and services are delivered – and that gives us hope for a different future.

We support our members through research, guidance, and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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Let's End Homelessness Together

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