



# Further Report on Supported Housing Needs Assessment

Report for Hull City Council

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## Objectives of the Study

This report summarises the additional work completed for Hull City Council as part of the Supported Housing Pilot, using data generated by the Snapshot Support Needs Survey of supported housing residents in Hull – undertaken on the 19<sup>th</sup> of July 2021. As such, it is complementary to the previously published analysis, yet this report alters some of the previous assumptions made on how to interpret the data. As a result, some of the conclusions provided in the original report are additionally altered, which is summarised under ‘Consequences of Further Analysis’.

The objectives behind the further analysis:

- To provide a better understanding of the subset within the current supported housing population that have ‘complex needs’, particularly in relation to their potential health and social care needs.
- To consider the implications of this analysis for the need for particular service interventions for this group, and in particular the demand for Housing First interventions.
- To consider the impact on the needs profile and the need for interventions of the balance of the current user population.

## Methodology

The following steps were undertaken:

### 1. Review of Definitions

Review the definitions of ‘Complex Needs’ and ‘Need for Housing First Intervention’.

### 2. Identification of Complex Needs Group

Using the revised definitions to identify the ‘Complex Needs Group’ cohort within the overall Snapshot Survey data. Establish what the data says about the support needs and case history of this group, including comparing and contrasting this to the wider support needs group.

### 3. Linking of Data

Linking the results of the Snapshot Survey to other models to assess the size of the Housing First scheme needed. This involves consideration as to how the two different models – Homelessness Flows and Sizing the Housing First Cohort and Caseload – fit together.

#### 4. Review

Review and expand on the previously provided conclusions in terms of future supported housing need.

## Definition of Complex Needs and Rationale

'Complex Needs' is a term used across numerous sectors, and often has different definitions, leading to frequently encompassing a degree of imprecision and ambiguity. The National Institute of Clinical Evidence (NICE) defines adults with complex needs as "people needing a higher level of support with many aspects of their daily life and relying on a range of health and social care services". This may be due to illness, disability, broader life circumstances, or a combination of these.

In 2007, the All Party Parliamentary Group (APPG) described a person with complex needs as "someone with two or more needs affecting their physical, mental, social, or financial wellbeing". Such needs typically interact with and exacerbate one another, leading to individuals experiencing several problems simultaneously. Individuals with complex needs are often at, or vulnerable to, reaching crisis point and experience barriers to accessing services – usually requiring support from two or more services or agencies.

Complex needs are relevant to the provision of housing support services in response to homelessness for the following reasons:

- It is potentially more difficult to identify and provide assistance in relation to peoples support needs as the interaction of the different conditions they face hinders finding solutions to their specific needs.
- More agencies to liaise or coordinate interventions with.
- More potential for failure to secure the individuals engagement and cooperation without intensive and persistent efforts.

This results in the presence of complex needs inevitably hindering effective response to peoples support needs. Having considered these implications, this is reflected in the way that need for support is scored within the model. In the original report, the need for support is based upon the number of areas of someone's life where a need for assistance is established – this is continuously reflected as the 'Support Needs Score'. In this new analysis, a 'Complex Needs Score' is also calculated. To reflect that 'complexity' makes it more difficult to respond to identified support needs, a 'Support Intensity Score' is generated by multiplying the 'Support Needs Score' by the 'Complex Needs Score'.

In housing and homelessness sectors, 'complex needs' is usually defined as a coterminous need in relation to several of the following areas:

- Offending behaviour
- Ill mental health
- Substance misuse
- History of homelessness
- Ill physical health
- Experience of domestic abuse

In this context, 'history of homelessness' is presumed to apply to all residents living in supported housing for the homeless. Therefore, the criteria is specified to having at least two aspects of the conventional list of 'need areas' – i.e., offending behaviour, ill mental health, substance misuse, or ill physical health.

After due consideration, 'experience of domestic abuse' has been excluded. This is in no sense intended to minimise the significance of an experience of domestic abuse for the service provided in housing support services, and the prevalence of this issue amongst the client base is one of the clearest and most important conclusion from the overall Snapshot Survey. This requires a specialist understanding and response from support staff, but it does not contribute to the same additional case complexity that increases the input required as the other factors. More pragmatically however, the design of the Snapshot Survey did not allow respondents to choose from a range of answers reflecting a graduation in terms of severity of individual circumstances that can result in higher or lower levels of 'complexity' – in future surveys, this option will be included in the case history questions. Therefore, while the result of this factor is included in the definition of complex needs, for the rest of the analysis it is excluded from the definition of complex needs.

Normally any quantification of the scale of the complex needs population cannot be refined more than, for example, the presence of mental health issues as a criterion for identifying complex needs. The Snapshot Survey allowed for a more nuanced approach – identifying the degree of severity of the experience, and the extent to which it was managed. Therefore, for this exercise, the criteria for identifying an individual as having complex needs should contain two of the following:

- History of repeat offending
- History of attempts to manage substance use that breaks down periodically, or a history of uncontrolled substance use and resistance to treatment
- A physical health condition that is fragile and subject to sudden deterioration or change
- A mental health condition that is fragile and subject to sudden deterioration or change

This means that the threshold for meeting the complex needs criteria is inevitably higher than in broader-based categorisations.

## Number of People with Complex Needs Living in Supported Housing

1. Using the above definition, this produces a result of 115 residents out of the 727 surveyed who would be categorised as having complex needs, or 16% of the total.
2. 72% of these 115 people identified met two of the criteria, 21% met three, and 7% met all four of the criteria.
  - a. In meeting all four of the criteria, this group represents 8 people.
3. If the definition was extended to include the experience of domestic abuse, the number of residents with complex needs would rise to 179, or 25% of the total.
4. No noticeable difference between the commissioned and non-commissioned services, with 17% of residents identified to have complex needs within commissioned bedspaces.
  - a. There are, however, differences in terms of profile.
  - b. All relevant commissioned bedspaces completed the survey, but less than half of non-commissioned bedspaces did not.
5. The total number of people with complex needs in supported housing, even on this stricter definition, could be nearer to 180.

## Profile of Complex Needs Group

### Support Needs and Support Intensity Scores

The Support Needs Score is determined from the need for assistance in relation to the following:

- Financial management
- Community engagement
- Personal and family relationships
- Personal capacity
- Managing health
- Achieving housing goals

Respondents were asked to choose an answer on each domain as to whether:

- Assistance was not needed
- Assistance was needed to an extent
  - This was scored as 0.5
- Assistance was needed significantly
  - This was scored as 1

A choice of either option in relation to 'achieving housing goals' was scored as 0.5, to reflect that assistance in this area is fundamental to all housing support services and is therefore assumed for this cohort.

This generated a total 'Support Needs Score' for each individual, and these were banded in the following:

Low Support Needs	Score of 0 – 1.5
Medium Support Needs	Score of 2 – 3
High Support Needs	Score of 3.5 or above

The result for the complex needs:

Level	Complex Needs Group	Non-Complex Needs Group
Low	13%	37%
Medium	38%	43%
High	49%	20%

While meeting the criteria for complexity does make it more likely that support needs will be high, some people without complexity have high support needs and some people with complexity have low support needs. Nevertheless, the difference in pattern is clear from these results.

A Support Intensity Score was also produced, which was based on multiplying the Support Needs Score by the Complex Needs Score. These were then categorised into 4 bands, including a new category of 'very high'. The bands were defined as follows:

Low Support Intensity	Score of 0 – 1.5
Medium Support Intensity	Score of 2 – 3
High Support Intensity	Score of 3.5 – 9.5
Very High Support Intensity	Score of 10 or above

By definition, the score for those with complex needs will tend to be higher. Therefore, the results of all 723 clients are represented as a whole.

Band	Number of Clients	% of Total
Low Support Intensity	233	32%
Medium Support Intensity	272	38%
High Support Intensity	187	26%
Very High Support Intensity	31	4%

Although the proportion of people in commissioned services with complex needs is not higher than non-commissioned services, the average intensity score for commissioned services is higher – 3.65 as opposed to 2.84 for non-commissioned services.



## Health and Social Care Needs

The Snapshot Survey did not specifically ask about people's interaction with the social care system. In future surveys a question on this will be included. In the short-term, the existence of disability or other long-term health conditions can be used a proxy indicator of a need for both health and social care interventions.

1. A total of 82% of the complex needs group had at least one disability or long-term health condition.
  - a. This is compared to 63% of the non-complex needs group.
2. The most common conditions:
  - a. 69% had a mental health condition
  - b. 27% had a limiting long-term health condition
  - c. 15% had a learning disability
  - d. 14% had a mobility impairment
  - e. 35 people had 2 different health conditions
  - f. 11 people had 3 different health conditions
3. Only 39 of the complex needs cohort (34%) had a physical health condition that was well managed.
  - a. This compares to 66% of the non-complex needs group which had a physical health condition that was generally well managed.
4. 20 people (17%) had mental health conditions which were well managed.
  - a. This compares to 45% of the non-complex needs group which had a mental health condition which was well managed.

The existence of disabilities and long-term health conditions were cross referenced with the questions that identified the severity of their health condition. This concluded that the following proportion of those with different disabilities or conditions had fragile mental or physical health that was subject to rapid deterioration or change:

1. 97% of those with a limiting long-term health condition
2. 94% of those with a mobility impairment
3. 88% of those with a learning disability
4. 81% of those with a mental health condition

This strongly implies that a common feature for the complex needs group was that not only do they have a greater need of health and social care interventions, but they are also less likely to receive a satisfactory response to help them manage their health.

## Length of Stay

The comparison between the complex needs group and the remainder of the supported housing residents in terms of length of time in their current placement:

Length of Stay	Number of Complex Needs Group Having Completed This Stay	% of Complex Needs Group	% of Non-Complex Needs Group
Up to 6 months	29	25%	31%
6 months – 1 year	21	18%	18%
1 – 2 years	23	20%	20%
2 – 5 years	38	33%	24%
5 years +	4	4%	7%

It would appear that people with complex needs are more likely to stay a long time, but the difference is relatively marginal. For a proportion of the complex needs group it would imply that supported housing is providing an effective service.

## Case History Summaries

The different case history summaries are as follows:

### 1. Housing History:

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
Previous experience of living independently	22%	45%
Previous experience of living independently and of tenancy breakdown	46%	35%
No experience of living independently	32%	18%

### 2. Supported Housing History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No previous experience of supported housing	34%	56%
Previous experience of living in satisfactory supported housing	24%	28%
Previous experience of being evicted from or abandoning supported housing	42%	16%

### 3. Substance Use History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No significant history of substance misuse	13%	52%
History of substance misuse, but now engaging well with services or managing substance use well	14%	24%
History of attempts to manage substance use that breaks down periodically	20%	14%
History of uncontrolled substance use and resistance to treatment	67%	5%

### 4. Offending History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No significant history of offending	17%	61%
Has a record of a limited number of serious sexual or violent offences subject to MAPPA	2%	9%
History of repeat petty offending	43%	18%
History of repeat petty and serious offending	39%	10%

## 5. Homelessness History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No recent experience of rough sleeping or 'hidden homelessness'	34%	49%
Was rough sleeping for the first time prior to starting this service	3%	6%
Had a history of rough sleeping prior to starting this service	19%	14%
Was experiencing 'hidden homelessness' prior to receiving this service	15%	23%
Has lengthy or cyclical experience of homelessness	32%	6%

## 6. Vulnerability History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No history of being particularly vulnerable	26%	50%
Some history of being vulnerable to exploitation or abuse	54%	38%
At risk of harm is not closely supervised	20%	12%

## 7. Risk History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No indication of being a risk to others	30%	62%
Some history of conflict with others that can potentially lead to violence	36%	16%
History of forms of abuse within personal relationships	13%	12%
General history of intimidation or abuse of others	21%	7%
History of consistent and/or criminal exploitation of others	9%	3%

## 8. Relationships History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No significant problem with relationships	25%	50%
No recent history of significant relationships	38%	13%
Has recently experienced bereavement or other traumatic loss of relationships	13%	8%
Has had history of violent, abusive, or conflictual relationship	33%	28%

## 9. Service Engagement History

Option	Complex Needs Cohort %	Non-Complex Needs Cohort %
No problems of engaging with services that they require	17%	49%
Some history of not accessing services due to lack of confidence	9%	15%
Occasional pattern of disengaging from or refusing to access services	41%	25%
Consistent pattern of disengaging from or refusing to access services	34%	9%

## Need for Housing First

### Definition of Target Group

A very simple set of criteria for Housing First was used. The individual had to meet this criteria:

1. Meet definition for complex needs
2. Have a long history of homelessness or disengagement from services
  - These were both indicators of a failure of existing services to break people out of their cycle of homelessness.

The order in which the need for service interventions were calculated was additionally revised.

### Results

Based on the above criteria, it is estimated approximately 53 people surveyed would benefit from a Housing First service. This is representative of 46% of the complex needs cohort. However, the proportion meeting the criteria amongst those residing in commissioned supported housing is much higher at 72%.

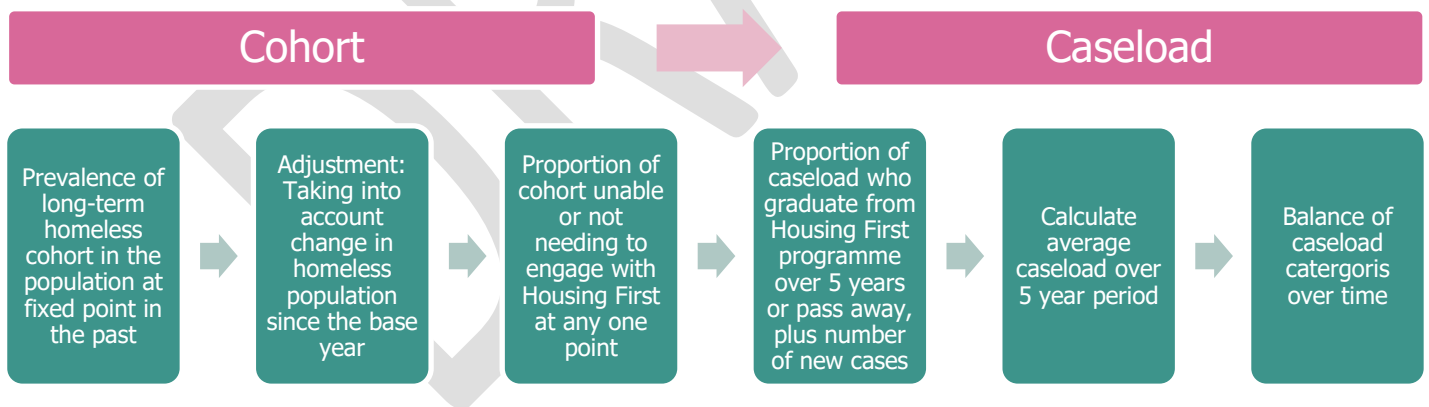
These results cannot be used as basis for estimating the full demand for Housing First. However, it does show that these people can be taken out of the calculation of the demand for short-term supported housing as such. A main conclusion to draw from these results is the illustration that not all people categorised as having complex needs would need a full long-term Housing First service.

## Housing First – Sizing the Cohort and Caseload

Housing First is by definition a long-term service intervention, targeted at those described as the ‘long-term homeless’ cohort. Effectively, this forms a core homeless population that is contained within much higher numbers of people experiencing homelessness or the risk of homelessness in any one year. While a minority of these people will respond to the opportunity provided by a guaranteed home relatively quickly, the majority will continue to need ongoing wrap-around support in the longer-term.

This means that any needs assessment should be based on prevalence within the population, rather than the incidence of becoming homeless or at the risk of homelessness which lays at the heart of the ‘Homelessness Flows Model’. It also means that it is more logical to express the result as an average caseload required over a time period (e.g., 5 years) rather than a number of units needed per year.

The ‘Sizing the Housing First Cohort and Caseload’ model methodology:



Six Steps to Housing First Caseload Estimates



A basic explanation of 'Sizing the Housing First Cohort and Caseload' model:

1. Two importantly related but distinct terms are used in this model.
  - a. The **cohort** is the total population who meet the criteria for a Housing First service at any one time – referred to as 'long-term homeless' (LTH) cohort.
  - b. The **caseload** is the proportion of the cohort at any one time that are in receipt of a Housing First service, but in practice only a proportion at any one time will be interested in – or able to respond to – the offer of a Housing First intervention.
2. The sizing of the LTH cohort was based on the work 'Implementing Housing First across England, Scotland, and Wales' (Crisis, 2018). This used, as a starting point, the work published in 2015 in the 'Hard Edges' report. This included an estimate of the core homeless population at a local authority level, and an estimate of the proportion of the core homeless population that had overlapping needs in relation to offending, substance misuse, and mental health at a national level. The resulting local authority total was then further adjusted, however:
  - a. The core homeless total was adjusted to take into account the alternative national estimate provided by the 'Homelessness Monitor' (Fitzpatrick et al., 2019), which is considered more robust.
  - b. The national trend in terms of core homelessness as recorded in the Homelessness Monitor was applied to bring the numbers up to date.
3. The results for Hull in applying this methodology:

Step	Multiplier Added	Result
Number of core homeless drawn from Hard Edges	N/A	1160
Scaled down in line with alternative national core homeless estimate	0.645	748
Adjusted for proportion with complex needs	0.127	96
Brought up to date based on national trends since 2010	1.666	159

- a. In line with the methodology used in 'Implementing Housing First across England, Scotland, and Wales', a range estimate was generated by treating the above as the 'high-end' of the range. The 'low-point' was based on an estimate of the proportion of this population that were truly long-term. To do this, a multiplier was applied to identify what proportion of this population might have been homeless for 2 or more years, based on the research completed in 'Nations Apart' (Mackie et Thomas, 2014). This figure was 30%,

which was then set as the low point of the range. The mid-point was the point between these two ends of the scale. The result for Hull was therefore:

High Point of LTH Cohort Size	Mid-Point of LTH Cohort Size	Low Point of LTH Cohort Size
159	104	48

4. By using the line of the mid-point, this would suggest that the Support Needs Snapshot Survey identified about half of this cohort. Historically, this cohort would circle around between periods of rough sleeping and hidden homeless, time in supported housing or other forms of temporary accommodation, time in prison, hospital, etc.
5. This modelling produces a credible, if conservative, result. On the other hand, it is more sensible to plan an actual review of actual individuals known to various agencies to constitute the actual LTH population in Hull.
6. There are a number of reasons as to why members of the cohort might not be able to accept the offer of Housing First, including:
  - a. They have secured their own accommodation and do not believe that they are in need of any assistance to secure alternative housing.
  - b. Their physical or mental health requires them to stay in a medical facility or an environment where their health can be closely monitored – including supported housing.
  - c. They are serving a custodial sentence.
  - d. Their current state of mind is such that they are not able or willing to consider an alternative offer or enter any form of relationship with Housing First staff.
7. Possibly around 20% of Housing First offers break down quite quickly. The individual therefore remains as part of the LTH cohort, but currently is estranged from Housing First.
  - a. It is important to remember that this is referencing the situation at any one time. Over time, the application of persistence can and will mean that individuals who are disengaged at one point can be re-engaged.
  - b. It is also important to stress that the 40% not able to respond to Housing First still are likely to need some other form of service intervention.
8. In order to quantify the proportion of the cohort that were able to respond to a Housing First offer, the results of an unpublished study into Housing First in Barnsley were used. Here a range of agencies, including Housing Options, the Street Outreach Team, the police, commissioned support providers, children services, and drug and alcohol services were contacted to provide details of all individuals that they were aware of who met the criteria of

multiple and complex needs. The criteria were people who were homeless or precariously housed, and had at least two of the following:

- a. Unresolved or unmet mental health needs
  - b. Unresolved or unmet alcohol or substance use
  - c. A history of offending
  - d. A history of domestic abuse
  - e. Have ineffective contact with services
  - f. Living chaotic lives
9. The participants were then asked to categorise themselves into three categories:
- a. Current Priority Cohort: People who were actively homeless.
  - b. At Risk Group: Those likely to enter or re-enter the priority cohort if action was not taken.
  - c. Frequent Users of Service: Those not currently on the radar, but who do tend to represent to services periodically.
10. As a result of this exercise, the total cohort was estimated to be 122 – which compared to 132 using the modelling methodology detailed above.
- a. 30% were in the current priority group.
  - b. 20% were in the at-risk group.
  - c. 50% were in the frequent users of services group.
11. It is strongly recommended that Hull consider doing a similar exercise themselves, but for modelling purposes this exercise was conservatively used to assume that 40% of the long-term homeless cohort at any one time would not be in a position to take up a Housing First offer.
12. Applying this to the case of Hull would suggest that the initial caseload needed was between 29 – 95 people, with a mid-point of 62.
13. The final stage of the modelling involved projecting likely changes over a 5-year period. Three possible events were identified that would impact on the caseload size:
- a. People successfully graduating from Housing First, such that they no longer need the level of support offered by Housing First.
  - b. People passing away as a result of the impact that long-term homelessness has had on their health.
  - c. People newly becoming long-term homeless.

14. The assumptions for each of these factors over a 5-year period:

Change Factor	Impact on Caseload Size
People achieving stability and graduating from Housing First	-17.5%
People passing away	-5%
Demand as a result of new people entering the LTH cohort	+13.5%
Net Change	-9%

- a. The first two figures were based on research completed as part of the West Midlands Housing First Pilot research.
- b. The 'new' demand was based on an interpretation of work done in Finland, where Housing First has been implemented at a national scale as part of a comprehensive homelessness prevention strategy.
- c. The resulting figure is a best-case scenario that illustrates what is possible but is dependent on adopting a whole-system approach similar to that adopted in Finland.
- d. Over a 5-year period, using the mid-point specified above, results in an average caseload required in Hull of 59 places. Many of those will currently be housed in supported housing.

### Homelessness Flows and Sizing the Cohort

The assumption is that the majority of single homelessness can be described as a flow – people whose path in and out of homelessness can be portrayed as a linear flow that can be intercepted at different junctures – which is what the Homelessness Flows Model can capture and quantify.

The population at risk total is generated by the Homelessness Flows Model generates a total 'population at risk' of homelessness that can be projected from a base year to future years for planning purposes. This total however inevitably contains a stock of people whose long-term homelessness does not derive from any event in that year or many years previously. This represents

a 'hard-core' of the homeless population that can be estimated using the Sizing the Cohort model – although a direct survey of relevant agencies may be a more reliable way of quantifying this.

However derived, the LTH cohort can be deducted from the 'population at risk' total before future projections of flows is made. It is likely that some of this cohort will not feature in the 'at risk' total for any particular year, but at the same time people will slip into the cohort during the year – and these two factors balance each other out.

## Consequences of Further Analysis

The opportunity to complete further analysis enabled a revisiting of previous conclusions, and to provide further guidance to Hull City Council in terms of commissioning intentions.

### Balance of Service Interventions Needed

1. Revised Process:

The process of analysing the Snapshot Survey data has been revised to identify the service interventions required. The following steps were undertaken:

**Step 1:** Identify those who meet the criteria for Housing First.

**Step 2:** Identify those who meet the criteria for Supported Housing.

**Step 3:** Within the total, identify those who need Dispersed Supported Housing – based on the risk that they present to others that they live with, or their vulnerability to exploitation from others.

**Step 4:** Identify those who would specifically benefit from congregate supported housing – based largely on their need for close monitoring for their own wellbeing.

**Step 5:** The balance of those who need supported housing but where the setting does not matter is calculated.

**Step 6:** Those with no identified needs for support are identified.

**Step 7:** The balance of those who do not fall into any other groups are assumed to need access to mainstream accommodation with some form of floating support.

2. Revised Results:

Service Intervention	Number Needing	% of Total
Housing First	53	7%
Dispersed Supported Housing	265	36%
Congregate Supported Housing	39	5%
Supported Housing – Not Specified	66	9%
No Support Required	65	9%
Floating Support	239	33%

- a. The main conclusion from this is that almost half of the current supported housing residents are judged to need supported housing. Ideally, the Snapshot Survey would have been also completed by floating support providers. Without this, not only is it difficult to estimate the demand for floating support as a whole, but it is also very possible that some of the people receiving a floating support service could in fact benefit from a supported housing placement as well as vice versa.
- b. There is a case for some long-term supported housing as well. The most likely group where this could be the case is amongst those needing a congregate supported housing environment, who had already been living in the accommodation for 2 years plus. This applied to 11 of the 39 people needing congregate supported housing specifically.

### Impact on Results of Homelessness Flows Model

As a result of this analysis, a number of changes have been made to the calculations that were fed into the Homelessness Flows Model:

1. Deducted the mid-point estimate of the LTH cohort from the population at risk total before the assumed rate of increase in the population at risk was applied.

2. Changed the percentage of people presenting at support referral stage that need supported housing from 60% to 50%, based on the revised calculations on the Snapshot Survey data.
3. Followed through on the implications of an active Housing First programme on those presenting to the Street Outreach Team – and have both halved the projected numbers of people being dealt with by this team, and changed the percentage offered supported housing as opposed to Housing First from 80% to 50%.

The result of these relatively minor changes is that the overall demand for supported housing at the end of 5 years is projected to come from 1,950 people – in comparison to the 2,360 provided in the original report. The majority of these units are still likely to have to come from the non-commissioned sector.

On the other hand, the benefit of a shift in strategy is diverting those who do not really need supported housing, focusing congregate housing on those who would benefit most from it, introducing dispersed housing as the norm for those who are the most vulnerable or at highest risk, and introducing Housing First for the long-term homeless, should all result to a system that is more efficient and effective in delivering results.

Based on this, this analysis intends to go a step further than the original report to try to be more precise in estimating the need for specific types of intervention.

### Estimate of Units Required

The Snapshot Survey results are used to assume that there is a demand for long-term congregate supported housing equal to 15 units and estimated that for short-term supported housing the balance should ideally be dispersed (90%) to congregate (10%).

It was assumed that the people who congregate housing is targeted at are more likely to need a reasonable length of time to graduate from supported housing – but at the same time, the dispersed housing model where people retain their housing once the support is withdrawn could be far more efficient and support be withdrawn more quickly. The number of units required is therefore modelled on an assumption that the average length of stay in congregate housing would be 18 months, but for dispersed housing the average length of the support package would be 5 months.

This produces the following results in terms of an overall portfolio of resources:

Service Type	Number of Units Needed by End of 5-Years
Long-term Congregate Supported	15
Short-term Congregate Supported	291
Short-term Dispersed Supported	798
Housing First	59
Total	1093

This is considerably lower than what was projected in the original report and would represent an overall reduction in supported housing stock of approximately 235.

### Level of Staff Input

An additional exercise was completed to reveal what kind of result would result in terms of the actual level of direct support required – which is the main driver of cost.

It should be noted that direct support is distinct from the provision of housing management in that the latter is eligible effectively for funding through the rent. It should also be recognised that for congregate supported housing, a lot of the staff resource required involved providing cover in case of staff input is required rather than the provision of direct support.

It was assumed a certain number of hours per 4 weeks to directly address people's support needs – essentially doubling this band to band. An amount of input every 4 weeks on average is more realistic because the amount of work required will vary from week to week.



Band	Average Number of Hours Direct Support Required Per 4 Weeks
Low Support Intensity	4
Medium Support Intensity	8
High Support Intensity	16
Very High Support Intensity	32

This would, across the whole group, produce a weekly average of 2.45 hours. If the assumption is that the provision of direct support might represent 65% of support workers time, this would then require an average of 3.77 support worker hours per person per week.

The above figure crosses across all types of housing support. Of particular value could be an estimate of the average input required by those for whom the analysis would suggest required a dispersed supported housing intervention. The reason for selecting this group is that for floating support, there is not sufficient cross-sections of need to draw any conclusions, and for congregate supported housing it is inevitable that staffing levels are driven by other factors, such as cover requirements and above the need for direct support.

The equivalent figures for the dispersed support housing group are 2.98 hours direct support per person, per week, and 4.59 support worker hours per person, per week. This is based on the fact that 54% of those needing dispersed housing require low or medium levels of support.

## Final Thoughts

One possible commissioning strategy based upon this analysis could be to:

1. Negotiate with the non-commissioned sector to provide the majority of the congregate provision, and the dispersed supported provision for those with lower support needs.
2. Focus commissioned provision on the dispersed supported model for those with higher support needs.
3. Develop Housing First on a joint-commissioned basis – reflecting the prevalence of health and social care needs amongst the target group.

4. Focus resources on increasing access to mainstream accommodation for those with support needs (including those who fall below the threshold for support) – including targeted access to social housing and an active partnership with the private sector for those with lower support needs.
5. Work towards meeting the assumed targets on earlier prevention incorporated in the Homelessness Flows Model.

The final conclusion is that an overall picture of need cannot be found without also undertaking a similar exercise to the Snapshot Survey for those service users of floating support.

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