

“There is untapped potential for social housing to tackle social problems...”

UNDER ONE ROOF

Claudia Wood
Jo Salter
Phillida Cheetham

Demos is a think-tank focused on power and politics. Our unique approach challenges the traditional, 'ivory tower' model of policy making by giving a voice to people and communities. We work together with the groups and individuals who are the focus of our research, including them in citizens' juries, deliberative workshops, focus groups and ethnographic research. Through our high quality and socially responsible research, Demos has established itself as the leading independent think-tank in British politics.

In 2012, our work is focused on four programmes: Family and Society; Public Services and Welfare; Violence and Extremism; and Citizens. Alongside and connected with our research programmes, Demos has political projects focused on the burning issues in current political thinking, including the Progressive Conservatism Project, the Centre for London at Demos and Demos Collections, bringing together topical essays by leading thinkers and commentators.

Our work is driven by the goal of a society populated by free, capable, secure and powerful citizens. Find out more at www.demos.co.uk.

First published in 2012
© Demos. Some rights reserved
*Magdalen House, 136 Tooley Street,
London, SE1 2TU, UK*

ISBN 978 1 909037 03 8
Series design by modernactivity
Typeset by Chat Noir Design, Charente
Printed by Lecturis, Eindhoven

Set in Gotham Rounded
and Baskerville 10
Cover paper: Flora Gardenia
Text paper: Munken Premium White



UNDER ONE ROOF

Claudia Wood

Jo Salter

Phillida Cheetham

Open access. Some rights reserved.

As the publisher of this work, Demos wants to encourage the circulation of our work as widely as possible while retaining the copyright. We therefore have an open access policy which enables anyone to access our content online without charge.

Anyone can download, save, perform or distribute this work in any format, including translation, without written permission. This is subject to the terms of the Demos licence found at the back of this publication. Its main conditions are:

- Demos and the author(s) are credited
- This summary and the address *www.demos.co.uk* are displayed
- The text is not altered and is used in full
- The work is not resold
- A copy of the work or link to its use online is sent to Demos

You are welcome to ask for permission to use this work for purposes other than those covered by the licence. Demos gratefully acknowledges the work of Creative Commons in inspiring our approach to copyright. To find out more go to *www.creativecommons.org*



Contents

Acknowledgements	7
Overview	9
1 The current social housing market	15
2 Delivering integrated and preventative support	39
3 Barriers to better working	53
4 Overcoming obstacles to better working	75
5 The cost benefits of 'earlier' intervention	107
6 Recommendations and conclusions	115
7 Appendix Costing Sarah's journeys	127
Notes	135
References	155

Acknowledgements

This project would not have been possible without the extraordinary hard work of Alexandra Paget, who assisted in innumerable ways, including the not inconsiderable task of developing the cost-benefit pathways in chapter 5. Thanks also to Ellie Brawn and Rosa Bransky, who provided research assistance in the early stages of this project.

We are grateful to the Home Group for funding this research – we would particularly like to thank Robert Morritt and Rachael Byrne for their input, Emily Blyth for organising the focus groups, and Chris Miller for his assistance in collecting the survey data from project workers.

We would also like to thank the members of staff at Home and Stonham, and other housing providers, who we interviewed in the course of this research. We are enormously grateful to the Home and Stonham tenants who gave up their time to participate in our three focus groups in London, Birmingham and Newcastle.

At Demos, we owe massive thanks to Ralph Scott, Beatrice Karol Burks and Sophie Duder for coordinating the production and launch of this report.

All errors and omissions remain solely ours.

Claudia Wood
Jo Salter
Phillida Cheetham
April 2012

Overview

This paper explores how social housing providers can face up to the dual challenges of increased demand and fewer resources by doing what they do best – providing early, low level supports in an integrated fashion, to ensure resources go further and to generate greater cost savings for the NHS, social care and criminal justice systems. We focus on what we call ‘earlier’ intervention and ‘risk mitigation’ – intervention at the moment a problem arises for a social housing tenant, using a greater range of ways to identify these problems; and intervention before problems have arisen, based on an assessment of potential risk factors.

Underneath this lies a cultural shift in the way housing providers perceive their general needs tenants and supported housing tenants, from two distinct groups separated by social services or Supporting People funding eligibility (funding given to disabled people to live independently who are ineligible for social care funding), to a population with a spectrum of need. We also consider how these strategies might be bolstered by the policy changes currently in train – personal budgets, localism, community budgets and so on – which provide opportunities for more joint working between health, housing and care: a great facilitator of preventative work.

We first provide an overview of the current social housing sector and the challenges it faces and look at some of the new opportunities arising through health and social care reform and the localism agenda. We explore some of the ways in which social housing providers might cope with these challenges and make use of emerging policy trends, by focusing more on preventative working, often with tenants who have no need for formal support services. Those providers that offer both accommodation and care and support services will inevitably

need to shift towards a greater coherence of approach between these two service areas and tenant groups.

We go on to present our findings on the potential challenges to this way of working, and the barriers we believe prevent earlier intervention and risk mitigation. Key among them is the difficulty of silo-working by government departments and local agencies, operating under separate budgetary streams: it is inevitable that the agency investing in preventative work (in this case, a social housing provider) is not the same as the one that may benefit from preventative cost savings (which may be the NHS, or local social care teams), so there is often little financial incentive to invest in such work. While those providing social housing have a strong social mission and believe in their role in providing a range of support, this will not be financially sustainable if the cost savings are not in some way passed back to those investing in cost-saving preventative work.

In detailing how to overcome these barriers to better working, we present a number of courses of action on how social housing providers might identify and address problems very early on, and identify risk factors that might lead to future problems. We then suggest ways in which such action might be delivered within a funding-restricted context, including through budgetary transfers, budget pooling (through new opportunities like health and wellbeing boards), internal investment and cost reduction methods, which are uniquely possible when delivering 'earlier' intervention. At the heart of the first three of these strategies is the need for a robust data collection system in order to develop a clear sense of cost savings achieved by preventative work. Without such data it may be very difficult to influence local commissioning and funding decisions and, more importantly, will make it harder to assess where limited internal resources should be spent for the greatest impact.

To demonstrate the value of such data, we cost a hypothetical journey of a tenant who becomes unemployed, accumulates debt and arrears, and develops depression, drawn from data we sourced from Home Group tenants and Stonham clients and focus groups. We compare this baseline cost with three other journeys, imagining different degrees of earlier

intervention. The differences in costs between the baseline journey (borne by the social housing provider, polarising their tenants (with general needs, Supporting People eligible and social care eligible groups seen as three distinct groups served by three distinct sections of the organisation) to benefits system, NHS and lost productivity) and the risk mitigation journey are substantial – from over £49,000 over a five-year unemployment spell (a figure which could be much higher if longer unemployment was experienced), down to less than £200 to help the tenant keep her job. Indeed, a modest increase in salary for the tenant (thanks to support with her skills) might lead to an increase in productivity and a net gain of £500 in year one. Our costings (see appendix) are for just one type of journey, but the same costing principles could be used to explore the potential savings associated with helping isolated older people, families at risk of anti-social behaviour and breakdown, and so on.

We conclude that the cost benefits of an ‘earlier’ intervention approach are substantial, and can generate savings direct to the housing provider rather than to other ‘downstream’ agencies such as the NHS, which is the weakness inherent in ‘later’ early intervention. But this way of working requires the introduction of new processes, some initial investment, and more importantly a significant change in culture for many social housing providers. Those who provide housing with care (most of the sector) must think about a more seamless spectrum approach to their tenant populations, and move away from one that reflects internally the silo-working which takes place externally in care and support services. Those without internal care and support arms must also follow suit, perhaps with an even greater imperative of ensuring their social mission includes a seamless transfer from accommodation to support services and a clear sense of building on the assets of their tenants to become self-supporting and resilient.

As Supporting People funding is cut, and personal budgets are making the divisions between social care and other less traditional supports more porous, it is an opportune time for social housing providers to adapt to this new way of working. We make a series of recommendations which could achieve this. For

social housing providers, rotation of staff working with general needs tenants and those needing greater support will be vital to improve knowledge transfer and create a cohesive organisational culture. Housing providers should also look to recruit community leaders from among their tenants who support housing officers in spotting risks and problems as they arise, as well as tasking housing repair teams with spotting risk factors. There should also be an entitlement to employment and skills and budgeting support for all general needs tenants (including those in work), delivered by trained volunteers from among the tenant population, as a way of mitigating the risks of unemployment and debt which social housing tenants may face. We also recommend the development of peer support networks across the tenant population to encourage a greater sense of inclusion and community empowerment. Finally, we propose a needs assessment for every new tenant to spot vulnerabilities and risk factors which may have otherwise gone undetected.

However, housing providers cannot make such an important change of approach in isolation. Local authorities and clinical commissioners must, as part of their wider health and wellbeing responsibilities delivered via the Health and Social Care Bill, support social housing providers in achieving this by rectifying the imbalance between health, care and housing – particularly if they hope to deliver improved outcomes without substantially higher costs. The trusted relationship social housing providers have with their tenants, the frequency of contact, the ability to get close to – within the homes of – some of the most vulnerable groups in society are all unique benefits that social housing can provide. If used effectively, this could be a valuable tool in combating health inequalities and social challenges such as family breakdown and anti-social behaviour. As local structures are being redesigned to promote devolution and integrated working, it is an opportune time to ask social housing providers to help deliver joint outcomes.

Methodology

This report drew on several sources of new primary evidence:

- interviews with housing site managers, regional managers and key workers from three housing providers
- focus groups in London, Newcastle and Leeds with Home Group general needs tenants and those receiving care and support from Stonham, Home Group's support arm
- data provided by Home Group of 50 general needs tenants and care and support clients, responding to a questionnaire Demos designed to explore their journeys in social housing, trigger events, support outcomes and so on
- an expert workshop where housing providers and sectoral experts came together to discuss the initial findings from our research and look ahead to how the sector would respond to the challenges it faced

For our costed journeys, we drew from Home Group's data, which they kindly shared with us, alongside a wide range of secondary sources related to unit costs and cost-benefit analyses in housing, health and care services. See the appendix for details.

1 The current social housing market

Social housing is affordable rented accommodation that is owned by local authorities or registered social landlords, such as housing associations. Unlike private sector rents, rents in the social sector are closely monitored and capped at a level that makes them affordable for people earning the median income.¹ In addition to providing affordable housing, the Health Committee of the National Housing Federation states that around half of their members provide additional care and support services to their tenants.² These services range from very intensive personal care services delivered in specialist settings to more general services such as training and help with finding a job, schemes to combat social isolation, and support for people with drug and alcohol problems.

While there is no statutory duty for social housing providers to deliver care and support, registered providers are required to ensure a certain level of tenant empowerment and involvement, and to work to combat anti-social behaviour.³ The majority of housing providers also have a social mission, which is written into their founding statement, and is a legacy of their origins as charitable organisations.

Many of the housing associations set up by Victorian philanthropists such as Octavia Hill, George Peabody and the Guinness family are still in existence today, continuing to pursue a social mission to ‘ameliorate the condition of the poor and needy’.⁴ Pursuing a social mission remains central to what housing providers do: from housing officers to members of senior management, almost every representative of the social housing sector that we spoke to cited the additional care and support work as integral to their organisation’s wider social remit.

Today, there are over 2,000 registered social housing providers, making them the main providers of affordable and social housing in the UK. Housing associations provide 2.5 million homes for 5 million people.⁵ Many – such as Home Group – are run as social enterprises, businesses ‘with primarily social objectives whose surpluses are primarily reinvested for that purpose’.⁶

The sector is also growing: in its August 2011 statistical release, the Tenant Services Authority reported that the stock of social-leased housing owned by private registered providers has almost doubled since 2005, from 94,705 units in 2005 to 146,618 units in 2011.⁷ But demand is also high: the percentage of vacancies in general needs stock has decreased since 2005, reaching a new low of 1.5 per cent in 2011.

While anyone can put themselves on the waiting list for social housing, the law states that in order for a provider to attain registered provider status, certain groups of people must be given ‘reasonable preference’, including those who:

- are homeless or about to lose their home
- live in very poor conditions
- have medical conditions that are made worse by where they live
- have been injured while serving in the armed forces
- need to live in a certain area to avoid hardship
- are at risk of violence or threats⁸

In addition to providing housing with care and support to people with ‘high-level’ needs, many social housing tenants present with various low-level needs, which do not entitle them to statutory support from the social care system, such as being on low income, or needing a home after escaping a violent relationship. The social housing tenants whom Demos spoke to during the focus groups for this report came from both high and low need groups, and included:

- people who had been homeless
- unemployed people or those in precarious working situations
- people with caring responsibilities

- people with health problems and mental health needs
- people with drug or alcohol addiction
- older people
- single parent families
- people living on a low income
- young care leavers

This diversity reflects the range of support needs present in the tenant population more broadly. Using data from the 2011 English Housing Survey, the DCLG reported that 41 per cent of tenants in social housing live alone, compared with 29 per cent of tenants who rent from private landlords.⁹ In addition, 44 per cent of single parents in England live in social housing, and 21 per cent of over 65s.¹⁰ Social housing tenants tend to be older than private renters: half of private renters but four-fifths of people renting in social housing are over 35.

Social housing tenants have lower incomes and are more likely to be unemployed than private renters and owner-occupiers. The 2011 English Housing Survey showed that the average gross weekly income of couples who were privately renting during 2009/10 was £552, compared with a weekly income among social renters of just £291. Nearly two-thirds (60 per cent) of private renters but less than one-third (23 per cent) of social housing tenants worked full time.¹¹ Of those not working, 6 per cent of social housing tenants were unemployed and 60 per cent were economically inactive. *Digital by Default 2012*, a report by Housing Technology and Race Online 2012, found that 31 per cent of tenants were retired and 29 per cent were permanently sick or disabled, full-time carers or students.¹²

There are other factors that make tenants in social housing at risk of social exclusion or disadvantage. *Digital by Default 2012* found that of the 8.7 million UK adults living in social housing, 4.1 million had never been online. The report concluded that this has serious implications for the employment prospects of unemployed people living in social housing – jobseekers are 25 per cent more likely to find work online. It found that if just 3.5 per cent of people offline and unemployed in social housing

found a job by getting online, it would deliver a net economic benefit of £217 million.¹³

Taking all these factors into account, people living in social housing are more likely than the general population to be vulnerable to poor health and employment outcomes. Research by the Housing Corporation in 2008 showed that 45 per cent of general needs lettings in social housing are made to people identified to have at least one element of vulnerability,¹⁴ as defined by the CORE supported housing client groups.¹⁵ This includes factors such as previous homelessness, poor physical or mental health or disability, experience of domestic violence or time spent in prison.

What support are housing providers currently offering?

Given the range of low income and often vulnerable groups living in social housing, it is no surprise that there is a wide variety of support offered by social housing providers to meet these problems. It includes care and support services commissioned by local authorities; lower level support for those with some care and support needs, generally funded through Supporting People; and universal support and community projects (eg for debt advice), funded by housing providers and a variety of other external sources (such as welfare-to-work providers, third sector and grant making organisations).

In 2008 the National Housing Federation ran a neighbourhood audit, which detailed the number and range of services and facilities currently being offered by housing associations. They included:

- employment and enterprise services
- education and skills services
- wellbeing services
- poverty and social exclusion services
- community safety and cohesion services
- environmental services

Box 1

Home Group

Home Group is one of the leading providers of housing and support in England. It offers care and support to around 20,000 clients each year through Stonham services. Stonham was originally an independent provider of supported housing for ex-offenders, before joining Home Group in 1997, and being purchased as a full division of Home Group in 2004. Stonham is commissioned separately from Home Group by local authorities, and does not usually provide services for Home Group tenants with general needs unless they fall within an area where Stonham is contracted to deliver floating support.

Stonham offers supported accommodation projects and floating support services for a wide range of client groups, including older people, ex-offenders, people with mental health needs, those with physical and learning disabilities, vulnerable young people leaving care, people with substance misuse problems, victims of domestic violence, and those who have been provided accommodation following a spell of homelessness.

Not all social housing providers offer targeted care and support for vulnerable groups as described above, with some providers deliberately choosing to avoid the care and support marketplace in order to focus on delivering affordable housing. Other providers, such as the Bournville Village Trust, offer supported accommodation but no floating support. This is increasingly becoming the case in the context of government spending cuts and the removal of the Supporting People ring fence, as we explain later in the chapter.¹⁶

How is social housing funded?

The accommodation element of social housing provision is funded through rent paid by tenants. This rent, in turn, is often paid from Housing Benefit – in October 2011, 68 per cent of all

Housing Benefit claimants were living in social housing.¹⁷ Care and support for those with substantial needs is mainly funded from local social care budgets.

In between these two poles lie intermediate support services, including most of the low-level housing-related support services that we will focus on in this report. These can be funded in several ways and housing providers invest significant amounts of their own resources in providing low-level support for tenants as part of their social mission. For example, Andy Tate, policy officer at the National Housing Federation, reports that the Federation's 1,200 member housing organisations spent £45 million on employment and enterprise services in 2006/07.¹⁸ In the same year, registered housing providers invested £435 million in over 6,800 neighbourhood services, of which £272 million was made up of housing associations' funds, and an additional £163 million came from other sources,¹⁹ the most important of which was the additional resourcing provided through the Supporting People programme.

Supporting People was established by the Labour Government in 2003. It brought together seven funding streams from across central government, allowing local authorities to deliver strategic and comprehensive packages of support to people whose care and support needs fell outside the eligibility criteria for statutory social care funding. Between 2003 and 2009 the funding was delivered as a ring-fenced grant to local councils. Under the original grant conditions money from Supporting People could be used to fund services, allowing people to live independently 'within their communities', but in 2004 the grant wording was changed to 'in their accommodation'. This added emphasis on supporting independent living within people's homes, further channelling funding towards social housing providers.

Under the eligibility criteria in use between 2003 and 2009, Supporting People funded services that facilitated people to:

- fulfil tenancy on owner occupier responsibilities
- know how to obtain necessary services such as utilities
- know how to deal with repairs or improvements to their property

- be able to keep their accommodation warm, safe and comfortable
- be able to look after themselves with the addition of care and support services where necessary
- get on with neighbours
- access community services
- not feel isolated in their accommodation²⁰

Until 2009 the Supporting People grant conditions also specified that social services duties enshrined in community care legislation could not be funded by money from the Supporting People grant.²¹ However, the grant conditions specified that if the predominant amount of a support package was made up of housing-related support, up to 10 per cent of the value of the package could be spent on what it termed ‘ancillary support’. This included:

- advice to service users with substance misuse problems
- assistance and advice to access education
- engagement with employers on behalf of service users
- active assistance with shopping and cooking
- assistance in maintaining the garden (where the service user is responsible)
- active assistance with personal hygiene
- transport of service user
- advice on relationships, including family matters
- advocacy with health professionals over medication and related matters
- storage and distribution of medication

The provision for ‘ancillary support’ meant that social housing providers who received Supporting People funding for their clients could go above and beyond tenancy services to provide more specialist support to those who, while vulnerable, were not eligible for state funded social care support. However, in 2010 the Supporting People programme was overhauled in the wake of the Coalition Government’s attempts to reduce spending across public services significantly. The repercussions of this

change, and the overall reduction in funding, are explored in detail in chapter 2.

Rising demand for social housing

As outlined above, demand for social housing is high: the percentage of vacancies in general needs stock has decreased since 2005, reaching a new low of 1.5 per cent in 2011. A combination of social and economic challenges and policy developments is driving this trend.

First, successive governments have recognised that supporting people to live independently in their homes has significant cost benefits to the state, and achieves better outcomes for individuals themselves. In response to growing demands from older and disabled people to be cared for at home, there has been a gradual shift within the social care system from the provision of institutional care to home care. Between 2004 and 2010, the number of residential care services fell by 10 per cent, while the number of domiciliary care services increased by a third.²² For some, and in particular those who do not own their own home or who may be settling into a new home for the first time, social housing has become an increasingly important facilitator, integrating care and support with a person's own affordable independent accommodation. The Centre for Disability Research estimates 10 per cent of those with learning disabilities receive Supporting People funding to live independently in their community.²³

In addition, Britain is currently suffering from an unprecedented shortage of affordable housing. With rent in the private sector soaring, the number of people on council waiting lists reached a record 4.5 million in 2010, and looks set to rise again in 2012.²⁴ This shortage is in part the product of long-term demographic shifts, including a rise in the number of single person households, longer life expectancies and increased net immigration.²⁵ It is also due to a chronic lack of housing. In 2009 the number of new houses being built fell to its lowest level since 1923. As the Coalition Government's long awaited housing strategy pointed out, the number of households is likely to grow

by 232,000 per year over the next 20 years: the UK will need to build 250,000 homes a year to keep up with demand.²⁶ However, before the publication of the housing strategy, the Coalition Government announced a 25 per cent cut to spending on building new houses in their 2010 budget. According to research published by the National Housing Federation and the Home Builders Federation, this cut will add 1.4 million people to the waiting list for affordable housing.²⁷

The rise in demand for affordable housing has been compounded by the financial crisis, which has led to a fall in the rate of mortgage lending. Mortgage rationing has been in place since 2007, and the Bank of England has recently announced that mortgage lending is likely to fall even further during 2012.²⁸ Cuts to housing benefit, part of the Government's Welfare Reform Bill and overall benefits cap, are also likely to increase demand for affordable housing and the supports social housing providers offer, as families in private tenancies find they are no longer able to afford to pay their rent and may face the risk of homelessness. A recent report by the Chartered Institute of Housing found that the cuts were likely to put around 800,000 homes out of the reach of renters.²⁹ Repossessions are also on the rise, with the Financial Services Authority (FSA) reporting a 17 per cent jump in home repossessions in the first three months of 2011 due to rising costs of living and increased unemployment rates.³⁰ This too may lead to families becoming homeless and requiring social housing support.

These basic economic trends – a shortage of housing, increases in redundancies, and financial pressures – can also exacerbate a wider range of social problems ranging from poor health to increases in family breakdown and substance misuse, which in turn increases the problems that social housing providers have to address among their tenants. Research by homelessness charity Centrepoin in 2009 found that rising unemployment was leading family breakdown, which was in turn causing youth homelessness.³¹ Following this, in February 2011, the Centre for Social Justice published a report showing that rising incidences of family breakdown have also led to an increase in mental illness, costing the state £105 billion a year.³²

Domestic violence is also on the rise: one local authority recently reported that instances of domestic violence involving ‘high risk’ vulnerable people almost doubled between 2010 and 2011.³³

As a result of these social and economic trends, combined with a trend for people to move away from institutional care settings to independent tenancy, greater numbers are requiring social housing. Social housing providers are seeing an increase in demand for the type of wide ranging support – integrated with affordable housing – they can provide, and this coincides with a decrease in the resources available to meet it.

The changing landscape of funding for housing with care and support

Changes to supporting people funding: removing the ring fence

Between 2003 and 2009, Supporting People funding was largely centrally directed. While local authorities were responsible for commissioning, the grant conditions and ring fence ensured that the money was spent only on certain groups with low level, housing-related support needs.³⁴ While the ring fence was a useful tool for making sure that the funding reached vulnerable groups, it was criticised by some for being too inflexible, impeding attempts to integrate support services across public sector agencies.

Partly in response to these criticisms, in 2009 the Labour Government removed the ring fence around the funding and rolled it into the Area Based Grant. Between 2008 and 2011 the Area Based Grant funded a programme of commissioned activities designed to deliver strategic priorities and statutory duties. The funding came from various individual funding streams, which were managed and allocated as a single fund.³⁵ As part of the Area Based Grant, Supporting People money could fund both statutory and non-statutory services, with local government deciding where and to whom the funds were allocated.

While government and some service providers welcomed the integration of the funds into the Area Based Grant, others in the housing and social care sectors responded less positively. Following a series of round table discussions with commissioners

and stakeholders, Sitra, the membership organisation for practitioners working in housing with care and support organisations, reported:

There is universal concern that incorporation into ABG (Area Based Grant) will lead to funding being diverted away from funding for Housing Related Support (particularly for the most socially excluded and least electorally influential groups) to other local priorities.³⁶

Supporting people after the spending review

Following the 2010 spending review, the Coalition Government announced that the Supporting People budget was to be rolled into the Formula Grant, which is now the main channel of government funding. The grant takes into account authorities' relative ability to raise council tax and there are no restrictions on what local government can spend the funds on.³⁷

The spending review also announced a 12 per cent real terms cut to the Supporting People budget,³⁸ amounting to a £46 million cash reduction over four years.³⁹ In April 2011 the National Housing Federation published a letter signed by 552 councillors, warning local authorities against making significant cuts to Supporting People services.⁴⁰ They also pointed out that despite attempts by government to protect Supporting People services, some councils had already announced cuts of up to 50 per cent in the first year, made possible by the end to ring fencing, which allowed local authorities to divert Supporting People funding to cover shortfalls in other service areas.⁴¹

This has proven to be a source of antagonism between central government ministers and local authorities. Responding to research showing that some local authorities were passing on cuts of up to 40 per cent to services funded by money from Supporting People, Housing Minister Grant Shapps commented:

Cuts of this level hurt vulnerable people but make no financial sense. Without early identification, vulnerable individuals will quickly reach crisis point, making greater demands on health and homelessness services and the criminal justice system.⁴²

Yet substantial cuts to Supporting People services have continued. In January 2012, Nottingham City Council proposed a 45 per cent cut to supported housing services for vulnerable groups, and highlighted the following risks in its impact assessment: 'Increased visible homelessness including rough sleeping, ASB [anti-social behaviour], recidivism, criminality. Increased demand for other mainstream services.'⁴³

In a letter to Nottingham leader Jon Collins, Grant Shapps castigated the council for the 'disproportionate' 45 per cent reduction. Arguing that the council had mismanaged its response to the funding cut, the minister explained that, because of the 'grant floor' contained within the Formula Grant, the reduction to Supporting People funding should be interpreted as a cut of no more than 11.3 per cent.⁴⁴ However, as local authorities now have more flexibility over their budgets, there is little ministers can do to prevent them from making these funding decisions.

This is already having a direct effect on the range of services housing providers can offer. According to a study of ten housing authorities undertaken by the *Guardian* in 2011, the range of cuts includes:⁴⁵

- services for ex-offenders and those at risk of offending axed in Hull
- support for people with mental health problems axed in Hull, slashed by 42 per cent in Haringey despite high levels of demand, and reduced in Rochdale, Kent and Tameside
- services for people with physical disabilities axed in Hull, and reduced in Kent and Nottinghamshire
- support for older people axed in Hull and Nottinghamshire, and reduced in Essex, Kent and Calderdale
- support for people with learning disabilities severely reduced in Hull and reduced in Kent, Essex and Haringey

While the scale of the cuts to Supporting People budgets since 2010 has been unprecedented, reductions to the funding stream are nothing new. Housing providers have been highlighting – and attempting to mitigate – the impact of reductions to the Supporting People budget since 2008, when the DCLG

reduced the funding stream with the stated aim of instigating ‘improvements in the efficiency and quality of services, which [have been] identified [in Audit Commission inspections]’.⁴⁶

One unfortunate response to the reduction in funding has been for providers to remove themselves from the care and support field entirely. In September 2011 the housing provider Moat announced it would no longer be providing care in sheltered and supported housing. Instead, support services would be delivered by local providers, leaving the association to concentrate on providing high quality housing.⁴⁷

2010 and beyond: the new policy landscape for housing with care and support

These two factors – increased demand due to economic and social trends, combined with reduced funding to meet this demand – signal a difficult time for the social housing sector. However, a new policy context is emerging, which suggests there is a renewed interest in the role of housing alongside health and care services, and a potential diversification of funding streams available to social housing providers.

The recent changes to Supporting People funding are part of a wider and more profound change in the care and support taking place in the context of the localism agenda. Localism, and the commitment to ‘open public services’, aims to devolve decision making about public services to local and neighbourhood level, and seeks to develop financially sustainable, community-based solutions. Integration of services is a key part of this strategy, and early in 2012 David Cameron ordered that efforts be made to integrate health and social care, in order to improve patient outcomes and save public money, based on recommendations by the King’s Fund and the Nuffield Trust.⁴⁸ This is likely to place integration on a level with reducing waiting lists as a priority for the NHS. Cameron also made improved integration one of his ‘personal guarantees’ for the NHS last year.⁴⁹

The Coalition Government has demonstrated its growing awareness of the role of housing in delivering positive health and

social outcomes in several recent policy documents (for example, the Vision for Adult Social Care outlined below), and in the legislation contained within the Health and Social Care Bill.

The personalisation agenda

The personalisation agenda in social care has been a priority since 2007 when the Labour Government set a target for all local authorities to achieve a 30 per cent take up of personal budgets among eligible care users by 2011. However, the Coalition Government was even more ambitious in its goals, and has set a 100 per cent take up target by 2013, a 'right to request' a personal health budget for all eligible NHS service users by 2015, and trialling of personal budgets in other areas, including children's services, probation and, importantly, Supporting People funding. To assist in this agenda, it established the Think Local, Act Personal Partnership, to help stakeholders implement personalisation and personal budgets in various settings. The Partnership was praised by many in the housing sector for urging local leaders to: 'work closely with private and social housing providers in order to continue developing a wide range of options that enable independent living'.⁵⁰ Sitra, the housing organisation, joined Think Local, Act Personal, following the publication of the agreement, and is now acting as the voice of the housing sector within the partnership.

Personal budgets could be an important opportunity for social housing providers. They enable those with a personal budget in health and care to have more freedom to spend their budget on the services that are of value to them, rather than those within the traditional service choices they might have been presented with in the past. Social housing providers with a care arm – like Home Group's Stonham services – will face the challenge of having to work with multiple service users each with their own budgets rather than a large block contracting local authority. This will require a better grasp of the unit costs of services, transparency and marketing of services to users who have become consumers of their own care. The broader range of services that might be provided by a housing organisation, such

as practical help around the home, social support, advice, leisure and training, will be open to those with personal budgets to choose and purchase according to their needs and desired outcomes. Inevitably, this will result in some funding from personal budgets flowing to service areas outside the traditional care and support packages commissioned organisations are used to delivering. Social housing organisations, which do not have as narrow a remit as traditional care organisations (like domiciliary agencies and residential settings), are likely to excel in providing a more flexible offering of services more appealing to those with personal budgets.

Using personal budgets for Supporting People funding is also due to be piloted in 2012, as announced in the Government's housing strategy (see below). Again, this could be an important development for housing providers, if people are able to spend their budgets on a range of services, which do not always align with the traditional menu of options Supporting People tends to deliver. Social housing providers will have more opportunities to think creatively about the supports people need, rather than what they are eligible for, from across the full spectrum of services a housing provider might offer, for example low level and preventative supports, and leisure and social activities. Again, the holistic and flexible approach housing providers already take, combined with the strong relationships they nurture with their tenants and awareness of their needs, makes them perfectly placed to use personal budgets creatively and in a way that supports people to achieve the outcomes they value.

The Health and Social Care Bill

The new legislation contained in the 2011 Health and Social Care Bill is another major opportunity for the housing sector to cement its role as an equal partner in health and care provision. The bill takes forward the policy document, *Equity and Excellence* (July 2010),⁵¹ and provides the framework within which the Government's aim of more personalised and community-based health and social care services will be delivered. In particular,

the new bodies that the bill will bring into being – for example health and wellbeing boards – look likely to provide an important opportunity for housing to engage in cross-sector partnerships.

Billed by the Department of Health as ‘the key for putting localism in action’, health and wellbeing boards are designed to facilitate better integrated preventative work across health and social care at local authority and primary care trust level.⁵² Drawing their membership from the NHS, public health, social care and elected representatives, the boards – which will begin executing their statutory duties in April 2013 – will be responsible for drawing up joint strategic needs assessments and joint health and wellbeing strategies.

In the past, joint strategic needs assessments have been seen as a missed opportunity for the housing sector, with primary care trusts and top-tier local authorities failing to engage housing providers in their discussions. Health and wellbeing boards are being seen by some as a solution to that problem. Recent explanatory material from the Department of Health⁵³ – coupled with publications on the topic from an increasingly vocal housing sector – suggests that health and wellbeing boards could allow health, social care and housing to work together to develop joint strategic needs assessments. In order to ensure that this takes place, a recent report from the Chartered Institute of Housing recommended that the Health and Social Care Bill makes it a statutory requirement for housing to have a place on health and wellbeing boards.⁵⁴

Community budgets

The new model of delivering community-based support laid out in the Health and Social Care Bill also necessitates a new funding model. In the report *Promoting Independence*, the Local Government Information Unit called on the Government to prioritise support for community budgets:

The delivery of preventative services is a cross-cutting issue, and goes beyond local government... We would like to see all departments with a role in the

*local state taking an active role in promoting community budgets, including the Department of Health, the Home Office and the Department of Work and Pensions.*⁵⁵

Community budgets build on the move towards joint funding streams developed following the Total Place Pilots, which ran between 2009 and 2011. Exactly how they will work is unclear, but the aim is to allow local government and neighbourhoods to fund integrated public services across the health, social care, housing and education sectors. Tentative publications from government suggest that the money, drawn from over 90 different funding streams from central government, will come from the £40 billion of revenue grants that have now been rolled into the local government formula grant.⁵⁶

Box 2 Community budgets in Islington

Islington Council is currently piloting community budgets for families with multiple problems, in which the council, NHS Islington, Jobcentre Plus, the probation service, the police and the housing and voluntary sectors are pooling over £6 million resources. The pooled funding has paid for a fully integrated service where families now have a single point of contact to get the help they need. The scheme will offer three tiers of support:

- *intensive support – a borough-wide integrated specialist service*
- *a family outreach support service – three local teams, each working with schools and housing estates, supporting 1,000 families at any one time*
- *personal advice – in locations like children’s centres – helping parents get back into work, and addressing childcare, health and financial problems*

Islington was one of 28 authorities chosen to pilot the community budgets scheme with families with multiple problems. Having finished the first phase of the project, the Government has announced its intention to extend the reach of

the programme; the aim is to have 130 councils running community budgets for families with multiple problems by 2013.

Source: Community Budgets Islington⁵⁷

If community budgets are successful, they will act as an important new funding stream for care and support services. However, their viability is still in question because of the controversy around the payment by results approaches being used to achieve joint outcomes, and a lack of clarity around how such outcomes will be measured.

The housing strategy for England

The publication of the Government's new housing strategy for England is another important change for the social housing sector, which presents both challenges and opportunities.⁵⁸ There are currently 4.5 million people on social housing waiting lists, and as a result the new strategy aims to reserve social housing for the most needy through changes to the eligibility system – for example, refusing social housing to those who already have suitable accommodation, and allowing landlords to charge market rents to tenants on higher salaries. The Government also plans to tackle unlawful occupation of social properties.

More broadly, the strategy outlines the need to stimulate the housing market, and tackle current and future shortages of affordable housing. It announced, among other measures, the funding of 16,000 new homes through the £400 million Get Britain Building investment fund, a new indemnity scheme to provide mortgage loans, changes to planning rules and strengthened financial incentives for house building.⁵⁹

Permeating the housing strategy are two key themes – devolution and diversifying provision. Much of the decision making around housing allocation is to be devolved to local authorities and social landlords, and the private sector will be introduced into housing provision through new for-profit social housing providers.

Commentators in the social housing sector have questioned the viability of a new policy under which councils will have the ability to discharge their homelessness duty by referring people to suitable private sector accommodation. Research shows that previously homeless people entering the private rented sector are twice as likely to experience repeat homelessness as those entering the social sector, largely because the high level of support required to help previously homeless people to maintain their tenancies is not available in the private rented sector.⁶⁰

In addition, as some commentators have pointed out, unless the Government is able to stimulate house building in the private sector, there is unlikely to be any private rented housing available for councils to direct homeless people to.⁶¹ Responding to the publication of the strategy, the housing and homelessness charity Shelter warned:

*[It] falls far short of the quarter of a million new homes we need each year just to meet demand... These aren't the bold and radical solutions we need to solve a housing crisis that's been decades in the making.*⁶²

Nonetheless, the strategy also announced the pilots of two new schemes for delivering Supporting People funding. The first is to use personal budgets in Supporting People, which could prove very valuable to social housing providers, as described above. The second, more controversial pilot is to use payment by results. Ten local authorities are testing payment-by-results models for the delivery of Supporting People services until 2013.

Both schemes aim to improve the value for money of Supporting People services, although concerns have been raised about the viability of a payment by results approach. Speaking at a hearing on the success of community budgets, the director-general of the DCLG Louise Casey admitted that the department had yet to develop a way to measure the outcomes of preventative services accurately, but confirmed that payment by results was still the department's chosen method for financing such schemes.⁶³

That said, some pilot sites are optimistic about the prospect of combining block funding with payment by results to allow for

greater flexibility in achieving outcomes – like personal budgets, payment by results could spell a greater focus on the achievement of outcomes, rather than prescribing the services that need to be used to achieve those outcomes, providing greater flexibility for service providers and potentially greater opportunities for innovations and cost efficiencies.

Box 3

Stockport payment-by-results pilot

A homeless client with alcohol and mental health problems awaiting trial for anti-social behaviour had been banned from accessing his previous property, where all his belongings were, as part of his bail conditions. It became clear that his debt problems had been compounded by a recurrent overcharge from his previous landlord and the difficulty of claiming housing benefit for two properties

Stonham's pilot in Stockport across two of its existing services was immediately able to deliver two of the payment by results outcomes, maintaining accommodation and managing debt, giving the client the stability to go on to achieve the other outcomes with Stonham's support, including volunteering and improving mental wellbeing. The client is now in a much better position to make a success of his new general needs tenancy with another landlord.

The response from the housing sector

This shifting policy landscape creates a number of opportunities for the social housing sector to become more of an equal partner alongside health and social care providers, and could allow the sector to contribute to public health and wellbeing more generally. The housing sector has responded to this opportunity with various evidence, demonstrating how it could add value to their health and care counterparts.

In 2010 Sitra published a study into the future of housing-related support called *Prevention and Personalisation*. This presented evidence on the significant cost savings made to health, care and criminal justice budgets, and to the welfare

bill, achieved by preventative work undertaken by social housing providers with the aid of Supporting People funding.⁶⁴ Based on a case study of the Yorkshire and Humber Housing Related Support Group, the study concluded that housing related support:

- enables individuals facing multiple disadvantage to improve their wellbeing
- complements the strategic objectives of a wide range of stakeholders involved with supporting vulnerable individuals
- offers good value for money, by preventing the need for expensive crisis interventions and long-term institutional solutions
- promotes independence, by enabling service users to take control of their lives

In June 2011 the Chartered Institute for Housing published *Localism: Delivering integration across housing, health and care*, calling for strategic housing leads to be represented on local health and wellbeing boards.⁶⁵ The report argued that this would ‘enable the contribution of decent housing and appropriate support to be embedded in the commissioning and strategic planning at a local level’.⁶⁶ It also recommended that

*government should consider how the expertise and solutions provided by housing can be identified at the national level in the NHS Commissioning Board, NICE [National Institute for Clinical Excellence] and Monitor (through an expert panel of housing advisers for example).*⁶⁷

The report advocated that local authorities should undertake equalities and health impact assessments of their developing tenancy strategies, with support from local health and care partners; housing provider partners will need to consider the strategy and impact assessments in setting their tenancy policies.⁶⁸

Following this, in December 2011 the National Housing Federation issued a statement asserting that housing has ‘an important role’ to play within health and wellbeing boards, and

reporting that it had written to all early implementing boards in the south east to ensure that housing would be included in the discussions.⁶⁹

The housing sector has also emphasised the potential for housing associations to work in partnership with other organisations to empower communities and wider civil society to engage with the localism agenda, delivering power at community level. In November 2011 the housing charity HACT published *Together for Communities*,⁷⁰ which detailed how partnerships between housing organisations and local community groups have worked to tackle social problems. HACT Director Heather Petch said at the publication launch:

*Together for Communities is all about developing the potential of new and existing partnerships to deliver lasting, sustainable change at a local level... We want to see how these partnership models can enable them to address problems on their doorstep more effectively, whether they arise from drug misuse, crime and vandalism or unemployment, ill health and low educational achievement.*⁷¹

The report presented the benefits of partnerships between housing providers and community-based groups as being:

- sustainable: housing associations, with assets and a secure revenue stream, are among the most robust and sustainable organisations in the social enterprise, voluntary and community sectors
- replicable: housing associations and community anchors exist in every corner of the UK
- accountable: housing associations have systems in place to ensure transparency

Summary

Social housing tenants are often the most socially and/or economically vulnerable groups in society. Existing vulnerabilities, combined with an economic downturn prompting higher levels of unemployment and costs of living as

well as cuts to support services and welfare benefits, puts these groups most at risk of negative outcomes such as spiralling debt, family breakdown, and declining mental and physical health.

Social housing providers therefore face a dual problem of increasing demand for their services, combined with reduced funding to meet that demand. The policy developments outlined above – personalisation, localism, community budgets, health and wellbeing boards and so on – could signal that social housing providers will take a more prominent place alongside health, social care and other support services in providing services and making decisions about local populations. This is surely to be welcomed. However, there is a risk in the current climate of sweeping budgetary cuts that social housing providers will increasingly be asked to make up the shortfall in services witnessing a retrenchment in funding.

During the workshops that Demos ran with social housing experts, and the January 2012 *Guardian* housing blog's discussion 'Is the government asking too much of the housing network?', housing providers were keen to emphasise the potential of the sector to provide more, and better, services for their tenants and vulnerable people.⁷² Indeed, given the current reform agendas around personalisation, community-based provision and localism, many felt social housing and home-based holistic and integrated care was the future of support for vulnerable groups, and they were enthusiastic about leading the way. However, the shift of responsibility to more home-based, integrated and preventative intervention could lead to abuse of the social housing sector's social mission, unless it is followed up with adequate funding and a more prominent role for housing providers in commissioning and budgetary decisions.

In the meantime, social housing providers are faced with a mammoth task. While the sector's responsibilities increase, it is likely that the funding it has to meet them will not. In order to meet growing demand and growing expectations of their role, housing providers will need to think more laterally about the services they provide, and start to develop strategies allowing them to do more with less. There are many ways in which this might be achieved – for example, reducing back office costs to

enable greater frontline funding, or through competitive outsourcing of support services to achieve greater cost efficiencies. Such strategies have limitations and associated risks. Another approach has the benefit of being in line with wider government thinking on public service delivery (as identified above); is proven to achieve improved outcomes at lower costs; and, more importantly, is an area in which social housing providers already have a strong track record. This is the provision of integrated and preventative low level support. In the following chapters we explore this concept in more detail.

2 Delivering integrated and preventative support

In chapter 1 we discussed the new policy context in which the social housing sector is operating, and highlighted the social and economic challenges facing social housing tenants and providers. In this chapter we will begin to draw out the ways that social housing can – and in many cases already does – meet these challenges by supporting tenants with low and moderate level needs to live independently in their homes, particularly through integrated early and preventative intervention.

As outlined above, social housing providers draw on funding from Supporting People to enable them to provide low level services for those who are ineligible for state funded care and support. As a non-statutory funding source, social housing providers have greater discretion over how this funding is used creatively to support vulnerable people to remain independent in their homes. However, non-statutory funding is vulnerable to significant reductions at a time of financial austerity, as we have seen in the previous chapter. Nonetheless, many social housing providers, including those we spoke to during the course of this project, felt that providing low level support – ranging from debt and employment advice through to practical help around the home – was an important part of their social mission above and beyond the formal support they might provide through local authority commissioning. Many are looking for creative ways in which they might still provide these services in the face of a substantial reduction in their primary funding sources.

Moreover, there is growing realisation that housing providers can't afford *not* to engage in more preventative and holistic support. A commonly cited problem with preventative work is that the costs are borne by one agency, and the savings are reaped elsewhere – for example by the NHS, social services, criminal justice system and so on.⁷³ Thus there is little financial

incentive to undertake preventative activities, even if there is a strong social mission and duty of care to do so. However, as eligibility for social care funding becomes tighter, so inevitably there will be larger numbers of social housing tenants with moderate needs who receive no support from the state. Social housing providers may need to support these tenants with their own resources. Therefore, if social housing providers can prevent the needs of these tenants escalating this will, in fact, lead to cost benefits to the housing provider itself. We discuss these issues in more detail in the following chapter.

In the light of reduced budgets, social housing providers seeking to fulfil their social mission cannot continue to react to crises in peoples' lives with expensive, acute services. The alternative is to offer lower-cost interventions earlier in the care pathway.

What low level support do social housing providers currently offer?

Although tenants moving in to social housing often have existing support needs, social housing providers already excel in providing various low level support, which can prevent these needs from escalating further. In 2008 the National Housing Federation conducted a full audit of the neighbourhood services and facilities offered by housing associations (other than care and support) for 2006/07 and identified over 6,800 projects and hundreds of community facilities, such as community centres and sports facilities.⁷⁴ These services are offered independently of care and support services, often to all tenants and not exclusively to those with a specific vulnerability or support need.

Housing associations often provide many personalised support services to assist people with low level care and support needs. Stonham, which provides a floating support service to Home Group clients, provides individual and group support for tenants with a range of complex needs. For example, Linx is a community-based floating support service that works for up to two years with young people aged 16–25. It provides weekly individual sessions designed to build young people's skills and

confidence, and gives advice in matters relating to housing, finance, education, health, employment and training.⁷⁵ Sharps is a residential service in Cheltenham provided by Stonham for people over the age of 25 who are recovering from alcohol and drug related problems. It offers tenants support with all aspects of independent living, including welfare benefits, budgeting, employment and training, offending behaviour, emotional and behavioural difficulties, health issues, developing independent living skills, and housing and move-on accommodation.

One of the main areas that Stonham deals with is supporting ex-offenders to reintegrate into the community. Stonham manages a range of residential services for ex-offenders, which integrate the support delivered by other agencies with an individual support plan agreed with the client. The support is provided through regular meetings between the client and a key worker, during which they work through Stonham's 'My Way Forward' assessment and support plan.

Aside from these specific schemes, we found employment support remained a priority during the course of the research we undertook with tenants.

As outlined in chapter 1, only 23 per cent of social housing tenants are in full-time work, compared with 60 per cent of private renters. Those who are in work are often in low paid and low skilled jobs, which are often vulnerable to redundancy in economic slumps. As a result, housing associations have played an important role in previous national welfare-to-work schemes, such as the Future Jobs Fund, and many say that they are currently talking to prime contractors about playing a role in the Work Programme. Inside Housing recently reported that housing providers have also been selected as some of the many second-tier providers that will be supporting 'troubled families' into work through the Government's £200 million troubled families fund.⁷⁶

Outside the statutory welfare-to-work schemes, housing associations can provide unemployed tenants with a wide range of support. Nick Atkin, Chief Executive of Halton Housing Trust, reported in a recent discussion on the *Guardian's* housing blog that the trust uses its power as a contractor to support its

tenants' employment needs, linking their major suppliers and contractors to a contractual obligation to provide local employment opportunities and training and apprenticeships.⁷⁷ Having previously employed tenants through the Future Jobs Fund, Wirral Partnership Homes takes on tenants as apprentices, and manages a training partnership with local colleges. Rather than requiring tenants to travel to the college, training takes place on site in 'community houses', which also act as a base for local tenants' and residents' associations.⁷⁸

Aspire Housing provides a similar service, using its training company to help young people develop their skills, and employing tenants in preference to using agencies. Aspire also sponsors local employers to run apprenticeships, providing financial support to companies that lack the funds to do so otherwise. It runs 'move on move in' training to new tenants, offering help with financial management, DIY and employment.⁷⁹

Box 4

Apprenticeships at Home Group

Home Group is working to strengthen and centralise its approach to employment training. Current apprenticeship schemes are small in scale and localised. From April 2012, Home Group will introduce a nationwide apprenticeship offer to clients and customers, sourcing and managing placements by a single, central team, and creating many more vacancies. Customers and clients of all ages and need profiles will be given the opportunity to participate in three-month work placements, six-month paid work placements and various apprenticeships (in technical, customer service and trade specialisms). There will be structured training and learning for people on the scheme while helping them to work towards a nationally recognised qualification. Over 215 apprenticeships will be offered within Home Group and partner agencies, for example Morrisons, a maintenance contractor in the north east region.

Home Group aspires to use this opportunity to increase the health and vitality of communities, to foster fresh talent within its ranks, and to improve links with partner businesses.

More widely, the offer is Home Group's contribution to the Government's strategies for growth and youth unemployment.

Thus social housing providers can (and often do) undertake a wide variety of low level activities to maintain their tenants' physical and mental health and financial security. The National Housing Federation estimates that of its 1,200 members, around half offer some form of care and support; however, as the work that housing providers do in this area does not have formal access thresholds, unlike statutory health and social care services, it is likely that most housing providers do not simply provide accommodation, but also fulfil some additional supportive roles, even if they remain unrecognised.

Housing only providers

Even those housing providers that do not provide any formal support services still have an important role to play in preventing homelessness, and other negative outcomes associated with poor quality housing. The provision of affordable, safe and good quality housing is in itself of social value. Many tenants might otherwise be living in poor quality accommodation, or indeed be homeless, and the value of homelessness prevention has been proven to be substantial.⁸⁰

Moreover, as outlined in chapter 1, registered providers are required to ensure a certain level of tenant empowerment and involvement, and to work to combat anti-social behaviour.⁸¹ Even those without formal support responsibilities must still endeavour to promote social behaviour, inclusion and empowerment. Though not provided by traditional care and support services, and without statutory funding, this serves an important purpose. Staff from housing providers we spoke to during the course of this project reported spending time sitting with tenants and listening to their problems, because they knew the value of a sympathetic ear, and felt that often people had nobody else to listen to them. A common complaint reported to support workers by clients was that other services did not have

the time to listen to their problems. Housing staff, dealing with tenants at both ends of the need spectrum, felt that it was right for housing providers to do as much as possible to help their tenants, even when this was 'off the clock'.

The social housing providers we spoke to also often described themselves as 'community hubs', offering opportunities for involvement and community cohesion simply by being the 'common factor' in the lives of their tenants. Client involvement is a big part of the work of many social housing providers, and was an extremely positive influence in the lives of the social housing tenants in our focus groups.

Box 5

Client and customer involvement within Home Group

Tenant involvement is already high on the agenda of some housing providers. In 2009, Home Group put into place its three-year plan 'Involving You', and set standards for its implementation across a national framework. The 'menu of client involvement opportunities' sets out the core opportunities that all Home Group's care and support providers are expected to offer, and additional opportunities which all its providers ought to be developing. It circulates an annual survey to care and support managers to monitor their progress against these targets. There are opportunities for clients to be involved with staff recruitment and training, quality control of services, and decision-making at a local and national level.

Keep It Short and Simple (KISS) communication groups arose out of one client's dissatisfaction with the language of documents sent to him by Home Group. Clients and customers meet around once a month to review internal documents and give feedback about how they can be made clearer and more client- and customer-friendly. In 2010/11, 126 clients and customers reviewed 40 documents, changing 80 per cent of them in response to their feedback. Home Group has found this has 'set the standard' for its written communication with clients, and expects that clients' engagement with forms will improve. Clients' knowledge of Home Group and Stonham, sense of being valued and confidence have improved.

The cost benefits of the current approach

There is a robust, although not extensive, body of research demonstrating that the types of support social housing providers currently offer (including some of the schemes outlined above) generate substantial cost savings and play an important role in relieving the growing burden on social care, the NHS and the criminal justice system.

Many of the low level supports offered by social housing providers are funded through the Supporting People programme. In 2008 a report for the DCLG by Ashton and Turl estimated the net financial benefits from the programme were £2.77 billion per annum, against a net financial outlay of £1.55 billion.⁸² This included a net financial benefit of £85.7 million on spending to support women at risk of domestic violence, and of £96.3 million on spending to support people with drug problems. The greatest financial benefit came from spending to support older people in sheltered accommodation: £1,090.9 million. The report also highlighted various non-financial benefits, which added value to the programme's outcomes, including improved health and quality of life for individuals, increased participation in the community, reduced burden for carers, greater access to appropriate services, improved educational outcomes for children, reduced fear of crime, and/or reduced anti-social behaviour.⁸³

Several further studies have highlighted the benefits associated with housing related support outside the Supporting People funding stream. In its submission to the Health Select Committee on Social Care, the National Housing Federation cited the 2009 Department of Health report *Support Related Housing*.⁸⁴ Using a similar approach to study by Ashton and Turl,⁸⁵ the report found that investment in housing-based preventative services delivered significant financial savings and positive outcomes to service users and their families. The report also contained case studies of existing support-related housing. Hestia, for example, provides dispersed supported housing for ten women with chaotic lives. Comparing current support costs for Hestia tenants with the year before they joined, the report found that Hestia delivers annual savings of £33,000 to adult service, £65,000 to the NHS, and £22,000 to local authorities. It

also brought indirect savings to the taxpayer by reducing hospital admissions and the number of children taken into care.

A report by the Integrated Care Network in 2008 argued that housing support services were key to achieving improved health outcomes, which in turn helped achieve significant cost savings based on the early intervention model of public health and accident prevention. It presented evidence of the link to unemployment and poor housing, and reoffending and poor housing. It recognised that while a holistic approach to support can be difficult to achieve in people's own homes, it is more feasible within social housing where the housing provider provides or commissions health and care services with a range of lower level supports (such as employment support).⁸⁶

Also referring to more holistic, whole-person services, Turning Point's report *Assessing the Evidence for the Cost Benefit and Cost Effectiveness of Integrated Health and Social Care* cited the case of the Denver Housing First Collaborative for the chronically homeless, which is an integrated health, mental health, substance misuse and housing service run by a team of multi-agency and multi-disciplinary workers. Using the actual health and emergency service records of a sample of participants 24 months before and after entering the programme, the evaluation concluded that the work produced savings of nearly £3,000 per person. The primary savings came from a dramatic reduction in visits to emergency health services, and a 60 per cent reduction in prison visits.⁸⁷

A 2010 report by Frontier Economics concluded that investment by the Homes and Communities Agency in specialist housing – social housing with adaptations – delivered a benefit of £639 million a year, including: '£219m a year from older people's housing, £199m a year from specialist housing for adults with learning disabilities and £187m a year from specialist housing for people with mental health problems'.⁸⁸

The need to go further – 'earlier' support

From the brief review of evidence presented above, it is clear that social housing providers already offer a good range of low level

and integrated support services, often with funding from the Supporting People programme, and that this can generate significant cost savings for the NHS, social care and criminal justice systems. There is certainly more that could be done, however. It is clear that in order to go further and deliver more with less, and particularly in the face of Supporting People cuts, social housing providers need to be more far reaching in the low level and holistic types of support they provide and be able to secure a wider range of funding sources to achieve this. We might describe this as ‘earlier’ early intervention.

‘Earlier’ intervention includes the early identification of risk factors associated with negative outcomes, and services provided – including to general needs tenants – to reduce these risks. We noted in chapter 1 how certain elements of vulnerability such as low income and unemployment are more common among people living in social housing than in the general population. Social housing providers already know (without collecting extensive data on their tenants) the likely risk factors, even among tenants without formal support needs, for example, vulnerability to financial shocks and (if working) redundancy, potentially poorer health outcomes, and so on. Ways to mitigate these general risks include public health interventions (smoking cessation, healthy eating), budgeting and/or debt advice, and skills and welfare-to-work support.

While all social housing tenants might benefit from this generic support, additional more specialist (but still ‘earlier’ support) could prevent other needs from escalating – including preventing older single tenants from becoming isolated, supporting those who might be vulnerable to depression or stress, and providing ongoing support for those recovering from substance abuse to prevent a relapse.

A large proportion of social housing clients are those with learning or physical disabilities who are on a path towards independent living. For example, according to Stonham data, 34 per cent of Stonham clients have either a physical or mental disability. For learning disabled, or those born with a physical impairment, clearly, there is no ‘prevention’ in its traditional sense. However, social housing providers can support tenants

with these disabilities by recognising and mitigating risk factors that may cause existing problems to escalate, and ensuring they are less vulnerable to certain risks.

These are examples of ways to provide earlier intervention, prevention or risk mitigation:

- offering employment and debt support at the point of job loss (earlier intervention)
- offering employment, skills and budgeting support for all tenants, including employed (risk mitigation)
- setting up clubs and befriending schemes to improve the social capital of older or isolated tenants such as young single mothers
- giving bereavement support
- offering ante-natal social support groups for young mothers
- providing peer support groups for weight loss, recovering substance abuse, and walking clubs to improve physical health
- setting up circles of support and buddying schemes to keep an eye out for vulnerable neighbours
- offering English and second language or literacy support
- providing welcome packs and connecting to local clubs
- facilitating neighbour contacts for new tenants

What do tenants think?

During focus groups, we spoke to social housing tenants about their current support needs and where they saw a role for their housing provider in helping meet these needs; the idea of providing 'earlier' support was very popular.

Those receiving support services from Stonham were universally positive about the organisation and full of praise of the type of support they received and the staff who delivered it, but general needs tenants living in home accommodation (with no additional support) were far less positive and felt less engaged. By hosting mixed groups, we and the tenants were able to compare their experiences of receiving and not receiving support. Home Group general needs tenants felt far more could be done for them, and they would have benefited from some of

the low level support services mentioned by their Stonham counterparts during the course of the discussions. General needs tenants still felt they had needs, of a sort, which they would have welcomed Home Group assisting with:

I really don't think that a lot of social housing really take care of their tenants, that's my view. Even though you as the tenant will be phoning to find out what sort of things can I get to assist me, I was being told 'someone will call you back' and no one ever did. Until things get absolutely dire.

If my housing officer was the first person who approached me when I needed something, it's not saying to us, 'oh you need a support organisation to come and support you', it's saying 'here is your agent for the landlord'... I think that would be easy for somebody to accept [help from].

We asked general needs tenants and those receiving support what types of services would benefit them ('If you could choose, what services would you want your social housing provider to help you with?'). Most of the additional services they suggested were relatively non-specialist, general and low level.

These are the suggestions they made that are relevant to all tenants (general needs and care and support):

- adult learning
- skills sharing
- more follow-up contact after an incident in the community (eg a violent crime)
- apprenticeships or work experience within the housing provider
- mentoring or befriending schemes
- information about accessing one-off grants (eg support loans, furniture grants)
- welcome packs
- debt and benefits advice
- host community training to raise awareness of new groups moving into the community (eg domestic violence survivors)
- help with furnishing a home
- one-stop shops or information centres

These are the suggestions they made that are relevant to care and support tenants only:

- out-of-hours support for mental health issues
- more support for people using self-directed support

Focus group participants were unanimous in their wish for employment-related support and peer mentoring services to be provided. Many were keen to expand their skills and gain experience and qualifications that would help them find employment. They had a universally poor experience of Jobcentre Plus, some describing it as an inflexible and punitive system. In contrast, many had positive relationships with their key workers, and naturally thought this form of support was more effective in providing personalised help with the transition from welfare to work.

Some of the younger attendees were interested in applying for apprenticeships, but felt that opportunities were limited. They viewed their existing relationship with their housing provider – a big employer – as a way into work, and were very keen for Home Group to offer more apprenticeships and work opportunities to people living in Home Group and Stonham accommodation. One focus group participant commented:

Home [Group] is obviously a very big industry, one of the leading landlords in the country; surely there's work experience within the Home Group itself, whether it's maintenance of property, seeing as how there's constantly repairs surfacing that need doing? I'm not a qualified electrician, but I've got a couple of years' experience, and I'm a qualified roof-tiler... Even basic maintenance, if you have experience, could you maybe help with that, and move on to a job within Home Group?

As outlined above, Home Group has already started its apprenticeship scheme to provide some opportunities along these lines, but this is not a standard offer in the social housing sector, and there are few opportunities for less formal placements, such as work experience or job shadowing – or

established processes by which tenants can find out about and apply for vacancies (rather than training) within their housing association.

Tenants were unanimously interested in having more peer support. Opportunities for providing this were suggested in a variety of contexts, including welcoming new tenants, acting as an additional point of contact to the housing officer, checking on neighbours and running skills-sharing classes. Many, particularly care and support clients who were grateful for the help they had received in the past, spoke of this as a way of 'giving something back' to the housing provider. Others saw it as a way of developing their skills and experience, potentially giving them greater opportunities to find paid work in the future.

Many housing providers are already implementing these sorts of services (some of which we describe above), and they should be considered examples of best practice, but it is clear from the conversations Demos held with housing managers and tenants that there remains significant unmet demand for such services, which are not currently being provided consistently by all providers or between sites operated by a single housing provider.

3 Barriers to better working

Overall, it is clear that social housing providers need to think more creatively about the types of low level and integrated support services they provide in order to do more with less, and reap financial cost savings among their client groups by preventing needs from escalating. Many social housing providers offer low level support services already, and the cost benefits of these current activities are significant. Nonetheless, more can be done, and there remains unmet need for general assistance with issues such as skills and employability across the tenant need spectrum. This chapter will consider the potential obstacles to such an approach.

Lack of integration between health, care and housing

Health, care and housing have traditionally been funded and commissioned separately at national and local level, despite considerable evidence of the overlap between the outcomes of the three areas. As we describe in chapter 1, the Government is more frequently acknowledging the role housing has to play alongside health and care services, and there are promising signs such as the inclusion of housing providers in the Think Local, Act Personal, partnership. However, there is still a considerable way to go before this translates into concrete changes in commissioning and delivery.

A report from the All Party Parliamentary Group on Housing and Care for Older People, *Living Well at Home Inquiry*, cites substantive evidence of the importance of integrated health, housing and care in improving wellbeing and various health-related outcomes for older people, and preventing the need to move to residential care. It also notes that the NHS spends £600 million every year treating people for conditions that have arisen

because of poor housing.⁸⁹ Yet when the Coalition Government committed £150 million to reablement services⁹⁰ and gave hospitals a 30-day duty of care post-discharge to ensure readmission is avoided through community care, housing providers were virtually excluded from the reablement conversation, despite offering much home-based support.

Even the independent Dilnot Commission on the funding of care and support, published in July 2011, which showed a promising move towards acknowledging the value of housing to good health and social care outcomes, does not go as far as to call for the full integration of health, housing and social care but rather talks of an increased duty to cooperate.⁹¹ Most recently, when David Cameron ordered greater integration between health and care and signalled his personal commitment to this, there was no mention of housing.⁹²

One sector expert we spoke to during our workshop commented on this situation, saying there was an ‘intractable value hierarchy, in which health is king, then social care, then housing’. The experts felt that, historically, health professionals were very well attuned to housing and living conditions. Until around 15 years ago, community nurses still carried out housing assessments. However, as fewer people now live in what used to be described as ‘squalor’, as a result of improvements in housing and policies such as the decent living standard, housing conditions are considered less likely to determine other outcomes.

In fact housing has been seen as an afterthought to the health and care integration conversations for a number of years. In 2008, the Labour Government published *Housing, Care, Support*, with the aim of developing a regional framework for commissioning shared outcomes across health, social care and housing. Its recommendations, which included aligning the Joint Strategic Needs Assessment and Strategic Housing Market Assessment, and using the Supporting People Outcomes Framework as a guide for commissioners, were never implemented.⁹³

The local joint strategic needs assessment is an example of a missed opportunity to integrate housing into health and care. The duty to carry out a joint strategic needs assessment,

introduced in 2007, rests with top-tier local authorities and primary care trusts, with no formal recognition of the contribution that housing makes to health and care.⁹⁴ The core joint strategic needs assessment dataset contains two housing indicators – tenure and level of overcrowding – both of which are optional – and two indicators on tenure and overcrowding for people with mental health needs and learning disabilities living in settled accommodation. All social care indicators within the joint strategic needs assessment core dataset (physical disability, learning disability, mental health, substance misuse and so on) fall within the domain of social services, although people living in social housing tend to experience these types of problems more frequently than those living in private housing, as a cause and a result of low income and other vulnerabilities. The Department of Health’s *Guidance on Joint Strategic Needs Assessment* suggests that the joint strategic needs assessment could be used to inform local housing and Supporting People strategies, but with no specific avenue for housing providers to provide input on the needs of their clients, this can remain a one-way conversation.⁹⁵

It is possible that the imbalance between health, care and housing will be rectified when health and wellbeing boards take responsibility for joint strategic needs assessments, as we explained in chapter 2. However, as there is no statutory duty for housing providers to be given a place on the boards, it is not guaranteed that their creation will rectify the imbalance. We return to discuss the importance of housing providers being represented on health and wellbeing boards in chapter 4.

Housing and the Work Programme

The Work Programme could be an opportunity for housing providers to become more involved in the provision of employment support. Launched in 2011, the programme aims to find jobs for 2.4 million long-term unemployed people over the next five years, through payment by results contracts with approved providers. Incentive payments to providers are tiered, with higher rewards for harder-to-help clients.⁹⁶

Eighteen prime providers will deliver the contracts – including 15 from the private sector, two from the third sector and one from the public sector. The prime providers are able to use specialist subcontractors to deliver services – promisingly, 35 housing providers have been chosen as subcontractors,⁹⁷ suggesting there is growing recognition that working through housing providers is an effective way of targeting some of the harder to reach groups.

However, the Work Programme does not support early intervention. Unemployed people need to claim Jobseeker's Allowance for up to 12 months before they are eligible for support from the Work Programme. Work Programme providers might subcontract from social housing providers to supply specialist employment support, but the clients will have been unemployed a considerable amount of time at that stage, by which time the opportunity for early intervention or rapid return to work will have passed.

In addition, initial evidence suggests that the subcontracting relationship has not been an entirely positive one. When the National Council for Voluntary Organisations carried out a survey of its 110 members who are delivering subcontracted services under the Work Programme, 55 per cent of respondents reported that they had not been included in the wider commissioning process, including identifying needs, and designing and evaluating services, and an additional 25 per cent said they had only been included 'to a small extent'. More than half (58 per cent) said that they did not feel the prime provider had adequately shielded their organisation from financial risk.⁹⁸

In September 2011, Inside Housing reported that social landlords were becoming disillusioned with the Work Programme because of the lack of guarantees for funding and referrals, and were instead opting to finance their own employment schemes.⁹⁹ This potential breakdown in the Work Programme so soon after its launch is a concern, but provides an opportunity for housing providers to think more strategically about their priorities – whether they should actually be providing earlier intervention for those more recently

unemployed to achieve a rapid return to work, rather than working only with those eligible for Work Programme support.

Cuts to funding for housing-related support

As outlined in chapter 1, local authorities are facing a difficult period following the removal of the ring fence around Supporting People funding – the main funding stream for housing-related care and support outside social care budgets – in 2009, and its payment as part of the Formula Grant from 2011, which also leaves the money allocated to local authorities vulnerable to competing priorities. The 12 per cent reduction in real terms over the next four years has led to some local authorities cutting the funding by up to 50 per cent. This is having a direct and drastic impact on the services housing providers are able to offer. Researchers from the Local Government Information Unit spoke to 187 people representing 139 councils, and found that ‘despite an awareness of the financial and social benefits of the [supporting people] programme, councils were still cutting their level of service’.¹⁰⁰

These were the key findings of the resulting report (*Promoting Independence*):

- The majority (54.2 per cent) of housing-related support budgets had been cut by between 1 per cent and 25 per cent over the 12 months preceding October 2011.
- The budgets of 22.1 per cent of respondents had been cut by more than 25 per cent.
- More than two-fifths (43.5 per cent) of respondents reported that they were reducing the level of service they could offer in order to make the savings.

Despite this:

- More than nine-tenths (90.9 per cent) agreed that reducing the availability of housing related support ‘will create more costs elsewhere in the system’.

- Nearly nine-tenths (87.7 per cent) agreed that reducing the availability of housing related support ‘will put vulnerable people at risk’.
- Only 2.7 per cent agreed or strongly agreed that ‘Supporting People services have been successful in my local area’.¹⁰¹

The impact of cuts to Supporting People services were further demonstrated in a risk impact assessment commissioned by the Isle of Wight LINK in October 2011.¹⁰² Isle of Wight council cut its Supporting People budget by 50 per cent in March 2010, terminating many Supporting People contracts and leaving 1,100 vulnerable people without support. Eight months after the funding reductions Supporting People providers reported the following:

- More tenancies were at risk and ‘notice to quit’ procedures were more common as those with mental health needs had their hours of support reduced or stopped.
- Anti-social behaviour had generally increased and cleanliness declined at a teenage parent support service.
- The lack of financial support available had deterred some landlords from providing accommodation for probationary support.
- Accommodation placements were breaking down sooner than in the past and there was evidence of increased homelessness, offending, self-harm, substance misuse, and health and financial problems among supported younger people.
- There were more falls and alcohol-related problems, and an increase in the need for care among older supported people.¹⁰³

Clearly cuts to Supporting People funding have a direct effect on social housing providers’ ability to provide early intervention in all its guises. An understandable response to reduced funding is to reserve scarce resources for those with the greatest needs, as in social care. Social housing providers may inevitably find themselves in a similar situation. Representatives from housing providers we spoke to during the course of this project have found that Supporting People funding is becoming

increasingly difficult to access, which is putting pressure on housing providers to deliver services with fewer resources, and preventing them from developing new projects with an important preventative element. For example, Home Group had developed plans for a project in Copeland, Cumbria, which would have provided accommodation with floating support for ten vulnerable young people:

To give them that support, work with them to stay in the tenancy, and once they come off that support, leave them in that property as an established tenant, and then the next empty house that comes up, that one goes into the project. So we're not expecting people to go into a property for 2 years and then have to move on like our traditional Supporting People housing project, if you like, so they can actually put their roots down and know that they'll be staying there for a long time. But unfortunately we need Supporting People to fund it to make a go of it, because there's less funding around because of government cuts.¹⁰⁴

Box 6

Stonham Community Move-on Service, Newcastle

An older client, Bryan, had lost supportive relationships with his family because of his drug use and long offending history. Stonham gave him accommodation in its move-on service in Newcastle, and with support he was able to maximise his benefit entitlements, sort out payment plans for utilities (where previously he just got into debt) and address his health issues.

Meeting his support plan goals, and having started to visit his family again, Bryan decided he was ready to live independently. As a result of Stonham's close working relationship with customer services in Home Group, staff were confident to reassign the same flat to him as an assured tenant. With this stability, Bryan has gone from a life of crime and sofa-surfing to being able to take his first steps into employment.

Cuts to funding for social care

Those who are not eligible for social care funding from the local authority often rely on Supporting People funding to meet their

needs. Those with more complex needs receive funding for support from the local authority. Eligibility for funding is based on an individual's income and level of need. To assess the latter, local authorities in England use the Fair Access to Care Services (FACS) guidance, which identifies four levels of support need: low, moderate, substantial and critical.

Recent Demos research into the impact of public spending cuts on local disability services revealed that 81 per cent of local authorities have set their FACS level at substantial needs and above for 2011/12, so only those with substantial or critical needs are eligible for free or subsidised care. A further three councils reserve eligibility for critical needs only, while just two provide support for all levels of need. The number of local authorities reserving care for those with substantial and critical needs only has increased significantly since 2006, and from 109 in 2010/11 to 123 in 2011/12. A further three councils reported that they were consulting on raising their eligibility criteria from substantial to critical.¹⁰⁵

These increasingly restrictive access thresholds for social care support make it much harder for housing providers to offer lower level support to their tenants. As local authority funding is reserved only for those with more complex needs, the low level, preventative support, goes unfunded, so housing providers cannot contribute the levels of preventative and early intervention for their clients they would like to. Tenants may only be referred to housing with support providers once their needs have escalated to substantial – even critical – levels, then the opportunity for earlier intervention has long passed.

We were also told that housing support workers are increasingly stepping into the breach when social care work is withdrawn. Service managers frequently spoke to us of support workers performing the roles of social workers in cases where a tenant has care needs, but is not (or is no longer) assessed as eligible for state funded social care. As more people with moderate (and sometimes substantial) needs lose social care support, so social housing providers, in fulfilling their social mission, may increasingly go beyond their remit and provide more specialist (and costly) care, which ought to be met by local

authority social services. This is a particular challenge for those social housing providers that also provide care and support services. They may be in a difficult situation whereby the local authority withdraws care and support funding from one of their tenants, only to have the provider's general needs housing staff fill the gap left by their more specialist counterparts. Home Group tenants we spoke to in focus groups described how this happened to housing officers, too, who sometimes went above and beyond the call of duty:

My housing officer is quite good. She was obviously aware of some of the things I was going through, and without a job description, she probably took a bit more on than she possibly should. She was really good that way.

Box 7 Cornwall's floating support service

A client and her partner, who both had learning disabilities, were being abused psychologically and financially in their own home by their son when the client came to Stonham's floating support service in Cornwall. Stonham raised a safeguarding alert, but the authority was unable to act because the couple's disabilities had not been diagnosed.

Stonham initiated multi-agency work to secure a diagnosis in order to challenge the authority and relocate the client and her partner away from her abuser. She is no longer at risk of hospital admission on account of the abuse, or of eviction on account of her son's behaviour. Stonham is supporting her with budgeting, benefits, education and training.

Service managers emphasised that project workers are trained as generalists rather than specialists – they have knowledge in several areas to allow them to identify problems and signpost appropriately, but are not trained to offer specific support for acute needs. The withdrawal of social care support for all but those with the most complex needs is therefore leading to support workers taking on an inappropriate level of responsibility, which undermines their capacity to maintain

various lower level and preventative services, without any recognition (or financial compensation) from the local authority.

Preventative and low level services may seem a luxury in the face of budgetary cuts to social care and housing support budgets. This is an inherent flaw of all preventative services: they require upfront investment before cost savings can be realised, and this is the primary reason why preventative services often go unfunded when resources are constrained. Funding is inevitably reserved for those with the greatest need, and there is little opportunity to divert funding into preventative activities, even though it is recognised that it would reduce spending overall.

A growing lack of funding and working to different service thresholds puts pressure on housing providers to focus services on the most vulnerable groups, where funding is still provided, and limited internal resources need to be directed to fill the gaps left by reduced social care coverage. This inevitably leads to those at the other end of the need spectrum not receiving support. This was borne out in our focus groups: the experiences of general needs tenants and tenants receiving care and support were very different. This suggests that what is in reality a spectrum of need is being treated as a polarisation of need, with supported clients receiving far greater levels of personal attention.

As outlined above, Demos held a series of focus groups with a mix of participants, some with general needs and some receiving care and support services from Stonham, the care arm of Home Group. This gave us an opportunity to compare the views of the two groups simultaneously, and enabled the two groups to compare their experiences. We found that general needs tenants were far less positive about their experiences, and frequently expressed interest in the types of services the Stonham clients received. Many were surprised at the range of services and opportunities on offer and the level of contact and overall involvement Stonham clients had in the organisation. One commented 'it sounds like heaven'.

In contrast, general needs tenants felt they had very little contact with or attention from the housing provider. A key part of this problem was the role of the housing officer and key

worker. General needs tenants are allocated a housing officer, but housing officers have a large number of clients. A service director for one housing provider told us that neighbourhood managers in London cover around 700 housing units, while care and support housing officers cover around 350. Support workers have much smaller caseloads of five to ten people. The housing provider in question had attempted to overcome this difficulty by displaying neighbourhood managers' photos and contact details on each block, to make them more visible to tenants. Neighbourhood managers also spent very little time in the office, and lots of time 'out and about' in the community.

There was an array of further difficulties arising from general needs tenants and support needs tenants having different first points of contact. Accessing services on offer was a particular problem for general needs housing tenants, but care and support tenants, who had a designated support worker, found the process a lot simpler. They already had an existing contact whom they could approach with queries and use to access a further range of information and support from different sources. General needs tenants frequently reported not knowing who their housing officer was, and never having met them. Without a specific point of contact to draw attention to available services, general needs tenants had a limited awareness of what was on offer, with focus group participants often highlighting services that others in the group were interested in, but had never heard of. One focus group participant thought that these services were not widely advertised in public places because they were aimed at people with hidden, socially undesirable problems.

We were also told that housing officers sometimes failed to spot major changes in peoples' lives – in one case, housing officers had not realised for several months that a tenant had died in hospital. This is obviously an extreme example, but was illustrative of the general feeling among tenants that their housing officers simply did not have enough contact with them to notice changes in their circumstances.

In cases where some regular contact occurred, relationships were much better, because housing officers were able to develop a better awareness of their tenants. Apart from allowing housing

officers to gain information about their tenants, there was clearly an appetite among tenants for more personal contact with the housing provider, through housing officers, to allow them to communicate any difficulties they were having, and to reassure them that they were not being ignored.

Compartmentalisation of funding streams and silo working

Several housing service managers we spoke to were concerned about the compartmentalisation of funding streams, and the restrictions this places on where money can be spent. The multiple funding and commissioning streams – including Supporting People, the Extra Care Housing Fund, NHS and social care funding – that are accessed to deliver care and support services to a particular client have strict and often not wholly compatible eligibility criteria, but may have realms of responsibility that overlap and duplicate each other.

Fragmented services have a direct impact on the quality of life of clients. Those we spoke to were generally satisfied with the support they were receiving, reserving particular praise for their support workers. Many thought that the housing-related support services they received were fundamental to their recovery, and some focus group participants said they did not believe they would be alive without the help of their support worker:

She's an angel. I couldn't have done a thing without her.

The saving grace has been Stonham getting involved with things.

However, virtually none of the care and support clients whom we spoke to in focus groups were receiving housing-related support in isolation. Many public, private and third sector partner agencies were involved in their support package – even general needs tenants still relied on Jobcentre Plus, or debt and older people's advice services. Tenants recognised that the lack of service integration among these agencies was an ongoing problem, with one participant describing different service

providers as having ‘tunnel vision’, only concentrating on their particular area, rather than trying to see ‘the big picture’, and failing to communicate with colleagues in other service areas. This led to gaps in support, duplication of effort, confusion over lines of responsibility, and a poorer service for tenants overall.

Tenants saw support workers for those receiving care and support within their social housing units as coordinators and gatekeepers of sorts, bridging some communications between Jobcentre Plus and health and counselling services, for example. But general needs tenants, who did not have the assistance of a support worker, found the fragmentation of services and confusion of lines of responsibility were pressing issues, although they tended to rely on fewer services.

Box 8 Stonham family intervention

A social landlord referred family C to one of Stonham’s family intervention projects because they were at risk of becoming homeless through anti-social behaviour and multiple tenancy breaches. The family had previously been supported by voluntary agencies but Mrs C refused to engage and the support would cease.

Stonham staff took time to gain Mrs C’s trust before guiding her in identifying her family’s support needs. Stonham’s support helped Mrs C understand her rights and responsibilities under her tenancy agreement and the consequences of allowing the situation to continue. Supported to take ownership of engagement with social services, her children’s school, and youth offending, neighbourhood and drugs teams, Mrs C now takes responsibility for keeping her house safe for her children, who are no longer at risk of being made homeless or taken into care.

Research by the Joseph Rowntree Foundation (JRF) explored the contested boundaries and responsibilities involved in providing housing with care for older people, and found that a particular problem behind this was a lack of understanding

among professionals of the work housing providers undertake.¹⁰⁶ The JRF's findings echoed ours. Housing and care managers we interviewed told us that often difficulties defining the boundaries of roles and responsibilities arise because other services are not fully aware of the work housing providers do with their tenants, and underrate its preventative value. One service manager described her impression that specialist services viewed housing support workers as 'less professional' than they were, and saw them as less qualified to make decisions about the level of support tenants needed. As a result partner agencies of housing support workers would not place much weight on their opinions or advice. The service manager countered this perception by arguing that her staff's regular contact and close relationship with clients made them extremely qualified to make judgements about their needs – a view shared by the tenants we spoke to in focus group settings.

A related further problem – also identified by JRF – is that escalating needs may not be dealt with appropriately. The service managers we spoke to stressed that identifying early warning signs of potential problems among their tenants was a core part of their daily work. When they noticed a problem developing, they passed it on to appropriate support agencies, or statutory services such as the NHS or social services if the problem was severe. However, they did not find it easy to get referrals accepted, and the manager of one housing provider we spoke to said staff were not directly informed about the outcome of referrals.

Similar problems occurred at the end of an intervention when statutory services were withdrawing support. One provider reported that they had often challenged social services for stepping back too far, leaving clients vulnerable to relapses. Contested responsibilities for housing-related support are inextricably linked to the compartmentalisation of funding streams. One Stonham service manager commented:

It can be very difficult to get either the health services or social services to take responsibility [for a client], because obviously by taking responsibility, we're also agreeing to take on the cost of that person's care.

In an environment where funding is limited – for all organisations – there is a risk that disagreements between statutory services (and budgetary responsibility) will occur more often. A director of care and support suggested to us that the distinction between the roles of housing providers and statutory bodies was easier to make for children’s services than for adults’ services. If a child is perceived to be at risk, social landlords have a statutory obligation to refer them to social services, but there are no clear guidelines for when adults should be referred.

The aforementioned JRF report on contested responsibilities argues that intervention (or a referral to the appropriate statutory body) often only falls within the housing provider’s mandate when it is likely to result in a breach of the tenancy agreement (failing to maintain the property adequately, noise nuisance and other forms of anti-social behaviour).¹⁰⁷ When no breach is likely to occur, the case for intervention or referral is less clear. However, the representatives from housing providers who attended a workshop run as part of our research emphasised very strongly the social mission of social housing providers, and argued that preventing poor outcomes and proactively supporting tenants towards independence and wellbeing – rather than simply reacting to breaches of tenancy – was a core part of their mandate.

Undoubtedly, the cost-shunting that occurs when multiple agencies (each with their own area of responsibility and budgetary pot) support an individual leads to disjointed services. It can also fundamentally undermine preventative work, because when support services are spread across multiple agencies, the agency that spends on preventative services is not the one that then enjoys the cost savings, as low level and acute services are rarely delivered by the same organisation.

So within health and social care, it is widely understood that the preventative work social care staff undertake saves the NHS considerable amounts; the former bears the costs and the latter reaps the rewards. This was an inherent problem in the otherwise highly successful Partnerships for Older People Projects (POPPS) pilots, where low level preventative work with older people achieved considerable reductions in emergency

admissions and hospital bed days.¹⁰⁸ POPPS pilot sites adopted different strategies to ensure those bearing the costs of the POPPS services were financially rewarded for the cost savings they generated, including financial transfers and pooled budgets; however, this still proved a complex and problematic area for the pilot sites to tackle.¹⁰⁹

The range of preventative work that social housing providers may engage in with vulnerable groups might reduce costs relating to social care, the NHS, criminal justice, anti-social behaviour and welfare-to-work systems. Yet few of the stakeholders in these areas have experience of shifting funding between their budgets and those of other early intervention providers in recognition of the value of preventative work. In a time of budgetary cuts, the willingness to engage in such an endeavour is even more limited. In any case, calculating the amount that ought to be transferred is extremely challenging, based as it is on a robust cost–benefit analysis, which quantifies how much each agency stands to save based on various assumptions on prevented negative events (eg prevention of hospitalisation, anti-social behaviour or arrest, or unemployment). It also requires evidence to demonstrate a causal link – did the prevention work undertaken by the upstream provider (social housing) actually prevent hospitalisation, or would that have been avoided anyway? Such future events are difficult to predict without randomised control trials, comparing populations with and without preventative interventions, to demonstrate the impact the intervention had. As Turning Point explains, these can be ethically objectionable if it is believed that the preventative scheme will deliver some benefits but are also expensive and resource intensive.¹¹⁰ We discuss how social housing providers might make the case for funding transfers from ‘downstream’ agencies in the next chapter.

Limits to early identification and early intervention

Though intervention at the earliest possible stage after a problem develops is the most desirable situation, it is not always feasible for housing providers. Often social housing providers only come

into contact with clients after a problem has arisen or reached crisis point, frequently as a result of a failure by another agency (such as social services) to intervene earlier, by which time the opportunity to put in place many of the most effective preventative measures has passed.

Many services – drug and alcohol teams, mental health teams and social services, for example – by definition, do not intervene until after a problem develops. This is a particular problem for social housing providers, which receive referrals from such agencies. We reviewed data from the case files of 50 Home Group tenants and Stonham clients, and found that many of these tenants had moved to Home Group housing and started receiving Stonham support following a social care referral. This indicates that the person's support needs had escalated to the point where they were eligible for statutory funded care before it was considered appropriate to refer them to Stonham. Home Group's general needs tenants also had many problems, ranging from being unable to pay rent arrears to mental health needs. Inevitably many of those who move to social housing have become eligible for it following a crisis (such as homelessness), and those allocating social housing prioritise accordingly.

In focus groups, we asked tenants who were receiving housing-related support to identify any trigger events that had prompted a change in their housing or support needs. We also collected case history data from Stonham support workers on the reasons for their initial referral of clients, their current support needs, and any change in needs that had triggered a change in either their support or housing. Respondents identified two broad categories:

- long-term problems – health deterioration, drug and alcohol misuse, domestic violence, teenage parenthood, rent arrears or debt, homelessness, disability, anti-social behaviour and bullying, elderly people in need of support
- short-term problems or crises – bereavement, redundancy, accident and injury, imprisonment

There is some overlap between the two categories, with sudden health deteriorations or relapses into drug and alcohol use falling within the 'short-term' category. The support needs of housing tenants include a mixture of both types of problem – our data show there is an approximately 70 per cent/30 per cent split between long-term problems and short-term problems. We asked support workers in a questionnaire whether in specific cases they knew if early intervention could have prevented problems from escalating; they believed this would have been possible in only 13 per cent of cases. At what stage in a person's journey through housing and support does early intervention become feasible? Sometimes housing providers cannot prevent the crises that lead to a referral to support services, because they originate or occur before the person is in that tenancy (particularly homelessness and difficulties experienced by young care leavers; also other long-term pre-tenancy problems) or because they are sudden crises that are impossible to predict during the tenancy (such as job loss, accident and injury or bereavement). In addition, some people with congenital disabilities that are impossible to prevent require lifelong support to live in independent accommodation. But in cases where early intervention in the traditional sense is impossible, housing providers still have a role: to identify any vulnerabilities or risk factors before problems arise and to stabilise tenants to prevent any further escalation or relapses with low level and preventative interventions.

The limitations of prevention in social housing settings clearly demonstrates that early intervention and prevention is only effective if shared across sectors, with all organisations (from probation services to GPs and community nurses) taking responsibility for detecting problems at the earliest possible stage, and communicating effectively with partner agencies. In the current climate, where budgetary cuts are moving many agencies away from preventative working, this is becoming more of a challenge, and social housing providers are more likely to see clients with significant and entrenched needs referred to them, and options for prevention in the traditional sense are very limited.

Identifying problems

In order to act quickly when problems arise – or better yet to identify risk factors and act to prevent problems from occurring in the first place – there is a need for information to be collected about individuals to ensure all their needs and potential risk factors are captured as early as possible. Representatives from social housing providers and sector experts we consulted during our workshop agreed that their sector needed to improve its data collection and tenant profiling. In a 2010 review by the Tenant Services Authority, 75 per cent of social housing providers held basic information for all of their tenants, while only 35 per cent held information about support needs and communication preferences for 75 per cent of their tenants. 25 per cent of providers even reported that they only had such information for less than 25 per cent of their tenants.¹¹¹

Some experts felt the lack of data collection was in part due to the increased distinction between care and support services and housing services, brought about by the way in which these services are funded and their increasing focus on those with the greatest needs. Again, the polarisation between general needs tenants and those with support needs is apparent, with the former not routinely given a needs assessment when first arriving. It was felt that if this assessment was carried out for every new tenant, many hitherto unidentified needs might arise and could be dealt with swiftly rather than after time had elapsed and problems had escalated. Some housing providers we spoke to did undertake such assessments for all tenants, but this was not standard practice, and many reserved needs assessments only for those being referred to the provider with existing needs. A related problem highlighted in our interviews is that under the current system when new general needs tenants are assessed as needing extra care and support, perhaps in supported accommodation, they are referred back to the statutory services for another assessment to access the funding for the appropriate care package.

Such disjointedness can be particularly difficult where the assessment process is shared between different agencies. One service director whom we interviewed explained that outside agencies carry out a needs assessment on people being referred

to supported housing (eg NHS teams would assess for mental health needs) to establish their eligibility; the housing provider then assesses whether that person is suitable for a particular supported housing project. The assessment process is different for general needs and care and support tenants, with care and support assessments much more focused on risk and triggers. Another housing manager we interviewed explained that the risk of an inappropriate let – a person being offered a general needs tenancy when they might actually be more suited to, for example, supported accommodation, because of an undetected need – is far higher if the housing provider does not receive appropriate information in advance from social services or health professionals. This was described as occurring in a ‘significant minority’ of cases, but the fact that it occurs at all highlights a weakness within the current system of information sharing. Tenants who are in ‘move on’ accommodation often have better outcomes because they already have a support package in place, and the housing provider is fully aware of their case history. Sharing information effectively between services was described as creating ‘that little bridge’ for the person being supported, helping them to acclimatise quicker to their new environment.

The social housing tenants we spoke to recognised many of the problems with collecting data and sharing information raised by the professionals we consulted. For example, the issue of tenant profiling among Home Group’s general needs tenants was raised in one focus group, but this was felt to be patchy because of the number of tenants (up to 40 per cent) who fail to complete the profiling form they were sent. One man in our focus groups had been living in Home Group accommodation for over three years, and had never been profiled: ‘I didn’t respond; they didn’t follow it up.’

Like direct contact between housing officers and tenants, profiling was felt to be easy to avoid if a tenant did not want to be reached. It relies on self-identification of problems by tenants, and so does not overcome the problem of tenants failing to recognise their own problems. One woman in our focus groups told us that her care and support needs had only been detected when she was trying to secure help for somebody else. It was felt

that some people might not ask for help directly; focus group participants reported neighbours having come to them for help and advice rather than approaching housing management.

4 Overcoming obstacles to better working

In chapter 2, we suggest that housing providers might be able to provide support to their tenants and fulfil their social mission more effectively, in the face of budgetary cuts, by adopting a strategy of ‘earlier’ intervention – to identify and address problems early enough to prevent them from escalating and leading to more intensive (and expensive) support. This inevitably requires various supports to be delivered in a more integrated and holistic way, often across multiple agencies.

It is clear that many social housing providers are already excelling on this front – indeed, they are already delivering considerable savings to the state (particularly the NHS and social services) through their low level support activities. Social housing providers also offer their tenants a very broad range of support services, and link with other services such as Jobcentre Plus and the Work Programme. Thus although social housing providers have considerable experience in early intervention, providing even earlier intervention could prove more of a challenge in light of the obstacles outlined in chapter 3, such as funding cuts and silo working. This chapter will explain how social housing providers might overcome such barriers.

Early intervention and social housing – what can providers do?

The social housing sector is a mixed bag. Some providers, such as Home Group, have extensive care and support provision – 40 per cent of Home Group’s tenants are also clients of Stonham, which provides care and support services on their behalf. Other providers offer no care and support services, but supply affordable and good quality housing to those in need. Any support these tenants might require is commissioned by the local authority or NHS from separate care agencies.

As a result, there is no single method that social housing providers can adopt to ensure their work prevents tenants' support needs from escalating, but there are various options to suit different types of organisation.

Step 1 Identification – the need for better data

Every housing provider – whether they offer care and support services or not – can make an important contribution to their tenants' wellbeing simply by being able to identify problems early on, before they escalate.

Tenants we spoke to said their support needs could result from long-term problems (deterioration of a health condition, accumulation of debt or rent arrears, or long term substance misuse) or from crises (pregnancy, family breakdown, imprisonment, bereavement or redundancy). While we might think that these crises are unpredictable, and therefore cannot be prepared for or indeed prevented, this is not always the case. The vulnerability of some tenants to these crises may well be clear.

For example, young female care leavers are 2.5 times more likely to become teenage mothers than average.¹¹² Every three months a young person below age 23 is unemployed leads to an extra 1.3 months of unemployment between ages 28 and 33.¹¹³ Those with low skills and in low paid work are around eight times more likely to face unemployment than those with advanced qualifications.¹¹⁴ The 2008/09 English Longitudinal Study of Ageing (ELSA) survey found that older people who lived with a partner were less likely to show signs of depression than those who were single, while those who were separated or divorced were even more likely to show signs of depression than other people living alone. Those who were widowed were the most likely to show signs of depression, with a quarter of this group showing some symptom of depression, and widows in the younger age group of 50–64 showing an even greater prevalence of depression.¹¹⁵

It is perhaps almost inevitable that a low income tenant who becomes unemployed may struggle with debt and fall into rent arrears. Mental health problems are also particularly acute

among the unemployed. A study from Roehampton University in April 2010 found that among people who had lost their jobs in the previous year, 71 per cent had suffered symptoms of depression, 55 per cent stress and 52 per cent experienced symptoms of anxiety.¹¹⁶ A study published by the Prince's Trust in December 2010 of 2,000 unemployed 16–24-year-olds found almost half (48 per cent) of young people not in work claimed that unemployment has caused problems, including self-harm and insomnia. Around one in six (16 per cent) young people found unemployment as stressful as a family breakdown, while more than one in ten (12 per cent) claimed their joblessness has given them nightmares. Half of young people seeking work said visits to a job centre made them feel ashamed, and more than half said that job-searching had left them feeling disillusioned or desperate. Moreover, mental health problems increased in line with time out of work. The study found young people were twice as likely to self-harm or suffer panic attacks if they had been unemployed for a year.¹¹⁷

Such evidence can make crises and unpredictable events – such as a job loss, a mental breakdown, an unplanned pregnancy or a conviction – less of a shock, and enable housing officers to anticipate particular problems and, ideally, help protect against them. Of course, housing officers must first be aware of the risk factors that might trigger these events, and this requires a thorough assessment of all tenants' needs and circumstances. A prime opportunity to do so is when a new tenant first arrives at a property.

However, as outlined above, the sector is not particularly advanced in its tenant profiling and data collection. Often, needs assessments carried out on arrival take place only for those with pre-existing support needs. This is the case in Home Group, which only assesses general needs tenants' housing requirements on arrival, so some needs (and indeed, risk factors) may go unidentified and unaddressed. Home Group is carrying out a profiling survey among its existing general needs tenants, covering a wide range of information including health and disabilities, employment and income, children, whether the tenant is registered with a GP, and the services they would like to

see. A fully completed survey would provide a rich source of information to ensure Home Group's services were appropriate to each individual, and would enable housing officers to spot unmet needs and vulnerabilities. However, the tenants we spoke to reported there had been no response to the voluntary survey, and that many simply were not aware of or did not want to tell housing officers about their needs or vulnerabilities.

Therefore, it is vital that a robust assessment is carried out when all tenants (with or without support needs) first arrive – not just to find out any needs they might have, but also to identify potential 'red flags' to create a risk assessment of future problems. That assessment must take family circumstances into consideration so a picture of the household, rather than the individual, is obtained. For example, a general needs tenant moving to a property might be a lone parent, with two children, employed in a low income, unstable, low skilled job. With this basic information the housing officer might be alerted to the vulnerability of the family to financial shocks arising from low income and high outgoings, and be aware of the woman's increased risk of redundancy, and the implications this might have for the children in paying for childcare and so on. The officer might also want to ensure that the tenant is claiming all the benefits to which she is entitled, including tax credits. The tenant might decide to share additional information in an assessment when she first arrives, for example about her family history of mental health needs, or how one of the children has left school and is unemployed, leading to various additional risk factors.

Of course, some general needs tenants may see detailed questioning as an imposition, and do not recognise a role for their social landlord beyond providing a place for them to live. However, all of the general needs tenants we spoke to directly during this project were open to the prospect of receiving additional support or attention from their housing provider – most were very keen, in fact, and felt that even the most independent tenants they knew among their neighbours would still appreciate some timely advice or offers to join relevant groups. It is also important to bear in mind that even the most

basic information, needed to ascertain eligibility for social housing (such as having rent arrears, having a history of domestic violence, being a single older person), is adequate to identify risk factors that can help housing officers be aware of increased risks of certain life events or poor outcomes.

Where such factors cannot be identified on first arrival, perhaps because they are not present, there need to be communication channels to enable deteriorating conditions and long term events, as well as crises or sudden events, to be identified and situations monitored. These need not be part of an expensive home visiting system, particularly given that housing officers are already under considerable pressure with large caseloads. Rather, this could be achieved through a variety of formal or informal channels. For example, some housing providers already co-opt their repair teams into the task of keeping an eye out for their tenants. The most common and frequent (and sometimes the only) opportunity for staff at housing associations to have face to face contact with general needs tenants is when they carry out housing repairs; these occasions should to be treated as a valuable opportunity to ensure the tenant is safe and well.

Box 9

Family Mosaic's 'don't walk on by' philosophy

Family Mosaic provides homes and support services to over 45,000 people in London and Essex. In 2010, the housing provider awarded maintenance and repairs contracts to three companies. Repairs contractors were integrated into the organisation, including wearing Family Mosaic uniforms and embracing Family Mosaic's principles.

As part of this agreement, repairs staff are obliged to look for and report any early warning signs of distress or vulnerability – such as self-neglect or poor health – whenever they enter a property, so that housing managers can put the correct support in place. They fulfil this role in addition to the neighbourhood managers (housing officers), who are trained to be alert to changes in behaviour among tenants.

We have a strap line – ‘don’t walk on by’ – if you see something that’s of concern, report it, deal with it... It’s the culture – that’s the important thing for us: that we embed it within the organisation. I’ll get calls saying, ‘we did a repair and we noticed this’.

Source: Family Mosaic¹¹⁸ and Demos interview

Home repair or handymen should be given the training to learn to identify ‘red flags’ for different types of tenants. For older people they might include the house being in a state of neglect, unheated or with fall hazards, or the older person seeming unwell, isolated or not looking after themselves. They should also be given this responsibility through their contracting arrangement if external to the organisation or as part of their job description if internal. Information could also flow the other way – home repair visits should be an opportunity for tenants to ask for information, to speak to their housing officer, or to report events (such as a job loss) informally. This information can be passed to the housing officer to act on as appropriate.

Another informal route which may overcome issues of unwillingness of tenants to engage formally with their housing provider is through peer communications. Several tenants we spoke to reported that often more vulnerable neighbours would ask them for help or information, and that they knew of important events (such as a death or a fall, an arrest, a violent incident or family break up) when their housing officers did not. Using pre-existing information networks between neighbours to help identify those with unmet support needs or experiencing a crisis event could be a highly effective, low cost and proportionate approach for housing providers not wishing to be intrusive among their tenants. This would require a ‘let us know’ type messaging campaign. A housing officer is intended to be the first point of call for tenants with problems related to their housing, but asking neighbours to be neighbourly by contacting their housing officer if they or someone they know needs help or advice following a job loss, bereavement, separation, deteriorating health and so on may be quite a leap for some tenants who view their housing officer as having a narrow

landlord function. To make such a leap, awareness needs to be raised among tenants of this social function.

A housing provider might go further and create a team of tenants to act as ‘community leaders’, supporting the housing officer in their patch by acting as ‘eyes and ears’ within their neighbourhoods, reporting any problems to the housing officer and disseminating information. This would have various benefits:

- It would enable housing officers to cover their patches more effectively. The problem of large patch sizes for social housing providers was raised during this research, and some general needs tenants reported not knowing who their housing officer was. Having a support team of volunteer tenants would help reduce potential isolation.
- It would benefit ‘community leaders’, in giving them a positive role to play in their communities and a chance to volunteer and develop experience.
- It would be in line with the social housing sector’s mission to encourage tenant involvement.
- It would be better for tenants, who may find a neighbour more approachable than a housing officer, and might be reassured of the visible presence and accessibility of the ‘team’ (some of their neighbours) who they could go to with a problem.

Home Group has a highly developed involvement scheme where customer and client panels meet regularly around the country. Some members of both of these panels attended Demos focus groups, and some tenants used the group discussion as an opportunity to quiz these individuals about what was happening within the organisation. A community leaders’ programme working with housing officers would essentially formalise this information flow and enable more tenants to become actively involved and find out about their housing provider.

Another potentially valuable method of identifying changes in people’s circumstances is through housing benefit eligibility. A housing provider may at first receive rent from a person’s bank account, but later payment is made by the local authority via housing benefit. This suggests the individual has

become unemployed, or experienced a significant drop in income, and may therefore require advice or assistance. Such changes should be seen as triggers for a proactive visit to the tenant by a housing officer to see whether some preventative action might need to be taken, as well as an alert about the increased risk of other negative events (eg debt) occurring.

Finally, where formal housing officer visits are made they should be carried out in a proactive and targeted way to make the most of a limited resource. Tenants we spoke to at Home Group described what they called a 'thin file' strategy, whereby housing officers review and check households where their case files were very thin, indicating little information was known about the household and there had been little contact. Targeted visits following a report of a crisis or change of circumstances might also help identify problems as they emerge.

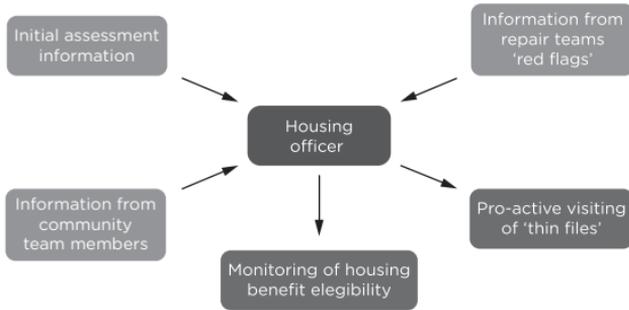
Figure 1 shows how housing officers can identify risk factors or needs early on.

Step 2 Addressing needs

Ideally, once risk factors have been identified, services are put in place to reduce these risks before they cause problems. For example, the woman we described above might be in employment when she arrives as a general needs tenant, but her low income, unstable and low skilled job and single income status could make her vulnerable to unemployment and its negative impacts. Her low income might also be adversely affecting her and her children (as evidence suggests low income is related to poorer health and educational outcomes in children). A preventative and proactive approach to mitigating the negative effects of the woman's current status would be to provide skills support and assistance in increasing her income by securing a better paid and more stable job. This would also improve her resilience against future risks. This intervention would be targeted, based on risk factors being identified at the point the woman takes her tenancy.

Of course, if these risk factors are not identified and risk mitigation support is not put in place, the first intervention

Figure 1 The ways in which housing officers can identify risk factors or needs early on



might be when the tenant loses her job. However, a housing officer will only know this has occurred through one of the communications channels outlined above – a neighbour or member of a community or repair team might pass the information on, or the woman might start paying her rent via housing benefit.

There are a number of options for providing early and proactive support, but it is essential that it takes place as soon as the housing provider is aware of the loss of the job. Housing providers that do not deliver support services directly could guide the woman in the example above to the local CAB or advice line to ensure she has maximised her benefits eligibility. They might alert her to locally available, free adult education opportunities or volunteering. Some providers might want to go further and the housing officer might assist her in accessing a local course or placement, or speaking to CAB on her behalf. The provider might commission skills development, budgeting advice, childcare facilities for unemployed mothers and so on from a local agency or voluntary organisation, on the woman's behalf.

The provider might offer these same sorts of skills training opportunities and back-to-work supports in-house or elsewhere. They may even offer apprenticeships, work placements and job opportunities within the organisation. As we described at the end of chapter 2, it was exactly these sorts of opportunities that the

tenants we spoke to during this research suggested was needed. Housing providers are large organisations, needing many builders, repair men, cleaners, administrators, support workers and other positions that the tenants might be able to fill.

The same principles apply to older tenants – an older couple with a wife providing informal care to her husband and moving into social housing might be at risk of isolation, and the negative outcomes that can arise from being an informal carer, such as physical and mental health decline. Risk mitigation intervention might include creating opportunities to build social networks among older tenants, or developing a peer support network among neighbours similar to Southwark Circle and KeyRing,¹¹⁹ as well as referring tenants to local carers' support networks.

If this preventative work is not undertaken, the next step for intervention might be following the death of the carer's husband. Like the unemployed tenant, the housing officer might be alerted to this through a variety of communication channels, including neighbours and home repair staff. Activities for those not directly offering support include directing the tenant to a bereavement counselling service or a local older activities service such as Age UK or WRVS (formerly the Women's Royal Voluntary Service). Some housing providers might commission such organisations to provide particular services for their tenants; others might deliver counselling or befriending services directly.

Box 10

A good death

Stonham's A Good Death pilot in the north east supports clients who are coming to the end of their lives or have been diagnosed with a terminal illness, to make practical arrangements and choices to enable them to remain in their homes for as long as possible, avoiding the public costs and personal trauma of hospital admission. This is a new area for housing providers, and Stonham is learning from clients what is important to them and how technology can enable them. As well as supporting clients to put their affairs in order, arrange aids and adaptations or learn new skills, Stonham can provide

clients with technology and support them with computing skills.

One client's prostate cancer causes him disturbed sleep and makes it tiring and uncomfortable for him to sit at the computer, which he was using for all aspects of his life. Stonham's intervention enabled him to use his virtual budget fund to buy an iPad, which he can use where he is comfortable. This client is already a Home Group tenant in sheltered housing, and Stonham's support is an enhancement to this service.

Another client with lymph node cancer had to return to the UK from family in Malta to receive chemotherapy. Stonham introduced him to Skype, so he and his wife can keep in touch with their family. Assistance with computing skills has enabled her to shop online, freeing up his time to support her and simply to be with her.

These two approaches – risk mitigation and immediate reaction to needs as they arise – are examples of ‘earlier’ intervention and a more powerful form of prevention than is usually carried out by social housing providers. They rely on advanced data collection and monitoring, and risk mitigation in particular can prove costly. For example, arguably all social housing tenants of working age should be able to access skills and employment support and basic budgeting advice because their eligibility for social housing is a strong indicator that they are either unemployed or on a low income, and could therefore use this generic form of support. This would alleviate the risk of redundancy and poverty by improving their employability, hopefully prompting them to find more stable and better paid jobs, and helping them manage their small incomes more effectively.

The traditional approach would be not to react at this point (where there is no need), nor at the immediate reaction point (where a person first loses their job, as there is no established way of being alerted to this), but at the point at which such problems are more readily identified through existing channels – perhaps when the person in question falls into arrears.

Figure 2 illustrates the three types of intervention.

Figure 2 **The three types of intervention: risk mitigation, immediate action and traditional early intervention**



The underlying principle – the spectrum of need

The approach outlined above related to early identification, earlier working and is only successful if it is applied in a context of a more seamless approach to support provision. We explained in chapter 3 that a key obstacle to effective preventative working is the silo-driven approach that occurs in the health and care systems. Unfortunately, this has been reflected internally by many housing providers, which see their general needs tenants and those who require care and support as two distinct groups – with perhaps a third distinct group being those receiving lower level support or floating support with Supporting People funding.

This is understandable given the two immutable barriers that divide these three groups – eligibility for Supporting People funding and social care funding. However, if social housing providers hope to implement an approach where earlier intervention is part of a journey where problems are identified and addressed early on, they must provide greater entitlement to assessment and forms of support across the need spectrum. The ‘all or nothing’ approach – where general needs tenants have little or no support while funding is concentrated on those in more acute need – will fatally undermine an earlier intervention approach. Moving to a spectrum where support is delivered according to need rather than funding stream will be very challenging without fundamental changes to the way social care and the Supporting People programme are delivered, and to the culture and organisational processes of supported housing providers, local authorities and commissioners.

However, we are starting to see such changes. While we cannot underestimate the huge impact the withdrawal of Supporting People funding will have, those in our expert working group believed the reduction is an opportunity to be freed from the constraints this resource brings with it. Having to source new funding requires managers to think more carefully about a person’s need, rather than shoe-horning them into a preset package that would make them eligible for Supporting People. More positively, the advent of personal budgets will see people have more freedom over the types of support they purchase, including services which hitherto might be considered low level or inappropriate. For example, someone with a personal budget at Home Group might well spend part of their funding on Stonham support, but part on cleaning, IT training or skills support, which might be the traditional fare for general needs tenants. This may have financial implications for housing providers whose support arms are distinct from their accommodation services, and for those who outsource their support entirely. Nonetheless, this allows for a greater blurring of the lines between service groups. Health and wellbeing boards will bring public health issues and prevention within the remit of clinicians and social workers.

While it is still a leap to move to a more seamless spectrum approach, now would seem the best time to make such a move, as local structures which had hitherto divided client groups are starting to fall away.

Culture

Earlier in this chapter we considered structures and processes around assessment, monitoring and delivery that need to change, but moving to a spectrum approach will also require fundamental cultural change. Most housing providers have accommodation and support services, but these are often seen as discrete businesses, with separate staff and management. This may well encourage a different culture, principles of working and approach, as the experience of general needs tenants and support clients can be very different. This is also a missed opportunity for knowledge sharing internally: if housing officers are to be expected to provide greater support for earlier intervention and risk mitigation, or to facilitate self-support networks (described further below), they will require training.

It would seem an ideal solution to facilitate a staff rotation system, to enable housing officers to shadow housing support officers and vice versa. This would deliver various benefits – housing officers would gain greater awareness of the needs and difficulties of support clients, and learn how to identify problems, and provide more holistic support. Conversely, support workers would be able to become more familiar with the range of ‘earlier’ intervention and risk mitigation support offered, as well as the peer supports and links to the local voluntary and community sector (described below).

As personal budgets become the norm among social care users (and perhaps even Supporting People users), having a wider awareness of the range of services on offer, including very low level and social opportunities, will be crucial to help people use their budgets effectively. Finally, and perhaps most importantly, rotation will help foster a coherent culture across the organisation, aligning principles and approaches and improving communication and handover between the two sets of

staff. Tenants across the need spectrum, who might move up or down as their needs increase or decrease, should feel they have a seamless experience and can preserve relationships with the staff they know.

Funding

Budgetary transfer

The early identification of risk factors and putting in place appropriate ‘earlier’ responses, including risk mitigation and immediate action, inevitably requires funding. As outlined above, one of the key barriers to effective preventative work is that it requires upfront investment, which may take some time to recover through cost savings made to more intensive support services. While it is hard to fund preventative work in a time of budgetary restraint, this is made all the more challenging because of the separation of service budgets. Inevitably, the organisation spending on prevention is not the same as the organisation enjoying the savings later on, so unless some way of transferring some of the savings back to the spender is found, there is very little financial incentive to invest in preventative work.

This has been a long-standing problem between social care and health, where the former finds it difficult to invest in prevention, as the latter usually derives the financial benefit through reduced emergency admissions and bed days. Initiatives such as the POPPS pilots sought to overcome these difficulties through financial transfers from the NHS to social care, and pooled budgets, sharing the rewards of preventative work remains a challenge, particularly in areas where savings can be less easily calculated or where causal links are harder to demonstrate (such as where the outcomes are community cohesion, a reduction in anti-social behaviour, social inclusion and so on).

Social housing providers are likely to find themselves in a similar position if Supporting People funding is reduced, whereby the range of preventative work they undertake saves substantial amounts for other services, including the NHS, social care and criminal justice, but they have little financial incentive to do so.

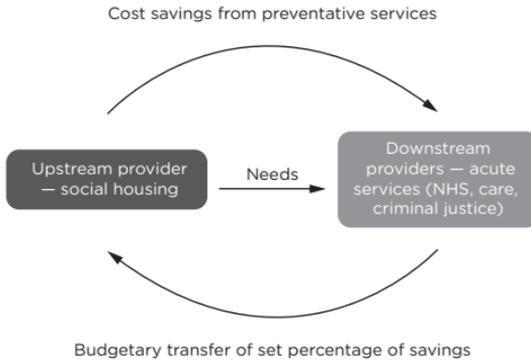
However, some sector experts felt it was inaccurate for housing providers to be described as having ‘come away from’ provision of care and support following cuts to Supporting People. Instead they saw it as a move away from this particular funding stream and the commissioning process, but in the context of a continued commitment to providing support, a move towards working through other agencies. This was framed more positively as housing providers choosing, in straitened times, to focus on their specialism. Some felt this would enable social housing to move from a care management approach, where there is pressure to be able to tick needs boxes to trigger funding, to a social model, where providers could reduce their reliance on prescribed packages and find out what people actually value in their own communities.

If this is the case, it is imperative that social housing providers engage with those agencies for which their activities might save considerable sums, in order to source funding for preventative work. There is a risk that in their enthusiasm to help their tenants and fulfil their social mission, social housing providers will maintain their current low level work, which is unsustainable in the longer term and in the face of the Supporting People cuts. Without additional funding, existing levels of prevention may become unsustainable, and going further with prevention – to risk mitigation and ‘earlier’ intervention – will be impossible.

Given the compartmentalisation of budgets, one of the most straightforward ways of ensuring preventative services are adequately funded is through a financial transfer. This means a ‘downstream’ agency, set to make savings as a result of the housing provider’s activity, transfers some of those savings back to the housing provider in recognition of this saving. As outlined above, this requires a robust cost–benefit analysis to demonstrate the level of savings made, and evidence of a causal link, to quantify how much needs to be passed back to the housing provider (figure 3).

Providing the evidence to justify a financial transfer – essentially convincing another agency to invest in preventative work – can certainly be challenging, and requires what the

Figure 3 **How preventative services save money**



Yorkshire and Humber Housing Related Support Group calls ‘counterfactual thinking’ – what might have happened, if the support were not in place?¹²⁰ While randomised control trials are the best way of finding this out, they can be ethically objectionable and expensive. A viable alternative is to consider a ‘before and after’ scenario, looking at rates of tenancy failure, hospitalisation, abuse relapse and so on in the same population of tenants and considering how they improved after a new preventative service was put in place.

Social housing providers are not starting from a blank slate – there are several cost–benefit analyses that exist, which providers could use as a starting point to demonstrate some of the savings they make for different agencies. Turning Point cites Boardman to explain the common approach of drawing from multiple sources and filling the gaps:

Obtaining values for such impact categories can be a life’s work... In practice, most cost–benefit analysts do not reinvent these wheels but instead draw upon previous research; they use plug-in values wherever possible.¹²¹

Thus there are very few perfectly accurate cost–benefit analyses – most draw on various proxies of costs and assumptions on future outcomes. Social housing providers are

unlikely to be able to create from scratch a perfectly accurate picture of the cost savings their work delivers to other agencies and a foolproof economic argument for transferring funding from these agencies to other activities, but they might consider the findings of various research studies:

- The Yorkshire and Humber Housing Related Support Group concluded that housing-based early intervention for a drug user would cost £15,000 per annum, compared with £23,000 with no early intervention (a saving of 35 per cent), while for a person with mental health needs the savings ranged between 34 per cent and 52 per cent.¹²²
- Ashton and Turl's research into the financial benefits of the Supporting People programme found that an annual investment of £1.6 billion in Supporting People services created savings of £3.4 billion in more expensive acute services. The report also provided costed examples for a range of hypothetical clients, each with different costs and savings to different upstream agencies. For example, savings for single homeless people are £127.7 million, or £1,174 saving for each individual in settled accommodation and a £7,529 saving for each individual in temporary accommodation.¹²³
- The PlaceShapers report *Localism that Works* provided examples of innovative schemes developed by housing associations and provides some data on the cost savings made, such as the Shepherd's Bush Housing Association's InComE project, which showed that the short-term cost of non-intervention for a cohort of 450 people is £5.3 million. InComE provides long-term social and financial benefits costing just £3 million for the same number of people – a saving of £2.3 million (43 per cent) in public spending.¹²⁴
- The national evaluation of the POPPs pilots specifically considered preventative services for older people, including falls prevention and reablement services. These concluded that for every £1 invested in POPPs prevention, approximately £1.20 was saved (primarily in NHS services because of decreased falls and emergency bed days).¹²⁵

- The DCLG's 2008 report *Commissioning Housing Support for Health and Wellbeing* gave an overview of the impacts of local schemes providing housing-related support. The report demonstrated a causal link between intervention and positive outcomes in various areas – including improved mental health, reduced offending, supporting people back into employment, and maintaining independent living.¹²⁶
- The Office for Disability Issues carried out an analysis of the cost savings of independent living, using a series of hypothetical case studies. It found, for example, that £3,400 of a support worker's time over a ten-week period to keep a man with learning disabilities in work and resolve his work-related issues will reap £9,000 in savings each year.¹²⁷
- The New Policy Institute's report *Coming of Age* calculated the cost of tenancy failure and homelessness among older people and the alternative prevention strategy using floating support, calculating there would be a saving of £17,000 in the first year.¹²⁸
- DCLG's report *Demonstrating the Cost-Effectiveness of Preventing Homelessness* drew together homeless prevention statistics and finds that floating support is 3.5 times cheaper than reaccommodating someone who is homeless, and mediation is nine times cheaper.¹²⁹
- The PSSRU costed a range of mental health preventative interventions, included debt advice – having unmanageable debt can increase chances of experiencing depression and anxiety by 33 per cent, which costs £11,000 per annum in lost employment and £1,500 in health and care costs. Receiving face-to-face debt advice (costing £250) increases the likelihood of having manageable debt by 56 per cent.¹³⁰

These and many other such studies provide credible information for social housing providers seeking to demonstrate the cost savings they might generate from different activities. They also show the benefit of earlier early intervention – for example, PSSRU demonstrated how the early detection of mental illness saved more overall than the early treatment of that illness.¹³¹ This might be supplemented with the housing

provider's own data on the costs and outcomes of the services they run.

However much the case might be demonstrated of the savings generated by upstream services, the downstream provider may not have the experience of partnership working or the budgetary flexibility to invest in areas beyond its traditional service remit. While the NHS has some areas of sophisticated unit cost recovery systems – primarily for older people accident and falls prevention – this is not standard across all NHS and care services, and even less so in criminal justice and employment services. Another problem is that the downstream provider may simply not have the spare resources to fund such a service – even if it agrees to share some of the cost savings it enjoys once the service is up and running and results are being seen. Thus a budgetary transfer approach may not be the most effective way of funding 'earlier' early intervention.

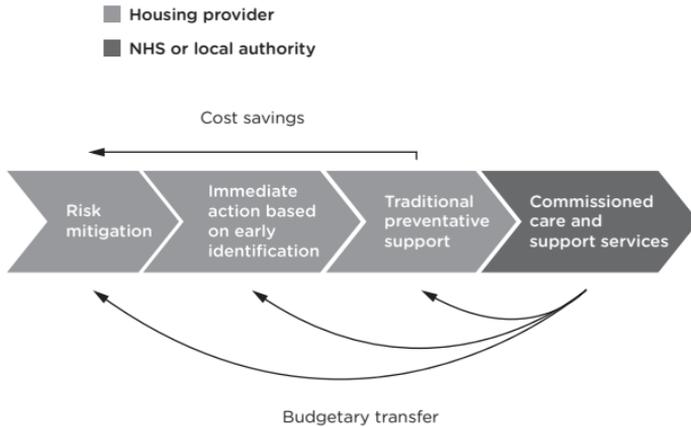
Internal investment

Unlike more traditional early intervention services, the key benefit of 'earlier' intervention and risk mitigation is that they have the potential to reap rewards within social housing provision. Figure 3 shows that the cost savings of risk mitigation are an internal gain, as they reduce the need for potentially more costly immediate action. In turn, immediate action reduces the need for, and costs of, early intervention, which takes place once needs have escalated (figure 4). This allows Supporting People funding to go further.

It is far easier to make a financial case for prevention within one's own organisation, but providers with a separate care and support arm (such as Home Group and Stonham) may still have a sense of budgetary divide that needs settling.

The housing group Orbit chose to invest in 'earlier' intervention among general needs tenants, based on anticipated internal savings. Vicky Harwood, head of supported housing and older people's services at Orbit, talking to the *Guardian* in November 2011, said:

Figure 4 **How cost benefits can be achieved within a housing provider**



Orbit Heart of England took the decision about three years ago to fund a tenancy support worker in each of our district teams to provide short term support to our vulnerable customers in general needs housing. These posts were funded through anticipated savings in eviction costs, reduced void and turnover costs (by reducing evictions), and reducing rent arrears.¹³²

In an internal review of the Tenancy Support Worker services provided by Orbit Heart of England, the housing association reported specific savings and more general positive outcomes, such as improved relationships between the association and its tenants.¹³³ Harwood said: ‘This has worked very well and made a real impact for a number of people, and is now largely self-funding in terms of the savings it enables.’¹³⁴

The review looked at the savings delivered by an Accommodation Support Service delivered by Orbit South. By taking the cost of each eviction as £542.44, the report found that over the past year the Accommodation Support Service had delivered a total saving of £71, 212, broken down as follows:

- £11,391: the costs of eviction (based on 21 customers not being evicted), assuming that solicitors were not involved in the process
- £17,621: rent collected following intervention of the support service
- £42,000: extrapolated savings in void costs (based on 21 voids not incurred)

The review cited figures from the Home Office Crime Reduction toolkit, which estimated that 20 per cent of social landlords' housing management time was spent on dealing with complaints about neighbours and their behaviour, and included the estimated costs for housing providers of the following actions (table 1).

Using the figures cited above, the report found that the savings from approximately 13 prevented possessions a year could cover the cost of a full-time tenant support worker, plus accompanying service costs. Similarly, if the provision of a tenant support worker could prevent four evictions for anti-social behaviour, the position would pay for itself.

Grasping other opportunities

As outlined in chapter 1, building on the work already achieved by the total place pilots, health and wellbeing boards and community budgets are new opportunities for housing providers to become more equal partners with health and social care services. They are also potentially groundbreaking ways of overcoming the 'silo-accounting' which is such a barrier to investment in prevention and necessitates complex budgetary transfers between upstream and downstream organisations.

The Health and Social Care Bill will require the establishment of a health and wellbeing board in every upper tier local authority by April 2013. As a result, housing-based and low level support, like those social housing providers offer, will become an integral part of an area's wellbeing plan, influencing commissioning decisions and directing resources accordingly. The core purpose of health and wellbeing boards is to join up

Table 1 **Estimated costs for housing providers of dealing with complaints**

Complaint	Cost
Informal intervention	£50
Special tenancy transfer (involving one party at dispute)	£824
Case involving legal advice, but stopping short of court action	£365
Notice to seek possession served	£569
Application for injunction	£1,239
Granting of (contested) possession order	£3,908

Source: Home Office Crime Reduction toolkit

commissioning across NHS, social care services, public health services, children's services and other services that the board agrees have an impact on the wider determinants of health, for example leisure or housing. They achieve this by developing a joint strategic needs assessment and joint health and wellbeing strategy to address those needs.

Local authorities and clinical consortia will have an equal responsibility to develop the strategy, and commissioners will have a legal obligation to refer to the strategy when making commissioning decisions. Importantly, to deliver the joint strategy, health and wellbeing boards will be able to consider the full range of local funding streams from the NHS, local authorities and other partners, and be encouraged to pool budgets or set up lead commissioning arrangements.

Although it is too early to tell how well health and wellbeing boards will integrate services across health, care and housing services, it is important to remember that housing providers are not automatically included on the boards in the way their health and care counterparts are. Given the concentration of public health challenges and vulnerable groups among the social housing tenant population, it would seem sensible for representatives from social housing providers to be automatically included on the boards to ensure their engagement in and contribution to the achievement of the joint health and

wellbeing strategy is maximised. The Chartered Institute for Housing and the National Housing Federation support this step.¹³⁵ However, even if housing providers are not guaranteed a place at the health and wellbeing table, the opportunity for a jointly commissioned strategy to achieve jointly held outcomes – critically, supported by a jointly held budget – could be very significant and result in the end of complex funding transfers. The need for evidence of cost savings and achievement of outcomes will remain, of course, to influence commissioning decisions and pooled budget allocations, but will not need to be followed by complex negotiations on how much is passed back to the housing provider.

Community budgets could have a similar effect. A budget allocated to achieve outcomes which are jointly held across health, care and housing services, or police and probation, for example, should lead to a scenario where the low level and preventative activities that social housing providers can deliver to their tenants is recognised as making the outcome less costly to achieve, and subsequently make better use of the community budget. Therefore, rather than downstream agencies guarding ‘their’ budgets, they will have a financial incentive to invest their jointly held budget in prevention and ensure housing providers are adequately funded, to help make the most of this budget they hold jointly with others. While these budgets are also in their early stages – introduced in 2011 – they should be seized on by social housing providers as an opportunity to become active partners.

While opportunities for funding may grow in line with local authority responsibility for public health and wellbeing, such opportunities do not just fall within the remit of statutory budgets. Non-specialist ‘early’ intervention is also fertile ground for a wide variety of grants from charitable trusts and foundations – for example, Shropshire Housing Group was able to develop a healthy eating, cooking and gardening scheme with the support of the Big Lottery fund and the European Union’s rural development budget. Origin Housing developed its football-based youth engagement scheme with support from the Football Foundation.¹³⁶ Again, developing a robust evidence-based case

for the impact and cost benefits of such work is also likely to improve the chances of securing such external investment.

Personal budgets in health and social care, and eventually perhaps Supporting People, is another key opportunity housing providers must grasp. By engaging with tenants who have a personal budget, and supporting them to achieve self-directed support, social housing providers can ensure people's needs are met in the most cost-effective way and move away from the restrictions of service delivery that social care and Supporting People funding usually create. Traditional care providers may find this a challenge, as they are less accustomed to providing a broad range of services that includes low level support, but social housing providers should be able to capitalise on this and help personal budget holders use their budgets more creatively and source support services from across the range offered, or develop new services based on demand. This may lead providers which have a distinct accommodation and support arm, such as Home Group and Stonham, to transfer funding across the organisation. The challenge then will be to ensure seamless packages of support are created for people with personal budgets, regardless of what part of the organisation is delivering it.

Reducing overall costs

Even if adequate funds are sourced – externally or internally – to provide earlier intervention, one of the distinct advantages of risk mitigation and providing ‘earlier’ support is that it is less reliant on expertise and expensive professional involvement. One of the key areas in which social housing tenants we spoke to during this project felt more work could be done was to get them involved in delivering some of the services on offer. The concept of peer support was very popular both among those envisaging they would receive it, and those who felt they would be able to provide it. Tenants suggested they could provide peer support for new tenants to help them settle and ‘learn the ropes’, and peer support for those with particular needs, for example related to domestic violence or substance abuse, as these tenants would be best supported by those with similar experiences.

There are many other potential areas where peer support might be provided and opportunities for tenants to support their neighbours and give back to their communities. For example, carers could establish their own social and peer support circle; groups of disabled people could establish user led organisations, perhaps specific to their conditions; groups of older people could establish buddying schemes to keep an eye out for each other, as occurs in Reading, where older people have been paired with others and visit each other weekly (see box below); and young mothers might come together with their children to combat social isolation prevalent among young single parents. Peer support is also shown to be very effective in improving healthy lifestyles, such as group weight loss and group physical activity clubs.

Box 11

User led organisations

User led organisations work with disabled people to facilitate them to live independently, providing choice and control in their lives. In order to qualify as a user led organisation, the people whom the organisation represents must make up the majority on the management committee or board, and the organisation needs to demonstrate clear accountability to service users.

In July 2011 Maria Miller, Minister for Disabled People, announced funding of £3 million over four years to support the growth and development of disabled people's user led organisations. The funding will support a facilitation fund, which will give money to user led organisations to fund specific projects. Miller also announced the appointment of 12 regional ambassadors to promote user led organisations and spread good practice.

Box 12

Buddy scheme for the elderly in Reading

A buddy scheme in Reading aims to combat social isolation among older people living alone. The scheme pairs an elderly person with a 'buddy' of the same gender and similar age. The

pair then arranges to call each other once a week – if one person fails to call on the specified day, the other will call to check that everything is OK.

The scheme was established in Reading's Peppard ward in 2009 by a local councillor, and has received the support of Thames Valley Police, Reading Borough Council and the local Neighbourhood Watch team, which is coordinating the process of identifying vulnerable old people and partnering them with a 'buddy'.

At the heart of the scheme is the idea of older people offering mutual support in order to improve the overall quality of life of both participants.

Source: Reading Post¹³⁷

Activities like those described above require little hands-on intervention from social housing providers, but some initial facilitation to get the group connected, perhaps some initial training for those who might lead the group (Home Group already provides similar training for their general needs tenants and Stonham clients who want to be on their representative panels) and a venue. Providing a venue might be a challenge, but many housing providers have communal spaces and meeting rooms, which are underused and could be used for such activities. The potential cost savings of peer delivery of these activities – not to mention the social value of fostering social support networks among the tenant population – more than outweigh the small cost.

A group of general needs tenants we spoke to in focus groups told us how they had previously had a room provided for them by Home Group to run a customer involvement group, but this room was no longer available, and without a venue the group had been cancelled. This shows the difference that something as simple as making a meeting room available once a month can have on tenants' ability to organise support for themselves.

Volunteering within low level and non-professional support services

There are also ample opportunities for volunteering within low level and non-professional support services. The tenants we spoke to were keen to be given more opportunities to volunteer and learn skills, and felt more could be done to enable them to gain work experience within the social housing organisation. Social housing providers should take an assets-based approach to their tenant populations, finding out what their skills and experiences, strengths and interests are, and using them to best effect.

We have already discussed how community leaders could volunteer to act as a team to support their housing officers and provide a more visible presence for tenants and a conduit for information. There are many other possibilities, for example, younger tenants teaching older tenants IT skills, people with experience of unemployment giving advice to newly unemployed people on searching for jobs and getting back to work, befriending schemes, and so on. Home Group tenants felt there was a gulf between general needs tenants and those receiving care and support from Stonham. Enabling greater peer support and volunteering opportunities for both could encourage greater contact and communication between them. Social housing providers might even consider facilitating a time banking system among their tenants, along the lines of Southwark Circle and KeyRing, to enable neighbours to share skills and help each other with everyday tasks.

Box 13

Southwark Circle and KeyRing

Southwark Circle is a time banking and peer support network for people with support needs living in the local community. It was launched in 2009 with funding from Southwark Borough Council. It is a membership organisation, whose members meet to share interests and hobbies and try new things. Each month, there is a calendar of social events offered, including trips to museums and exhibitions, film nights, pub quizzes and taster sessions.

Southwark Circle also employs local neighbourhood helpers who offer assistance with a variety of tasks, including

gardening, DIY and lessons on using the internet or learning a new language. Members can purchase tokens, which can then be exchanged for a neighbourhood helper's time. The Circle provides a free phone number, which members can call for information and advice about local services.

KeyRing also operates on the basis of mutual support by members of a group. Its living support networks provide assistance to people with learning difficulties, and other vulnerable adults, to enable them to live independently. Each network consists of nine individuals who need support living in the same area, plus one community living volunteer, recruited by KeyRing. The volunteer plays the role of a 'skilled good neighbour', giving information, advice and support to the network of members, which helps them to maintain their tenancies – for example, reminding them to pay rent and bills, helping them claim benefits and access other services, and offering emotional support. Members of the network pool resources and skills, in day-to-day activities such as gardening, DIY and hobbies, and participate to the fullest extent in their local community.

Sources: Southwark Circle and KeyRing websites¹³⁸

Box 14

Thanet Good Neighbours Scheme

Thanet in Kent offers a Good Neighbours service for isolated older people. Under the scheme, volunteers are partnered with help with small practical tasks, ranging from small jobs around the home, shopping, collecting pensions, going on outings, being around when workmen or officials visit, and just offering a bit of company. The regular contact also helps to ensure that old people are safe and well in their homes.

WRVS coordinates the service, matching volunteers to elderly people in the area, and provides training for the role and reimburses the expenses of volunteers.

Source: "Thanet Good Neighbours scheme"¹³⁹

Such endeavours require facilitation, awareness raising, drumming up of participants and perhaps some initial training, but are likely to be self-sustaining over the longer term. They allow for low level support to be provided at low cost, while at the same time building social capital and cohesion among tenant populations, and delivering skills and work experience to those engaging in such schemes, hopefully improving their employability. These are likely to be win-win situations for housing providers, and can most easily be undertaken in areas of very low level support and risk mitigation, such as generic non-expert support and social networking, which are the focus of this report.

Harnessing wider community support

All social housing providers, whether delivering services directly or not, should maximise the use of the range of supports available in the local community in order to keep costs down. Every area has its own range of third sector organisations targeting support at particular people, as well as faith and community groups, debt and benefits advice services, and so on, which social housing tenants could benefit from. There are various local and national grants that different groups can access, for example to buy new furniture. It is important that housing officers are made aware of them and are able to direct their tenants to the full range of local services available.

Sectoral experts in the workshop Demos hosted for this project recognised that housing officers often do not know how to access support, and this is not helped by local authorities' reticence in advertising or providing directories of their services. A representative from the housing provider Midland Heart told us that it had produced maps of the services it provides in each locality. In an area where a particular service is not provided, a note is made of available alternatives. While this seems a very effective method of collating this information, it was labour intensive and fairly costly – a consideration at a time when back office functions are currently being cut. An additional concern was that local voluntary and community sectors did not readily engage with social housing providers, as they are not seen as part

of the voluntary sector. Therefore mapping the services available locally, directing clients to them or engaging with them in joint projects was more difficult, and something housing providers were aware they needed to tackle.

The experts we consulted also highlighted a potential duplication of effort. For example, three different housing associations might operate in, and therefore carry out mapping of, the same area. They thought it might make more sense for service mapping to be the responsibility of the local authority or voluntary and community sector, to be used as an open resource to enable housing providers to direct their tenants to the appropriate community supports.

Self-sustaining activities

Throughout this project, social housing tenants across the need spectrum made clear that moving into employment was a key priority. Employment is also, perhaps, the best form of ‘preventative’ measure against a range of negative outcomes, as it improves household income (and therefore reverses the negative impacts of poverty), and provides social contact, mental stimulation and a sense of purpose. As we have seen above, sustained unemployment is linked to depression and anxiety, increases the risk of reoffending among ex-offenders (a stable job is said to reduce reoffending rates by between a third and a half)¹⁴⁰ and leads to poorer physical health and wellbeing.¹⁴¹

There seems, therefore, to be an opportunity to mitigate risk (increasing employment rates among social housing tenants), which can be carried out at low or no cost. For example, some social housing providers have established social enterprises as self-sustaining businesses, employing tenants and offering services to the local community. Trafford Housing Trust’s Cleanstart business is operated this way, while Accord has been able to lease a disused factory from the local authority to run a self-sustaining manufacturing business, employing 30 tenants to produce panels used in building homes.¹⁴²

Social housing providers might also support their tenants to start up their own businesses with advice and mentoring

provided voluntarily by in-house staff or through partnering with other local businesses – another low cost measure that can reap significant rewards and potentially increase the range of services on offer to social housing tenants. Finally, it seems obvious that social housing providers should make an ethical choice of employing their own tenants wherever possible. As Home Group tenants reasoned, housing providers need cleaners, repair teams, decorators, gardeners, administrators and a whole range of craftsmen like electricians and plumbers. Recruiting from within the tenant population would be a simple, low cost and high impact strategy for social housing providers.

5 The cost benefits of 'earlier' intervention

In this chapter we have developed some costings based on four potential journeys of a hypothetical social housing tenant – Sarah – to demonstrate the cost benefits of risk mitigation, and intervening earlier, before normal triggers of identifying a problem might otherwise kick in. We have drawn on the data we received from 50 Home Group tenants and Stonham clients, as well as the journeys shared with us during focus groups, to create a journey, which if not representative is nonetheless not atypical of the social housing population. We have also drawn on many other sources to establish unit costs and probabilities for Sarah's different pathways, as well as data provided by Home Group on some of the unit costs for the support it provides.

The four journeys

The four journeys explore the costs associated with a general tenant who loses her job. It demonstrates that risk mitigation is more cost effective than 'earlier' intervention, which in turn is far more cost effective than 'later' early intervention. The first journey assumes that intervention is taken at the point when arrears lead to a tenancy failure, mental health crisis, and need to rehouse. We use this as a baseline of costs. We then compare this with three other journeys, imagining different degrees of earlier intervention – at the point of arrears, at the point of unemployment, and before unemployment occurs.

While we use unemployment, mental health and debt or tenancy failure as the concerns in this hypothetical cost model, the same modelling principles would apply and costings could be achieved for other hypothetical journeys – such as care leavers and teen pregnancy, older tenants and bereavement, families and anti-social behaviour or domestic violence, and so on.

Journey 1: The baseline – undetected problems escalate into crisis, and a need for specialist support

- Sarah, 26, is a general needs tenant [a].
- She loses her job as a cleaner at a local nursery [b].
- Her savings only cover her living costs for a further three weeks before she will fall into arrears. After several weeks of unemployment, she starts to accumulate debt, and her mental health suffers, and she develops depression – unemployment and debt are the two biggest causes of depression.¹⁴³
- She accumulates 17 weeks' worth of arrears [c] before her housing provider starts proceedings to recover the money.
- Still unable to pay, she loses her house [d].
- This triggers a mental health crisis, and she admits herself to an in-patient ward for two days [e] – having unmanageable debt can increase the chances of experiencing depression and anxiety by 33 per cent.¹⁴⁴
- Once discharged, she is offered a course of cognitive behavioural therapy (CBT) via the NHS [f].
- Sarah undergoes a Work Capability Assessment (WCA) in order to obtain Employment and Support Allowance (ESA) and is assessed as belonging to the Work-Related Activity Group (WRAG) [g].
- She is eligible to enter the Work Programme straightaway [h], and has at this stage been unemployed for 33 weeks.
- Although she is ineligible for social care support, she qualifies for Supporting People funding and becomes a care and support tenant with the same provider.
- She receives help from a key worker with maintaining her tenancy and settling in [i]. She completes a course of CBT.

Sarah may then experience two potential outcomes – she either finds another job, or remains unemployed for the rest of her life. By the time Sarah's debts accumulate, she has a spell of mental ill-health, and is assessed for ESA. It is 33 weeks before she is able to access employment support services. Those who have been off work for six months (around 24 weeks) or more have an 80 per cent chance of being unemployed for five years.¹⁴⁵ Previous evaluations of Pathways to Work suggest those with

mental health needs are the hardest for welfare-to-work providers to place in employment,¹⁴⁶ so there is a risk Sarah will be unemployed for considerably longer than five years.

Journey 2: Immediate action – developing problems are detected, and crisis is prevented through targeted support

- Sarah, 26, is a general needs tenant [a].
- She loses her job as a cleaner at a local nursery [b].
- Her savings only cover her living costs for a further three weeks before she falls into arrears [c]. This is detected by the housing officer.
- At this point, her housing provider signposts her [d] to some targeted services – on employment skills training (eg CV writing, interview skills) and debt management advice [e].
- This prevents Sarah's debts from escalating, so she keeps her home, and the employment support ensures she does not fall into depression while finding another job.

Sarah may then experience two potential outcomes – it is most likely that she will find another job within 12 months thanks to the employment support being provided rapidly after her redundancy – the average time spent claiming Jobseeker's Allowance (JSA) is 36 weeks. If she is very unlucky and cannot find another job [f], she enters the Work Programme [g] after 12 months. But as she is not in a hard to place group she is less likely to be 'parked'.

Journey 3: Good practice – rapid intervention and universal support

- Sarah, 26, is a general needs tenant [a].
- She loses her job as a cleaner at a local nursery [b].
- Her local community leader finds out she has lost her job and tells her housing officer, who immediately signposts her to the skills and employment advice group run by a tenant volunteer

[d]. They redraft her CV and help her contact other nurseries in the area.

- She does not fall into arrears or suffer any mental health problems, but instead finds another job after three months.

Sarah has two alternative outcomes. First, she may not be able to find a job after three months, and at that point is signposted to the targeted support the housing provider commissions as she needs more specialist help than the peer support can provide. With this support, she finds a job within six months **[e]**. Second, as in journey 2 above, she may be very unlucky and remain out of work for a year, before being transferred to the Work Programme **[f]**.

Journey 4: Ideal scenario – risk mitigation and automatic universal support

- Sarah, 26, is a general needs tenant **[a]**.
- On arriving as a tenant, she is signposted to the universal, peer-led training groups **[b]** in money management and employment skills (including improving her capability in maths, literacy and teamwork).
- She retains her job, taking on new responsibilities, which require the additional skills she has learned, improving her salary

Comparing the costs of the four journeys

We costed each journey, including social housing support costs, NHS costs, benefits payments, Work Programme costs, and lost productivity (essentially lost income tax and National Insurance contributions (NICs)). We have assumed Sarah earns in the second decile of income for a female working full time, according to the *Annual Survey of Hours and Earnings 2011 (ASHE)* (£15,419).¹⁴⁷ The costs cover the period from the time Sarah becomes unemployed to the time she finds another job; journey 1 lasts five years, journey 4 lasts three months. For journey 4, where Sarah does not become unemployed, we cost her journey over one year.

The full breakdown of how we reached our costs and the sources of data we used can be found in the appendix.

Journey 1

No intervention, cost = **£49,326** over five years, assuming Sarah's 33 weeks of unemployment leads to five years being unemployed (as this is 80 per cent likely to occur). Costs could be significantly higher if this results in longer unemployment or a lifetime on benefits. Figure 5 shows the breakdown of these costs.

Journey 2

Intervention on early arrears, cost = **£4,759.14**, assuming Sarah finds a job in the average time it takes people claiming JSA. Even if she is extremely unlucky and cannot find a job in a year, and is then transferred to the Work Programme for a further two years (a worst case scenario), the total costs would be = £17,035.22, still much less than journey 1.

Journey 3

Rapid intervention and preventative support, cost = **£1,717.06**, assuming Sarah finds a job in three months (less than the average time most people take on JSA) thanks to being referred to a peer support group as soon as she becomes unemployed. If Sarah then moves on to more specialist support and takes six months to find a job, costs would rise to £3,440.55, still less than journey 2. If she was extremely unlucky and passed through peer support, specialist support and the Work Programme for two years without finding a job, total costs would be £17,957.91. This is the very worst scenario in this journey.

Journey 4

Risk mitigation, cost = £189.71 per year. However, if the peer support led to a modest increase in income for Sarah (moving her from 20th percentile to 30th percentile of income – from

£15,419 to £17,650 pa), increased productivity would lead to a net *saving* in the first year of **£501.90**, likely to increase each year.

Analysis

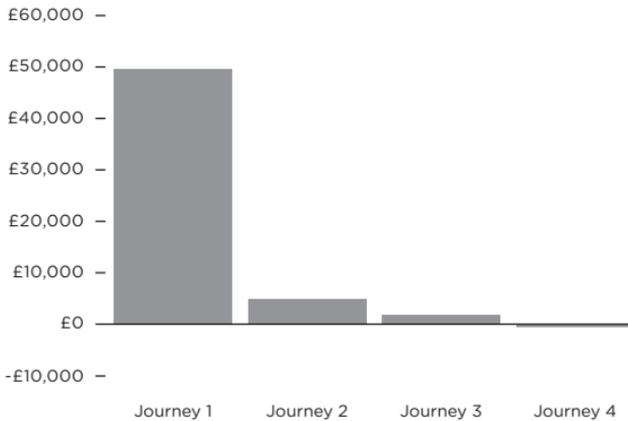
It is immediately obvious that earlier intervention – or indeed risk prevention – significantly reduces the costs of redundancy and the negative health and financial outcomes that this can often generate.

Of course, one could argue that universal peer support in employment and skills training as risk mitigation for employed general tenants, as offered in journey 4, will be more costly than modelled here, given that it is untargeted and there will be considerable 'dead weight' costs (support provided for those who are employed and have little risk of redundancy or need to upskill and improve their job status). However, these arguments can be offset for three reasons:

- Some targeting might well take place when a tenant first moves to social housing and undergoes a needs assessment, as we recommend above. During this process it should be clear whether the tenant might benefit from help.
- Because they are eligible for social housing, it is likely that most working age and employed tenants would benefit from some peer support to improve their job chances.
- Overall costs would remain very low if training is provided by volunteers, with only initial training costs to consider.

Our analysis shows that the costs and savings of these journeys fall to different agencies – a point we explored in chapter 2. For example, in journey 1, costs are spread between the housing provider (£7,375.43), Department for Work and Pensions (DWP) in benefits payments (£21,831.50), the NHS (£1,224), the Treasury in lost productivity (£12,850.60) and the local authority through Supporting People (£1,650). If the housing provider were to put in place the mechanisms to facilitate the early identification of problems as we recommended in the previous chapter, alongside the general peer support or

Figure 5 The costs of Sarah's four potential journeys



targeted employment support services, they would bear the full cost. The savings they make of over £7,300 in fact cover the costs we have modelled by a considerable amount, thereby demonstrating the internal cost-benefit analysis that Orbit Housing suggested and which we cited in the previous chapter. Nonetheless, given the very large scale of savings being enjoyed by other agencies – not least the DWP – it would seem appropriate that some recognition of this was made in the same way that Work Programme providers are to be rewarded for placing and keeping people in work.

6 Recommendations and conclusions

In the previous chapters, we explored some of the ways in which social housing providers might provide ‘earlier’ early intervention and risk mitigation. Inevitably, this will be mainly targeted at general needs tenants who might be vulnerable to certain risks, but do not have a specific support need as yet. Through the course of this research, we spoke to several Home Group general needs tenants and Stonham support service clients, often within the same focus group. It was clear that while Stonham clients were extremely positive about the range of support offered and the relationship they enjoyed with their support worker, general needs tenants felt less engaged, less supported, and in some cases overlooked. Their social housing provider was a silent landlord to them – some were comfortable with this, others (particularly on hearing about the supports offered to their Stonham counterparts) felt more could be done by Home Group, particularly on employment support.

The social housing sector

We recommend that Home Group and other housing care providers overcome the distinction between ‘care client’ and ‘general needs customer’ and think more about a spectrum of support, from those needing generic and universal support (eg employment and budgeting advice, peer support) to those needing professional care and support services.

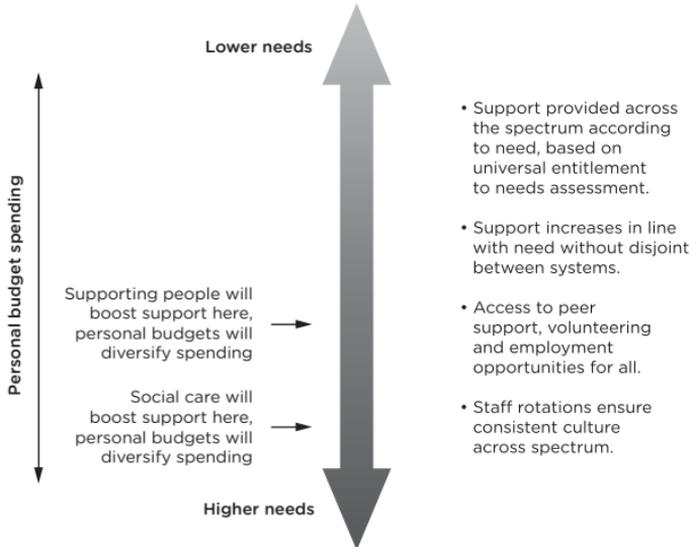
Sectoral experts in part blamed this polarisation on the way in which funding is provided: there is a gulf between social care funded and Supporting People funded groups, and between Supporting People funded and unfunded tenants. These services have also traditionally been commissioned via a block contract, whereby a provider would be awarded a contract to provide

Figure 6 **Moving from a polarised approach to a spectrum approach**



support for groups of people with similar needs. This inevitably encouraged services to be provided in a distinct location, or a single building (residential support services). They viewed the moving away from these funding streams, to a more personalised model based not on pre-set packages of care or residential settings but on people's actual needs, as a positive and unexpected development arising from budgetary cuts.

It would seem that 2012 is an opportune time for housing providers to think about their tenants in a more holistic way, with different funding streams assisting, but not dictating, the support being offered across the spectrum (figure 6). In the wake of the roll out of personal budgets for social care, and perhaps for Supporting People, it is inevitable that people will have more choice over how they spend their funding, and may well choose to purchase aspects of support that do not fall within their traditional service frameworks but might include greater use of lower level supports. Housing providers should be at the forefront of personalisation by thinking about their tenants holistically – support should increase in a seamless fashion, along the need spectrum. The crossing of thresholds to Supporting People and social care eligibility should not trigger a disjoint or break in service offering and support, but rather a financial boost along a continual pathway (figure 7). It is important to remember this pathway goes both ways – as needs escalate, more support should be put in place, but it should also be withdrawn gradually as tenants move towards greater

Figure 7 **A new spectrum**

independence. Effective handovers and frequent communication between support staff and housing officers will be vital to this seamless working. This will require process, structural and cultural changes and we have recommendations relating to identification, supporting tenants, culture and staff.

Identification

We recommend there should be a needs assessment for all tenants when first arriving with a new housing provider, to identify existing needs that may have been overlooked and to identify risk factors that may increase the likelihood of negative events further down the line. These assessments should become an important source of information to inform the joint strategic needs assessment described below.

There are several ways in which problems can be identified as early as possible, including:

- co-opting repair services to spot ‘red flags’ such as self-neglect
- encouraging a ‘good neighbour’ culture among tenants, so they speak to housing officers if they are concerned about someone they see in their community
- using ‘community leaders’ – teams of tenant volunteers to help housing officers keep an eye on vulnerable tenants and disseminate information
- adopting a ‘thin file’ approach to proactively visiting tenants who might have been overlooked by housing providers.

Supporting tenants

Tenants can be supported in many ways, in particular through generic support services offered to all tenants, to mitigate the risks faced by many – unemployment, poverty or debt, and social isolation. The case for investing in these supports can be readily made, but they can also be delivered at relatively low cost.

We recommend that volunteering and peer support networks should be promoted, not just to keep costs down, but also to encourage a sense of community participation and self-reliance and improve the skills and confidence of those volunteering. Housing providers should act as a facilitator to building these social networks among their tenant populations. In particular, the provision of meeting spaces needs to be prioritised to encourage social networking and the building of self-support networks.

Tenants can also be supported:

- by having a goal of progression to greater independence at the heart of all support, with the achievement of a seamless journey from care and support to general needs tenancy to independent or private tenancy underlining all staff’s work
- by having a greater focus on employment as an effective form of prevention from various problems, making an effort to generate opportunities to volunteer, develop skills, undertake apprenticeships and find employment within the housing organisation
- by actively engaging with the local voluntary and community sector and seeking out opportunities for tenants to become

involved in and gain support from their local communities, and regularly directing tenants to these opportunities.

Culture

A consistent culture should be actively encouraged across the organisation and the tenant spectrum – aligning language, stated principles, staff approaches and greater communication between staff. This will include a rotation system to enable key workers and project workers to shadow housing officers, and vice versa, to share learning and develop consistent approaches, and to improve handover and seamless support when tenants require more support or move towards greater independence.

There should be an explicit assets-based culture and approach for all clients, focusing on their skills and experience rather than their vulnerabilities and limitations. This includes an expectation that tenants from all parts of the need spectrum will contribute to and participate in their community, according to their abilities and interests, for example in welcoming new tenants, sharing their knowledge, engaging in peer supports or buddying circles and volunteering.

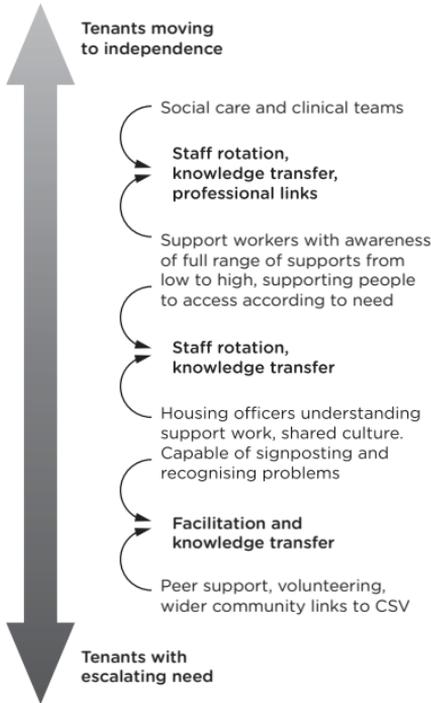
Staff

Housing officers should be trained to connect tenants with local support services and support groups to encourage community-based support, facilitate volunteering and the developing of support networks, and provide initial impetus for such neighbourhood activities.

Key workers (those working with people eligible for social care funding or Supporting People funding) should be trained in the concept of self-directed support, to enable staff to support tenants to think creatively about how to use a personal budget and source the widest range of services that might be appropriate to them from across the spectrum.

Figure 8 shows how culture and staffing can ensure seamless support across the needs spectrum.

Figure 8 **How culture and staffing can ensure seamless support across the needs spectrum**



Cost-benefit assessments

We also recommend that housing providers carry out their own cost-benefit assessments using the sources of data presented in this report and others, to present a robust case for internal investment in ‘earlier’ support and financial transfers from downstream providers in the NHS and care services. To achieve this, social housing providers must become more adept at collecting data on their tenants, the outcomes they achieve and the costs of different interventions. Our own analysis of one tenant journey clearly shows how the findings might be used to justify investment earlier on and open negotiations for budgetary

transfers, or, eventually, joint budgeting and commissioning with health and wellbeing boards.

Other stakeholders

Local authorities must change their approach and not define people by the services they use. Many social housing providers are already taking steps to overcome the distinction between ‘care client’ and ‘general needs customer’ and think more about a spectrum of support, as described above. However, they cannot achieve such fundamental changes in isolation. The outside environment in which social housing providers operate can act as an obstacle or a facilitator to more holistic support across the need spectrum. The way in which local and national funding streams and commissioning practices are configured currently act as significant obstacles.

While changes such as the roll out of personal budgets and the introduction of health and wellbeing boards may lead to a more integrated and needs-based (rather than eligibility- and service-based) approach to support, there is clearly more that could be done. Block contracting, which can encourage a one-size-fits-all approach to Supporting People delivery, ought rapidly to give way to outcomes-based commissioning. The payment by results pilots currently under way within the Supporting People programme could be an important step towards a greater focus on achieving outcomes, and a move away from prescribing specific types of support.

It is to be hoped that these process-based changes will prompt a cultural shift among local commissioners, so they view the social housing population not as three distinct service ‘user groups’ but as a collection of individuals, with a wide variety of needs crossing multiple service areas and agency responsibilities. Local authorities, in taking responsibility for the public health and wellbeing of their entire local populations, will soon need to adopt this approach for individual areas and stop perceiving different groups through the lens of service use.

We now make more specific recommendations for local authorities and other agencies.

We add our support to the Chartered Institute for Housing's call for social housing providers to be automatically included on health and wellbeing boards. We are aware that in the period that boards are being formed, many stakeholders – such as pharmacies – are calling for automatic inclusion in something of a land grab for commissioning influence. Nonetheless, the case for the inclusion of social housing providers seems indisputable:

- As outlined above, there is a substantial body of evidence which demonstrates the link between housing and a variety of health and wellbeing outcomes, not least for those seeking to live independently with a condition or impairment, and those returning from hospital.
- Social housing providers are responsible for a group in society which is overrepresented in all forms of disadvantage, and has high proportions of disabled and older people. Their involvement in combating health inequalities and public health issues will be vital.
- Social housing providers engage in extensive early intervention and preventative support, and discharge the largest proportion of Supporting People funding.

With this in mind, it does not seem possible that a joint strategic needs assessment or joint health and wellbeing strategy can be developed with a joint budget without ensuring housing providers are closely engaged and agree to deliver the strategy. Without their involvement, joint budgets to deliver the joint health and wellbeing strategy will not be spent appropriately or go as far as they might. We urge early adopter areas, where health and wellbeing boards are being trialled in advance of the Health and Social Care Bill becoming legislation, to ensure housing providers are already included in discussions and represented at board meetings. Part of this integration must include social housing providers' assessments of their tenants (mentioned above) being fed into the joint strategic needs assessment for the area.

We also recommend that local authorities and clinical commissioners proactively engage with social housing providers as part of their new wider health and wellbeing responsibility. Social housing tenants have a higher concentration of health challenges and potential vulnerabilities – working with housing providers could be a highly effective way of targeting these groups. Social housing tenants will be a key target market for public health initiatives around diet, smoking and exercise, and bringing housing providers on board to reinforce these messages and promote schemes is likely to be far more effective than the local authority working alone.

The value of the trusted relationship between tenants and support workers, which was emphatically pointed out to us in focus groups, should not be underestimated in accessing the hardest to reach groups, which are often cautious or resistant to approaches from statutory services. The frequent – often daily – contact housing support workers have with vulnerable groups is a unique opportunity for continual monitoring and condition tracking which clinical teams (such as mental health teams) and social workers should make use of.

Part of the transition to health and wellbeing boards and community budgets must also be cultural. Professional respect between housing support workers and their health and social care counterparts is imperative if joint outcomes are to be achieved. There may well be a long way to go before there is parity between health, housing and care, but we recommend that health and wellbeing boards encourage the staff from each of the board member organisations (social workers and care staff, different clinical teams and so on) to meet regularly and develop formal and informal communication channels. We also recommend that the local authority and social housing providers initiate staff rotation, with social workers posted with housing officers and support workers, and vice versa. This will help encourage professional respect and information and knowledge sharing, improve understanding among social workers of the role of housing support officers and the important role housing plays in health outcomes, and improve support officers' understanding of the commissioning process and principles of social work.

We recommend that local voluntary and community sector, advice and support services (like consumer credit councils and Citizens Advice) and individual charitable offices (like Age UK, Mind, centres for independent living) review their working relationships with social housing providers and ensure they are making the most of housing support workers' unique position. Working with housing support officers can be highly effective in disseminating messages among and reaching out to harder to reach groups, and increasing the impact of activities. For example, the budgeting advice provided by staff at a Citizens Advice Bureau will have more impact if an individual's housing support worker helps them prepare a weekly budget. Healthy ageing activities and social engagements will be kept up more effectively if housing support workers reinforce related goals and are aware of the messages delivered by other agencies. Local voluntary and community sector and local authorities should ensure social housing providers are fully informed of the support available locally to enable them to direct vulnerable groups within their tenant populations to appropriate third sector services.

Concluding thoughts

Social housing is at a crossroads in its development. Increasing demand, reduced budgets and a policy environment that may facilitate joint local working and support closer to the home present challenges and opportunities in equal measure. In response, social housing providers must simultaneously assert their position alongside health and care provision, as deliverers of localism, personalisation and community empowerment, while at the same time fulfilling their social mission with fewer resources. It is a daunting task. But it is clear that social housing providers are eager to take responsibility and the value they will add in delivering joint health and wellbeing outcomes and generating substantial cost savings for all involved cannot be denied.

This paper suggests that 'earlier' intervention and risk mitigation, as part of a more holistic approach to social housing

tenants, is the most effective approach to delivering more for less and harnessing new opportunities for more integrated working. The cost benefits of such an approach are substantial, and can generate savings direct to the housing provider rather than to other 'downstream' agencies such as the NHS, which is the weakness inherent in 'later' early intervention. This way of working requires the introduction of new processes, and some initial investment, and more importantly a significant change in culture for many social housing providers. Those who provide housing with care (most of the sector) must think about a more seamless spectrum approach to their tenant populations, and move away from one that reflects internally the silo-working which takes place externally in care and support services. Those without internal care and support arms must also follow suit, perhaps with an even greater imperative of ensuring their social mission includes a seamless transfer from accommodation to support services and a clear sense of building on the assets of their tenants to become self-supporting and resilient.

However, housing providers cannot make this change of approach in isolation. Local authorities and clinical commissioners must, as part of their wider health and wellbeing responsibilities delivered via the Health and Social Care Bill, rectify the imbalance between health, care and housing if they hope to deliver improved outcomes without substantially higher costs. The trusted relationship social housing providers have with their tenants, the frequency of contact, the ability to get close to – within the homes of – some of the most vulnerable groups in society are all unique benefits that social housing can provide. If used effectively, this could be a valuable tool in combating health inequalities and social challenges such as family breakdown and anti-social behaviour. As local structures are being redesigned to promote devolution and integrated working, it is an opportune time to ask social housing providers to help deliver joint outcomes.

Appendix Costing Sarah's journeys

Table 2 **Journey 1 No intervention**

Event	Assumptions	Cost	Borne by
a General needs tenant	Housing officer (£25,500pa, divided across an average patch size of 175) ¹⁴⁸ over 33 weeks (time in which Sarah is a general needs tenant).	£92.47 over 33 weeks	Housing provider
b Loses job	Before mental health crisis, S would receive JSA; 20 weeks ? £67.50 ¹⁴⁹ = £1,350.	£1,350	DWP
c Rent arrears	Average weekly social housing rent (England) £75.24. ¹⁵⁰ Average number of weeks' arrears owing at point of tenancy failure = 17. ¹⁵¹ 17 x £75.24 = £1,279.08. This may or may not be recovered.	£1,279.08	Housing provider
d Tenancy failure	Average cost of reletting or repairs £3,466.71 + possession order, etc £345.18 + landlord's admin costs £1,986.19. ¹⁵² Average 'uplift' and storage cost of tenant's possessions. ¹⁵³	£5,709.88 £3,875	Housing provider Local authority
e Mental health crisis	A bed in a mental health rehabilitation ward costs the NHS £282 per day. ¹⁵⁴ We estimate that, as a sufferer from severe depression, S would not be detained under the Mental Health Act but would be admitted as a voluntary in-patient for 2 days.	£564	NHS

Table 2 **Journey 1 No intervention - continued**

Event	Assumptions	Cost	Borne by
f Mental health treatment	The most common treatment for depression is CBT. A course of CBT consists of an average of 10 one-hour sessions, with an average cost of £66. ¹⁵⁵	£660	NHS
g Benefits during Work Capability Assessment	S would be in the 'assessment phase' for ESA (13 weeks x £67.50 = £877.50). She would then be assigned to the WRAG of ESA (£94.25 ¹⁵⁶ per week).	£877.50	DWP
h Work Programme	Total cost of delivering the Work Programme = an estimated £651 million, divided by estimated number of claimants handled = 1.25 million; ¹⁵⁷ very roughly £520.80 per claimant.	520.80	DWP
i Key worker	Average salary of project support worker (delivering 'keywork') = £16,500, divided over an average caseload of 30, = £550. ¹⁵⁸ Assumes recovery and return to general needs population in 3 years.	£550 x 3 £145.7 x 2	Housing provider, recompense by Supporting People
Employment outcome	Estimated loss to govt of income tax and NICS, based on likely salary at the 20th percentile for full-time work for women: £15,419pa ¹⁵⁹ = £2,855.69pa S is unemployed for at least 33 weeks (20 before crisis, and 13 before joining the Work Programme). As those who have been off work for 6 months or more have an 80% chance of being off work for 5 years, ¹⁶⁰ we can make the following projections:		

Table 2 **Journey 1 No intervention - continued**

Event	Assumptions	Cost	Borne by
Employment outcome <i>continued</i>	• 6 months' unemployment loss = £2,855.69/2	£1,427.84	Treasury
	• Lost productivity: 80% of (£2,855.63 x 5) = £11,422.76	£11,422.76	Treasury
	• Benefits: 80% of 5 years on ESA (260 x £94.25) = £19,604.	£19,604	DWP
	Total in 5 years to employment	£49,326	

Table 3 **Journey 2 Intervention at earlier stage**

Event	Assumptions	Cost	Borne by
a General needs tenant	Housing officer (£25,500pa, divided across an average patch size of 175)	£145.71	Housing provider
b Loses job	Average amount of time spent on JSA = 36 weeks. ¹⁶¹	36 x £67.50 = £2,430	DWP
	Estimated loss to govt of income tax and NICS, based on likely salary at the 20th percentile for full-time work for women: £15,419pa ¹⁶² = £2,855.69pa	£1,977	Treasury
c Rent arrears	Average weekly social housing rent (England) £75.24. <i>Arrears recovered as no tenancy failure.</i>	-	-
d Signposting	We envisage directing to targeted advice by a specially trained housing officer, perhaps through rotation with key worker. Training would cost an estimated £600 per housing officer. ¹⁶³ £600 divided by 175 tenants = £3.43	£3.43	Housing provider

Table 3 **Journey 2 Intervention at earlier stage - *continued***

Event	Assumptions	Cost	Borne by
e Targeted training	It is envisaged that the housing provider would contract a third sector provider to deliver training. Based on the cost of a privately available course (Level 1 Award in Employability Skills, South Cheshire College: £158 + £45 assessment fee, 3 hours per week for 14 weeks; full remittance except £10 registration fee for JSA claimants). We have estimated the cost at £203 per student. ¹⁶⁴	£203	Housing provider
Total costs		£4,759.14	
If Sarah is unlucky and cannot find work in one year - worst case scenario			
f Benefits	JSA for another 16 weeks until Work Programme	£1,080	
	Spend another 2 years on Work Programme.	£7,020	
g Work Programme	Total cost of delivering the Work Programme = an estimated £651 million, divided by estimated number of claimants handled = 1.25 million, very roughly £520.80 per claimant.	£520.80	DWP
Employment outcome	[Estimated] percentage of people finding work on the Work Programme = 36%. ¹⁶⁵ Projection: 64% chance of lost productivity x £2,855.69pa, over two years on the Work Programme.	£3,655.28	Treasury
Total costs		£17,035.22	

Table 4 **Journey 3 Rapid intervention and universal support**

Event	Assumptions	Cost	Borne by
a General needs tenant	Housing officer (£25,500pa, divided across an average patch size of 175)	£145.71	Housing provider
b Loses job	Suppose that S finds a job after 3 months in scenario (i) (universal training), 6 months in scenario (ii) (targeted training), and 18 months in scenario (iii) (Work Programme)		
	(i) 3 months on JSA (12 weeks x £67.50)	£810	DWP
	3 months' productivity = income tax and NICS, based on likely salary at the 20th percentile for full-time work for women: £15,419pa ¹⁶⁶ = £2,855.69pa	£713.92	Treasury
	(ii) 6 months on JSA	£1,620	DWP
	6 months' lost productivity	£1,427.84	Treasury
	(iii) If S does not manage to find a job while attending universal or targeted training, she will wait 12 months (52 weeks) to join the Work Programme.	£3,510	DWP
	52 weeks on JSA and lost productivity, followed by 2 years JSA on work programme and (estimated) percentage of people finding work on the Work Programme = 36%. ¹⁶⁷ Projection: 64% chance of lost productivity x £2,855.69pa, over two years on the Work Programme.	£7,020	DWP
		£3,655.28	Treasury
c Signposting	We envisage signposting being delivered by a specially trained housing officer. Training would cost an estimated £600 per person. £600 divided by 175 tenants = £3.43.	£3.43	Housing provider

Table 4 **Journey 3 Rapid intervention and universal support – continued**

Event	Assumptions	Cost	Borne by
d Universal training (i)	Universal training could be peer-led. Based on figures produced by Home Group on the cost of training their client and customer panels, we have arrived at an approximate cost of training of £1,650.65 per person trained ¹⁶⁸ as a one-off cost. A conservative estimate is that volunteers will deliver these courses for one year, to groups of 10 people.	A 14-week course would involve around 3.7 courses per year – cost around £44 per person per 14 week course	Housing provider
e Targeted training (ii)	It is envisaged that the housing provider would contract a third sector provider to deliver training. Based on the cost of a privately available course (Level 1 Award in Employability Skills, South Cheshire College: £158 + £45 assessment fee, 3 hours per week for 14 weeks; full remittance except £10 registration fee for JSA claimants), we have estimated the cost at £203 per student. ¹⁶⁹	£203	Housing provider
f Work Programme (iii)	Total cost of delivering the Work Programme = an estimated £651 million, divided by estimated number of claimants handled = £1.25 million, very roughly: £520.80 per claimant.	£520.80	DWP
	Total cost of 3-month journey	£1,717.06	
	Total cost of 6-month journey	£3,440.55	
	Total cost of Work Programme 3-year journey	£17,957.91	

Table 5 **Journey 4 Risk mitigation; ideal practice**

Event	Assumptions	Cost	Borne by
a General needs tenant	Housing officer (£25,500pa, divided across an average patch size of 175).	£145.71pa provider	Housing
b Universal training	Universal training could be peer-led. Based on figures produced by Home Group on the cost of training their client and customer panels, we have arrived at an approximate cost of training of £1,650.65 per person trained ¹⁷⁰ as a one-off cost. A conservative estimate is that volunteers will deliver these courses for one year, to groups of 10 people.	A 14-week course would involve around 3.7 courses per year – cost around £44 per person per 14-week course	Housing provider
Employment outcome	S could be expected not only to retain her job in this scenario, but also to increase her income (for example, by taking on additional responsibilities relating to her new skills). We have estimated a potential increase from the 20th to the 30th percentile for median earnings for females: £17,650pa. ¹⁷¹	Increase of £2,231 on previous earnings, leading to an increase of £691.61 in tax and NICs for Treasury	Treasury
	Total costs	Potential saving in Y1 of £501.90	

Notes

- 1 DCLG, *Tenure in Change in Deprived Areas: Evidence from the New Deal for Communities areas*, Dept for Communities and Local Government, 2010, www.communities.gov.uk/documents/communities/pdf/1462924.pdf (accessed 23 Jan 2012).
- 2 Health Committee, National Housing Federation, *Submission to the Health Select Committee on Social Care*, Dec 2011.
- 3 Tenant Services Authority, *Regulatory Framework for Social Housing in England from April 2010*, www.tenantservicesauthority.org/server/show/ConWebDoc.20175 (accessed 23 Jan 2012).
- 4 Peabody, *21st Century Peabody: Creating communities for today and tomorrow*, no date, www.peabody.org.uk/media/7076136/21c_peabody.pdf (accessed 23 Jan 2012).
- 5 National Housing Association, 'What is a housing association?', www.housing.org.uk/publications/find_a_publication/first-time_buyers_in_london_ne/what_is_a_housing_association.aspx (accessed 23 Jan 2012).
- 6 DTI, *Social Enterprise: A strategy for success*, Dept for Trade and Industry, 2002, www.uk.coop/resources/documents/social-enterprise-strategy-success (accessed 23 Jan 2012).
- 7 Tenant Services Authority, *Statistical Release: Regulatory and statistical return*, Aug 2011, www.tenantservicesauthority.org/upload/pdf/Statistical_release_August_2011.pdf (accessed 13 Mar 2012).

- 8 Shelter, 'Who gets priority', http://england.shelter.org.uk/get_advice/finding_a_place_to_live/council_waiting_lists/who_gets_priority (accessed 23 Jan 2012).
- 9 English Housing Survey, *English Housing Survey Bulletin*, Issue 4, Jul 2011, www.communities.gov.uk/documents/housing/pdf/1937305.pdf (accessed 23 Jan 2012).
- 10 Housing Technology and Race Online 2012, *Digital by Default 2012: The case for digital housing*, Nov 2012, www.housing-technology.com/downloads/HousingTechnology_DigitalbyDefault2012_FINAL.pdf (accessed 23 Jan 2011).
- 11 English Housing Survey, *English Housing Survey Bulletin*, Issue 4.
- 12 Housing Technology and Race Online 2012, *Digital by Default 2012*.
- 13 Ibid.
- 14 National Affordable Homes Agency, *Vulnerable People in General Needs Housing*, Housing Corporation, 2008, http://learning.cshs.co.uk/file.php/1/Thematic_Review_Vulnerable_people_general_needs_housing.pdf (accessed 23 Jan 2011).
- 15 See CORE: The Continuous Recording of Letting and Sales in Social Housing in England, <https://core.tenantservicesauthority.org/> (accessed 23 Jan 2011).
- 16 T Morgan, 'Coping with cuts: tough decisions on care and support', *Guardian*, 23 Oct 2011, www.guardian.co.uk/housing-network/2011/oct/13/coping-with-cuts-tough-decisions-care-and-support (accessed 23 Jan 2011).
- 17 DWP, 'Housing benefit and Council Tax Benefit Caseload', Dept for Work and Pensions, Oct 2011, <http://research.dwp.gov.uk/asd/index.php?page=hbctb> (accessed 23 Jan 2012).

- 18 K Hodge, 'Live Q&A: how can housing associations tackle unemployment?', Guardian Housing Network Blog, 23 May 2011, www.guardian.co.uk/housing-network/2011/may/20/housing-associations-tackle-unemployment (accessed 23 Jan 2012).
- 19 HNF, *iN Business for Neighbourhoods: The evidence: the scale and scope of housing associations activity beyond housing*, National Housing Federation, 2008, www.housing.org.uk/idoc.ashx?docid=9cb4ecod-15bf-485a-8943-6bca3dc51466&version=-1 (accessed 23 Jan 2012).
- 20 T Bryant, 'Supporting People Eligibility Criteria Policy', 2004, <http://tinyurl.com/6stpges> (accessed 13 Mar 2012).
- 21 Ibid.
- 22 Care Quality Commission, *The State of Adult Health and Social Care in England*, 2011, www.cqc.org.uk/sites/default/files/media/documents/state_of_care_2010_11.pdf (accessed 23 Jan 2012).
- 23 E Emerson and C Hatton, *People With Learning Disabilities in England*, Centre for Disability Research, 2008, www.lancs.ac.uk/cedr/publications/CeDR%202008-1%20People%20with%20Learning%20Disabilities%20in%20England.pdf (accessed 16 Mar 2012).
- 24 G Ruddick, 'Post-election cuts herald UK housing shortage', *Telegraph*, 19 Apr 2010, www.telegraph.co.uk/finance/newsbysector/constructionandproperty/7604334/Post-election-cuts-herald-UK-housing-shortage.html (accessed 23 Jan 2012).
- 25 Shelter, 'Building more homes, http://england.shelter.org.uk/campaigns/housing_issues/building_more_homes (accessed 23 Jan 2012).
- 26 HM Government, *Laying the Foundations: A housing strategy for England*, 2011, www.communities.gov.uk/documents/housing/pdf/2033676.pdf (accessed 23 Jan 2012).

- 27 Ruddick, 'Post-election cuts herald UK housing shortage'.
- 28 'Mortgage rationing becomes worse, Bank of England warns', BBC News, 5 Jan 2012, www.bbc.co.uk/news/business-16425582 (accessed 23 Jan 2012).
- 29 See R Rameesh, 'Housing benefit cuts will put 800,000 homes out of reach, according to study', *Guardian*, Jan 2012, www.guardian.co.uk/society/2012/jan/01/housing-benefits-cuts-rents-study (accessed 23 Jan 2012).
- 30 R Jones, 'Home repossessions jump by 17%', *Guardian*, 21 Jun 2011, www.guardian.co.uk/money/2011/jun/21/home-repossessions-jump-fsa (accessed 23 Jan 2012).
- 31 J Montfort, *Family Life: The significance of family to homeless young people*, London: Centrepoint, 2009, www.centrepoint.org.uk/media/11651/long_version_final.pdf (accessed 23 Jan 2012).
- 32 Centre for Social Justice, 'Mental health: poverty, ethnicity and family breakdown', Feb 2011, www.centreforsocialjustice.org.uk/client/downloads/CSJMentalHealth_Final_20110205.pdf (accessed 23 Jan 2012).
- 33 See 'MP's concern over domestic violence rise', *South Yorkshire Times*, 21 Nov 2011, www.southyorkshiretimes.co.uk/news/local/mp_s_concern_over_domestic_violence_rise_1_3989884 (accessed 23 Jan 2012).
- 34 Islington Council, 'Draft strategy: supporting people services for vulnerable families', 2007, www.islington.gov.uk/DownloadableDocuments/Housing/Pdf/supporting_people/vulnerable_families_draft_strategy_feb07.pdf (accessed 13 Mar 2012).

- 35 DCLG, 'Local government finance, appendix G, Glossary of terms and acronyms', Dept for Communities and Local Government, no date, www.communities.gov.uk/documents/localgovernment/pdf/1194710.pdf (accessed 23 Jan 2012).
- 36 Sitra, 'Removal of Supporting People ring fence report on regional round table discussions Jan–Mar, 2009, www.sitra.org/fileadmin/sitra_user/2009/SP/final_report_SP_roundtables.pdf (accessed 23 Jan 2012).
- 37 DCLG, 'Local government finance, appendix G, Glossary of terms and acronyms'.
- 38 J Carr-West and L Lucas, *Promoting Independence: The future of housing related support services*, Local Government Innovation Unit, 2011, <https://member.lgiu.org.uk/whatwedo/Publications/Documents/Promoting%20Independence.pdf> (accessed, 23 Jan 2012).
- 39 K McCann, 'Live discussion: dealing with cuts to Support People funding', *Guardian*, 4 Nov 2011, www.guardian.co.uk/housing-network/2011/nov/04/live-discussion-supporting-people-cuts (accessed 23 Jan 2012).
- 40 National Housing Federation, 'South west councillors speak out amid huge cuts to services for vulnerable people', 6 Apr 2011, www.housing.org.uk/our_regions/south_west_region/south_west_news/supporting_people_cuts.aspx (accessed 23 Jan 2012).
- 41 National Housing Federation, 'Federation and housing minister issue warning over supporting people cuts, 18 Mar 2011, www.housing.org.uk/news/federation_and_housing.aspx (accessed 13 Mar 2012).

- 42 G Shapps, 'Senseless cuts', letter, *Telegraph*, 18 Mar 2012, www.telegraph.co.uk/comment/letters/8388909/Western-intervention-in-Libya-cannot-go-ahead-without-legal-justification.html (accessed 23 Jan 2012).
- 43 P Butler, 'First in the cuts firing line: the homeless and socially excluded', Patrick Butler's Cuts Blog, *Guardian*, 19 Jan 2011, www.guardian.co.uk/society/patrick-butler-cuts-blog/2011/jan/19/public-sector-cuts-housing (accessed 23 Jan 2012).
- 44 DCLG, Letter from Grant Shapps MP to Councillor Jon Collins, 6 Jan 2011, Dept for Communities and Local Government, www.hlg.org.uk/getdoc/8bccd914-1662-4ba1-99c6-0d3b5d56879e/GS-letter-to-JC-re-SP.aspx (accessed 23 Jan 2012).
- 45 K Cooper, 'Supporting People cuts leave housing sector unable to support the most vulnerable', *Guardian*, 22 Aug 2011, www.guardian.co.uk/housing-network/2011/aug/22/supporting-people-cuts-housing-sector-vulnerable (accessed 14 Mar 2011).
- 46 C Dowler, 'Loss of providers spells gloom for support sector', Inside Housing, 13 May 2008, www.insidehousing.co.uk/loss-of-providers-spells-gloom-for-support-sector/6500051.article (accessed 23 Jan 2012).
- 47 T Lloyd, 'Housing association leaves care role as cuts bite', Inside Housing, 21 Sep 2011, www.insidehousing.co.uk/care/housing-association-leaves-care-role-as-cuts-bite/6517904.article (accessed 21 Jan 2011).
- 48 D Campbell, 'David Cameron orders merging of health and social care', *Guardian*, 5 Jan 2012, www.guardian.co.uk/politics/2012/jan/05/david-cameron-health-social-care (accessed 23 Jan 2012).

- 49 'Cameron to outline "personal guarantees" on NHS', Press Association, 7 Jun 2011, www.hsj.co.uk/news/policy/cameron-to-outline-personal-guarantees-on-nhs/5030822.article (accessed 23 Jan 2012).
- 50 Sitra, 'Sitra endorses Think Local Act Personal', briefing document, Nov 2010, www.sitra.org/fileadmin/sitra_user/2009/Policy/News/Think_Local_Act_Personal_briefing/Sitra_endorses_Think_Local_act_personal.pdf (accessed 23 Jan 2012).
- 51 DoH, *Equity and Excellence: Liberating the NHS*, Cm 7881, Dept of Health, 2010, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 (accessed 14 Mar 2012).
- 52 DoH, 'Joint strategic needs assessment and joint health and wellbeing strategies explained: commissioning for populations', Department of Health, 2011, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131733.pdf (accessed 23 Jan 2012).
- 53 Ibid.
- 54 S Davis, *Localism: Delivering integration across housing, health and care*, Chartered Institute of Housing, 2011, www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Localism_integration_across_hhc.pdf (accessed, 23 Jan 2012).
- 55 Carr-West and Lucas, *Promoting Independence*.
- 56 DCLG, *Community Budgets Prospectus*, Department for Communities and Local Government, 2011, www.communities.gov.uk/documents/localgovernment/pdf/2009783.pdf (accessed 23 Jan 2012).

- 57 See Community Budgets Islington, www.localleadership.gov.uk/communitybudgets/places/islington/ (accessed 23 Jan 2012).
- 58 HM Government, *Laying the Foundations*.
- 59 Ibid.
- 60 L Kelly, 'Top tips: how should councils work with private landlords?', *Guardian*, 20 Jan 2012, www.guardian.co.uk/housing-network/2012/jan/20/top-tips-councils-private-rented-sector (accessed 23 Jan 2012).
- 61 Ibid.
- 62 Shelter, 'Housing strategy launches', Nov 2011, http://england.shelter.org.uk/news/november_2011/housing_strategy_launches.
- 63 K McCann, 'Casey pressed on payment by results for troubled families', *Guardian*, 17 Jan 2012, www.guardian.co.uk/local-government-network/2012/jan/17/clg-committee-casey-finance-scheme (accessed 16 Mar 2012).
- 64 Sitra, *Prevention and Personalisation: The case for housing related support*, 2010, Sitra and Yorkshire and Humber Housing Related Support Group, www.sitra.org/fileadmin/sitra_user/2009/Policy/Y_H/Summary_report_Prevention_and_personalisation_160910.pdf (accessed 14 Jan 2012).
- 65 Davis, *Localism*.
- 66 Ibid.
- 67 Ibid.
- 68 Ibid.

- 69 'Health and wellbeing boards', National Housing Federation, 19 Dec 2011, www.housing.org.uk/our_regions/south_east_region/south_east_news/health_and_wellbeing_boards.aspx (accessed 16 Mar 2012).
- 70 C Wadhams et al, *Together For Communities: Experiences from partnerships, transforming neighborhoods*, HACT, 2011, <http://hact.org.uk/wp-content/uploads/2011/11/A5-T-for-C-web.pdf> (accessed 23 Jan 2012).
- 71 HACT, 'Social housing leaders debate the future for community investment', 17 Feb 2011, <http://hact.org.uk/social-housing-leaders-debate-the-future-for-community-investment> (accessed 23 Jan 2012).
- 72 L Kelly, 'Live discussion: is the Government asking too much of the housing sector?', *Guardian*, 5 Jan 2012, www.guardian.co.uk/housing-network/2012/jan/05/live-discussion-government-housing-sector (accessed 16 Mar 2012).
- 73 Sitra, *Prevention and Personalisation*.
- 74 HNF, *iN Business for Neighbourhoods*.
- 75 Home Group, 'Linx: care and support', www.homegroup.org.uk/careandsupport/stonhamservices/services/Pages/linx.aspx (accessed 23 Jan 2012).
- 76 G Hollander, '£200m troubled families fund announced', *Inside Housing*, 3 Jan 2012, www.INSIDEHOUSING.CO.UK/tenancies/£200m-troubled-families-fund-announced/6519778.article (accessed 23 Jan 2012).
- 77 See Hodge, 'Live Q&A: how can housing associations tackle unemployment?'
- 78 *Ibid.*

- 79 Ibid.
- 80 Shelter, *Value for Money in Housing Options and Costs of Homelessness Services*, 2010, http://england.shelter.org.uk/___data/assets/pdf_file/0008/297224/VFM_in_housing_options_and_homelessness_services_full_report_Oct_2010.pdf (accessed 23 Jan 2012).
- 81 Tenant Services Authority, *Regulatory Framework for Social Housing in England from April 2010*.
- 82 T Ashton and D Turl, *Research into the Financial Benefits of the Supporting People Programme*, Dept for Communities and Local Government, 2008, www.communities.gov.uk/documents/housing/pdf/spprogramme.pdf (accessed 23 Jan 2012).
- 83 Ibid.
- 84 DoH, *Support Related Housing: Incorporating support related housing into your efficiency programme*, Dept of Health, 2009, www.csed.dh.gov.uk/_library/Resources/CSED/CSEDProduct/rhdiscussion.pdf (accessed 23 Jan 2012).
- 85 Ashton and Turl, *Research into the Financial Benefits of the Supporting People Programme*.
- 86 M Edwards, *Commissioning Housing Support for Health and Wellbeing*, Integrated Care Network and Care Services Improvement Partnership, 2008, www.housinglin.org.uk/_library/Commissioning_housing_support_for_health_and_wellbeing.pdf (accessed 27 Jan 2012).
- 87 Turning Point, *Assessing the Evidence for the Cost Benefit and Cost Effectiveness of Integrated Health and Social Care*, 2010, www.turning-point.co.uk/commissionerszone/centreofexcellence/documents/benefitsrealisation2010.pdf (accessed 23 Jan 2012).

- 88 Frontier Economics, *Financial Benefits of Investing in Specialist Housing for Vulnerable and Older People: A report for the Homes and Communities Agency*, 2010, www.frontier-economics.com/_library/pdfs/frontier%2oreport%20-%2ofinancial%2obenefits%20of%2oinvestment.pdf (accessed 14 Mar 2012).
- 89 All Party Parliamentary Group on Housing and Care for Older people, *Living Well at Home Inquiry*, Jul 2011, www.counselandcare.org.uk/pdf/living-well-at-home (accessed 23 Jan 2012).
- 90 D Brindle, 'Government creates £170m fund to help older people leave NHS hospitals', *Guardian*, 2 Jan 2012, www.guardian.co.uk/society/2012/jan/02/fund-old-patients-leave-nhs-hospitals (accessed 23 Jan 2012).
- 91 *Fairer Care Funding: The report of the Commission on Funding of Care and Support*, the Dilnot Report, 2011, <https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf> (accessed 14 Mar 2012).
- 92 D Campbell, 'Cameron orders merging of health and social care', *Guardian*, 5 Jan 2012 (accessed 16 Mar 2012).
- 93 DCLG, *Housing, Care, Support: A guide to integrating housing-related support at a regional level*, 2008, www.communities.gov.uk/publications/housing/housingcaresupportguide (accessed 23 Jan 2012).
- 94 DoH, *Guidance on Joint Strategic Needs Assessment*, Dept of Health, 2007, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf (accessed 23 Jan 2012).
- 95 *Ibid.*

- 96 DWP, *The Work Programme*, Dept for Work and Pensions, 2011, www.dwp.gov.uk/docs/the-work-programme.pdf (accessed 23 Jan 2012).
- 97 C Brown, 'Landlords lose faith in £5bn work programme', *Inside Housing*, 2 Sep 2011, www.insidehousing.co.uk/landlords-lose-faith-in-£5bn-work-programme/6517542.article (accessed 23 Jan 2012).
- 98 NCVO, 'NCVO Work Programme Special Interest Group Survey 2012', National Council for Voluntary Organisations, 2012, www.ncvo-vol.org.uk/sites/default/files/work_programme_survey.pdf (accessed 23 Jan 2012).
- 99 Brown, 'Landlords lose faith in £5bn work programme'.
- 100 Carr-West and Lucas, *Promoting Independence*.
- 101 Ibid.
- 102 Isle of Wight LINK, *Risk Impact Assessment*, 2010, <http://tinyurl.com/76bkxx6> (accessed 14 Mar 2012).
- 103 Ibid.
- 104 Director of Customer Service, Home Group.
- 105 C Wood, P Cheetham and T Gregory, *Coping with the Cuts*, London: Demos 2011.
- 106 R Fyson, B Tarleton and B Ward, 'The impact of the Supporting People programme on people with learning disabilities', Joseph Rowntree Foundation, 2007, www.jrf.org.uk/sites/files/jrf/2106.pdf (accessed 16 Mar 2012).
- 107 Ibid.

- 108 Personal Social Services Research Unit, *National Evaluation of Partnership for Older People*, Dec 2009, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111353.pdf (accessed March 2012).
- 109 Ibid.
- 110 Turning Point, *Assessing the Evidence for the Cost Benefit and Cost Effectiveness of Integrated Health and Social Care*.
- 111 Tenant Services Authority, *Insight in the Housing Sector*, 2010, www.tenantservicesauthority.org/upload/pdf/Insight_in_the_housing_sector_-_report.pdf (accessed 16 Mar 2012).
- 112 ‘Teenage pregnancies among children in care: research’, 23 Jan 2008, www.communitycare.co.uk/Articles/2008/01/23/107036/teenage-pregnancies-among-children-in-care-research.htm (accessed 14 Mar 2012).
- 113 Ibid.
- 114 L Peacock, ‘Low-skilled “more likely to be jobless”’, *Telegraph*, 20 Jul 2011, www.telegraph.co.uk/finance/jobs/8650611/Low-skilled-more-likely-to-be-jobless.html (accessed 27 Jan 2012).
- 115 L Bazalgette et al, *Coming of Age*, London: Demos, 2011.
- 116 See D Campbell, ‘Recession causes surge in mental health problems’, *Guardian*, 1 Apr 2010, www.guardian.co.uk/society/2010/apr/01/recession-surge-mental-health-problems (accessed 27 Jan 2012); Elizabeth Finn Care, ‘New report highlights devastating effect recession has had on UK’s mental health’, 1 Apr 2010, www.elizabethfinncare.org.uk/Rise_in_mental_health_illness (accessed 27 Jan 2012).

- 117 The Prince's Trust, 'Youth Index 2010', www.princes-trust.org.uk/about_the_trust/what_we_do/research/youth_index_2010.aspx (accessed 27 Jan 2012).
- 118 Family Mosaic, 'Repairs and maintenance contracts awarded', 27 Apr 2010, www.familymosaic.co.uk/News/repairs-and-maintenance-contracts-awarded (accessed 27 Jan 2012).
- 119 Southwark Circle, www.southwarkcircle.org.uk/ (accessed 27 Sep 2012); KeyRing, www.keyring.org/Home (accessed 27 Sep 2012).
- 120 Sitra, *Prevention and Personalisation*.
- 121 A Boardman et al, *Cost-Benefit Analysis: Concepts and practice*, New Jersey: Prentice Hall, 2006.
- 122 Ibid.
- 123 Ashton and Turl, *Research into the Financial Benefits of the Supporting People Programme*.
- 124 PlaceShapers, *Localism that Works*, 2011, www.bvt.org.uk/wp-content/uploads/2012/02/Localism-that-Works.pdf (accessed 14 Mar 2012).
- 125 K Windle et al, *National Evaluation of Partnerships for Older People Projects: Final report*, PSSRU, 2009, www.pssru.ac.uk/archive/pdf/dp2700.pdf (accessed 27 Jan 2012).
- 126 Edwards, *Commissioning Housing Support for Health and Wellbeing*.
- 127 J Hurtsfield, U Parashar and K Schofield, *The Costs and Benefits of Independent Living*, Office for Disability Issues, Dept for Work and Pensions, 2007, <http://odi.dwp.gov.uk/docs/res/il/costs-benefits-report.pdf> (accessed 27 Jan 2012).

- 128 J Pannell and G Palmer, *Coming of Age: Opportunities for older homeless people under Supporting People*, New Policy Institute for Homeless Link, 2004, www.olderhomelessness.org.uk/documents/coming_of_age.pdf (accessed 27 Jan 2012).
- 129 DCLG, *Demonstrating the Cost-Effectiveness of Preventing Homelessness*, Dept for Communities and Local Government, July 2010, <http://tinyurl.com/77dzu7w> (accessed 16 Mar 2012).
- 130 M Knapp, D McDaid and M Parsonage (eds), *Mental Health Promotion and Mental Illness Prevention: The economic case*, Personal Social Services Research Unit, London School of Economics, 2011, www.pssru.ac.uk/archive/pdf/Knapp_et_al_2011_MHPMHP-Economic-Case.pdf (accessed 16 Mar 2012).
- 131 Ibid.
- 132 Quoted in K McCann, 'Top tips: managing cuts to Supporting People funding', *Guardian*, 12 Nov 2011, www.guardian.co.uk/housing-network/2011/nov/12/top-tips-supporting-people-funding (accessed 14 Mar 2012).
- 133 V Harwood, 'Review of the tenancy support worker services provided by Orbit Heart of England', internal document, 2007.
- 134 McCann, 'Top tips: managing cuts to Supporting People funding'.
- 135 Davis, *Localism*.
- 136 PlaceShapers, *Localism that Works*.
- 137 L Fort, "'Buddy scheme" to protect elderly', *Reading Post*, 24 Jul 2009, www.getreading.co.uk/news/s/2054712_buddy_scheme_to_protect_elderly (accessed 27 Jan 2012).

- 138 Southwark Circle, www.southwarkcircle.org.uk/ (accessed 27 Sep 2012); KeyRing, www.keyring.org/Home (accessed 27 Sep 2012).
- 139 'Thanet Good Neighbours scheme', www.wrvs.org.uk/service/1112-thanet-good-neighbours-scheme (accessed 15 Mar 2012).
- 140 V Barbary, 'Reducing re-offending: creating the right framework', New Local Government Network, 2007, www.nlgn.org.uk/public/wp-content/uploads/reducing-re-offending.pdf (accessed 14 Mar 2012).
- 141 G Waddell and AK Burton, *Is Work Good for Your Health and Wellbeing?*, Dept for Work and Pensions, 2006, www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf (accessed 14 Mar 2012).
- 142 PlaceShapers, *Localism that Works*.
- 143 'Unemployment can lead to depression', British Psychological Society, 12 May 2011, www.bps.org.uk/news/unemployment-can-lead-depression (accessed 14 Mar 2012).
- 144 M Knapp, D McDaid and M Parsonage (eds), *Mental Health Promotion and Mental Illness Prevention: The economic case*, Personal Social Services Research Unit, London School of Economics, 2011, www.pssru.ac.uk/archive/pdf/Knapp_et_al_2011_MHPMHP-Economic-Case.pdf (accessed 16 Mar 2012).
- 145 Waddell and A Burton, *Is Work Good for Your Health and Wellbeing?*
- 146 M Hudson et al, *The Influence of Outcome-based Contracting on Provider-led Pathways to Work*, DWP research report 638, Norwich: The Stationery Office, 2010, <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep638.pdf> (accessed 16 Mar 2012).
- 147 *Annual Survey of Hours and Earnings 2011*, Office for National Statistics, 2011.

- 148 Figures supplied by Home Group; personal communication, 16 Jan 2012.
- 149 Directgov, 'Jobseeker's Allowance', www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_200090.html (accessed 14 Mar 2012).
- 150 Based on rates for 2010/11. See 'Housing & Neighbourhoods Monitor', Joseph Rowntree Foundation, www.hnm.org.uk (accessed 14 Mar 2012).
- 151 L Phelps and M Carter, *Possession Action: The last resort?*, Citizens Advice, 2003.
- 152 Based on the average values given in case studies taken from 'Written evidence from the Scottish Council for Single Homeless: the cost of tenancy failure 2011', Scottish Council for Single Homeless, www.scottish.parliament.uk/S4_InfrastructureandCapitalInvestmentCommittee/General%20Documents/SCSH.pdf (accessed 24 Jan 2012).
- 153 Ibid.
- 154 L Curtis, *Unit Costs of Health and Social Care*, Canterbury: Personal Social Services Research Unit, 2011.
- 155 L Curtis and A Netten, *Unit Costs of Health and Social Care*, Canterbury: Personal Social Services Research Unit, 2006, cited in Curtis, *Unit Costs of Health and Social Care*.
- 156 Directgov, 'Employment and Support Allowance – rates', www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_171896 (accessed 14 Mar 2012).
- 157 NAO, *The Introduction of the Work Programme*, National Audit Office, 2012, www.nao.org.uk/publications/1012/dwp_work_programme.aspx (accessed 14 Mar 2012).

- 158 Figures supplied by Home Group; personal communication, 16 Jan 2012.
- 159 'Median full-time salary for women', *Annual Survey of Hours and Earnings 2011*, Office for National Statistics, 2011.
- 160 Waddell and Burton, *Is Work Good for Your Health and Wellbeing?*
- 161 Data.gov.uk, 'Jobseekers Allowance (JSA) claimants by age and duration', Dept for Work and Pensions, 17 Feb 2011, http://data.gov.uk/dataset/jobseekers_allowance_jsa_claimants_by_age_and_duration (accessed 24 Jan 2012).
- 162 'Median full-time salary for women', *Annual Survey of Hours and Earnings 2011*.
- 163 Figures supplied by Home Group; personal communication, 16 Jan 2012.
- 164 South Cheshire College, 'Employability skills', www.s-cheshire.ac.uk/newcamp/allsects/courses/x-course.asp?course=BM1309A&scs_area=2 (accessed 14 Mar 2012).
- 165 NAO, *The Introduction of the Work Programme*.
- 166 'Median full-time salary for women', *Annual Survey of Hours and Earnings 2011*.
- 167 NAO, *The Introduction of the Work Programme*.
- 168 Home Group, *Measuring the Impact of Client and Customer Involvement: Impact assessment report*, Home Group and Stonham, 2011, www.homegroup.org.uk/insidehomegroup/getinvolved/Documents/CC%20InvolveImpactReport.pdf (accessed 14 Mar 2012).
- 169 South Cheshire College, 'Employability skills'.

- 170 Home Group, *Measuring the Impact of Client and Customer Involvement*.
- 171 'Median full-time salary for women', *Annual Survey of Hours and Earnings 2011*.

References

- ‘Cameron to outline “personal guarantees” on NHS’, Press Association, 7 Jun 2011, www.hsj.co.uk/news/policy/cameron-to-outline-personal-guarantees-on-nhs/5030822.article (accessed 23 Jan 2012).
- ‘Health and wellbeing boards’, National Housing Federation, 19 Dec 2011, www.housing.org.uk/our_regions/south_east_region/south_east_news/health_and_wellbeing_boards.aspx (accessed 16 Mar 2012).
- ‘Housing & Neighbourhoods Monitor’, Joseph Rowntree Foundation, www.hnm.org.uk (accessed 14 Mar 2012).
- ‘Median full-time salary for women’, *Annual Survey of Hours and Earnings 2011*, Office for National Statistics, 2011.
- ‘Mortgage rationing becomes worse, Bank of England warns’, BBC News, 5 Jan 2012, www.bbc.co.uk/news/business-16425582 (accessed 23 Jan 2012).
- ‘MP’s concern over domestic violence rise’, *South Yorkshire Times*, 21 Nov 2011, www.southyorkshiretimes.co.uk/news/local/mp_s_concern_over_domestic_violence_rise_1_3989884 (accessed 23 Jan 2012).
- ‘Teenage pregnancies among children in care: research’, 23 Jan 2008, www.communitycare.co.uk/Articles/2008/01/23/107036/teenage-pregnancies-among-children-in-care-research.htm (accessed 14 Mar 2012).

‘Thanet Good Neighbours scheme’, www.wrvs.org.uk/service/1112-thanet-good-neighbours-scheme (accessed 15 Mar 2012).

‘Unemployment can lead to depression’, British Psychological Society, 12 May 2011, www.bps.org.uk/news/unemployment-can-lead-depression (accessed 14 Mar 2012).

‘Written evidence from the Scottish Council for Single Homeless: the cost of tenancy failure 2011’, Scottish Council for Single Homeless, www.scottish.parliament.uk/S4_InfrastructureandCapitalInvestmentCommittee/General%20Documents/SCSH.pdf (accessed 24 Jan 2012).

All Party Parliamentary Group on Housing and Care for Older people, *Living Well at Home Inquiry*, Jul 2011, www.counselandcare.org.uk/pdf/living-well-at-home (accessed 23 Jan 2012).

Ashton T and Turl D, *Research into the Financial Benefits of the Supporting People Programme*, Dept for Communities and Local Government, 2008, www.communities.gov.uk/documents/housing/pdf/spprogramme.pdf (accessed 23 Jan 2012).

Barbary V, ‘Reducing re-offending: creating the right framework’, New Local Government Network, 2007, www.nlgn.org.uk/public/wp-content/uploads/reducing-re-offending.pdf (accessed 14 Mar 2012).

Bazalgette L et al, *Coming of Age*, London: Demos, 2011.

Boardman A et al, *Cost-Benefit Analysis: Concepts and practice*, New Jersey: Prentice Hall, 2006.

Brindle D, ‘Government creates £170m fund to help older people leave NHS hospitals’, *Guardian*, 2 Jan 2012, www.guardian.co.uk/society/2012/jan/02/fund-old-patients-leave-nhs-hospitals (accessed 23 Jan 2012).

Brown C, 'Landlords lose faith in £5bn work programme', *Inside Housing*, 2 Sep 2011, www.insidehousing.co.uk/landlords-lose-faith-in-£5bn-work-programme/6517542.article (accessed 23 Jan 2012).

Bryant T, 'Supporting People Eligibility Criteria Policy', 2004, <http://tinyurl.com/6stpges> (accessed 13 Mar 2012).

Butler P, 'First in the cuts firing line: the homeless and socially excluded', Patrick Butler's Cuts Blog, *Guardian*, 19 Jan 2011, www.guardian.co.uk/society/patrick-butler-cuts-blog/2011/jan/19/public-sector-cuts-housing (accessed 23 Jan 2012).

Campbell D, 'David Cameron orders merging of health and social care', *Guardian*, 5 Jan 2012, www.guardian.co.uk/politics/2012/jan/05/david-cameron-health-social-care (accessed 23 Jan 2012).

Campbell D, 'Recession causes surge in mental health problems', *Guardian*, 1 Apr 2010, www.guardian.co.uk/society/2010/apr/01/recession-surge-mental-health-problems (accessed 27 Jan 2012).

Care Quality Commission, *The State of Adult Health and Social Care in England*, 2011, www.cqc.org.uk/sites/default/files/media/documents/state_of_care_2010_11.pdf (accessed 23 Jan 2012).

Carr-West J and Lucas L, *Promoting Independence: The future of housing related support services*, Local Government Innovation Unit, 2011, <https://member.lgiu.org.uk/whatwedo/Publications/Documents/Promoting%20Independence.pdf> (accessed 23 Jan 2012).

Centre for Social Justice, 'Mental health: poverty, ethnicity and family breakdown', Feb 2011, www.centreforsocialjustice.org.uk/client/downloads/CSJMentalHealth_Final_20110205.pdf (accessed 23 Jan 2012).

References

Community Budgets Islington, www.localleadership.gov.uk/communitybudgets/places/islington/ (accessed 23 Jan 2012).

Cooper K, 'Supporting People cuts leave housing sector unable to support the most vulnerable', *Guardian*, 22 Aug 2011, www.guardian.co.uk/housing-network/2011/aug/22/supporting-people-cuts-housing-sector-vulnerable (accessed 14 Mar 2011).

CORE: The Continuous Recording of Letting and Sales in Social Housing in England, <https://core.tenantservicesauthority.org/> (accessed 23 Jan 2011).

Curtis L, *Unit Costs of Health and Social Care*, Canterbury: Personal Social Services Research Unit, 2011.

Curtis L and Netten A, *Unit Costs of Health and Social Care*, Canterbury: Personal Social Services Research Unit, 2006, cited in Curtis, *Unit Costs of Health and Social Care*.

Data.gov.uk, 'Jobseekers Allowance (JSA) claimants by age and duration', Dept for Work and Pensions, 17 Feb 2011, http://data.gov.uk/dataset/jobseekers_allowance_jsa_claimants_by_age_and_duration (accessed 24 Jan 2012).

Davis S, *Localism: Delivering integration across housing, health and care*, Chartered Institute of Housing, 2011, www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Localism_integration_across_hhc.pdf (accessed 23 Jan 2012).

DCLG, 'Local government finance, appendix G, Glossary of terms and acronyms', Dept for Communities and Local Government, no date, www.communities.gov.uk/documents/localgovernment/pdf/1194710.pdf (accessed 23 Jan 2012).

DCLG, *Community Budgets Prospectus*, Department for Communities and Local Government, 2011, www.communities.gov.uk/documents/localgovernment/pdf/2009783.pdf (accessed 23 Jan 2012).

DCLG, *Demonstrating the Cost-Effectiveness of Preventing Homelessness*, Dept for Communities and Local Government, July 2010, <http://tinyurl.com/77dzu7w> (accessed 16 Mar 2012).

DCLG, *Housing, Care, Support: A guide to integrating housing-related support at a regional level*, 2008, www.communities.gov.uk/publications/housing/housingcaresupportguide (accessed 23 Jan 2012).

DCLG, Letter from Grant Shapps MP to Councillor Jon Collins, 6 Jan 2011, Dept for Communities and Local Government, www.hlg.org.uk/getdoc/8bccd914-1662-4ba1-99c6-0d3b5d56879e/GS-letter-to-JC-re-SP.aspx (accessed 23 Jan 2012).

DCLG, *Tenure in Change in Deprived Areas: Evidence from the New Deal for Communities areas*, Dept for Communities and Local Government, 2010, www.communities.gov.uk/documents/communities/pdf/1462924.pdf (accessed 23 Jan 2012).

Directgov, 'Employment and Support Allowance – rates', www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_171896 (accessed 14 Mar 2012).

Directgov, 'Jobseeker's Allowance', www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_200090.html (accessed 14 Mar 2012).

DoH, 'Joint strategic needs assessment and joint health and wellbeing strategies explained: commissioning for populations', Department of Health, 2011, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131733.pdf (accessed 23 Jan 2012).

DoH, *Equity and Excellence: Liberating the NHS*, Cm 7881, Dept of Health, 2010, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 (accessed 14 Mar 2012).

DoH, *Guidance on Joint Strategic Needs Assessment*, Dept of Health, 2007, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_o81267.pdf (accessed 23 Jan 2012).

DoH, *Support Related Housing: Incorporating support related housing into your efficiency programme*, Dept of Health, 2009, www.csed.dh.gov.uk/_library/Resources/CSED/CSEDProduct/srhdiscussion.pdf (accessed 23 Jan 2012).

Dowler C, 'Loss of providers spells gloom for support sector', *Inside Housing*, 13 May 2008, www.insidehousing.co.uk/loss-of-providers-spells-gloom-for-support-sector/6500051.article (accessed 23 Jan 2012).

DTI, *Social Enterprise: A strategy for success*, Dept for Trade and Industry, 2002, www.uk.coop/resources/documents/social-enterprise-strategy-success (accessed 23 Jan 2012).

DWP, 'Housing benefit and Council Tax Benefit Caseload', Dept for Work and Pensions, Oct 2011, <http://research.dwp.gov.uk/asd/index.php?page=hbctb> (accessed 23 Jan 2012).

DWP, *The Work Programme*, Dept for Work and Pensions, 2011, www.dwp.gov.uk/docs/the-work-programme.pdf (accessed 23 Jan 2012).

Edwards M, *Commissioning Housing Support for Health and Wellbeing*, Integrated Care Network and Care Services Improvement Partnership, 2008, www.housinglin.org.uk/_library/Commissioning_housing_support_for_health_and_wellbeing.pdf (accessed 27 Jan 2012).

Elizabeth Finn Care, 'New report highlights devastating effect recession has had on UK's mental health', 1 Apr 2010, www.elizabethfinncare.org.uk/Rise_in_mental_health_illness (accessed 27 Jan 2012).

Emerson E and Hatton C, *People With Learning Disabilities in England*, Centre for Disability Research, 2008, www.lancs.ac.uk/cedr/publications/CeDR%202008-1%20People%20with%20Learning%20Disabilities%20in%20England.pdf (accessed 16 Mar 2012).

English Housing Survey, *English Housing Survey Bulletin*, Issue 4, Jul 2011, www.communities.gov.uk/documents/housing/pdf/1937305.pdf (accessed 23 Jan 2012).

Fairer Care Funding: The report of the Commission on Funding of Care and Support, the Dilnot Report, 2011, <https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf> (accessed 14 Mar 2012).

Family Mosaic, 'Repairs and maintenance contracts awarded', 27 Apr 2010, www.familymosaic.co.uk/News/repairs-and-maintenance-contracts-awarded (accessed 27 Jan 2012).

Fort L, "'Buddy scheme" to protect elderly', *Reading Post*, 24 Jul 2009, www.getreading.co.uk/news/s/2054712_buddy_scheme_to_protect_elderly (accessed 27 Jan 2012).

Frontier Economics, *Financial Benefits of Investing in Specialist Housing for Vulnerable and Older People: A report for the Homes and Communities Agency*, 2010, www.frontier-economics.com/_library/pdfs/frontier%20report%20-%20financial%20benefits%20of%20investment.pdf (accessed 14 Mar 2012).

Fyson R, Tarleton B and Ward B, 'The impact of the Supporting People programme on people with learning disabilities', Joseph Rowntree Foundation, 2007, www.jrf.org.uk/sites/files/jrf/2106.pdf (accessed 16 Mar 2012).

References

HACT, 'Social housing leaders debate the future for community investment', 17 Feb 2011, <http://hact.org.uk/social-housing-leaders-debate-the-future-for-community-investment> (accessed 23 Jan 2012).

Harwood V, 'Review of the tenancy support worker services provided by Orbit Heart of England', internal document, 2007.

Health Committee, National Housing Federation, *Submission to the Health Select Committee on Social Care*, Dec 2011.

HM Government, *Laying the Foundations: A housing strategy for England*, 2011, www.communities.gov.uk/documents/housing/pdf/2033676.pdf (accessed 23 Jan 2012).

HNF, *iN Business for Neighbourhoods: The evidence: the scale and scope of housing associations activity beyond housing*, National Housing Federation, 2008, www.housing.org.uk/idoc.ashx?docid=9cb4ecod-15bf-485a-8943-6bca3dc51466&version=-1 (accessed 23 Jan 2012).

Hodge K, 'Live Q&A: how can housing associations tackle unemployment?', Guardian Housing Network Blog, 23 May 2011, www.guardian.co.uk/housing-network/2011/may/20/housing-associations-tackle-unemployment (accessed 23 Jan 2012).

Hollander G, '£200m troubled families fund announced', Inside Housing, 3 Jan 2012, www.insidehousing.co.uk/tenancies/£200m-troubled-families-fund-announced/6519778.article (accessed 23 Jan 2012).

Home Group, 'Linx: care and support', www.homegroup.org.uk/careandsupport/stonhamservices/services/Pages/linx.aspx (accessed 23 Jan 2012).

Home Group, *Measuring the Impact of Client and Customer Involvement: Impact assessment report*, Home Group and Stonham, 2011, www.homegroup.org.uk/insidehomegroup/getinvolved/Documents/CC%20InvolveImpactReport.pdf (accessed 14 Mar 2012).

Housing Technology and Race Online 2012, *Digital by Default 2012: The case for digital housing*, Nov 2012, www.housing-technology.com/downloads/HousingTechnology_DigitalbyDefault2012_FINAL.pdf (accessed 23 Jan 2011).

Hudson M et al, *The Influence of Outcome-based Contracting on Provider-led Pathways to Work*, DWP research report 638, Norwich: The Stationery Office, 2010, <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep638.pdf> (accessed 16 Mar 2012).

Hurtsfield J, Parashar U and Schofield K, *The Costs and Benefits of Independent Living*, Office for Disability Issues, Dept for Work and Pensions, 2007, <http://odi.dwp.gov.uk/docs/res/il/costs-benefits-report.pdf> (accessed 27 Jan 2012).

Isle of Wight LINK, *Risk Impact Assessment*, 2010, <http://tinyurl.com/76bkxx6> (accessed 14 Mar 2012).

Islington Council, 'Draft strategy: supporting people services for vulnerable families', 2007, www.islington.gov.uk/DownloadableDocuments/Housing/Pdf/supporting_people/vulnerable_families_draft_strategy_feb07.pdf (accessed 13 Mar 2012).

Jones R, 'Home repossessions jump by 17%', *Guardian*, 21 Jun 2011, www.guardian.co.uk/money/2011/jun/21/home-repossessions-jump-fsa (accessed 23 Jan 2012).

Kelly L, 'Live discussion: is the Government asking too much of the housing sector?', *Guardian*, 5 Jan 2012, www.guardian.co.uk/housing-network/2012/jan/05/live-discussion-government-housing-sector (accessed 16 Mar 2012).

Kelly L, 'Top tips: how should councils work with private landlords?', *Guardian*, 20 Jan 2012, www.guardian.co.uk/housing-network/2012/jan/20/top-tips-councils-private-rented-sector (accessed 23 Jan 2012).

Knapp M, McDaid D and Parsonage M (eds), *Mental Health Promotion and Mental Illness Prevention: The economic case*, Personal Social Services Research Unit, London School of Economics, 2011, www.pssru.ac.uk/archive/pdf/Knapp_et_al_2011_MHPMHP-Economic-Case.pdf (accessed 16 Mar 2012).

Lloyd T, 'Housing association leaves care role as cuts bite', *Inside Housing*, 21 Sep 2011, www.insidehousing.co.uk/care/housing-association-leaves-care-role-as-cuts-bite/6517904.article (accessed 21 Jan 2011).

McCann K, 'Casey pressed on payment by results for troubled families', *Guardian*, 17 Jan 2012, www.guardian.co.uk/local-government-network/2012/jan/17/clg-committee-casey-finance-scheme (accessed 16 Mar 2012).

McCann K, 'Live discussion: dealing with cuts to Support People funding', *Guardian*, 4 Nov 2011, www.guardian.co.uk/housing-network/2011/nov/04/live-discussion-supporting-people-cuts (accessed 23 Jan 2012).

McCann K, 'Top tips: managing cuts to Supporting People funding', *Guardian*, 12 Nov 2011, www.guardian.co.uk/housing-network/2011/nov/12/top-tips-supporting-people-funding (accessed 14 Mar 2012).

Montfort J, *Family Life: The significance of family to homeless young people*, London: Centrepont, 2009, www.centrepont.org.uk/media/11651/long_version_final.pdf (accessed 23 Jan 2012).

Morgan T, 'Coping with cuts: tough decisions on care and support', *Guardian*, 23 Oct 2011, www.guardian.co.uk/housing-network/2011/oct/13/coping-with-cuts-tough-decisions-care-and-support (accessed 23 Jan 2011).

NAO, *The Introduction of the Work Programme*, National Audit Office, 2012, www.nao.org.uk/publications/1012/dwp_work_programme.aspx (accessed 14 Mar 2012).

National Affordable Homes Agency, *Vulnerable People in General Needs Housing*, Housing Corporation, 2008, http://learning.cshs.co.uk/file.php/1/Thematic_Review_Vulnerable_people_general_needs_housing.pdf (accessed 23 Jan 2011).

National Housing Association, 'What is a housing association?', www.housing.org.uk/publications/find_a_publication/first-time_buyers_in_london_ne/what_is_a_housing_association.aspx (accessed 23 Jan 2012).

National Housing Federation, 'Federation and housing minister issue warning over supporting people cuts', 18 Mar 2011, www.housing.org.uk/news/federation_and_housing.aspx (accessed 13 Mar 2012).

National Housing Federation, 'South west councillors speak out amid huge cuts to services for vulnerable people', 6 Apr 2011, www.housing.org.uk/our_regions/south_west_region/south_west_news/supporting_people_cuts.aspx (accessed 23 Jan 2012).

NCVO, 'NCVO Work Programme Special Interest Group Survey 2012', National Council for Voluntary Organisations, 2012, www.ncvo-vol.org.uk/sites/default/files/work_programme_survey.pdf (accessed 23 Jan 2012).

References

Pannell J and Palmer G, *Coming of Age: Opportunities for older homeless people under Supporting People*, New Policy Institute for Homeless Link, 2004, www.olderhomelessness.org.uk/documents/coming_of_age.pdf (accessed 27 Jan 2012).

Peabody, *21st Century Peabody: Creating communities for today and tomorrow*, no date, www.peabody.org.uk/media/7076136/21c_peabody.pdf (accessed 23 Jan 2012).

Peacock L, 'Low-skilled "more likely to be jobless"', *Telegraph*, 20 Jul 2011, www.telegraph.co.uk/finance/jobs/8650611/Low-skilled-more-likely-to-be-jobless.html (accessed 27 Jan 2012).

Personal Social Services Research Unit, *National Evaluation of Partnership for Older People*, Dec 2009, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@psr/documents/digitalasset/dh_111353.pdf (accessed March 2012).

Phelps L and Carter M, *Possession Action: The last resort?*, Citizens Advice, 2003.

PlaceShapers, *Localism that Works*, 2011, www.bvt.org.uk/wp-content/uploads/2012/02/Localism-that-Works.pdf (accessed 14 Mar 2012).

Ramesh R, 'Housing benefit cuts will put 800,000 homes out of reach, according to study', *Guardian*, 1 Jan 2012, www.guardian.co.uk/society/2012/jan/01/housing-benefits-cuts-rents-study (accessed 23 Jan 2012).

Ruddick G, 'Post-election cuts herald UK housing shortage', *Telegraph*, 19 Apr 2010, www.telegraph.co.uk/finance/newsbysector/constructionandproperty/7604334/Post-election-cuts-herald-UK-housing-shortage.html (accessed 23 Jan 2012).

Shapps G, 'Senseless cuts', letter, *Telegraph*, 18 Mar 2012, www.telegraph.co.uk/comment/letters/8388909/Western-intervention-in-Libya-cannot-go-ahead-without-legal-justification.html (accessed 23 Jan 2012).

Shelter, 'Building more homes, http://england.shelter.org.uk/campaigns/housing_issues/building_more_homes (accessed 23 Jan 2012).

Shelter, 'Housing strategy launches', Nov 2011, http://england.shelter.org.uk/news/november_2011/housing_strategy_launches.

Shelter, 'Who gets priority', http://england.shelter.org.uk/get_advice/finding_a_place_to_live/council_waiting_lists/who_gets_priority (accessed 23 Jan 2012).

Shelter, *Value for Money in Housing Options and Costs of Homelessness Services*, 2010, http://england.shelter.org.uk/data/assets/pdf_file/0008/297224/VFM_in_housing_options_and_homelessness_services_full_report_Oct_2010.pdf (accessed 23 Jan 2012).

Sitra, *Prevention and Personalisation: The case for housing related support*, 2010, Sitra and Yorkshire and Humber Housing Related Support Group, www.sitra.org/fileadmin/sitra_user/2009/Policy/Y_H/Summary_report_Prevention_and_personalisation_160910.pdf (accessed 14 Jan 2012).

Sitra, 'Removal of Supporting People ring fence report on regional round table discussions Jan–Mar, 2009, www.sitra.org/fileadmin/sitra_user/2009/SP/final_report_SP_roundtables.pdf (accessed 23 Jan 2012).

Sitra, 'Sitra endorses Think Local Act Personal', briefing document, Nov 2010, www.sitra.org/fileadmin/sitra_user/2009/Policy/News/Think_Local_Act_Personal_briefing/Sitra_endorses_Think_Local_act_personal.pdf (accessed 23 Jan 2012).

South Cheshire College, 'Employability skills', www.s-cheshire.ac.uk/newcamp/allsects/courses/x-course.asp?course=BM1309A&scs_area=2 (accessed 14 Mar 2012).

Tenant Services Authority, *Insight in the Housing Sector*, 2010, www.tenantservicesauthority.org/upload/pdf/Insight_in_the_housing_sector_-_report.pdf (accessed 16 Mar 2012).

Tenant Services Authority, *Regulatory Framework for Social Housing in England from April 2010*, www.tenantservicesauthority.org/server/show/ConWebDoc.20175 (accessed 23 Jan 2012).

Tenant Services Authority, *Statistical Release: Regulatory and statistical return*, Aug 2011, www.tenantservicesauthority.org/upload/pdf/Statistical_release_August_2011r.pdf (accessed 13 Mar 2012).

The Prince's Trust, 'Youth Index 2010', www.princes-trust.org.uk/about_the_trust/what_we_do/research/youth_index_2010.aspx (accessed 27 Jan 2012).

Turning Point, *Assessing the Evidence for the Cost Benefit and Cost Effectiveness of Integrated Health and Social Care*, 2010, www.turning-point.co.uk/commissionerszone/centrefexcellence/documents/benefitsrealisation2010.pdf (accessed 23 Jan 2012).

Waddell G and Burton AK, *Is Work Good for Your Health and Wellbeing?*, Dept for Work and Pensions, 2006, www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf (accessed 14 Mar 2012).

Wadhams C et al, *Together For Communities: Experiences from partnerships, transforming neighbourhoods*, HACT, 2011, <http://hact.org.uk/wp-content/uploads/2011/11/A5-T-for-C-web.pdf> (accessed 23 Jan 2012).

Windle K et al, *National Evaluation of Partnerships for Older People Projects: Final report*, PSSRU, 2009, www.pssru.ac.uk/archive/pdf/dp2700.pdf (accessed 27 Jan 2012).

Wood C, Cheetham P and Gregory T, *Coping with the Cuts*, London: Demos 2011.

Demos - Licence to Publish

The work (as defined below) is provided under the terms of this licence ('licence'). The work is protected by copyright and/or other applicable law. Any use of the work other than as authorised under this licence is prohibited. By exercising any rights to the work provided here, you accept and agree to be bound by the terms of this licence. Demos grants you the rights contained here in consideration of your acceptance of such terms and conditions.

1 Definitions

- A **'Collective Work'** means a work, such as a periodical issue, anthology or encyclopedia, in which the Work in its entirety in unmodified form, along with a number of other contributions, constituting separate and independent works in themselves, are assembled into a collective whole. A work that constitutes a Collective Work will not be considered a Derivative Work (as defined below) for the purposes of this Licence.
- B **'Derivative Work'** means a work based upon the Work or upon the Work and other pre-existing works, such as a musical arrangement, dramatisation, fictionalisation, motion picture version, sound recording, art reproduction, abridgment, condensation, or any other form in which the Work may be recast, transformed, or adapted, except that a work that constitutes a Collective Work or a translation from English into another language will not be considered a Derivative Work for the purpose of this Licence.
- C **'Licensor'** means the individual or entity that offers the Work under the terms of this Licence.
- D **'Original Author'** means the individual or entity who created the Work.
- E **'Work'** means the copyrightable work of authorship offered under the terms of this Licence.
- F **'You'** means an individual or entity exercising rights under this Licence who has not previously violated the terms of this Licence with respect to the Work, or who has received express permission from Demos to exercise rights under this Licence despite a previous violation.

2 Fair Use Rights

Nothing in this licence is intended to reduce, limit, or restrict any rights arising from fair use, first sale or other limitations on the exclusive rights of the copyright owner under copyright law or other applicable laws.

3 Licence Grant

Subject to the terms and conditions of this Licence, Licensor hereby grants You a worldwide, royalty-free, non-exclusive, perpetual (for the duration of the applicable copyright) licence to exercise the rights in the Work as stated below:

- A to reproduce the Work, to incorporate the Work into one or more Collective Works, and to reproduce the Work as incorporated in the Collective Works;
- B to distribute copies or phonorecords of, display publicly, perform publicly, and perform publicly by means of a digital audio transmission the Work including as incorporated in Collective Works; The above rights may be exercised in all media and formats whether now known or hereafter devised. The above rights include the right to make such modifications as are technically necessary to exercise the rights in other media and formats. All rights not expressly granted by Licensor are hereby reserved.

4 Restrictions

The licence granted in Section 3 above is expressly made subject to and limited by the following restrictions:

- A You may distribute, publicly display, publicly perform, or publicly digitally perform the Work only under the terms of this Licence, and You must include a copy of, or the Uniform Resource Identifier for, this Licence with every copy or phonorecord of the Work You distribute, publicly display, publicly perform, or publicly digitally perform. You may not offer or impose any terms on the Work that alter or restrict the terms of this Licence or the recipients' exercise of the rights granted here under. You may not sublicense the Work. You must keep intact all notices that refer to this Licence and to the disclaimer of warranties. You may not distribute, publicly display, publicly perform, or publicly digitally perform the Work with any technological measures that control access or use of the Work in a manner inconsistent with the terms of this Licence Agreement. The above applies to the Work as incorporated in a Collective Work, but this does not require the Collective Work apart from the Work itself to be made subject to the terms of this Licence. If You create a Collective Work, upon notice from any Licensor You must, to the extent practicable, remove from the Collective Work any reference to such Licensor or the Original Author, as requested.
- B You may not exercise any of the rights granted to You in Section 3 above in any manner that is primarily intended for or directed towards commercial advantage or private monetary

compensation. The exchange of the Work for other copyrighted works by means of digital filesharing or otherwise shall not be considered to be intended for or directed towards commercial advantage or private monetary compensation, provided there is no payment of any monetary compensation in connection with the exchange of copyrighted works.

- c If you distribute, publicly display, publicly perform, or publicly digitally perform the Work or any Collective Works, You must keep intact all copyright notices for the Work and give the Original Author credit reasonable to the medium or means You are utilising by conveying the name (or pseudonym if applicable) of the Original Author if supplied; the title of the Work if supplied. Such credit may be implemented in any reasonable manner; provided, however, that in the case of a Collective Work, at a minimum such credit will appear where any other comparable authorship credit appears and in a manner at least as prominent as such other comparable authorship credit.

5 Representations, Warranties and Disclaimer

- A By offering the Work for public release under this Licence, Licensor represents and warrants that, to the best of Licensor's knowledge after reasonable inquiry:
 - i Licensor has secured all rights in the Work necessary to grant the licence rights hereunder and to permit the lawful exercise of the rights granted hereunder without You having any obligation to pay any royalties, compulsory licence fees, residuals or any other payments;
 - ii The Work does not infringe the copyright, trademark, publicity rights, common law rights or any other right of any third party or constitute defamation, invasion of privacy or other tortious injury to any third party.
- B except as expressly stated in this licence or otherwise agreed in writing or required by applicable law, the work is licenced on an 'as is' basis, without warranties of any kind, either express or implied including, without limitation, any warranties regarding the contents or accuracy of the work.

6 Limitation on Liability

Except to the extent required by applicable law, and except for damages arising from liability to a third party resulting from breach of the warranties in section 5, in no event will Licensor be liable to you on any legal theory for any special, incidental, consequential, punitive or exemplary damages arising out of this licence or the use of the work; even if Licensor has been advised of the possibility of such damages.

7 Termination

- A This Licence and the rights granted hereunder will terminate automatically upon any breach by You of the terms of this Licence. Individuals or entities who have received Collective Works from You under this Licence, however, will not have their licences terminated provided such individuals or entities remain in full compliance with those licences. Sections 1, 2, 5, 6, 7, and 8 will survive any termination of this Licence.
- B Subject to the above terms and conditions, the licence granted here is perpetual (for the duration of the applicable copyright in the Work). Notwithstanding the above, Licensor reserves the right to release the Work under different licence terms or to stop distributing the Work at any time; provided, however that any such election will not serve to withdraw this Licence (or any other licence that has been, or is required to be, granted under the terms of this Licence), and this Licence will continue in full force and effect unless terminated as stated above.

8 Miscellaneous

- A Each time You distribute or publicly digitally perform the Work or a Collective Work, Demos offers to the recipient a licence to the Work on the same terms and conditions as the licence granted to You under this Licence.
- B If any provision of this Licence is invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Licence, and without further action by the parties to this agreement, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.
- C No term or provision of this Licence shall be deemed waived and no breach consented to unless such waiver or consent shall be in writing and signed by the party to be charged with such waiver or consent.
- D This Licence constitutes the entire agreement between the parties with respect to the Work licenced here. There are no understandings, agreements or representations with respect to the Work not specified here. Licensor shall not be bound by any additional provisions that may appear in any communication from You. This Licence may not be modified without the mutual written agreement of Demos and You.

This project was supported by:

Stonham
home
group

It is difficult to imagine a time when social housing providers have faced greater challenges. Increased demand and fewer resources mean that Britain has reached a critical moment in its approach to social services, with efficiency and allocation forming the bedrock of the debate. As austerity bites, it is those in social housing who are likely to feel the pincer effect of personal budget reductions and cuts to social services.

Under One Roof argues that social housing can be fundamental to better channeling of resources. It suggests that a spectrum approach focusing on high through to low needs groups could lead to efficiency gains and investigates the possibility of improving communications between nurses, social workers and voluntary carers in order to provide services that are better suited to the needs of individual tenants.

The report maps out potential journeys of service users, demonstrating how earlier intervention and risk mitigation are integral to the efficient and equitable provision of services. It concludes that personal budgets, localism and community budgets provide a distinct opportunity for increased collaboration between health, housing and care which in turn will generate significant savings and allow for better targeting of services.

Claudia Wood is Deputy Director of Demos. Jo Salter and Phillida Cheetham are Junior Associates at Demos.

ISBN 978-1-909037-03-8 £10

© Demos 2012

