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The economic and social benefits of housing support

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Executive Summary

Key points

- Housing Support plays a vital role in securing accommodation, care and other services for many of our most vulnerable in society. But it is a model (or series of models) where practice knowledge runs far ahead of both policy and academic or research expertise and evidence. Housing Support is often much less visible, can be fragmented and is much less transparent than other parts of the funding of our housing, health and other social care services.
- We recommend that (1) effort is expended to highlight that Housing Support in its different forms can make significant positive impacts on peoples' lives alongside important preventative public finance savings. (2) The sector should promote the more visible examples of Housing Support, drawing on key messages in this report. (3) Two further pieces of research should be supported and widely publicised. The first of these is a proper mapping and accounting of all Housing Support funding streams, scale and partners. Second, a research project is required to bottom out the costs and benefits, preventative savings and the social value of Housing Support.

Why Housing Support?

Debates on the position of the housing sector in social policy and welfare have been dominated by framings around financialisation and commodification, availability, tenure and supply of housing. This has overlooked the wrap-around services that can be termed Housing Support.

The variety of Housing Support activity is diverse, with the full scale and variety of support mechanisms made more complex by national and local divergence. Furthermore, the different policy settings and assumptions behind housing policy – and what the housing problem constitutes – differs across levels of government (Gibb 2021). This affects the possibilities and availability of Housing Support services. The ideology behind providing this type of service diverges between England, Scotland and Wales.

There are several models of support that aim to facilitate positive outcomes across groups and tenure. A table in the main report outlines some of the key evidence around particular models. An appendix also sets out the continuum of housing support models.

Much of the focus in this paper is on social impact and preventative benefits. Prevention is about spending now to save later or, in other terms, to reduce failure demand by tackling causes in the present to reduce symptoms in the future. Puttock (2012, p.5) defines 'a preventative strategy as one which disrupts, mitigates or eliminates causes of harm through the identification, implementation and diffusion of effective interventions'. In 2010, the Scottish Government promised a decisive shift to prevention and set up specific funds relating to older people's services, early years intervention and reducing reoffending. Progress has been patchy and uneven and clearly takes time.

The wide range of Housing Support activities is funded by multiple, more or less visible and identifiable sources: services differentiate between the housing tenure people are in, with respect to access to benefits, whether funding comes from non-ring-fenced council budgets, distinguishing capital from revenue spend (including benefits), among other complicating factors. This has implications for accurate reporting of spending on Housing Support directly in the round, but also our ability to connect it to other activities which depend on it. There is a pressing challenge for national-level statistical analysis in Scotland to address this gap.

What are the implications?

First, we know that housing support is involved in multiple and quite different channels of activity often with low visibility, but is generally focused on tenure sustainability. Second, scaling the problem, identifying costs and benefits from their activities needs to be developed in a consensual way in relation to where, for instance, savings might land. Third, there is a clear case for doing new research, thinking about social impact measures, and providing strong robust evidence. There is absolutely nothing wrong with using arguments of savings from elsewhere but care and attention is required to be both rigorous and also in thinking about the second order or more indirect issues, for instance, whether such savings are captured as cash e.g. as additional budgets that can be used, and by whom. Or will it simply lead to spending cuts that will disincentivise partners from doing prevention in the first place? A rapid review of grey and academic research makes several key points which have wider implications:

- Evidence is varied in terms of rigour, sample size and coverage (again, representing the fragmentation of different strands of housing support).
- There is no shortage of positive preventative or savings-based evidence particularly regarding NHS costs reduced for older people and most of the evidence does not adequately account for the sorts of challenges and barriers to prevention we noted earlier.

Conclusions, recommendations, and key early actions

Housing Support is often imaginatively used by partners to be the glue that help makes a wider model work. However, in an era of increasing demand for care, the advent of a national care service and the key role that non-housing bodies like HSCPs play in delivering these models, there is a concern that Housing Support is varied, invisible and dependent on too many funding routes to be resilient, sustainable and levered up to its full potential. But we recognise that Housing Support will not be seen for the positive contribution it makes (and be supported and further invested in) until several things happen.

First, national government and social policy leaders need to understand what many practitioners know i.e. that Housing Support through its different models has a critical contribution to make interventions more successful. We need to map and classify all of the different models' funding streams, the quality and quantity of statistics on Housing Support, and understand who is really accountable for Housing Support as a whole and for its individual components. This should involve more detailed accounting research to calculate the prevention benefits of the models discussed in this paper (and also identify the challenges to realising those prevention benefits and how they might be overcome).

Second, Housing Support providers need to make the case – to the Scottish Government, local government, the professional housing community, and, critically, to all parties they work with in partnership within the care and associated worlds where these models already apply. There needs to be a national partnership effort to properly understand and account for the outcomes, impacts and economic benefits/savings associated with Housing Support.

Third, seeking to influence and frame the key stakeholders should start straightaway because we know that any one of these financing strands can be closed down or redirected at short notice, as has happened at the past, and well thought through models that change peoples' lives should not be at the whim of decisions made remotely for other reasons outwith local control. Housing Support providers and their partners need to bring higher visibility to the evidenced elements of Housing Support work and its positive outcomes, and that it is essential to construct a well-defined budgetary area for Housing Support in toto, such that funders know the consequences of changes to these strands. This recognises that the evidence is far from complete and there would be considerable value to commission further cost effectiveness and economic research in this field.

Introduction

Housing Support plays a vital role in securing accommodation, care and other services for many of our most vulnerable in society. Housing Support provides access to people who need support who may not reach the threshold for eligibility for social care, providing a much-needed preventative service, and minimises the need for other statutory services. But it is a model (or series of models) where practice knowledge runs far ahead of both policy and academic or research expertise and evidence.

Housing Support is often much less visible, can be varied and is much less transparent than other parts of the funding of our housing, health and other social care services. In fact, Housing Support has been reduced or removed across some service types in several local authorities to the detriment of vulnerable people, particularly in accommodation-based models such as sheltered housing. Housing Support is in danger of being subsumed, reduced or de-emphasized, precisely when the benefits it contributes are so urgently required, both directly for recipients but in securing preventative benefits we can all enjoy, such as independent living solutions and as a long-term contribution to hospital discharge programmes. These models of Housing Support offer considerable benefit, but they require holistic evaluation if they are to be maintained and indeed expanded as demographic change, public spending pressures and other challenges are to be accommodated. It is for these reasons that we are delighted to have the opportunity to write this paper for the commissioning partnership. The project is funded by a partnership of the SFHA, the HSEU, the SCLD, Hanover Scotland and Blackwood Homes and Care.

This paper looks at the increasingly important, yet under researched, area of Housing Support that has evolved from a traditional focus on landlord-tenant activity to being a key mechanism that supports wider economic and social benefits (including health and community outcomes for individuals).

The report offers a literature review of the existing information about the costs and benefits associated with preventative Housing Support models. This considers the full range of Housing Support services including those working with people facing homelessness and/or addictions; people with learning difficulties; people with mental health problems; people facing domestic abuse; older people and disabled people. The report outlines vignettes and case studies to illustrate the nuanced web of Housing Support and the many different roles it plays.

The rest of this paper is in four further sections. First, we set out five key questions about Housing Support and frame the approach we will take. The second main section is an evidence review looking at the case for and challenges relating to preventative spending, and other budget savings (elsewhere) types of arguments. This serves as a backdrop to a review of recent relevant literature in the Housing Support space. The section also identifies gaps in our knowledge and establishes a research agenda to address such gaps. The third section is called Cases and Vignettes and explores a small number of illustrations of the work Housing Support does to make significant interventions work through complementary partnership working. The final section summarises and concludes, drawing out recommendations for the sector, individual providers, government and funders.

Housing Support: Key Overarching Questions

The paper starts with five background questions with which to set the scene. First, what is the role of Housing Support within the wider welfare system? Second, can we move towards a coherent understanding of the Housing Support system? Third, how does it work for different groups? Fourth, how might economic tools be used to help persuade decision makers about the deeper merits of Housing Support? Fifth, how visible and accountable is the funding of Housing Support?

1. The role of Housing Support within the wider welfare system

Housing Support is an over-looked area of public sector investment in part due to where the housing sector sits within the wider welfare policy framework. Housing has historically been seen as the ‘wobbly pillar’ of the welfare state due to its sometimes-uncomfortable position between the private and public spheres (Torgersen, 1987). Malpass (2003, 2008) later argues the compelling case that this is a key strength of the housing sector, allowing it freedom and flexibility to respond to people’s needs as a ‘cornerstone’ of welfare support.

Debates on the position of the housing sector in social policy and welfare have been dominated, however, by framings around financialisation and commodification, availability, tenure and supply of housing. This has overlooked the wrap-around services that exist that can be termed Housing Support. These types of housing services include (but are not limited to):

Housing Support

Housing support covers areas of activity that enables people to maintain their accommodation and live well in the community. Services can be provided in people’s own homes in temporary, self contained or shared living environments. Services can be delivered in conjunction with accommodation as in the case of supported housing. Housing support can be provided to people with learning and/or physical disabilities, people with mental health needs, older people, people who have experienced or are at risk of homelessness or domestic abuse

It includes activity that supports physical health and wellbeing, social care, a wide range of welfare support including employment activities, facilitating access to financial support, benefits, tenancy management, digital connectivity aids, adaptations and accessible design.

The variety of support activity is hyper-diverse, with the full scale and variety of support mechanisms made more complex by national and local divergence. Devolution has seen a particular ‘spatial nuance’ around localised housing governance (McKee et al 2017). Furthermore, the different policy settings and assumptions behind housing policy – and what the housing problem is – is different at a national level (Gibb, 2021). This affects the possibilities and availability of Housing Support services. The ideology behind providing this type of service diverges between England, Scotland and Wales. Stephens (2019) indicates that for England, social housing welfare regimes are beginning to be seen as more an ‘ambulance service’, with Scotland, Wales and Northern Ireland still based on more of a ‘safety net’ model. Furthermore, within the current UK regime, there are limits to the powers and potential in the housing sector to strengthen its role in the wider welfare state (Stephens 2019).

Yet within the divergent policy context, the COVID-19 pandemic has shown that investment in housing policy solutions and intervention has had positive impacts in addressing Housing Support issues and wider challenges, especially in areas of homelessness, ageing and welfare (McCall et al 2022). Furthermore, there is also a repositioning of the housing sector in the social sciences where housing is situated as an ‘infrastructure of care’ via a more relational framework (Power & Mee, 2020). By exploring housing as a relational system, this opens the possibilities of examining

the wider networks, activity and systems that revolve around the 'home' (Easthope et al 2020). Other housing studies frameworks, such as the 'housing pathways' model, also explore the wider infrastructure as 'policies alone does [sic] not give a full picture of the housing field' (Clapham, 2022: 58). The housing pathways focus on the interaction (practices) in homes and by households frame housing provision more dynamically as taking place over different times and spaces. This encompasses activity that goes beyond simply accessing, providing, and maintaining a house, a dwelling as bricks and mortar. This reframing of housing as a relational, person-centred interaction opens the door to understanding the wider and important role of Housing Support.

2. Moving towards an understanding of Housing Support

Housing can be "a place of security and enabling for a household" – see King (1996 cited in Clapham, 2002: 60) who gives a wider definition of housing practice. Housing activity framed as an 'enabler' widens out the categorization of any linked package of provision. Pleace & Wallace (2011) offer a broad categorization, that ranges from 'staircase models' based on residential stages (ranging from hospital settings to independent living). There are also 'accommodation-based services', which are often understood as supported housing with support staff available. Then there are 'mobile or floating' Housing Support services that provide wrap-around services to those based in ordinary housing to ensure sustainability and stability. Below are some of the ways that Housing Support activity is understood and framed in the academic literature for different service user groups. A package of Housing Support can be short-term, or more permanent and include one or all the types of services outlined in Table 1 and appendix A in different ways. Appendix A in particular highlights that the term Housing Support is used in a broad sense that goes beyond regulated Housing Support services to include other housing related services which can be set out in a continuum.

The historical development of Housing Support is often linked to the Supporting People fund (2001/2008) that was about preventative investment to avoid the higher costs of care intervention. Ring fence funding on this has been removed, but Housing Support services continue to be funded through what had been called the Supporting People grant (a label still applicable in some areas). In discussions with professional stakeholders, Housing Support was described as the 'basket of activities' that surrounds the individuals attached to housing provision.

"it's that kind of basket of things as you need it and you know the staff role is either to give that practical assistance, sign-posting... giving a flexible service that's person-centered supporting activities that allow people to remain independent and live well at home"

The 'basket of activities' is perceived to be about prevention, such as for example advice around emergencies, how to keep people safe, supporting people's well-being, enable independence and adapting environments alongside maintaining homes.

This foundation of Housing Support focuses on activities that sustains individual tenancies but has evolved to become quite creative in terms of the diverse support needs of the population. In terms of actual activities there are a lot of 'grey areas'. Discussions often reflected on the creative ways to support people and the interplay between intensive housing management (i.e. wider services beyond 'bricks and mortar' provision that sustain a tenancy), personal care and Housing Support to meet individual needs.

"I think that some of those lines are blurred because you know that's not how we support people. We support people as one individual"

This highlights the negotiation between targeted activity and person-led support.

Taking forward the idea that Housing Support as an enabler, there are several models of support that aim to facilitate positive outcomes across groups and tenure. The below table outlines some of the key evidence around particular models and what they aim to achieve. Please note that each type of model has a lot of literature connected to it, and

the below table does not include a fully comprehensive overview but a flavour of what the model can look like and key linked 'enablers' that it provides around positive outcomes. An appendix to the report also sets out in a diagram the continuum of Housing Support models.

Table 1

Support type	Tenancy sustainment via Housing Support Services unconnected to housing tenure
Model	Housing Support can be commissioned and delivered by housing services for individuals across different tenures. The disconnection of housing benefit and Housing Support in the UK has led to models that are focused on being person-led, rather than driven by accommodation and tenure. This is supported by the emphasis on self-directed support in Scotland and on Housing First.
What tenant sustainability models enable	This model focuses on shorter-term Housing Support to allow coverage of a wider range of individuals, normally 6-12 months but can be longer. Housing Support is focused on moments of crisis or transition based on individual referral and need. The hours allocated for individuals can range from an intense intervention to a small weekly check up on individuals. This is about tenancy sustainability and enabling people to live in their homes as long as possible.
Support type	Handyperson services
Model	This service typically provides a trusted individual or connection with a service that supports practical in-house assistance. Typical activities would be to provide low-level repairs, install devices or conduct safety checks on properties. Such services are not regulated Housing Support services, but Housing Support workers may help sign post people to handyperson services.
What handyperson services enable	It has been found that practical support services such as handyperson activities had by far the highest impact on health-related quality of life of all the service types examined. Evidence of positive outcomes around this type of support includes feelings of security, comfort and combatting social isolation having a trusted contact and support. See: Allan & Glasby (2010); Partnerships for Older People Projects (2009)
Support type	Aids, digital and assistive technology
Model	Housing Support can include access to technology, both for digital connection and lower-level technology. This can be classed as specific technology to assist people to live independently. Housing organisations can have a facilitation and support role in providing, or training and maintaining various bits of equipment that can support care and wider health needs.
What aids, digital and assistive technology models enable	Providing equipment and adaptations includes partnership working between NHS Scotland, Local Authorities, Integration Authorities, and Housing and Education partners. Housing associations and local authorities may access and facilitate formal grant processes, wider ring-fenced funding or invest their own income on providing technology, gadgets – often focused on ones that support health, well-being, quality of life tackling social isolation. See: Scottish Government (2023); Digital Health and Care Scotland (2023); McCall et al (2022c)
Support type	Adaptations and Home modifications
Model	There is a separate process for accessing formal adaptations. Less complex adaptations are usually processed via social work departments in local authorities. For Scotland, more complex adaptations (focused on structural building changes) can be accessed via the Scheme of Assistance (homeowners and private renters) or through RSLs and Local Authority processes for social renters. These can be complex, such as lifts, extensions, or less complex such as ramps and handrails. The focus is on person-led solutions that are essential to support day-to-day activities. Housing Support can help with the signposting, facilitating and access to aids and adaptations, digital and assistive technology as funding mechanism are often separate.

What adaptations enable	It has been found that there is a positive relationship between ageing in place and home modifications that allow people to stay in homes longer. Adaptations not only supports safety, privacy, comfort and day-to-day activities within a house but also impact on the social and personal experience of 'home'. There are important but limited insights in how aids and adaptations support health and social care needs, resulting in savings for the health and social care system. The system supporting aids and adaptations are seen, however, to be fragmented and difficult to deliver throughout the UK. See: Peace & Darton (2020); Hwang et al (2011); Mackintosh & Frondigoun (2022); Tanner et al (2008); Wai Chu Lau et al (2018); Wang 2022; McCall 2022a/b; Heywood (2011, 2004a/b, 2015)
Support type	Housing Support Worker
Model	This can be individual roles within a housing organisation that is a resource allocated to general needs Housing Support. It can also be a commissioned/funded service from health and social care partners but delivered by housing organizations or voluntary sector / private sector care and support organisations. Housing Support workers can be classed as a 'community support worker', or partnership workers.
What housing support workers enable	Evidence suggests that this role is particularly good at crossing institutional and divisional boundaries to develop networking opportunities and facilitate support between communities. However, it can be a challenging role and is a high-risk model as networks are usually dependent on individual relationships at the ground-level. In practice this model is seen as supporting the synergy of housing and care, which supports a preventative approach for health. See: Cameron (2010); McCall et al (2021); Zhou et al (2019, 2020a/b)
Support type	Housing with support
Model	This can include housing with care and support focused on a certain group or category – such as Housing with care in later life, or for those living with a disability/learning disability for example. The focus of this model is to support independent living, often in ordinary housing, with a linked care package. Support packages can focus on supporting household management, tenant sustainability, social networks alongside personal social care. Often described as 'housing with support', or assisted living communities, but available in different tenures. Usually focused on 55 and over but can be a model supporting diverse groups, it can include a scheme manager, alarms, communal areas and a focus on social activities. Models around assisted living often focus on self-contained homes. Residents tend to have a diverse range of health and support needs and can often have linked care packages. Can be available mixed tenure (although traditionally within the realms of social renting).
What housing with support models enable	This type of Housing Support focuses on promoting independence of individuals, including a focus on social integration, while meeting a range of care needs. Evidence has highlighted that housing insecurity is significantly associated with worse care and individual outcomes. Other evidence has highlighted an increasing role of housing employees in supporting mental health needs in this context. Key features of this type of Housing Support focus on enabling aspects of self-care as long as possible, but usually has 24-hour assistance available if needed. There is often assistive technology, or telecare options related or linked to such schemes. See: Croucher et al (2006); Jung et al (2018); Qinjin et al (2022)

Support type	Homelessness and Housing First
Model	Housing First is the default for the roll out of Rapid Rehousing Transition Plans for moving those in temporary accommodation into settled homes, where those clients have complex or multiple needs. Key to this programme is fidelity to the principles of Housing First i.e. that the client receives a tenancy and this is separate from and not contingent on the support services offered. Nonetheless, it is expected that for many clients, a range of tailored support services will be delivered, often with the support workers operating with a smaller caseload than normal, with a flexible approach to what is required and no end point prescribed. Key support areas tend to be around mental health, physical health, drug and alcohol misuse, employability and community justice. Housing First may not be accessible and/or suitable for some people with learning disabilities. An additional key focus is social network building and community integration.
What housing first models enable	In an extensive literature review covering Europe and North America, Housing First models were seen as a very efficient allocation of resources compared to other services. Evidence in a recent review (2020) notes supported housing and income assistance is a 'valuable' intervention, and income assistance interventions (particularly housing subsidies) increased long-term housing stability and reducing homelessness for those with moderate support needs. See: Crisis, (2020); Ly & Latminer (2015); Aubry (2020); Johnsen, et al, (2022); Indigo House (2021)
Support type	Supported Housing or Permanent supportive housing (PSH)
Model	Supported or supportive housing is one of the most common ways of understanding Housing Support and can be used interchangeably but relates to providing affordable accommodation alongside multidisciplinary support (although this may not always be the case). This is often focused on the needs of different groups with diverse needs and also the needs of homeless people. Provision involves providing often specifically allocated housing alongside support for tenant sustainability. Can include short-term (often crisis or housing transition-linked support) or long-term supported housing. Can be understood as 'exempt' or 'specified' accommodation in UK policy where the housing organization provides both the property alongside support. Supported housing is 'specified' to qualify for housing costs within housing benefit regulations and is commissioned by local authorities in Scotland.
What supported housing enables	Services are usually provided by social landlords and/or the third sector, with a big role for social landlords and health and social care partnerships. This type of housing is focused on enabling sustained support of a housing tenancy, with bespoke wrap-around services to enable independence, autonomy and integration of residents within communities. Evidence is stronger in relation to access to permanent housing, which has been shown to improve physical and mental health outcomes and decrease emergency room visits and hospitalization. Housing staff and co-residents have been found to become key parts of social networks in supportive housing. Evidence has shown increases in housing stability and aspects of health, although there are calls for evidence for longer-term impacts. See: Tabol et al (2010); Henwood (2013, 2015); Baxter et al (2019)
Support type	Extra Care Housing
Model	Extra care housing (also sometimes overlapping as described as assisted living, or sheltered housing) is focused on independent living but with care and other Housing Support services available if needed. Note that regulation makes a clear distinction between residential care homes, sheltered housing and other forms of supported living. Tenancy models can differ and vary, and the regulated models around 'very sheltered or extra care housing' can look very different from care homes in regard to provision.

What extra care models enable	The social value of extra care and sheltered housing has been difficult to quantify, but there is strong qualitative evidence that highlights the positive impact on feelings of safety, security happiness and independence of sheltered housing residents. Tenants in extra care housing have been shown to report high satisfaction and wellbeing rates, and greater independence compared to other accommodation. Evidence of extra care housing notes positive benefits in terms of costs and outcomes, but the long-term viability of the model is challenged by worries over 'task-based' provision over person-led provision. See: Evans & Vallely (2007); Riseborough& Fletcher (2008); Taylor & Neill (2009); Wood (2017); Field et al (2002); Pannell & Blood (2012); Butler et al (2021); Darton (2022)
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3. Supportive housing and Housing Support activity for different groups

Academic insights, into the different types of supportive housing and Housing Support activity, highlight varied and fragmented concepts and models available around Housing Support. There are a variety of groups and services involved in the wide-ranging and varied forms of provision. Different service providers offer different models, use various terminologies and interpret policy in numerous ways in terms of Housing Support provision (Pleace & Wallace, 2011; O'Malley & Croucher, 2005; McCall, 2022). This creates challenges in outlining a full definition of Housing Support.

In the range of evidence available, positive outcomes related to Housing Support activity are often reported. The volume of qualitative evidence offered is much stronger than cost/benefit and economic impact data (as is discussed in the next main section). Looking at the grouping of activity, we can see the types of activity listed above support a range of activities across health, social care, welfare, homelessness, and supporting needs around disability and ageing (see figure 1). Given this diversity, the wide-ranging areas of Housing Support can include:

Figure 1: Housing Support Package



The range of Housing Support is made more complex when taking activities group-by-group. For example, Housing Support for mental health can be very varied, ranging from a visiting service in ordinary housing to supported living and extra care. The core purpose of Housing Support common across all the models is the focus on supporting people to manage their homes and enabling them to remain or become independent at home and in their communities. Flexibility is the core strength of such a model, being able to be adapted to support diverse issues that impede someone's ability to live at home. Furthermore, some housing services can and have offered wrap around packages that include career advice, signposting to welfare advice, money and debt advice. Evidence around the positive impact is focused on the enablement of independent living, but evidence highlights this type of support connected with improved quality of life. Enabling autonomy was also found to be very important for supporting positive outcomes. Research from the USA 'suggest that significant cost savings can be achieved by establishing supportive housing programs from the homeless rather than forcing them to rely on emergency services' (McLaughlin, 2011). However, there are consistent calls for more robust evaluation and understanding around cost savings (see Pleace & Wallace, 2011; O'Malley & Croucher, 2005; Burgoyne, 2014; McLaughlin, 2011). This type of support enables a range of supportive outcomes focused on preventing larger scale mental health crisis, including low intensity services helping maintain tenancies and increase tenant sustainability, provide social interaction, to facilitating or mediating between health, social care and housing services. Housing Support around learning disability is also a key area. Again, this can span all the models in terms of provision and what this looks like. Research from Australia notes difficulties can arise in these services by the division between disability and mental health (Evans et al 2012).

There is also a wealth of research focused on supporting older people to live independently in community settings. This can range from examining positive outcomes, including tackling loneliness and social isolation (Beach et al 2022) to support health outcomes. There is a danger that the evidence base is still considered small (Croucher et al 2006). The research around this area in terms of supporting older people, consistently relates the desire for services that support independence, with key gaps around communication about what is available, advice and the need for activities related to mobility, self-care and domestic life alongside the importance of social activities and relationships (Abdi et al 2019). Robinson (2020) stresses in this regard the danger of focusing on different models in isolation, noting a range of emerging housing options for older people and an implementation gap between policy and delivery. The issue found here around Housing Support is that people do not know what is out there and what is available.

4. Using economic tools to persuade policy decision-makers

Proponents of specific social policy investments, for instance, more social housing or indeed spending on Housing Support, tend to make claims for more investment based on 'need', or perhaps by adopting more or less sophisticated arguments about redistribution and inequalities. Economists note the use of what they call *merit good* arguments – that the consumption of some good or service to a minimum level across all of society is so important that intervention should breach market provision constraints to ensure that this is so. In this case, the merit of the case is backed up by the acknowledged preferences of taxpayers (known as donors) – see Barr (1987).

In our era of scarce public resources, in recent times, there has been increasing adoption of more recognisably economic arguments for prioritising specific social policy interventions. These arguments take at least five different forms (Gibb et al 2020):

- There are direct economic benefits leading to growth through increased employment, output, spending, tax revenue with associated known multiplier effects (and reducing benefit expenditure).
- Such policies may increase human capital directly or indirectly increasing earning power, also increasing the society's stock of skills and raising potential economic growth and productivity in the future.
- Policies such as those expanding the supply of low cost and affordable housing in areas seeking labour supply, may

also have their regional productivity expanded because of job-seeking migrants being able to afford to move to these places¹ (Maclennan et al 2020).

- Providers seeking access to public funds increasingly make use of social impact arguments which are a form of economic argument (Gibb, et al, 2020). The idea here is to quantify the social benefits, direct and indirect, of a programme or project and to monetise the annual or lifetime value of such interventions. A standard and credible statistical technique is used to value impacts like reduced anxiety, having good neighbours, living with more green space or in larger properties, to calculate the social value attached e.g. to new affordable housing, to the wider use of specific social projects – and this can be summed and set against the project’s public spending costs of the initiative. In Scotland, HACT have been encouraging investors in such programmes to connect these wider benefits to National Performance Framework key outcome indicators and to close the accountability loop by encouraging ex post evaluation of the intervention’s achievements in practice (Gibb, et al 2020).
- Since at least the Christie Commission (2011), the Scottish public policy community has been also advancing a suite of related ideas around preventative spending benefits associated with social policy interventions from early years programmes, public health programmes, homelessness investments, community planning partnership work and many more such areas (Mitchell & Gibb, 2015a/b; Gibb, 2017). The prevention argument comes in many forms. First, within the Christie Commission’s work was a focus on large amounts of spending on ‘failure demand’ i.e. symptomatic spend to overcome existing problems, rather than preventing them in the first place, hence a focus on early years programmes (see: the Feeley Review of Adult Social Care (2021), noting the current focus on prevention as a driver to progress developments with the National Care Service proposal. Second, arguments have been marshalled to show the possible savings across other public budgets because of investing in a given ‘preventative’ policy area, thus homelessness interventions upstream might reduce health expenditure, crime and justice expenditure, social work caseloads, etc. Third, working in partnership to deliver polices e.g. Housing Support providing the glue for a housing and care initiative for older people or Housing First – can demonstrate the added value and complementarity that Housing Support can offer the achievement of wider objectives. Prevention is also therefore about partnership working and removing silos between departments, agencies, public bodies and sectors.

Much of the focus in this paper is on social impact and preventative benefits – thinking about the benefits (net of costs) of the different strands of Housing Support. In the following section we expand on these principles, arguing that careful examination of these interventions and their net benefits both fiscally and societally offer a potentially strong case for protecting and indeed expanding the role and spending commitment to Housing Support. However, as we shall see in the next section, making the preventative case is not without its political and economic challenges – otherwise we would all be doing it (Mitchell and Gibb, 2015a/b).

A particular challenge is around persuading finance ministries that the economics of the case does indeed support additional/protective investment in a given programme. Government in the UK adopts the language and techniques of the HM Treasury Green Book² about benefits and costs, discount rates, time periods and evidence around additionality, deadweight, etc. This provides some comfort to the social value approach (HACT 2012-2023) which is recognised by the Green Book, though there are undoubtedly problems for specific forms of programmes such as forms of housing investment. One of the problems is that, compared to well established methods like for transport investment, housing does not possess a well understood and predictable model of costs and benefits, assumptions vary and worries about double counting arise (Gibb & Christie, forthcoming). This makes it harder to win over government economic assessors. In Scotland it is true that economists make more explicit use of concepts of economic wellbeing in their decision making , such as progress with UN sustainable development indicators, but it is as yet not clear what difference this makes in practice to public sector appraisal investment decisions.

¹ Careful analysis may be taken to net these benefits after accounting for displacement and deadweight effects that reduce the genuine additionality of such investment.

² <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020>

5. Public funding for Housing Support

We have seen that Housing Support is a multifaceted resource and service that covers many areas. These range from adaptations and handyman services to Housing Support in aid of Housing First, housing and extra care, support to sustain tenancies and independent living and many other activities besides. Moreover, this wide range of activities is funded by diverse, more or, less visible and identifiable sources: there is an important distinction associated with the housing tenure people are in, with respect to access to benefits, whether funding comes from non-ring-fenced council budgets, distinguishing capital from revenue spend (including benefits) among other complicating factors. This has implications for our accurate reporting of spending on Housing Support directly in the round but also our ability to connect it to other activities which depend on it to make larger interventions and programmes work. It can even be argued that there is a pressing challenge for National Statistics in Scotland to address this gap in our knowledge for public policymaking, accountability and good governance reasons.

It is a major research challenge, and one beyond the scope of this paper, to attempt to track down all of the public finance strands relating to contemporary Housing Support in Scotland. It is easier to go in the opposite direction and seek out bottom-up case studies and examples of individual services and how they are funded. One can easily spend a few hours digging around official sources without being able to piece together the public finance story in a satisfactory way. The admixture of Housing Support is difficult to set boundaries around and equally problematic when it comes to following the money. While practitioners know a lot about the services they deal with and the partnerships they have, this is not translated into comprehensive public finance and budget statements.

How has Housing Support funding become so difficult to capture and measure? Access to services, e.g. adaptations funding is determined by housing tenure with capital grants going to housing associations and accounted for in capital budget data published by the Scottish Government (averaging £10-17m per annum from 2020-21 to 2025-6, Scottish Government, 2021). At the same time council tenants are directly funded within the Housing Revenue Account (though other funding is not ring fenced for other aspects of Housing Support services). Owner occupiers and private tenants used to be able to access private sector grant funding for adaptations from councils but that has been switched into funding Care and Repair Scotland who whom older private sector residents now rely on. Data from Care and Repair Scotland indicates that in 2018-19, their overall budget was £11.2m, £9m of which went on major adaptations (also, see: JIT, 2010).

A different statistics issue arose with a study by Rocket Science (2021). They did an overview of Homelessness in Scotland for the Salvation Army, attempting to work out how much is being spent on different homelessness services in Scotland and had to rely on complex modelling requiring numerous assumptions. It was difficult to attribute different services in terms of funding and this cautions us against simply taking disaggregated national funding numbers as read. This will surely apply elsewhere in other areas of Housing Support.

This is highly unsatisfactory and we would consider that, prior to any deeper research on costs and benefits, preventative savings, etc. that might be associated with the direct and indirect contributions of Housing Support, we need to be able to understand the financial scope and role of these different impacts that these services make. This requires a holistic effort by national government to capture and report the different strands that make up public resourcing of Housing Support. This is essential to understanding and evaluating the contribution it makes but also is simply a public service that improves the quality of governance in Scotland.

Evidence Review

Preventative spend, identifying other budget savings and enabling prevention

Prevention is about spending now to save later or, in other terms, to reduce failure demand by tackling causes in the present to reduce symptoms in the future. Puttock (2012, p.5) defines 'a preventative strategy as one which disrupts, mitigates or eliminates causes of harm through the identification, implementation and diffusion of effective interventions'. In 2011, the Scottish Government promised a decisive shift to prevention and set up specific funds relating to older people's services, early years intervention and reducing reoffending. Progress has been patchy and uneven and clearly takes time. We discuss why this might be so below.

Mitchell & Gibb (2015a) note that preventative strategies can operate either within a single agency or across partnerships of different public and other bodies. They identify key issues including incentives to encourage prevention recognising that the savings may fall elsewhere and that may cause challenges. Politically, the pay-offs may well come much later, which is not helpful if the objective is to maintain the policy over a period of time. They also recognise the problem that not all prevention will yield cashable savings that can be re-used (New Economy, 2015). Where there are partnerships trying to work together, silo working, different budgetary periods and priorities may well make prevention strategies infeasible. The costs, benefits and trade-offs of prevention must be clearly understood and be underpinned by persuasive research and evidence on the monetary values involved.

Early and upstream intervention is widely desired (Gough, 2013; New Economics Foundation, 2012) but there are important limitations (Puttick, 2012, p12):

- Preventing one policy bad e.g. chickenpox vaccine may contribute to other 'bads' later in life eg adult shingles. There may be other displacements where alleviating one problem may have some side effects e.g. taking children to school by car increases safety but may increase incidence of traffic accidents. Over protection of children for safety reasons may also weaken developmental skills of independence and socialisation.
- In some domains we may not fully understand the causes of problems and be obliged to remain focused on symptoms e.g. in understanding how the brain works when considering psychological or psychiatric treatments.
- More widely, we will always need emergency first responder services so there is a balance to draw between e.g. fire emergency services and fire prevention.
- We also need to monitor all preventative activities carefully to help assess when such interventions may be safely reduced or eliminated.

At the same time, there are fundamental general barriers that limit the scope of prevention (Puttick, 2012, p14):

- Collaboration and partnership working can be hamstrung by organisational boundaries and internal silos. Preventative social care work shows up in NHS acute spending savings. How can budgets, finance and outcomes be shared and aligned?
- Commissioning prevention with relatively short planning budget cycles runs against long term benefit profiles.
- Funding and risk will vary for different types of preventative investment. Again, long payback periods may dissuade certain public sector investors.
- Financing prevention in the short term can also mean shifting resources out of decommissioned or disinvested

downstream programmes – how can this change management be acceptably achieved?

- Lack of compelling evidence of the scale of the problem faced, costs and potential returns across different budgets and departments – makes that case more difficult to accept internally or with finance department in town halls or in Whitehall or devolved equivalent.

What are the implications for Housing Support and making the case for defending and expanding its roles across housing and care? First, we know that Housing Support is involved in multiple and quite different channels of activity with more or less visibility but is generally quite fragmented. Second, scaling the problem, identifying costs and benefits from their activities – needs to be developed in a consensual way in relation to where for instance savings might land (as in the social care and NHS case above). The argument is not helped by unbelieved claims of savings elsewhere, so consensual and conservative arguments consistent with Green Book ideas are prudent approaches to take (Gibb & Christie, forthcoming). Third, where there are these gaps, this is a clear and strong prima face case for doing new research, thinking about social impact measures, and providing strong robust evidence. There is absolutely nothing wrong with using arguments of savings from elsewhere but care and attention is required as to how it is to be used and also in thinking about the second order or more indirect issues of, for instance, whether such savings are captured as cash e.g. as additional budgets that can be used, and by whom (ie it might not be the obvious party); or will it simply lead to spending cuts that will disincentivise partners from doing prevention in the first place?

Benefit evidence regarding Housing Support and related undertakings

In Anchor's (2022) report *Fragmented UK*, evidence is produced that captures some of the benefits of keeping people in appropriate retirement homes in later life. They find that:

- Residents have fewer falls and suffer from less frailty in retirement communities, and this is estimated to reduce NHS costs, including GP and hospital visits, by 38%.
- Unplanned hospital visits fall from 8-14 days to 1-2 days for people in the same age group in the wider community.
- Social value attempts to capture the economic value of the untraded benefits of social policies and programmes, sometimes alongside their preventative savings – see Gibb, et al, 2020. Earlier social value work for Anchor suggested that in addition to the £3800 value of a general needs social tenancy, the retirement housing provided an additional £2800. Extra care housing was found to be worth an additional £6700 per person per year. Measures to reduce loneliness were found to be worth a further annual £3000 per resident.

The Mayhew Review (2022, p.38), in examining the twin housing and care crises, argues that integrated retirement communities can capture similar benefits to successful housing and care schemes: 'There is increasing evidence to show that housing with care leads to better health outcomes. These include fewer falls, shorter stays in hospital, fewer GP call outs and A&E visits. These benefits have been attributed to the timeliness and availability of care, and a stress-free, socially convivial environment. This frees up resources in health and social care, promotes independence, and delays transfer into residential care. It also means that hospitals can discharge older people sooner into safe environments, freeing up beds.' They go on to say (p.47) that 'the evidence is that housing with care is good for health and wellbeing, and economies of scale mean that care costs are lower, so there is alignment with health and social care prevention policies'.

Marshall et al (2022) report on research literature examining the impact of the first decent homes standard (DHS) on social and private renting in England. This includes social impact and housing and care impacts. They found a study that evaluated the health impact of the DHS programme among 28,300 homes in Nottingham. This study estimated that the programme 'potentially prevented two deaths from excess cold annually, prevented 144 accidents from

hazard reduction annually, improved the mental health of over 1,400 residents from reductions in excess cold and fuel poverty, and improved the respiratory health of over 1,000 children' (p.40). Separate research argued that DHS would result in 'modest health benefits from thermal comfort and reductions in falls and accidents. However, they estimated the largest health impact, by a substantial margin, would be from improved security via installation of secure by design windows and doors' (p.40). It was concluded that heightened security improves health because of 'increased subjective wellbeing, reduced fear of crime, and reduced stress and anxiety'. There is a resonance here with interventions such as housing adaptations and repairs to help provide resident wellbeing and reduced day to day anxieties.

De Henau & Himmelweit (2021) examine the economic impact post-Covid of investing in care. Higher quality care outcomes and better care working conditions offer large economic multiplier gains and recouped tax revenue from higher levels of employment and wages.

A 2017 study for Trust HA, by partnering Housing Support Partnership and Imogen Blood associates, focused on innovative policies for care at home. Drawing on a small sample (50 customers across four developments), the study found that comparing residential care against housing with care (HwC), it was possible to make clear statements about costs and benefits. The comparison is between local authority commissioning residential care versus funding personal care at home (both for over 65 residents). For residents with less than £16,250 in capital, HwC would be the better cost-effective outcome for the local authority where up to 27 hours of personal care is funded. If their capital is between £16,250 and £26,250, which is the better option will depend on circumstances but HwC is the more cost effective option to the local authority for up to 23 hours of personal care. If capital is greater than £26,250, HwC will as a rule be more cost-effective. The study goes on to argue that HwC would reduce NHS costs, times at hospital, and allow for more appropriate use of primary care facilities. Moreover, a cost benefit analysis compared, for a person more than 65 years old, the comparative cost of HwC compared with residential care – suggesting that for those on full housing benefit, HwC yields a higher disposable income than residential care. This is also true for someone fully funding their own care support, but is not so clear cut for intermediate cases who co-fund their care support along with an element of benefit support.

Satsangi, et al, (2018) report on accessible housing argue (p26) that regarding tenancy support (or floating support) 'this type of support has been found to provide immense social and economic value particularly for people who have a learning disability or someone with a mental health condition. Tenancy support is preventative, and can anticipate and address issues which may lead to further costs down the line (for example rent arrears or people requiring crisis services)'. Regarding supported housing (p27): it 'is more expensive than general-needs accommodation, but it is typically less expensive than residential care, and it generates substantial cost savings for other parts of the public sector ... Department for Communities and Local Government analysis estimates that the net fiscal benefit of providing supported housing is £3.53 billion per year. ... [Additionally], the National Housing Federation [2017] reported that for older tenants, the annual saving that supported housing represents, through reduced reliance on health and social care services, is £3,000 per person. For people with learning disabilities and mental health conditions the saving is between £12,500 and £15,500 (based on English data)'.

From a cost-effective perspective, McCall et al (2020) set out a cost table for various preventable costs associated with better designed inclusive living (p.30 table sourced from earlier work for the Wheatley Group). This suggests the following broad costs which could in principle be factored-in to benefit related preventative savings associated with aspects of Housing Support. Relating to slip, trip and fall hazards, the table reports that a hip replacement might cost between £6,672 and £12,572; ambulance services vary from £34 per patient (hear, treat or refer) to as much as £236 (see treat and convey) per incident.

Gibb et al (2020) for SFHA, Public Health Scotland, Joseph Rowntree Foundation and RIHAF, review the health impacts of housing investments. First, they found that a small group of structured evidence reviews had sought to understand the impact of housing or regeneration investments on health outcomes. These studies found mixed effects but argued that there was still potential to have net positive impacts alongside complementary labour and housing

reforms. They also reported (p.29) a 2020 study by Centre for Ageing Better that estimated that the NHS annually spends £513 million on first year treatment costs for over 55s living in the poorest quality housing. Investing £4.3 billion could repair all these homes, and one third of all non-decent homes could be repaired for £1,000 per unit.

Hanover's Connecting Communities (2019) presents evidence on benefits. Working with Bield and Trust housing in earlier research (2013) on adaptations grant and very sheltered housing (Envoy Partnership, 2013), they commissioned a social return on investment study of very sheltered housing (p25). They found that this generated £1.50 to £2 on every £1 invested i.e. an estimated £19,000 care home expenses saved per annum per unit. They also report a Kings' Fund study that 19% of recipients of on-site wellbeing services linked to preventative health care and day to day chronic illness support – had reverted to a pre-frailty resilient state after 12 months and that this had saved the NHS from £1,588 to £3,374 per person per year.

Housing LIN & Keepmoat (2017, pp.2-3) examining the benefits of extra care housing found from evidence review that:

- People in extra care housing use less care hours than if they were living in the community. People living in extra care housing needed less formal care, measured by the size of 'care packages', than a control group in the community. They also had fewer admissions into a care home and fewer deaths than the control group. After moving into extra care their care package costs reduced and were 16% lower compared to the cost pre- admission. The saving to adult social care in home care costs was £2,400 per person per year.
- Postponing residential care by one year could reduce non-core costs by £26,000 per person or £15,500 if a move to extra care housing. One housing association study found that 10% of their 1,200 sheltered residents would require residential care if sheltered housing wasn't available. The [annual] cost to the taxpayer of residential care for these notional 120 people would be £2m.
- Studies have estimated that almost a third of residential care placements could be avoided if alternative housing choices were available locally. And, over a 12 months' period, total NHS costs fall by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year.

An NHS Improvement Hub (2018) rapid evidence review, also on extra care housing, found three large scale English evaluations. The findings are more mixed largely due to variable methodology. They found (p.2) that, first, health and care related findings were positive for a particular cohort of older people but further research was recommended. Second, extra care housing was found to be cost-effective both in the short and the longer term for some people, if compared with a matched sample. However, establishing an appropriate matched group was 'methodologically challenging'.

SFHA (2021) Housing Scotland: models of housing with care and support contains a mini evidence review drawing e.g. from the earlier cited Trust report. This suggests (p.5) that 'housing with care provided by housing associations is highly valued by customers, delivers a caring and enabling model, and provides value for money and cost savings to the public purse when compared to other long term care options, as well as providing the following benefits to the NHS'.

Writing for the Joseph Rowntree Foundation, in an earlier evidence review, Croucher et al (2006), argue that for housing with care for those in later life, there then was an absence of rigorous cost effectiveness studies. They also argue that any such studies are context-specific and rooted in current operating subsidy and regulation models governing models of support at the time of any study. This is more obviously a problem with older studies but is always something to bear in mind, especially if we are making comparisons between English and Scottish settings post-devolution (and may also be true taking account of local authority capacity, deprivation, etc.).

Implications

This rapid review has made several key points which have wider implications:

- Evidence is varied in terms of rigour, sample size and coverage (again, representing the fragmentation of different strands of Housing Support).
- Nonetheless, there is no shortage of positive preventative or savings-based evidence particularly regarding NHS costs reduced for older people.
- However, most of the evidence does not adequately account for the sorts of challenges and barriers to prevention we noted earlier.

Cases and Vignettes

In this section we use spotlights and vignettes to bring more attention to how individual Housing Support models work. We start with two models in the spotlight: Floating Housing Support and Housing First, before using two vignettes to capture the possible benefits of Extra Care Housing and Housing with Care.

Model in the spotlight: Floating Housing Support

The idea of floating Housing Support is a model that has developed to provide a wide range of groups with diverse needs to enable shorter term intervention to ensure tenancy sustainment. Floating Housing Support is an intervention, de-escalation and prevention service focusing on temporary support at the point of crisis.

The Floating Housing Support Model

An example of a current Floating Housing Support model developed by Perth and Kinross Council offers a non-chargeable service commissioned under the housing service budget and implemented by a team employed by the Health and Social Care partnership (enabling partnership working with a wider net of providers linked to SDS). This particular partnership working model started in 2019 and involves the integration between the Local Authority housing teams and the Health and Social Care partnership has been seen to work well in crossing organizational boundaries.

Organizations that are commissioned to provide the service include the Simon Community, CATH and Turning Point Scotland. Providers submit a weekly return on activity but are given the flexibility to allocate commissioned hours as appropriate, which could range from 2-3 hours to 20 hours a week on a particular individual. Floating Housing Support is normally provided for 6-9 months, with exceptions to 12 months. If people need longer term support, they would then be referred into other social work mechanisms (it is projected that under 20% of those initially referred to Floating Housing Support go on to need longer term assistance). The flexibility of the model allows a wider range of people to be supported.

Referral Allocation

Year	Referrals Received
1st April 2019 to 31st March 2020	389
1st April 2020 to 31st March 2021	454
1st April 2021 to 31st March 2022	623
1st April 2022 to 31st July 2022	221

(McGoldrick 2022)

Who does it support?

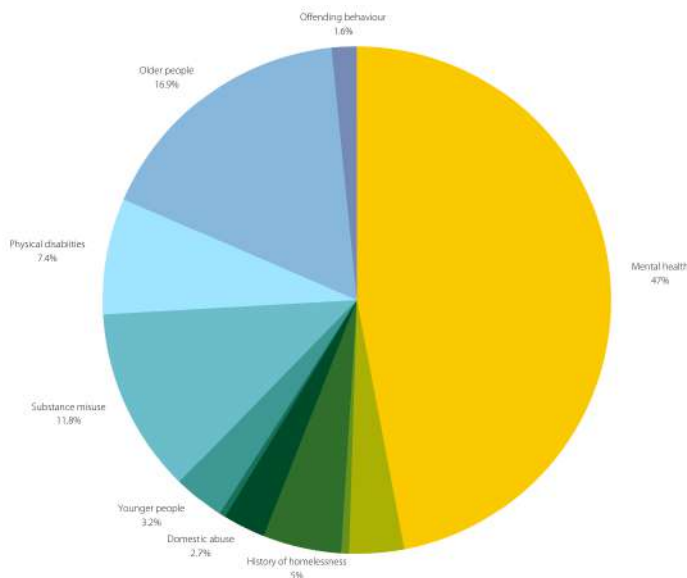
Floating Housing Support is for people that may lose their tenancy without assistance. Regarding client groups, anyone who is a homeowner or has their own tenancy (social or private renter) is eligible in the Local Authority area. Eligibility for the service is focused on (but is not limited to):

- Vulnerable older people living in mainstream housing
- People living with a physical disability
- People with a learning disability

- People living with a mental health issue
- People experiencing domestic abuse
- People in the criminal justice system
- People living with alcohol or illegal substance use problems
- People at risk of homelessness

The predominant need is often linked to supporting people with moderate mental health needs (see table X).

Floating Housing Support Service Users by Client Group 2021/22



(McGoldrick 2022)

Housing Support can be provided across tenure, from social, private renters to homeowners; historically the majority of service provision has been for local authority and housing association tenants. Support activities are mainly focused on increasing safety and security via accommodation related help, but with the lens of supporting physical and mental health.

How does it support?

Referrals are made from both housing and social work colleagues in the local authority. There are wider referrals also being made, for example from the Citizens Advice Bureau, GPs via a simplified referral form available on the local authority website.

The range of high, medium and low support activities are person-led and bespoke to that individual, but can include:

- Financial budgeting
- Help in accessing welfare rights

- Domestic support
- Facilitating access to aids and adaptations
- Facilitating the move to more appropriate housing
- Supporting an older person coming home from hospital
- Supporting people in non-decent housing
- Facilitate any links with wider providers (e.g. social prescribing)
- Support in accessing educational or learning opportunities.
- Cooking
- Cleaning
- Checking people have the right utilities to live well and independently
- Check is people are registered for local support services such as GPs, dentists
- Mediate any network breakdowns (e.g. with family)
- Support into employment

Social activity, or addressing social isolation is not an eligible area of activity, but these activities can be provided if linked to other items and are deemed essential to tenancy sustainment. A lot of the activity and referrals in 2022 have been connected to the cost-of-living crisis.

What is the impact of that support?

The positive outcomes of this service are to ensure tenancy sustainability by supporting people to live well and longer in their homes. Outcomes are planned and tracked through the Better Futures system at an individual level. Some of the client feedback from a review by Perth and Kinross Council included:

"Just helpful she was. I get really stressed out and can't always do things when I am like this. She explains what needs done and does it. If she doesn't know anything she asked and gets back to me. There is nothing that is a problem at all with her, I feel I am treated like a normal person. She puts me at ease."

"The support helped me get on with my life how I wanted it to be. They helped me get the help I needed at the right time for me – a new house away from the problems!"

"I couldn't have resolved things alone and with the support things got better, it helped me achieve some goals. He was very understanding and very keen on helping. He lived in the real world and got it!"

This impact highlights an enabling service that shows a diverse range of activities that are essential to support people at different points in their lives. They also show that a range of support activities are important for person-led and empowering assistance that leads to people living in their own homes longer, feeling independent and avoiding longer-term care and hospitalization. Housing Support is a clear prevention mechanism, highlighted by the impact of the floating Housing Support model.

Model in the Spotlight 2: Housing First

In this model in the spotlight we describe the Housing First model, its role within Rapid Rehousing Transition Plans in Scotland and how it relates to the integral role played by Housing Support.

The Housing First model

Housing First is an internationally widely adopted policy premised around the need for homeless people to access secure housing quickly and to secure the right level of support for that person's needs. Housing is distinct from support services and the right to housing is not to be affected should the client choose not to engage with such services at any point.

This combination of the rapid provision of housing and customizing wrap around support is now accepted as a 'default model' for Scotland within the plan to develop Rapid Rehousing Transition Strategies across all local authorities working with their local partners (Indigo House, 2018; Crisis, 2020) which seek to quickly move people into settled accommodation on from a minimal stay in appropriate temporary accommodation. The Housing First model in Scotland is still new and emerging but is widely supported in principle to address most multiple and complex needs homelessness. There are also some question marks concerning challenges to the goal of rapidly achieving scale (e.g. Shelter, 2019).

The original pilot established in 2018 ran across 5 local authorities and expected to work with around 208 individuals, with a budget of £7,500 per head based on direct support costs, the cost of a furnished tenancy and overheads (Corra Foundation, 2018). Crisis (2020) reported average costs per client of £6,000-7,500. However, Crisis also noted (page 55) that it was 'rare to find Housing First services receiving commitments for funding from sources other than local authorities themselves. This places a heavy weight on funding requests made for this aspect in RRTPs'.

The assumption is that the future programme will be mainstreamed (Crisis, 2020, p55):

"In a small number of cases, authorities have calculated that savings made from other rapid rehousing actions, such as closure of hostels and eradication of B&B, will allow them to fund Housing First in the future without reliance on external sources. This is the case in Highland, North Ayrshire and Angus for example. Argyll and Bute has costed two transitional "health liaison" roles to build the foundations of an integrated model of support between housing, health and Social Work. By year five of the RRTP they hope integration between services will be such that these roles are no longer required'.

These pilots were viewed as learning and evaluation (Pathfinder) exercises and the evaluation results so far are discussed briefly below. By 2020, 11 councils had Housing First projects underway with more planned (Crisis, 2020)

Who does it support?

The client group are likely to have multiple, often complex needs. The expectation is of a support requirement to be drawn flexibly and with the specifics tailored to what the individual requires to promote positive change more broadly and tenancy sustainment more specifically. The expectation is that different clients may be directed towards:

- Mental health services
- Physical health support
- Employability services
- Drug and alcohol misuse services support

- Community justice.

At the same time, the model is premised on small caseloads for support workers (e.g. 5-7 rather than the normal 20-40) and that the evidence indicates from elsewhere that clients' need for support will often decline over time.

What is the impact of that support?

While there is considerable and positive international evidence about Housing First (e.g. Aubrey, et al, 2020), the evaluations underway on pilots in England and in Scotland are still in progress (though they have produced multiple reports). The recent third report of DLUHC third process evaluation states that (p.3) regarding support provision:

'Following an intense period of support on moving into a new tenancy the nature and intensity of on-going support provided is contingent upon the needs of individual clients. Many continue to require intensive support with access to healthcare over a prolonged time period. Helping clients establish new social networks, rebuild relationships with families, re-engage with pre-existing or develop new hobbies and interests, and establish community links are key to fostering stability and promoting independence. There was a strong consensus amongst interviewees at all levels that the majority of clients would need support for prolonged periods of time given the complexity of their needs and fact that recovery and behaviour change for the target population is typically slow and non-linear.'

Johnsen et al (2022, p.5-6) suggested overall positive outcomes from the Scottish Pathfinder (2019-22) final process evaluation. Tenancy sustainment was 88% for the first 12 months and 80% by 24 months. Outcomes regarding health and substance abuse were mixed but on balance positive (and initial conditions are of course important). But there was limited evidence regarding increased social networking, community integration and the like (partly explained perhaps by the covid-19 lockdowns). Overall, they found that (p.6):

'Many reported that it had surpassed their expectations, in large part because of its success in providing a solution for individuals who had been poorly served by mainstream services and previously cycled in and out of homelessness and institutional care settings for prolonged periods of time'.

Vignette: Bob and Maureen

Housing Support model: Extra Care Housing

Maureen and Bob stay in extra care accommodation owned and governed by a social housing association. They live independently in a self-contained accessible flat, with their own front door. The accommodation focuses on an operating model focusing on a 24-hour wrap around person-led service supporting care needs, socialization activities, meals and welfare. This would be termed an on-site housing with care model.

Maureen received a formal diagnosis of dementia 3 years ago, Bob had been negotiating a challenging care role, becoming increasingly isolated and depressed. They were able to apply for this accommodation as a couple, as the accommodation provider has an allocations policy that supports joint spouse applications aiming to support a diverse community of needs. The accommodation model also allows pets, and Bob and Maureen can bring their beloved dog Finley to live with them.

On application for the accommodation, Bob and Maureen were given a personal care assessment to build their personal care plan. This involved partnership working predominantly between the housing association, local authority and local health services. Specifically, a joint panel team will be involved in building a care package, especially in relation to Maureen.

Before moving in, Bob and Maureen were also given a financial assessment to support tenancy sustainability. The income maximization officer was able to give Bob extra support and advice on his finances, rights and eligibility around benefits. This assessment also allowed the provider to check if there was any other practical support that could be offered to the couple.

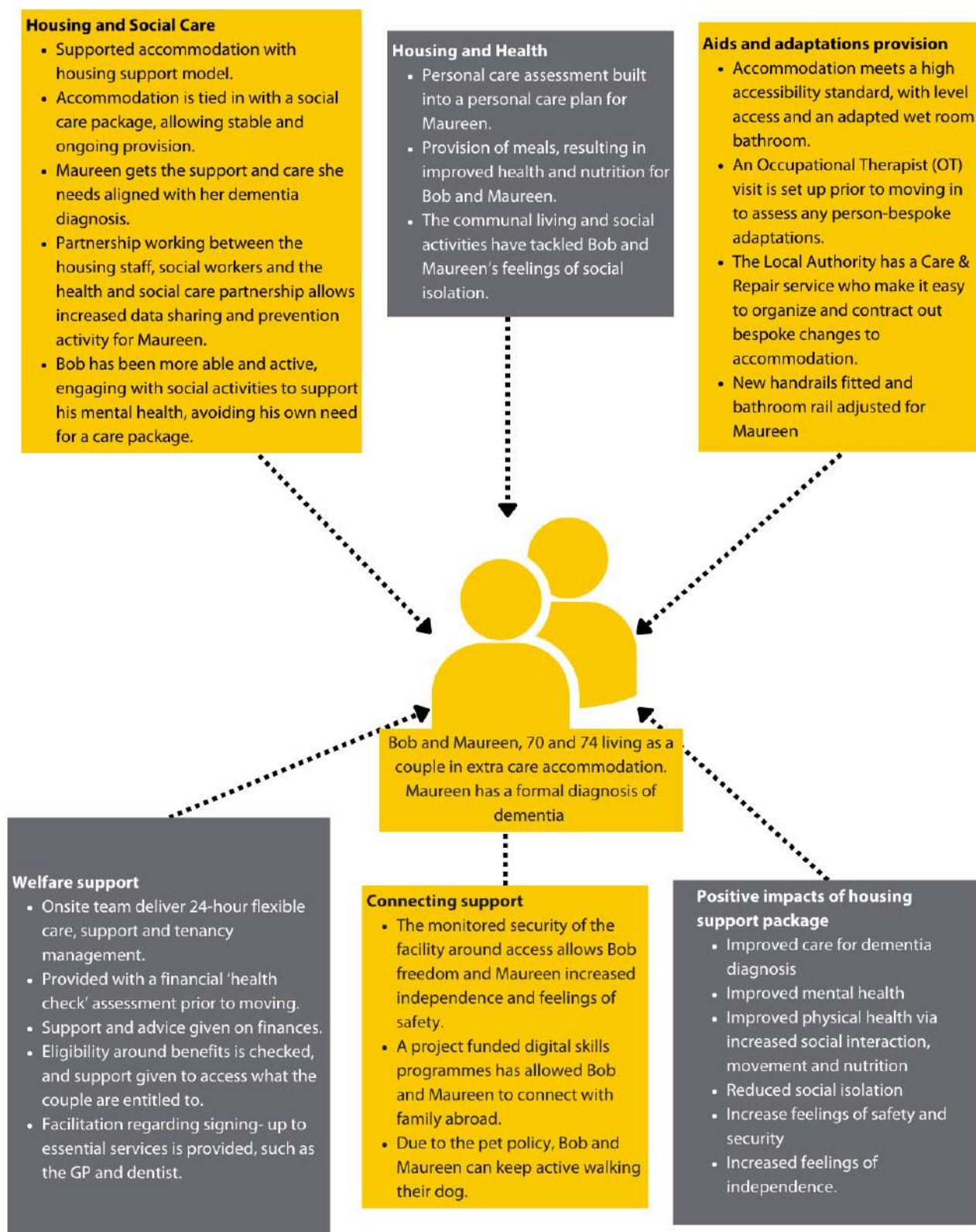
Before Bob and Maureen moved into their flat, the environment was assessed for any aids and adaptations in partnership with the local authority Occupational Therapist (OT) and local Care and Repair service. Although the accommodation was accessible, an extra handrail in the bathroom to help with Maureen's mobility was installed. The housing provider had built these flats with flexibility for aids and adaptations in mind, so this is done quickly and efficiently with little cost.

The combination of socialization within a diverse older community alongside care means that Bob can be involved in wider group activities, walk Finley and build his own connections while feeling safe and secure that Maureen is getting the support and care she needs aligned with her dementia diagnosis. The extra care model that they have moved into also provides their meals, so Bob is finding his caring role burden decreasing in a variety of ways, which has helped his own mental and physical health. This also has impacted positively on Maureen's health who is now being connected with the right nutritional needs.

As the couple has settled, Bob and Maureen have become more involved in the social life of the community. There is an 80-inch TV in the communal area, and they go there weekly for dancing, karaoke, quizzes and bingo. The housing provider had applied for a 2-year technology fund project, which has paid for a community partner team to give extra time to support these activities and focus on the mental health and wellbeing of residents, especially in reducing social isolation post Covid-19.

Bob has also begun to learn new digital skills, via a funded project within the scheme called 'We are Digital'. Access to laptops and Tablets as well as skills training and digital support has allowed Bob and Maureen to learn how to connect with their family in Australia. Bob and his wider family are also relieved that as he grows older, he is in the right place for gaining support for any of his own changing health needs.

Figure 1



Vignette: Nancy

Housing Support Model: Housing with Care

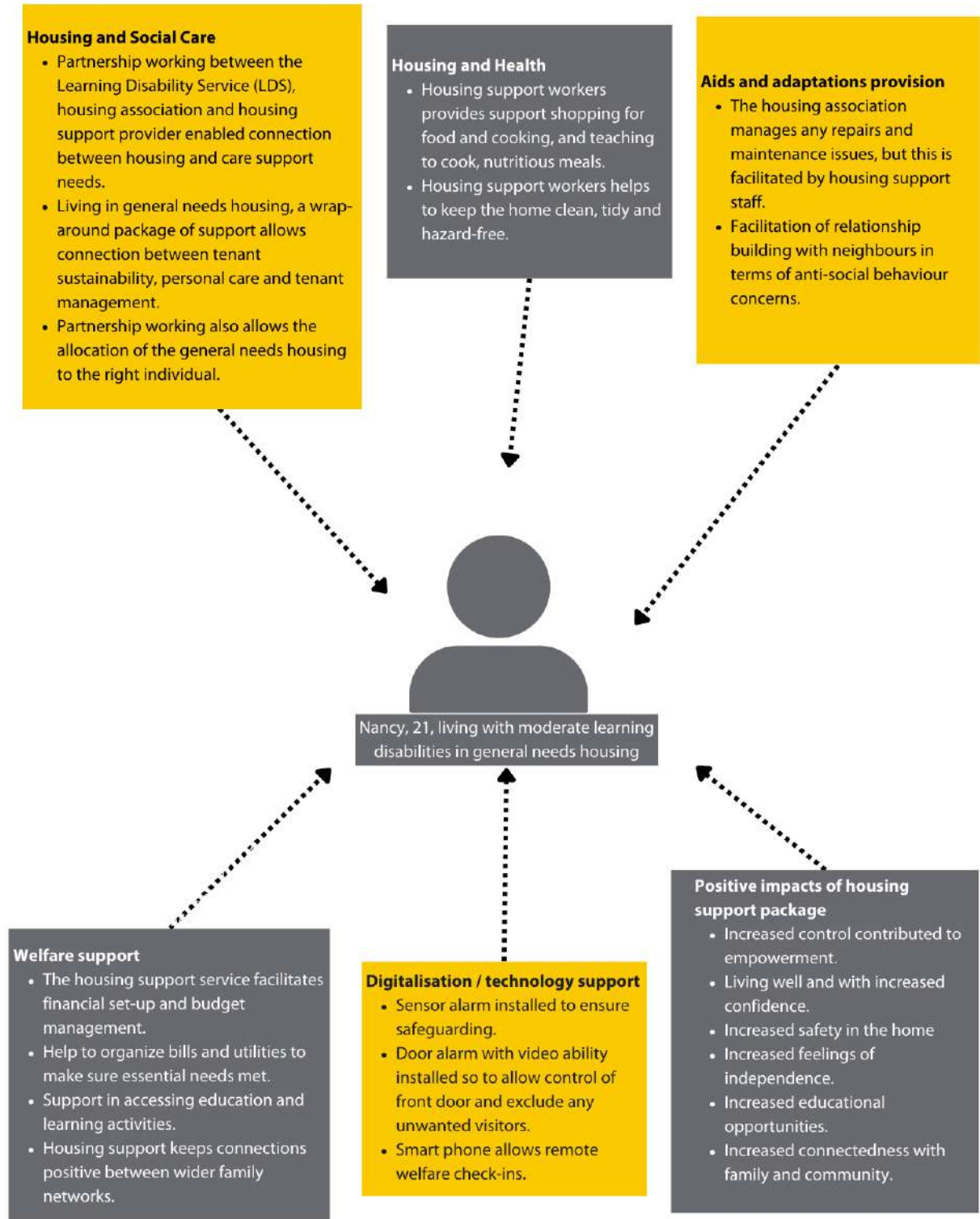
Nancy stays in her own independent flat in general needs housing owned by a social housing association provider. Nancy was provided this accommodation via an agreed allocation from the Learning Disability Service (LDS) due to family relationship breakdown when she turned 21. Nancy has been diagnosed with moderate learning disabilities and is very independent. She has been looking forward to having her own flat and freedom as a young adult. The Learning Disability Service (LDS) were connected with Nancy and to facilitate a supportive accommodation in the right place close to services, LDS worked in partnership with the housing association covering void costs of a house that had become available until Nancy could move in independently. The housing association in this situation provided family mediation as well to ensure Nancy's family relationships and networks were kept intact. To support Nancy's independence, the housing association provided tenancy management help and extra support with repairs and maintenance issues. The housing association is also separately funded to support outreach and wellbeing visits, which includes staff supporting Nancy to connect with the community and also domestically within the home. This is a commissioned service, with an allocated social worker that is focused on supporting discreet safeguarding.

The service involves some oversight on finance as appropriate and agreed, to ensure that Nancy is not taken advantage of in any way. This also allowed facilitation of Nancy's finances, with the Housing Support service supporting Nancy to pay her bills and budget for her social activities and needs. To further promote safeguarding, the housing association asked for and received permission from Nancy regarding sensors and an alarm system in case she needs any support. There have been concerns from neighbors about anti-social behavior shown by some of Nancy's visitors, and the service installs a door alarm so that Nancy has more control who can enter her home and keep her safe. Nancy is also provided with a smart phone, and given help to maintain this technology. Her Housing Support worker and family use this to check in on her when she is home and out and about.

Nancy's Housing Support worker has been teaching her to cook simple meals, going to the supermarket together to choose food and align with dietary requirements. This has also included support in helping Nancy with domestic tasks such as cleaning, making her bed, and making sure her home remains clutter-and hazard-free as Nancy likes to store a lot of items. Nancy enjoys cooking so much, she wants to learn more, and the Housing Support worker helps her apply and attend the local college.

Nancy enjoys her morning meetings where support workers check on her wellbeing, and due to a block grant that allows specific hours for focused activity, gets to plan her days and activities. She is highly satisfied with the control and empowerment she feels over her life in this way.

Figure 2



Recommendations

In this paper we have reviewed the evidence and spoken with several practitioners about how Housing Support makes an important though sometimes low visibility contribution to a range of activities that help people with a range of needs live independently at home. We have identified specific forms of Housing Support models that all make important contributions to clients, usually in a form of partnership funding and delivery model.

We were drawn to this area because of a recognition that Housing Support is a set of multiple activities, funded from different routes, agencies, local and central government. It is often cleverly used by partners to be the glue that help makes a wider model work. However, in an era of increasing demand for care, the advent of a national care service and the key role that non-housing bodies like HSCPs play in delivering these models, there is a concern that Housing Support is too fragmented, invisible and dependent on too many funding routes to be resilient, sustainable and levered up to its full potential.

In response to this challenge, we have framed the analysis of Housing Support by connecting it more clearly to the many things that housing does to support individuals and families in the mixed economy of welfare. We have also investigated the literature in relation to the prevention and savings that are generated by successful Housing Support. These savings range from the savings attached to a successful housing first intervention, helping keeping people out of hospital or in institutional care settings.

But we recognise that Housing Support will not be seen for the positive contribution it makes (and be supported and further invested in) until several things happen.

Recommendation One: Map and increase data on Housing Support to strengthen preventative funding models

National government and social policy leaders need to understand what many practitioners know i.e. that Housing Support through its different models has a critical contribution to make interventions more successful. We need to map and classify all the different models' funding streams, the quality and quantity of statistics on Housing Support, and understand who is really accountable for Housing Support as a whole and for its individual components. Our research indicates that this is a task that goes well beyond the confines of this paper. We think this should also involve more detailed accounting research to calculate the prevention benefits of the models discussed in this paper (and identify the challenges to realising those prevention benefits and how they might be overcome).

Recommendation Two: Develop a national partnership effort to increase the impact of Housing Support

Housing Support providers need to make the case – to the Scottish Government, local government, the professional housing community, and, critically, to all parties they work in partnership within the care and associated worlds where these models already apply. There needs to be a national partnership effort to properly understand and account for the outcomes, impacts and economic benefits/savings associated with Housing Support.

Recommendation Three: Increase visibility of Housing Support by constructing well-defined budgetary areas for activity

Engagement with key stakeholders should start straightaway because we know that any one of these financing strands can be closed down or redirected at short notice, as has happened at the past, and well thought through models that change peoples' lives should not be at the whim of decisions made remotely for other reasons outwith local control. Housing Support providers and their partners need to bring higher visibility to the evidenced elements of Housing Support work and its positive outcomes, and that it is essential to construct a well-defined budgetary area for Housing Support in toto, such that funders know the consequences of changes to these strands – is essential. This recognises that the evidence is far from complete and there would be considerable value to commission further cost effectiveness and economic research in this field.

Expanding on the Themes

This review paper on Housing Support has introduced several themes that are worth expanding on, as we consider how to best make the case for protecting and indeed expanding the scope and scale of Housing Support. Here, we reflect further on the preventative benefits of the range of Housing Support activities we have identified (there are 11 separate categories in the table near the beginning of the paper). Second, we consider the nature and consequences of the variety if not complexity of different models, delivery and funding of Housing Support. Third, we consider how to address the low visibility of such essential activities. These are all closely connected.

Savings and prevention

Supporting people to maintain independent living in appropriate good quality housing, despite a range of complex needs, is an investment that in Christie's language prevents or postpones 'failure demand' and symptomatic spending, from hospital discharge programme and NHS expenditure to a range of other service areas across care, housing and beyond.

In the evidence review we identified the importance of the value of prevention but also the challenges of measuring and monetising it, as well as the considerable unrealised potential of prevention not undertaken because of a range of well understood barriers, silos and unaligned incentives. We revised a selection of reports, grey literature, earlier reviews and academic work across Housing Support and related activities. There is unquestionably a wide range of findings that support the potential of Housing Support to offer considerable preventative benefits, interventions that have considerable personal and social value and are investments that can save society public funds.

What might be done to promote Housing Support as prevention activity and to publicise potential savings and how they might be realised for social good? Further work needs to be developed with all of the ideas below, but they provide the beginnings of content for future debate and policy development.

- Connecting the necessity to invest in preventative Housing Support to the growing resource implications of a growing ageing population.
- Undertake financial research that estimates the societal savings generated by standardised Housing Support projects across the most significant of the 11 models established in this paper. This might build on the referenced work noted above by Envoy Partnership (2013), Anchor (2022), HACT (2012-23) and Gibb, et al (2020). As with all such exercises data on key indicators is essential which makes this research in turn contingent on better, more consistent data and funding capture across Housing Support models in Scotland.

- Experimenting with pilot budget sharing ideas in areas where partnerships can generate.
- Promoting and rewarding leadership that seeks to further prevention activity.
- Addressing the cashable savings problem by piloting schemes to distribute capital funding credits to partners who agree to pool resources for preventative projects.
- Establish joint ventures across Housing Support partners to run specific additional projects that can capture savings for investment or if they accrue outside that they can capture a proportion of that saving for further Housing Support investment.

Variety of model funding

Housing Support, as described by its multiple roles as discussed earlier in this paper, employs a series of models, funding routes and resource ownership, all of what require a degree of planning and delivery partnership working. These range from project funding from Scottish Government to local authority block grant funding (and housing ring-fenced funding), funding for housing associations, social security, HSCP funding, as well as charging to and paying by clients as consumers. And, of course, many of these interact e.g. within housing and care projects or the funding of adaptations work. These Housing Support models and the demand for their interventions are only going to grow in importance. Organising them more effectively will inevitably become essential and could save public money – but it is not easy to do.

Ensuring an individual like Nancy's independence (whether they live in supported or general housing) requires clear partnership working between the individual, housing association, local council, the integrated joint board, and the NHS. The Learning Disability Service, mental health teams and disability service alongside social work and housing strategy planners allow a transition of housing and care packages bespoke to individuals. Often third sector organizations, charities and non-for-profit social landlords can apply for wider project funding. Often added elements around digital inclusion and social activities can be funded via other streams of activity.

One perspective on the fragmented nature of Housing Support is that it is a demonstration of the creativity of its protagonists in piecing together different funding options to fit the model at the local scale. However, the more one relies on different strands the more vulnerable the model becomes to unfavourable decisions made elsewhere to change eligibility rules and/or funding levels. This fragility is at the heart of the challenge facing the long-term development of Housing Support as demand for the sorts of things it can provide inevitably expands. This was clearly seen in the changes to the Supporting People programme that was cut, despite having been estimated to bring in net financial benefits of £3.41bn per annum for supporting people to live independently (see Jarrett 2012).

Approaching the problem by seeking to simplify and centrally organize the provision of public funds, or through ring-fencing of specific strands, may appear to provide an answer but it risks diluting the creativity of partners who would lose a degree of control and the incentive to innovate and be creative. The proposed preventative pilots that offer different ways for partners to pool ownership and returns, may be a sensible compromise, which can help provide evidence for more fundamental debates about how to fund and organise Housing Support.

Lack of visibility

Despite all the important things Housing Support does and its significance to individual clients, it can be easy to discount and neglect. In the context of a national care service and the importance of non-housing actors in delivering care which includes Housing Support elements, it is important to keep support visible and the fact that it is an important housing service and draws on funding routes which have alternative uses. Low visibility is intimately linked

to fragmentation. Overall, there is surely a strong case for promoting the role and value of Housing Support within the housing sphere as well as across the bodies who benefit from the contribution Housing Support makes to the models discussed in this paper.

Conclusions and Next Steps

First, this paper and its key messages should be promoted across the housing, social care and relevant parts of the health sectors. A first objective is to make the connections in stakeholders' minds that Housing Support in its different forms plays an important but often unconsidered role; yet it is critical to the delivery of much constructive activity across the three sectors that can make significant positive impacts on peoples' lives, and which can also make important preventative savings. Vignettes and case studies as well as concrete beneficial evidence can all play a part in this regard.

Second, promote the more visible examples of Housing Support, for example, its role in realising Housing First projects and tenancy sustainment. Use this also to demonstrate the harder edges of savings and reduction in failure demand in terms of costs, benefits and value for money to the public purse, drawing on the evidence review key messages in this report.

Third, and building on this report, two further pieces of research should be supported and widely publicised. The first of these concerns a proper mapping and accounting of all Housing Support funding streams, scale and partners. This should provide national government with a clear picture of how Housing Support works and make a clear case for the regular collection and publication of data as part of the wider housing statistics services in government. At the same time, a research project bottoming out the costs and benefits, preventative savings and the social value of Housing Support, which will reinforce and strengthen the case for supporting, protecting and even expanding such services. It can also help make the argument for a more coherent and visible Housing Support programme to sit alongside other such programmes already publicised within housing and capital budgets

Fourth, this work should be integrated and consolidated through a series of consultative events, knowledge exchange and platforming of these ideas, research and learning. This should work with the sector and its trade bodies but also providers, councils, the Scottish Parliament and relevant parts of the civil service, civic society and commentators.

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