

# **REPORT FOR THE HOMELESSNESS STRATEGY STEERING GROUP**

## **AN EVALUATION OF THE SHPT INTENSIVE SUPPORT SERVICE**

### **AUGUST 2015**

#### **BACKGROUND**

The Council's Cabinet on 20<sup>th</sup> January 2015, approved the recommendations made by the Health Overview and Scrutiny Panel on 24<sup>th</sup> September 2014 following their enquiry between February and July 2014 into the impact of homelessness on the health of single people. One of these recommendations was that:-

“Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive ‘Housing First’ model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation.”

It is the view of the commissioners and the Homelessness Strategy Steering Group that the city has already achieved a housing first focus by the provision of accommodation for very vulnerable and chaotic individuals with services provided around those individuals. However, there was also an acknowledgement that there would be value in looking to evaluate the outcomes of the Intensive Support approach developed by the homelessness outreach team to address clients who cannot manage in the “traditional” supported housing accommodation route. This evaluation to be used in part as evidence of the value of such approaches for the next commissioning cycle.

#### **DEFINITION OF HOUSING FIRST MODELS AND THE INTENSIVE SUPPORT SERVICE**

Developed in the USA Housing First models are used as an alternative to a system of providing emergency hostel or shelter and transitional housing progression. Rather than moving homeless individuals through different "levels" of housing, whereby each level moves them closer to "independent housing", Housing First moves the homeless individual immediately from the streets or homeless shelters into their own accommodation. In some states the model is used in response to increases in homeless households with dependent children, whereas in Britain this approach is only used for single homeless individuals with complex needs or chaotic behaviour.

Homeless link have described Housing First for our UK purposes as: ‘Housing First Models are founded on the principle of housing being a basic human right and provides permanent accommodation for people straight from the street or those that have experienced repeated homelessness. The model does not require people to address their wider social care and support needs either prior to or whilst in their long term accommodation. People are only required to meet the terms of their tenancy agreement (as would any member of the general public) and are given intensive support to do so which is separate to the housing management function.’

The Street Homeless Prevention Team Intensive support service was not created specifically to replicate the housing first model, it does however have similarities and shares some common principles. These shared principles include:-

- Immediate (or relatively immediate) permanent accommodation is provided to the service user directly from the streets without the requirement of being assessed for housing readiness.
- There are no preconditions of treatment compliance for issues such as substance misuse or engagement are made (housing first, not treatment first).
- Comprehensive support services are offered and brought to the service user.
- A harm reduction approach is taken to the dependency issues and abstinence is not required, however the support agency must be prepared to support a resident's commitment to recovery.
- Support can 'float away' or return as needs arise and the housing is maintained even if the resident leaves the program, e.g. through imprisonment or hospital admission.

Due to the similarities it was agreed at the HSSG that an evaluation into the service would in part address the recommendation outlined by HOSP. A short brief was developed based on a similar brief used by Homeless link. There were difficulties in producing information designed to assess the cost benefits of some of the team's work as much of this was not available retrospectively. Comparisons for access to A&E, mental health services, or substance misuse treatment and involvement of the police or criminal justice service prior and post service engagement was not possible from the data collected. Much of the data collected by the team is for casework monitoring purposes and only relates to work after engagement with clients. The system of referral is also very informal so the client's history prior to the service involvement is patchy. For the purposes of this evaluation we have only been able to draw conclusions in the broadest terms using case studies for an in depth look at the value of the interventions using national figures on costs of other service costs.

### **CRITERIA TO ACCESS THE INTENSIVE SERVICE**

Clients need to meet at least one of the following criteria:-

- Client has a history of homelessness and is known to services
- Client has stayed in homeless services in the past OR is in a hostel and needs intensive support to be able to move on to different accommodation
- The client demonstrate some level of willingness to engage (low threshold)
- The client has complex needs such as drug, alcohol, mental health or behavioural issues

- The client is homeless and has had a failed tenancy OR being evicted from homeless accommodation within the last 12 months or has been refused accommodation with homeless service
- The client is at risk of homelessness from long term housing such as council or housing association due to complex issues i.e. hoarding, non-engagement with housing services, mental health etc.

Intensive Support Work Includes:-

- Helping tenants settle in by sourcing furniture, setting up utility bills and encouraging tenants to make regular payments, maintaining benefit claims, budgeting plans, use of Jam Jar accounts through the credit union.
- Supporting tenants to manage their visitors.
- Encouraging tenants to access and engage with other services such as G.P, mental health services, drug & alcohol services etc and support them in considering meaningful activities.
- Regular visits to ensure tenant is managing accommodation to an acceptable level, and to offer additional support if needed such as help de-clutter, clear or clean.
- Once the tenant has settled into the accommodation, usually 6 to 8 weeks after, their support needs are reviewed and support adjusted accordingly.
- Providing impartial mediation between the landlord and tenant to try to resolve any issues.
- Provide additional support if the tenant becomes at risk of losing their tenancy in order to prevent further homelessness.
- Refer the tenant onto the contracted Floating Support Service once the tenancy is stable and ensure a smooth transition of support.
- Support the tenant to look for alternative accommodation should the tenancy fail.

### **SERVICE VOLUMES AND CLIENT PROFILE**

For the purposes of this exercise the required data was not available in easily accessible format therefore these results are based solely on a single officer's caseload records to reduce the work involved in collating it. The period chosen for analysis was March 2013 to April 2015 i.e. a period of 25 months in total.

51 cases were opened during this period and an additional 19 were open at the start of this period of which 9 of the original cases are still being supported.

A detailed analysis of the profile of these clients is shown in **appendix** including the source of the referral, age, gender, presenting issue such as physical or mental health, prevalence of substance misuse issues and the type of accommodation provided. The geographical spread of client's homes is also included, this is because in the UK model of Housing First, clients should be given as much choice as possible about where they live and concentrations of flats especially for these individuals is not considered beneficial.

## **RESULTS AND OUTCOMES**

Cases are closed where on review it is established that stability has been achieved but contact is maintained by case holder and support continues to remain available. Cases are reopened where there are new crisis events or chaos is identified. On average cases are opened 2.5 times, but for some more chaotic individuals they are opened as many as 7 times.

Data analysis of the 51 cases shows the average number of contacts per client is 24.5. The main aim of this service is for the client to comply with their tenancy conditions so that they can remain in their accommodation. By cross checking client data with Housing Benefit records we can see that 36 (71%) of the 51 closed cases from the review period are still living independently in their accommodation.

From officer information and case studies there are additional benefits of support that have been highlighted including:-

- Reduced amount of contact with emergency services.
- Increased number of clients accessing additional services.
- Increased engagement with outside support agencies.

## **COST BENEFITS**

As outlined earlier in the report reliable data for the range of issues clients present with prior to referral is not available for this evaluation however, we know that the cost of some of the other housing options available to assist. We also know from client profiles and case studies that most clients present with addiction issues and mental health problems. As a consequence their attendance levels at A&E are high, they suffer chronic health conditions and often are arrested for criminal activity, some resulting in prison sentences. We have identified some National figures for the costs of these interventions below to indicate the types and levels of savings this service can effect.

Roughly the cost of SHPT Intensive support, inclusive of the accommodation LHA rent levels, ranges from £98 per week for a room in a shared house to £148 for a bedsit/one bed in the private rented sector or £120 for social rented (assuming a typical mid-range rent level) based on staff costs providing around 1.5 hours of support per week per client. These calculations are only very broad average costs as clearly the needs of different clients dictates the actual hours spent supporting an individual and this will also vary at different stages. However, it provides a reasonable comparison with other service costs such as the cost of an Intensive support hostel which ranges from £250 and £285 per

week and the cost of a “Life skills plus” hostel which costs between £170 and £196 per week. A number of the clients supported by the service live in council properties and where the outcome of the intensive support is to prevent the loss of the tenancy most of the costs to the authority of an eviction is also saved. Shelter (2012) highlight the average total cost of an eviction from a Local Authority tenancy as £5,800 (including cost of eviction, arrears write offs and cost of re-letting) and an eviction from a private rented tenancy can cost the local authority on average £2,500. Where the council has to seek a court order, which is then defended, the costs are much higher, around £20k due to legal fees.

Other useful comparator costs include; a single arrest costs the Police service an average of £1,668; a conviction of shoplifting is estimated at £3,500; a drug offence conviction is estimated at £16,000; a single visit to A&E costs the NHS £147 and a short stay in hospital on average costs £586.

In July this year Crisis published a report in conjunction with the Centre for Housing Policy, University of York (“At What cost? An estimation of the financial costs of single homelessness in the UK” July 2015) into the costs of single homelessness specifically focusing on the benefits of preventing homelessness. The report uses 4 different case study types to estimate the costs to public services which provide further evidence of the value of taking a supportive approach such as delivered in Southampton. The extract below is taken from this report:-

*In the second scenario, rough sleeping persists after he is refused assistance by a local authority Housing Options team and is offered only housing advice services. After six months he has developed mental health problems associated with sustained isolation and his physical health has also started to deteriorate markedly. He has also begun drinking alcohol at a problematic level. He starts to make frequent visits to an A&E department and gets admitted into hospital twice. He also starts to have regular contact with the criminal justice system. He makes some use of homelessness services, but spends much of his time living and sleeping on the street, becoming increasingly alienated and socially isolated. As homelessness persists to twelve months in duration, his support needs increase as his physical and mental health continue to deteriorate and his alcohol consumption increases. He is referred to high intensity homelessness services, but attempts to support him run into difficulties resulting from his experiences and support needs.*

<i>Homelessness persists for 12 months</i>	<i>Cost</i>
Processed by Housing Option Team, refused assistance <sup>1</sup>	£558
Visits to A&E department (20) <sup>4</sup>	£2,340
Non-elective long stay in hospital (2) <sup>3</sup>	£5,432
Anti-social behaviour (6 incidents) <sup>4</sup>	£4,038
Arrested and detained (four times) <sup>4</sup>	£2,876
High intensity accommodation-based service (mean support cost, 12 weeks) <sup>2</sup>	£4,884

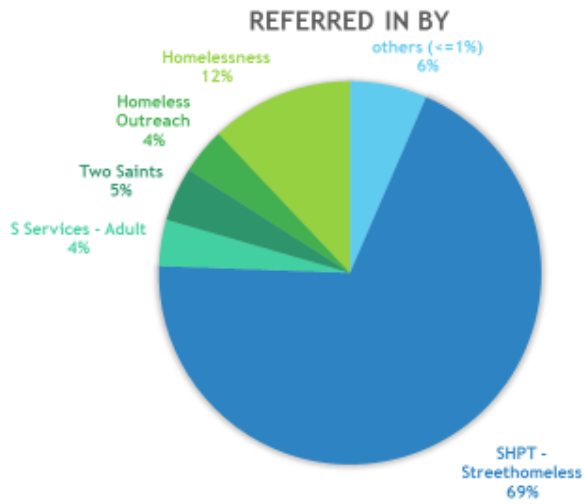
Total

£20,128

## Appendix

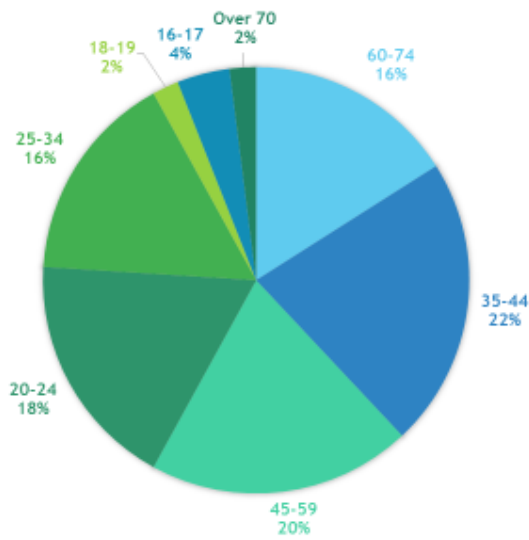
### Client profile

#### Referral Agencies

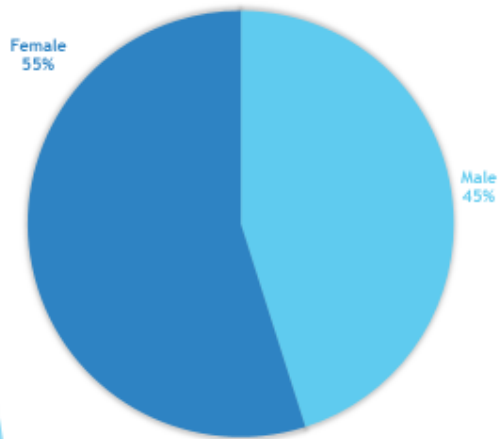


#### Clients profile

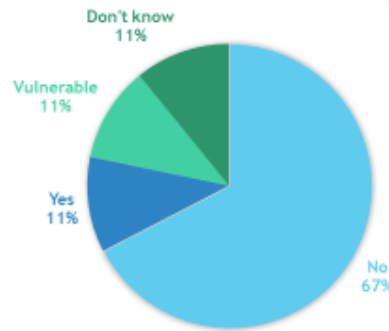
##### AGE BAND



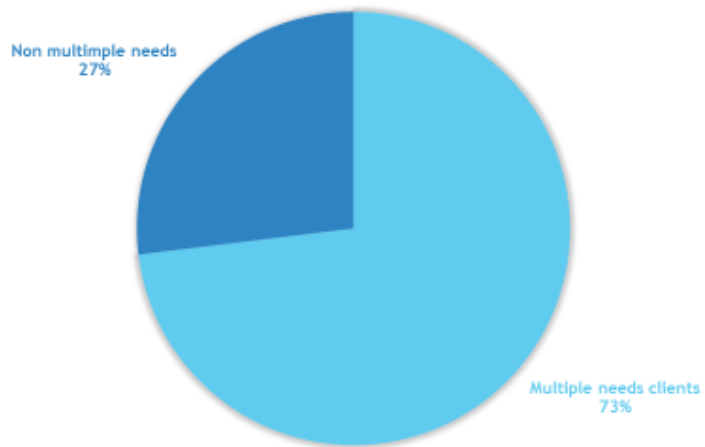
### GENDER



### DISABILITY

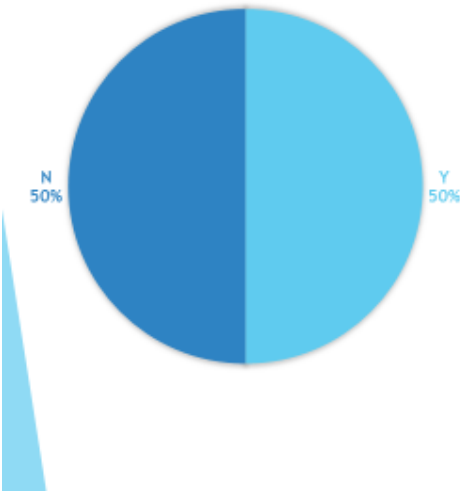


### CLIENT NEEDS

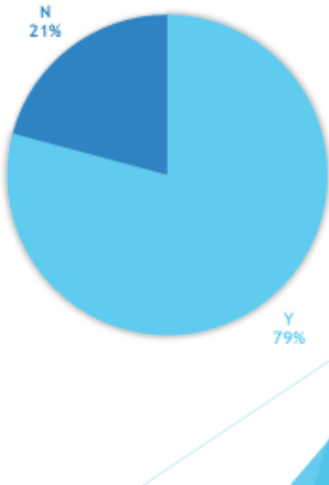


Makeup of needs of clients include:

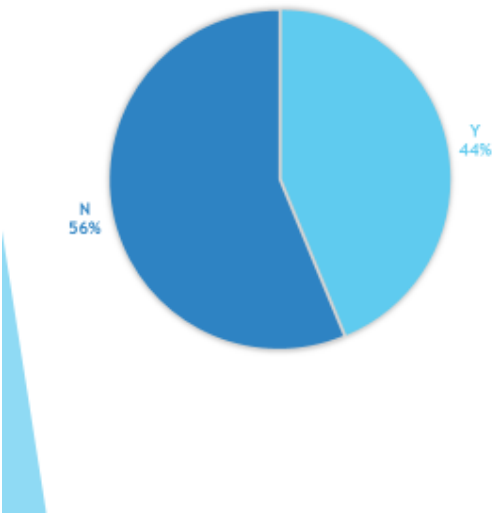
PHYSICAL HEALTH



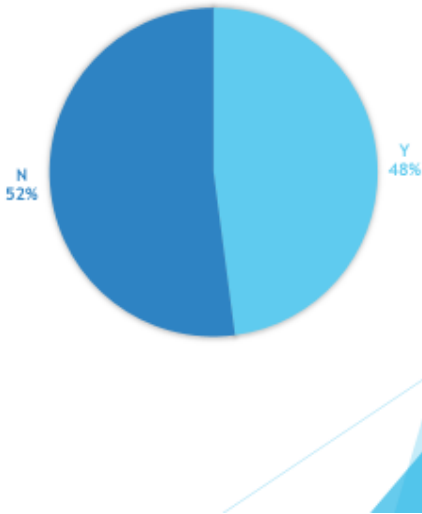
MENTAL HEALTH



ALCOHOL

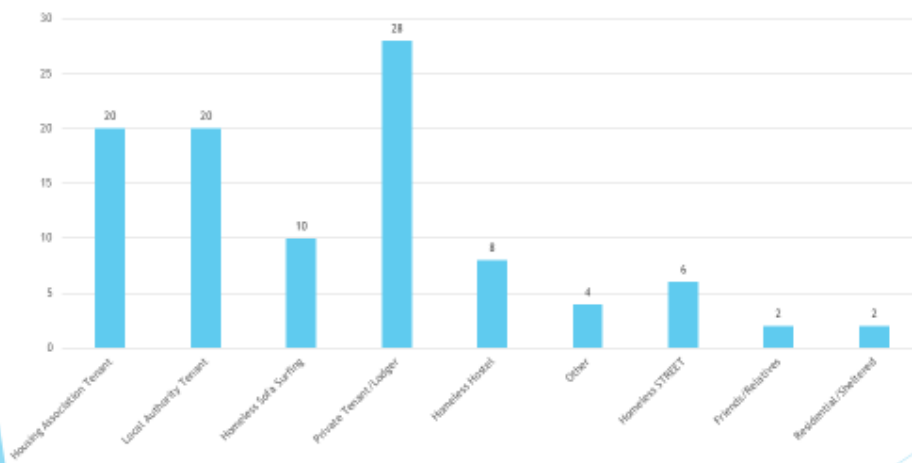


DRUGS





## Housing Status



## Geographical location of clients

