



Making it Real for Supported Housing

A guide for providers
and commissioners



Acknowledgements

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Section 1: Introduction

About Making it Real

Making it Real was launched in May 2012 to support sector wide transformation of care and support services and sets out what personalisation should look like from the perspective of people who use services. Developed by Think Local Act Personal Partnership (TLAP), the work is led by members of the National Co-production Advisory Group – a team of people with lived experience including carers.

Making it Real is a set of 'I' statements that demonstrate what personalisation can achieve when it is working well. The Making it Real approach has been praised for setting out people's experiences of personalisation in a way that supports organisations to embed a co-produced approach to transforming services. The steps required to sign up to Making it Real can be viewed on the TLAP website.¹ Follow the link in the *Useful resources and reading* section at the end of this document for further information about Making it Real.

Information about this guide

The changes to the way care and support is organised and delivered form part of a widely shared vision for a system that is more person-centred, joined-up and less crisis driven.

Supported housing helps large numbers of people stay independent and active, and is therefore a crucial element in realising this vision. In addition to providing safe and secure accommodation, supported housing has a vital role to play in a number of other areas relating to a person's wellbeing. For example, control over day to day life and protection from abuse and neglect. It can also support participation in work, training or education and assist people to develop or sustain supportive networks and relationships.

Above all, the provision of safe, settled and supportive accommodation is the foundation for personalised care and support. In the context of these significant changes to care and support delivery, Making it Real provides a framework which can help ensure that all the many forms of supported housing remain focused on the needs of individuals.

A considerable number of supported housing organisations have already signed up to Making it Real. To support them, and to encourage other organisations to join, TLAP has been asked to provide more help and advice on how it can work for people who receive supported housing services.

There has been a tendency to see personalisation as predominantly about personal budgets. Whilst they are important, they are only one facet of providing person-centred care and support. As this guide shows, there is the potential for supported housing providers and commissioners to improve their approach to personalised services. Links are also made to the Care Act 2014, in particular the contribution that supported housing can make to promoting wellbeing, prevention, and the provision of high quality services.

Whilst this guide is primarily for providers and commissioners of supported housing, it should also be helpful for people who receive supported housing services and family carers. Some services included in this guide are accommodation based (see page 4 for a definition of supported housing). Therefore the guide will also be of interest to organisations that undertake housing management and those responsible for the design, use and management of buildings that help cultivate conditions for personalised support. The guide is structured in the following way:

- The first section describes the scope of the guide by defining what is meant by supported housing and gives an indication of the scale of provision across England.
- The second section gives an outline of the current policy context in order that the guide can be properly appreciated within a wider and rapidly changing environment of housing, health and care.
- The third section covers each of the six 'I' Statements and illustrates aspects of particular relevance to supported housing and highlights links with the Care Act 2014. Case studies are included, demonstrating the good progress being made towards personalisation, despite ever present financial challenges.
- The final section sets out a summary of key messages and principles that should help commissioners and providers progress work to develop personalised supported housing services.
- A list of *Useful resources and reading* can be seen on page 51.



What is supported housing and who does it support?

There is no single agreed definition of supported housing, as it is an umbrella term that covers a great variety of provision. For the purposes of this guide, supported housing is defined as *any scheme where housing, support and sometimes care services are provided with the purpose of enabling the person receiving the support to live as independently as possible in the community*. Also known as housing related support, we will use the term supported housing throughout this guide to cover the range of support described below. Supported housing is commonly divided into two basic types of provision:

Accommodation based projects – where people live in a specifically designated property in order to receive support.

Non accommodation based services, sometimes called floating support – where people can receive the support irrespective of where they are living.

Support may be short or long term. Short term support typically acts as a 'bridge' into more independent and settled accommodation, for example a young person in transition leaving care. Short term support can also be used as an intervention to provide support in a time of crisis or need, for example to support a family experiencing domestic violence or to support someone facing eviction.

Long term or permanent provision recognises that some people will always require a level of support. Some people may move between short and long term services, for example, a person with mental health support needs on discharge from hospital may move into short term residential care, then move into long stay supported housing.

Examples of types of services within these two categories are set out in **Appendix 1**. The list in 'Types of Support Services' below, whilst not exhaustive, conveys the different types of support that can be provided.

Types of Support Services

- Advice on living independently including budgeting, organising repairs or improvements, advice on safety and security.
- Advice on resolving or preventing housing and other debt, which impinge on a person's ability to pay for their housing. Assistance to maximise a person's income, including help with claiming appropriate benefits.
- Support to overcome social isolation, including help to take advantage of work, training, education, volunteering opportunities.
- Provision of information on community facilities/resources and assistance to access them.
- Liaison with other agencies to make sure the person gets all the support required to maintain them in their accommodation.
- Assistance to enable a person to move to more appropriate accommodation.

Groups of people who may require supported housing:

Older people with support needs.
Older people with mental health needs including dementia.
Adults with mental health needs.
People with learning disabilities.
Physically disabled people and people with sensory impairment.
Single homeless people with support needs.
People who misuse substances (drugs and/or alcohol).
Offenders and people at risk of offending.
Mentally disordered offenders.
Young people at risk.
Young people leaving care.
Teenage parents.
Women experiencing and/or at risk of domestic violence.
People with HIV/AIDs.
Homeless families with support needs.
Rough sleepers.
Refugees.
Travellers.

Supported housing: funding, impact and availability

Following removal of the Supporting People programme ringfence, funding for supported housing has become part of the council's overall spend on services and is usually managed from within adult social care or housing. Supported housing for adults has generally been seen as a prevention service. Many councils have significantly reduced their funding of these services as a way of managing the reductions in their overall funding. Supported housing is provided across the statutory, voluntary and private sectors.

There is no single data source that can show the size of the supported housing sector. However, different agencies are able to identify elements of it, for example the Homes and Communities Agency records the provision of supported housing provided by Registered Social Landlords across England. In 2015, this figure amounted to some 830,700 units of owned or managed supported or older people's housing providing accommodation with support across the client groups identified above.

There is also various research that illustrates the scale and impact of provision. For example, research published in 2009 for the Department of Communities and Local Government,² estimated that services funded through the Supporting People programme created a net financial benefit of over £3.4 billion per annum.

In relation to older people, there seems to be a gap between the current supply and predicted demand due to their rise in numbers and desire for alternatives to care homes. (See for example, *Housing in Later Life: Planning Ahead for Specialist Housing for Older People*). For people of working age, recent research carried out by Sitra for the National Housing Federation, estimated that there are currently around 109,500 available places in supported housing for those of working age and a predicted shortfall that represents around 14%, which is expected to grow.³

Whilst the supported housing sector is diverse, there are some common features which are relevant when seeking to use Making it Real.

- Commissioning by councils for supported housing or floating support has until recently been mainly through block contracts. These use a general specification for the service, rather than allocating the funding to specific individuals through a personal budget. The individual's accommodation costs are met by the occupant through paying rent, or in the case of floating support, perhaps mortgage, and the cost of support and care is a separate arrangement and may be funded by the council.

- Under the Supporting People programme, providers were required to collect and report back information on outcomes using the Quality Assessment Framework (QAF). Although this is no longer a national requirement, where providers and commissioners continue to use the QAF, it provides a good foundation for Making it Real.
- Occupants will have some form of occupancy agreement (tenancy or licence) that outline their rights and responsibilities in relation to their housing. They also may have a separate support agreement that describes the support being offered and an acceptance by the person of that support offer.

Examples of the diversity of supported housing, and the positive effect on the lives of individuals can be seen in a series of short films produced by Inclusive Films.

inclusivefilms.org/our-films/a-real-home-a-real-life

Some existing case studies and resources on personalisation and housing can be found on the Housing and Learning Improvement Network website which has a section devoted to personalisation.

www.housinglin.org.uk/Topics/browse/Housing/Personalisation

How the guide was produced

In order to develop the guide, workshops were held in London⁴ and Leeds⁵ to gain the views of people with experience of receiving supported housing services and of practitioners. There was a discussion of the 'I' statements and how these can be applied in supported housing settings. Many ideas were expressed on what can help and hinder the delivery of good personalised approaches to support.

A 'call for case studies' early in 2016 led to housing organisations submitting examples of where and how they are applying personalisation and developing personalised approaches to support design and delivery. Short summaries of these are given in Section 3, with fuller details available on the TLAP website; ***Making it Real, Support materials***. The case studies have been chosen to fit under each of the Making it Real themes, although most relate to more than one Making it Real area. A strongly recurring theme in many of the case studies was that of co-production, whereby changes to services and specific initiatives have been jointly designed with people using the service. Some organisations illustrated their approach to personalisation with reference to individual stories.

In response to the 'call for case studies', several people with direct experience of supported housing (ex-workers and people receiving support) also took the opportunity to share their stories. All this information has been used to produce this practical guide for developing personalisation in supported housing.

Section 2: The policy context

The Care Act 2014 and housing

“Integrated services built around an individual’s needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual’s wellbeing and when developing integrated services, local authorities should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations.”

Care Act Guidance 4.90

The Care Act 2014 provides the legal framework for making care and support more personalised, preventative and integrated. The Act has broadened the scope of councils’ responsibilities beyond people who are eligible for adult social care, and they now have extensive general responsibilities for their local population, as well as some specific duties. The use of the term ‘support’, alongside ‘care’ is therefore quite deliberate. A fundamental principle is the shift from entitlement to particular services, to an approach based on promoting wellbeing and achieving agreed outcomes for individuals.

The importance of housing is also recognised in the Act and referred to throughout the statutory guidance. Chapter 15 of the guidance on Integration, co-operation and partnerships, includes two specific housing sections: Working with Housing Authorities and Providers and Housing to Support Prevention of Needs. The main areas of the Care Act that relate to housing are briefly described on pages 9-11.

Making it Real is explicitly referenced in the Care Act statutory guidance as a mechanism to frame outcomes for individuals, groups and local populations.⁶

Chapter 1 Wellbeing

Wellbeing is a core principle running throughout the Act and councils now have a general duty to promote wellbeing when carrying out any of their care and support functions. The 'suitability of living accommodation' is defined as one of the nine areas of wellbeing that local authorities must take into account when looking at the needs of an individual.

The Wellbeing Principle...

"Wellbeing" is a broad concept, and it is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over day-to-day life (including over care and support provided and the way it is provided).
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal.
- Suitability of living accommodation.
- The individual's contribution to society.

Chapter 2 Prevention

Councils have to develop a clear approach to prevention and must provide or arrange services that prevent, reduce, delay, the need for care and support. The role of housing in prevention is clearly acknowledged, for example, the contribution that supported housing can make to helping people develop their capacity to live independently in the community.

Chapter 3 Information and advice

Councils must establish and maintain information and advice services, which must include information on housing, including the types of housing options available.

Chapter 4 Market shaping and commissioning

Councils are expected to create a vibrant, high quality, diverse and sustainable market. They should engage with a wide range of stakeholders, including housing providers to achieve this. Based on their analysis and engagement, the local authority should set out its view of the services required in a Market Position Statement, or equivalent document, linked to the Joint Strategic Needs Assessment (JSNA).⁷

Chapters 10 to 13 Person-centred care and support planning

National eligibility criteria for adult social care have been introduced. Suitability of housing can form part of an assessment, and where appropriate, housing staff may be able to contribute to the assessment process, or provide information. Those assessed as eligible for long term support must now receive this through a personal budget in order to maximize their choice and control. There are three main ways in which a personal budget can be deployed, which are the following:

- Direct payment where the money is held by the person themselves or nominated representative.
- Managed account held by the local authority with support provided in line with the persons wishes.
- Managed account held by a third party (often called an individual service fund or ISF) with support provided in line with the persons wishes. ISFs can be held by providers.

Chapter 15 Integration

A key goal of the Care Act is to promote integrated care and support that is person-centred. In support of this, councils must aim to join up services provided by the National Health Service and health-related services. Housing has been defined as a 'health related service'. At the level of the individual, the council should consider housing and the suitability of living accommodation when looking at a person's wellbeing and needs. There is also a legal duty for councils to cooperate with external partners, which includes the NHS and housing.

The emerging landscape

The ambition to create more personalised, preventative and integrated services is being mirrored within the NHS. The Five Year Forward View, published in 2014, sets out the future direction for NHS England based on the principle that there should be a “more engaged relationship” with the public.⁸ Three gaps have been identified that require “big change”. They are:

- Health and wellbeing gap requiring “a radical upgrade in prevention and public health”.
- Care and quality gap with “decisive steps to break down the barriers in how care is provided”.
- Funding and efficiency gap, currently estimated to be £30 billion by 2020.

One way of tackling these issues has been to set up a vanguard programme to test out different care models. These include:

- **Multi-Speciality Community Providers (MCPs)** which will be built out from groups of GP practices operating together and will include nurses, therapists and community-based professionals.
- **Primary and Acute Systems (PACs)** which will allow a single organisation to provide both GP and hospital services, together with mental health and community care services.
- **Enhanced health in care homes** to develop new models of ‘in-reach’ support to provide better tailored, active health and rehabilitation support for residents.

The Forward View also sets out proposals for *Integrated Personalised Commissioning (IPC)* to test approaches that will allow people with complex long term conditions to bring together health and social care funding.⁹ These are in addition to the *Pioneer Programme*¹⁰ that commenced in 2013, with the aim of making health and social care services work together to provide better support at home and earlier treatment in the community, and the *Better Care Fund (BCF)*,¹¹ which creates a local single pooled budget with local Health and Wellbeing Boards responsible for agreeing plans for how the funding should be used.

In February 2016 the Five Year Forward View for Mental Health was published. This national strategy sets out a proactive and preventative approach to reducing the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services. The strategy recognises the contribution of stable housing as a key factor in someone being able to maintain good mental health and an important outcome for their recovery if they have developed a mental health problem.¹²

The housing sector has responded positively to the challenges facing the health and social care system, particularly the pressures on acute hospitals. There is, for example, a growing number of 'Home from Hospital' schemes where supported housing has been adapted or developed to support older people leaving hospital, until they can return to their own home. Examples can be found in the report *A Home is Much More than a House: Integrated approaches for the housing, health and care needs of vulnerable adult*.¹³

In order to encourage the joining up of housing, health and care at the local level a *Memorandum of Understanding to support joint action on improving health through the home*¹⁴ has been signed up to by a large number of national organisations, including the Local Government Association and NHS England.

An important ingredient of making personalisation work is developing the workforce. Although not specifically related to personalisation, two recent studies published by Skills for Care (the latter based on work undertaken by Sitra) identify some of the key workforce development issues for the supported housing sector: *New, emerging and changing job roles in adult social care within the extra care housing sector; what are the workforce challenges?*¹⁵ and *Housing with Care and Support: Challenges and Opportunities for Workforce Development*.¹⁶

Changes due to the Care Act and re-design of NHS services are complex and far reaching. Supported housing is an important part of the mix. The next section looks at how Making it Real can help with translating the vision and principles of joined up person-centred support into practice.

Section 3: The Making It Real 'I' statements – putting it all into practice in supported housing

1 Information and advice: having the information I need when I need it

"I have the information and support I need in order to remain as independent as possible."

"I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community"

2 Active and supportive communities: keeping my friends, family and place

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

3 Flexible integrated care and support: my support, my own way

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

4 Workforce: People who support me

"I have good information and advice on the range of options to choose who supports me."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."

5 Risk enablement: feeling in control and safe

"I can plan ahead and keep control in a crisis."

"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."

6 Personal budgets and self-funding: my money

"I can decide the kind of support I need and when, where and how to receive it".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget)."

"I can get access to the money quickly without having to go through over-complicated procedures."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

1 Information and advice: having the information I need when I need it

Care Act 2014 guidance

Local authorities to ensure that information and advice on care and support and related areas is available to all when they need it. The information and advice service should also address prevention of care and support needs, finances, health, housing and employment, what to do in cases of abuse or neglect of an adult and other areas where required.

Making it Real 'I' Statements

"I have the information and support I need in order to remain as independent as possible."

"I have easy access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community."

"Information and advice is critical in helping me to access housing and employment. I need to know where to go to for help to achieve my goals and to know that I am receiving correct information. The advice given will assist me in using that information in a way that is useful to me. The most important thing about information and advice is enabling people to feel motivated and independent."

– Resident focus group participant

How to put this into practice

- Information and advice has a consistent focus on housing choices and covers related issues such as tenancy rights, welfare benefits and access to training and employment.
- Advice on supported housing includes how personalisation is put into practice in specific services.
- Information and advice is provided in a way which draws out the strengths and interests of individuals. It includes information about community activities and encourages people to build relationships in their broader community as a way of staying connected.
- Peer led support is encouraged as it is helpful to speak to people in the same situation.
- Information and advice is consistently given by staff within and across services.
- Staff providing advice know how to access the local council's information and advice service.

CASE STUDY: Over2You

South Yorkshire Housing Association (SYHA) has established Over2You, a peer led quality improvement network. The project works with people with direct experience of health and care services, together with carers, to deliver information and advocacy sessions on accessing health and care services. The sessions provide people with information and advice about their rights as a consumer, and where they can access support with advocacy, if needed. They have been held across a range of health, social care and community settings from libraries to care homes, and over 280 people have taken part. People who have attended the sessions have reported an increased confidence in their ability find their way round the health and social care system.

A second arm of the project has been to undertake 'quality insight' work. The volunteers go to a health or care service and speak to people who access that service to determine what good quality care means to them. They explore the extent to which their provider is meeting those quality standards, providing feedback to the organisation on how they can improve. This work has been carried out in a wide variety of provision including hospitals, GPs and care homes. The Over2You project has received funding from the Department of Health and Big Lottery Fund.

www.syha.co.uk/livewell/over2you

CASE STUDY: DigitALL

Home Works, part of Southdown Housing Association, provides flexible and tailored floating support to working age adults who are homeless or at risk of losing their home. Using a bursary from East Sussex County Council, the DigitALL project was established to increase digital inclusion. Four individuals who have used Home Works' services, supported by a co-ordinator, developed and delivered training to 100 Home Work staff on making use of the internet. The team also successfully supported 60 people identified as being at highest risk of digital exclusion to get online. As a result of the project, staff felt more confident in supporting people to get online, an increasing number of whom now communicate with staff via e-mail and utilise the internet, particularly between sessions with support staff, to help them achieve their support plan objectives more quickly.

"The internet changed my life. My poor mental health left me feeling isolated, lonely, stifled in my creativity, unable to access information and I felt like I'd lost my independence. DigitALL offered me something unique: the ability to learn the skills I needed to get online, in my own home in a relaxed, supportive way, personalised to my interests, hobbies and learning needs. The internet has provided me with entertainment, information, increased choice, ability to save money and further my hobbies in ways I never imagined were possible. It's easier to manage my mental health. Facebook, Skype and email are helping me stay in contact with friends and family regularly. Crucially I feel empowered and like I've regained my independence."

– DigitALL project participant

CASE STUDY: Reducing isolation and improving wellbeing

Amicus Horizon, a housing association that provides homes across the South East, has established, with help from a bursary from East Sussex County Council, the Join Us network for older people living in its sheltered housing schemes. Amicus Horizon works in partnership with Lewes District Council and Residents of All Rother (ROAR).

The project aimed to expand the programme of activities in and around sheltered housing schemes to reduce isolation and improve health. A project co-ordinator was appointed to support scheme managers to help make things happen. Achievements are the following:

- Digital champions have been recruited.
- Amicus Horizon now has public wifi in all its sheltered schemes.
- Schemes are using Facebook to communicate with each other.

- Training has been organised in online security and safety, which was delivered to the sheltered schemes.
- Young people have been involved in supporting the project.
- The project has been extended with representation from non-sheltered residents on the Join Us steering group.

In 2016/17 the focus will be on some key strands which include the following:

- Supporting the 'doers' or activists in each scheme through networking events – the aim is to get them sharing information and supporting each other.
- Events particularly designed to engage those residents most at risk of social isolation. Giving scheme managers performance objectives of organising at least one digital inclusion and one wellbeing event in each scheme.
- The community development team is leading projects to tackle social isolation and promote creativity, for example, creating mosaics.
- Supporting the Join Us residents steering group. You can find their community page on Facebook (search for 'JoinUsToo').

The project is continuing with its own resources with support from participating landlords.

CASE STUDY: Housing brokerage

Dimensions, a not for profit organisation providing a range of services for people with learning disabilities, has been commissioned by Essex County Council to provide a housing brokerage service. Its purpose will be to address significant issues in the county in identifying and securing suitable properties for disabled people. Disabled people are helped to find suitable housing by specialist brokers who understand how the local authority housing system works and are able to develop relationships with estate agents and private landlords. The service acts as an intermediary, supporting individuals, landlords and commissioners through the entire process. The brokers identify individual requirements, find suitable properties and bring all parties together offering expert guidance and reassurance at every stage, including ongoing support. The brokerage service also helps people with mental health needs and substance misuse problems find suitable accommodation, a vital stepping stone to recovery.

www.dimensions-uk.org/what-we-do/housing

2 Active and supportive communities: keeping friends, family and place

Care Act 2014 guidance:

Local authorities should look at an individual's life holistically. This will mean considering any care and support needs in the context of the person's skills, ambition and priorities. Local authorities should make sure that individuals are not seen as passive recipients of support services, but are able to design care and support based around achievement of their goals. They should also actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.

Making it Real 'I' Statements

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

"When I first moved into the hostel it was very uncomfortable, it was the first time I had lived in a room for the last 12 years. However, now doors are starting to open as there is a roof over my head."

– Resident from focus group discussion

“Things [community involvement] rarely happen by chance. Use community inclusion tools to move people from simply being present to actively participating – then we can be honest about how involved somebody genuinely is. To deliver truly person-centred services we must unlock the capital of the communities that people live in.”

– Ormerod guidance

How to put this into practice

- Appreciate the impact on a person’s wellbeing of having a place that they can call home, and how this enables them to be part of the community. Supported housing services should work with individuals to achieve a settled home and sustain it in the long term.
- Support should be focused on enabling people to participate in their wider community and build confidence to achieve this.
- Everybody, even if their circumstances are limited, has skills, gifts and talents. In some cases, individuals are not aware of their assets (strengths). Good supported housing services should work with people to engage in activities old and new.
- For those living in a shared living environment, a supportive community may be represented by what is ‘inside the door’ as much as ‘outside’. It is therefore important to create a sense of community that respects the rights, responsibilities and ambitions of all its members. Where rules associated with the service exist, it is important that they have been co-produced with occupants. They should also be clearly designed to help individuals, and be applied to all within the community in a fair, consistent and transparent way (see also under Flexible and Integrated Care).
- Sharing living space does not automatically mean an end to loneliness and isolation. Good supported housing works with people to ensure there are opportunities for social interaction. Activities tailored to individuals’ needs and aspirations with encouragement to participate in order to create an inclusive and welcoming community.
- Provide support to individuals who may not have felt welcome in their community in order to assist them to make links and connections. This should include supporting positive risk management that ensures the safety of the individual and others.
- Some people receiving supported housing may have moved from their original community. It is important that this is recognised and that their long term goals are acknowledged. These may include where they would like to live, with whom, their preferred type of accommodation and whether they wish to re-connect with old networks or create new ones. The support that is provided can help re-connect

people with family, friends and networks where contact has been lost or broken down and help with creating new relationships.

- Assist people to access resources and opportunities that help them on their pathway to greater independence. These can include help to access training, volunteering and employment opportunities.

CASE STUDY: Sport and creativity as stepping stones to independence

SAHA run Newhaven Foyer provides a housing support service to young adults experiencing homelessness. Using a bursary from East Sussex County Council, the Foyer runs a programme of sports based activity in partnership with Brighton and Hove Albion Football Club aimed at increasing the skills and employability of the young people. The Foyer also runs a recording studio in partnership with the musical charity Rhythmix, which offers the opportunity to make and record music. The projects have helped participants to develop their talents and skills, alongside the ability to sustain a tenancy, and have been accompanied by a reduction in anti social behaviour.

CASE STUDY: Community inclusion

Ormerod Trust is a charity that provides care and support to adults and young people with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. The Trust has developed a personalised approach to establishing supported living arrangements that promote community inclusion. This depends on a number of core elements being in place which include the following:

- Developing the right culture publically endorsed from top to bottom of the organisation.
- A strong outcome focus embracing a willingness to maximise unpaid support.
- Making use of community inclusion tools that can help move people from being simply present to actively participating in their community.
- Matching staff to the person requiring support, including involvement in recruitment.
- A supportive commissioner with a shared approach to risk.

“Work to establish genuine contacts and real opportunities with your local community, as it is important to avoid tokenism. This takes time, effort, and cost but any provider that truly values community inclusion and independence of the people it supports will see this as an essential part of the service not an ‘optional extra’.”

– Ormerod guidance



CASE STUDY: Spice Time Credits

Spice Time Credits are a social currency developed by Spice (www.justaddspice.org/about-us). People are thanked with Time Credits for each hour of time given to their community or a service, which they can 'spend' on services or events at over 700 venues (e.g. use of community facilities such as swimming pools, cinema trips). Apart from the Time Credit rewards themselves, independent evaluation has shown a range of key preventative and health outcomes for participants, including increased confidence, quality of life and a growth in their social network. Time Credits also support organisations to develop new approaches to co-production, sustainability and commissioning. The example below shows how Time Credits are being used in a housing setting.

Lis lives in the Yr Aelwyd Sheltered Scheme and is part of the Taf Myrddin Tenant Network. She has earned Time Credits by putting on a monthly film night for other residents in the sheltered scheme, and sharing her views and experiences in meetings with the Tenant Network and Council Housing Department.

Lis has seen a real change in how other people from the housing scheme engage with the community as a result; "Using Time Credits to spend and earn at the film night has changed the attitude in the sheltered scheme by having people from outside the facility come to the film night regularly; they accept outsiders more readily now I think."

CASE STUDY: Creating a sense of community

Enable, part of the EMH Group, provide a range of care and support services throughout the East Midlands, including a supported accommodation service for young homeless people and a service for homeless families. They have been successful in increasing the way residents interact with each other, making greater use of communal areas, and developing a greater sense of community by running activities such as weekly craft sessions, co-led by a former resident and a staff member, and a women-only Get Fit session.

CASE STUDY: Keeping connected

Gatesfield Quaker Housing Association runs a sheltered housing scheme in the centre of Windermere. The scheme's ethos is to enable tenants to maintain the way of life they are used to. For example, tenants often continue using nearby local shops and facilities and a taxi service is available to take tenants to the local supermarket each week. Tenants are also encouraged and assisted to take part in social activities inside and outside of the scheme. Staff working in the scheme have recently expanded their role to work alongside local health services to assist in the provision of End of Life Care, so that where possible tenants can remain at the scheme.

CASE STUDY: Community engagement and activity

Lorretto Care, part of Wheatley Group, provides a range of care and support services, working with over 2,000 adults in ten local authority areas in Scotland. As part of their approach to personalisation, they have established a Community Engagement and Activities Team (CEA). The areas of focus are dictated by the people receiving support and working alongside staff. The CEA team creates and facilitates a number of meaningful activities to tackle social isolation, promote a healthy lifestyle, and build the skills of the people receiving support. So far the team has facilitated opportunities to engage in:

- Information sessions about key topics such as Self-Directed Support and personalisation.
- Recruiting, inducting and training staff.
- Having a say in national campaigns, consultations and events.
- Creative art, music and photography.
- Exercise through walking, gardening, physical activity groups and other projects.

- Accessing employment, volunteering, further education and training.
- New technology.
- Taking lead roles in their service, support and activities.

Since the team's inception in June 2015 there has been a significant increase in the number of people involved in meaningful activities and this has had a positive impact. Those who have engaged in the various activities and participation have reported an increase in their confidence and self-esteem and have supported some people in their recovery from addictions or mental health issues.

The CEA Team also works to ensure people can have their say at every level of Loretto Care. One way of ensuring this is through their Advisory Groups, where the people receiving support meet with staff in strategic roles such as the Head of Care and Service Development Leads. The Advisory Group actively seeks to share ideas and encourage the co-designing of policy, procedures and the plans to improve the services provided.

"I'm very lucky to have access to the opportunities I have access to. My passions for music, art and keeping my fitness up will keep me on the straight and narrow and give me a more exciting and healthy way of life."

– Person receiving support from Lorretto Care

"Art exhibitions and the wide range of services offered help change lives for the better, including my own."

– Person receiving support from Lorretto Care

3 Flexible integrated care and support: my support, my own way

Care Act 2014 guidance:

Local authorities must consider how the adult, their support network and the wider community can contribute towards meeting the outcomes the person wants to achieve. This approach needs to be holistic rather than focusing purely on meeting personal care needs. The person must be genuinely involved and influential throughout the planning.

Making it Real 'I' Statements

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

How to put this into practice

- Wherever possible people should receive continuity of support from the same staff member and/or team. Support visits should be organised at a frequency and time that suits the person, taking account of the requirements in the support plan.
- Support needs to be flexible enough to accommodate a diversity of requirements, which can span from the very practical (such as provision of a towel and toiletries when entering a service) to support with finding and maintaining permanent accommodation.

- Assist people in their journey to greater independence and avoid people becoming stuck in provision. The commissioning of services needs to facilitate this.
- Good support planning should be flexible for those using a service for a short period of time and when people move between services.
- Encourage people to give regular feedback on how support is provided and ensure there is a direct response to suggestions and ideas.
- Make full use of the opportunities afforded in accommodation based services for flexible support. Communal facilities such as shared kitchens and dining areas have an important role to play in creating a pleasant environment. They can also support a person to achieve their individual outcomes, for example using IT or improving cooking skills.
- In shared living arrangements there are great opportunities to 'pool' ideas to improve support, and residents'/tenants' groups are a critical part of ensuring individuals' contributions and ideas are incorporated into service delivery, design and future developments.
- There may be occasions where the flexibility of support may be limited by restrictions associated with the built environment, occupancy agreements, or balancing the rights of all residents. Where this occurs, it is important that any rules are applied fairly and transparently (see also under Active and Supportive Communities) and that they are in place for the benefit of the residents not the convenience of staff.
- The commissioning process, including the contract monitoring arrangements, should enable a personalised and co-produced approach to services, based on outcomes agreed with the person that are personalised to them.
- Services should have an outward focus and consider the wider health and wellbeing needs of people rather than focus solely on the provision of housing support.
- Services should work to a strength-based approach – to focus on the person's achievements and aspirations as a way forward.
- Moving between services, for example the transition from intensive forms of support to living with greater independence, can be made easier if there is good communication between support workers who know the person best and between agencies.

CASE STUDY: Supporting people on their journey towards independent living

Together for Mental Wellbeing is a national charity that supports people with mental health issues on their journey towards leading independent and fulfilling lives. Their services include support in the community, advocacy, criminal justice services and accommodation-based support, including supported accommodation. To ensure that all their services offer the same approach they have developed a Model of Support which is based on four underpinning principles for how staff work with every individual, no matter which service they use. The principles are:

- Seeing the whole individual.
- Compassionate enquiry.
- Doing it together.
- Planning for the future.

Feedback from people being supported in this way has been positive and indicates that it is contributing to people taking responsibility and ownership over how they are supported.

"I feel at the epicentre of my recovery. It is my choice what decisions are made and this alone has had a very positive impact."

– Person supported by Together for Mental Wellbeing

CASE STUDY: Shared Lives

Shared Lives arrangements are a cost effective and person-centred option for adults who need accommodation with support. A Shared Lives carer shares their home and family with an adult who needs care and support to help them live well. Currently across the country approximately 13,000 adults are supported in this way with over 150 local Shared Live schemes in operation. A recent evaluation revealed that:

People who use Shared Lives services tell us they feel less isolated, make new friends and are better supported as a result – 90% made new friends via Shared Lives, half went on holiday for the first time and a quarter joined a club that was not exclusively for disabled people for the first time.

<http://sharedlivesplus.org.uk>

“It’s hard to know what good is when you have not had it. More people need to know about Shared Lives. They need to know it is not about being stuck in a flat on your own. It is not about being lonely. It is about family. It is about having choices. It is just lovely. It is a good life. My message to you is that everyone should be able to have a good life. Everyone should have the choice.”

– Claire, a Shared Lives Ambassador

CASE STUDY: Person centred housing management

Lets for Life is part of the Cameron Trust which works to bring people and organisations together to promote and provide affordable, quality housing for people with disabilities. Lets for Life has been developed as a specialist lettings agency to provide individual solutions for the housing and additional housing management needs of people with learning disabilities who have complex needs. This approach starts with the individual not the housing. A step by step approach is adopted that involves working with the person, their supporter(s), and involved professionals such as social worker. Once there is a person-centred plan, Lets for Life identifies a suitable and affordable property in the desired area and then secures an investor to purchase the property for an agreed rental return. Lets for Life then works closely with the person and the local authority to make sure that the necessary finances are in place with the agreed care and support arrangements, which are commissioned separately, often through use of a personal budget. All Lets for Life tenancy support staff are trained in person centred approaches.

www.camerontrust.org.uk

CASE STUDY: Healthy Futures

Derventio Housing Trust provides accommodation, support and opportunities for people experiencing homelessness. In partnership with the local NHS and councils, Derventio has established Healthy Futures, a homeless hospital discharge project in the Derbyshire area. Healthy Futures assists homeless people in hospital to find suitable and safe housing, thereby preventing discharge from hospital onto the street and enabling people to start on the path to a healthier future. It works by providing crisis intervention to individuals using a ‘Housing First’ model to address their immediate housing crisis with up to twelve weeks of holistic follow up support to help resettle them into the community. The project also supports high impact users to reduce their use of urgent care services such as Accident and Emergency. Healthy Futures has been



operating since 2013 and a two year evaluation has been undertaken which shows that better outcomes for individuals and a reduction in use of hospital services have been achieved.

www.dementiahousing.com/news/69/two-year-evaluation-of-healthy-futures.html

"I was in a bad place when I first met my support worker, I don't know what I would have done without her – probably would have given up. I can now look forward to a fresh start in my own home where I can better manage my health – she is my angel!"

– Project recipient

CASE STUDY: Building Dignity into Design

TP Properties design, develop and manage specialist supported housing properties for people with a range of needs: learning disabilities, physical disabilities, autism, brain injuries, mental health needs and other associated complex physical and health needs. A person-centred approach is taken to each development, by working with the individual directly to tailor make and build or renovate properties in line with their specific support needs. Where appropriate, assistive technology is integrated into the design stage at the earliest point. This helps create homes for life and an environment which improves health and wellbeing, as well as enhancing dignity, empowerment and independence. The personalised approach to housing means that people with complex health needs can live in their own homes away from a 'clinical setting'.

4 Workforce: my support staff

Care Act 2014 guidance:

People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster and enhance this vital workforce to underpin effective, high quality services.

Making it Real 'I' Statements

"I have good information and advice on the range of options for choosing my support staff."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."

How to put this into practice

- Recognise the absolute importance of support staff having the right attitude, as well as the appropriate training and qualifications. Staffing where possible should broadly reflect the diversity of people receiving support (e.g. gender, ethnicity).
- Create a positive relationship between the person being supported and staff so they can establish goals and have the confidence to reach them.
- Involve people using services in the development of job roles. With support and training, they can and should be involved in recruitment and appraisal of staff.

- Schemes should have transparent and 'easy to use' ways to enable people (individually and in groups) to provide feedback on their support staff, without this being treated as a complaint.
- Take steps to ensure that staff possess excellent navigation skills. With good local knowledge and information staff can assist people to make community connections and identify and access resources that help promote independence e.g. access to volunteering, education, training and employment opportunities, and use community resources.
- Ensure that staff have a broad definition of their role so they can spot and act on issues of concern, for example, take action to initiate health prompts or assist someone to see a GP.
- Consider opportunities for people to take on roles within the services they use, either as full time opportunities or as a stepping stone to independence.

CASE STUDY: Co-production and the workforce

Look Ahead provides a range of housing, care and support services across London and the South East. They developed 'Working with us', a three year co-production strategy for the organisation, which identifies three key priorities for how they will work with customers across the organisation.

1) Customers direct and build their own support and care

- Look Ahead's Choice and Control Offer was co-created with and for customers three years ago. It means that they are leading their own support and that they have opportunities to choose who supports them and when and where this support takes place.

2) Customers have opportunities to shape and improve services

- **Recruitment, induction and training:** Customers are part of interview panels. They co-create and co-deliver parts of the induction for new staff and welcome them and customers to their services.
- **Quality Checkers:** Look Ahead customers and also family members and carers jointly check the quality of the services, working alongside managers.
- **Time Credits:** When a customer contributes an hour of their time in a service they receive an hours 'Time Credit' that they can then 'spend' on activities in the community. Look Ahead has been running this with Spice, their Time Credits partners, for a number of years and it has proven a great way to facilitate co-

production at a local level in services. Examples of earning activities in services include attending interview panels, being in charge of aspects of running the service e.g. health and safety checks, gardening, supporting peers in various ways.

- Look Ahead's Experts by Experience training team consists of staff and customers who co-create and deliver training to staff on key issues they have life experience in such as mental health, homelessness and substance misuse. Over the past three years, 159 training sessions have been delivered and this team is now fully embedded within their wider Learning and Development team.

3) Customers are enabled to draw on the insight and experience of their peers

- Look Ahead runs a peer support programme that delivers on average 30 placements a year across their services. People with lived experience provide support to others in areas including community inclusion and wellbeing. Peer supporters have opportunities to work towards qualifications and 25% of them have moved into paid work, with many more engaged in voluntary work.
- Look Ahead's membership of the sector-wide Customer Employment Partnership (CEP) has been an important aspect of their work to support peer support volunteers and other customers into work following their volunteering. CEP is hosted by Evolve and represents a partnership across the homelessness sector. It aims to remove barriers to employment within the sector for people with lived experience of homelessness.

Three years into their co-production journey, Look Ahead have made a solid start. They are seeing benefits for the organisation, for local service delivery and crucially the outcomes achieved by individual customers. The challenge is to continue to embed and mainstream these practices across every aspect of what the organisation does, so co-production is consistently viewed as the norm, rather than the exception.

CASE STUDY: Peer-led recovery – staff facilitating outcomes that people who use services want for themselves

Adullam Homes Housing Association provides a range of support and accommodation based services. Part of their provision includes managing supported accommodation in Cheshire East for people who have completed a detoxification from drugs and/or alcohol and are working towards abstinence. The service has developed a model of 'peer-led recovery community', through which much of the support is provided by individuals who are in recovery themselves. At the outset, tenants of the scheme were

involved in reviewing the policies, procedures and tenancy agreement to make sure they were 'fit for purpose' and to ensure there were appropriate boundaries in place for the accommodation to remain a safe environment. As a result, a new substance screening policy and visitors' policy were produced. Tenancy agreements are now incorporated into support plans. Regular 'house meetings' take place, to which staff are invited for specific agenda items. As people make progress with their recovery they are able to take on peer mentor roles, including acting as coaches and group facilitators to other residents and people in the wider community.

The service also acts as a hub to support recovery activity in the surrounding locality. The support team and peers have, for example, attended asset-based community development days. Referrals are received through the council single point of access and through direct referrals by rehabilitation and detoxification centres. Each referral is assessed in terms of support needs and risk by both the staff co-ordinator and nominated peers for their suitability for being accommodated within the project.

CASE STUDY: Developing peer support

Family Mosaic provides a range of housing, care and support services across the London and South East. In 2015, Family Mosaic launched a project in partnership with the Institute of Mental Health. The aim was to offer people who have experienced mental ill health, the chance to take part in an intensive eleven day training course and become Peer Support Workers. The course had many academic and emotional challenges; candidates required high levels of resilience and an understanding of recovery concepts. By the end, all 16 participants were expected to complete a 3000 word essay in order to gain their accreditation. Despite a few setbacks, everyone submitted their work and achieved their qualification. As a result of participating in the training:

- Five people have gone on to take up paid Peer Support Worker roles.
- Four people are in the process of taking on voluntary roles.
- One person has set up a freelance training and consultancy business and is delivering courses in South London.
- One person is designing and co-facilitating further Peer Support Worker training across Family Mosaic.

"I think the course was fantastic. I thought I knew lots about living with depression but the course really opened my eyes. It's been brilliant to understand more about my own illness and also the things other people have been through. I really struggled with

the essay because of my literacy skills and nearly didn't complete it. However, with the help and support from the course supervisor, I completed and managed to achieve a 60% pass mark! My hope for the future is to become a Peer Support Worker."

– Course graduate

CASE STUDY: Fitness Together

Turner House in St Leonards-on-Sea offers accommodation and support to single young mothers aged 16-25. Using a bursary from East Sussex County Council, an eight week Summer Fit Club was developed, co-designed by the young mothers living at the project. It was agreed that the programme would:

- Be accessible to all the people who use services and free of charge.
- Include activities that all would enjoy, and be able to pick and choose.
- Provide an opportunity to signpost to other healthy lifestyle activities such as smoking cessation.

Feedback from those taking part was very positive, reflecting the young mums' involvement from planning to evaluation. The programme had client champions and this was important to the overall success of the programme as it encouraged participation and feedback.

"It's great to be active in the garden and I could do the exercise without being laughed at in a gym."

– Summer fit club participant

CASE STUDY: One Page Profiles

The first step on a person-centred approach to support is to establish what is important to the individual. One Page Profiles, which have been developed by Helen Sanderson Associates, are a simple way of doing this and enable a person on a single piece of paper to share some key details about themselves. They can be used to help match staff with the person requiring support and can help with recruitment. A campaign to promote the take up of One Page Profiles in Supported Housing has been jointly undertaken between Sitra and Helen Sanderson Associates.

Email info: info@helensandersonassociates.co.uk

www.sitra.org/policy-good-practice/personalisation/one-page-profiles

5 Risk enablement: feeling in control and safe

"I feel safe from harm and supported if I get into trouble."

– Resident Focus Group Participant

Care Act 2014 guidance:

The Government expects local authorities and others to help people with care and support needs, who may be at risk of abuse or neglect as a result of those needs, keep safe. But this must not mean preventing them making their own choices and having control over their lives. Everyone in the community should understand the importance of safeguarding and keep people safe.

Local authorities should enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect.

Making it Real 'I' Statements

"I can plan ahead and keep control in a crisis."

"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."



How to put this into practice

- Secure and safe accommodation with support is an essential foundation for reducing risk and moving people towards more independent living.
- Everyone living in supported housing has the right to feel safe, live the life they want and receive support to manage risks. Approaches to risk should be solution focused and developed to reflect the particular setting. This can be illustrated as follows:
 - In accommodation based services there needs to be a recognition that a shared living environment can create tensions. Behaviour of some occupants, particularly in communal areas, may heighten risks for others. Therefore some rules and restrictions are required to keep occupants and staff safe, but these should be reviewed on a regular basis with all occupants. (see also Flexible and Integrated Care and Workforce).
 - In short term accommodation based services, where occupation is transient, it is particularly important that living arrangements are managed well and sensitively so that people do not feel insecure or at risk.
 - Providers of direct access services – where people can access the accommodation without prior notice- need to balance their approach to risk and understand that for some people the service offers a place of 'last resort'.

- A positive circle of support can help people manage risk. Where this is absent, supported housing can help people to develop one.
- Accommodation based services can play a positive role in acting as good neighbours. They can promote positive links with the local community in order to reduce stigma and any perceived worries about their service amongst their neighbours.
- Support plans should always include positive risk management in line with the Making it Real 'I' statements and be regularly reviewed.

CASE STUDY: A tenant's book

Leading Lives is an employee owned social enterprise that provides care, support and accommodation for adults and young people with learning disabilities, autism and complex needs in Suffolk. In their supported living services staff worked closely with residents to produce an accessible tenant's book setting out residents' rights and responsibilities. As part of this, the required home safety checks such as checking fire safety, infection control and food safety are now undertaken with residents in the lead, supported by the staff. This means that the people receiving support play an active role in keeping themselves and fellow tenants safe.

"This helps me remember when jobs need doing and makes things safe."

– Resident talking about the tenant's book

CASE STUDY: Creating a safe and supportive place to live

"There is a totally different atmosphere here at Hope Gardens. There is that feeling of hope, everyone's got a chance and people are grabbing hold of that. I'm in a very good place, I'm actually very happy. It's a very bright place to be."

– Resident

"I feel valued and supported and want to come to work every day! The relaxing environment and level of support I receive working at HG is unique and compassionate! You won't really know until you visit, but Hope Gardens has a magical feel, and I feel privileged to be part of the Hope Gardens family."

– Staff member

Hope Gardens is a high support service in the London Borough of Hammersmith and Fulham (LBH&F) providing 24 hour support to 27 homeless people with complex needs. The service is commissioned by LBH&F and provided by St Mungo's Housing Association. Council funding includes financial provision for small sums for personal budgets for residents to meet their personal support plan goals. In 2014 the service was due to relocate to the current newly refurbished building. As part of the planning for the move, extensive consultation was undertaken with residents and ex-residents as well as involved professionals. Three key themes emerged from the consultation with residents. Residents said:

- They felt unsafe due to other residents' visitors, the building design and staff availability.
- They did not always feel listened to or their views taken into consideration in how the service was run and the support they received.
- There was too much paperwork which was confusing, time-consuming and not relevant to them.

As a result of the consultation, the following measures were taken when the new service relocated to Hope Gardens:

- Working in partnership with a local social enterprise, residents attended workshops to design and up-cycle furniture for the communal areas.
- Key procedures were reviewed and redesigned, including the development of a Personal Visitors Agreement. This created a personalised approach which focusses on an individual's needs and social networks. The number of incidents associated with visitors has reduced and it has supported a better management of the locality.
- The assessment process has been redesigned and now includes a self-assessment document for new residents focusing on a resident's strengths and aspirations rather than deficits and problems.
- The 'welcome process' for new residents has been streamlined and staggered.
- Staff are trained in motivational interviewing and coaching skills to support residents to identify their own strengths and to support positive risk taking and risk management.

As a result of this approach there has been an increase in meaningful use of time and attendance at key work sessions and a significant reduction in serious incidents such as overdoses and violence.

6 Personal budgets and self-funding: my money

Care Act 2014 guidance:

The person with the care and support needs should have the maximum possible range of options for managing the personal budget, including how it is spent and how it is utilised. Directing spend is as important for those choosing the council-managed option or individual service fund as for direct payments.

Making it Real 'I' Statements

"I can decide the kind of support I need and when, where and how to receive it."

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget)."

"I can get access to the money quickly without having to go through over-complicated procedures."

"I am able to get skilled advice to plan my care and support, and also be given to help to understand costs and make best use of the money involved where I want and need this."

How to put this into practice

- The majority of people receiving supported housing do not receive a personal budget to pay for their support. However, there is much that commissioners and providers can do to offer greater choice and control without the need for a personal budget. Some areas to consider are the following.
 - Ensure that each supported housing service provides clear information on how their work supports the attainment of individual outcomes.
 - Make sure that the commissioning process reflects a personalised approach to the provision of services. This should include encouraging mechanisms for people who use services to have a strong voice in the planning of services, as well as in the actual delivery.
 - Providers that offer short term services should think creatively about what personalisation means to them, and how they can create a strong voice for people using their services.
 - Where personal budgets are available, people should be able to access support and advice on how to make best use of the budget. This should include access to independent brokerage services, where these exist.
- Providers and commissioners who work together should:
 - Examine the feasibility and benefits of disaggregating block contracts so that the support elements can be easily personalised, whilst not de-stabilising the service to residents.
 - Look at introducing Individual Service Funds (ISFs) as a way of increasing choice and control for individuals. Useful advice is contained in TLAP's report, *Individual Service Funds and Contracting for Flexible Support*.¹⁷
 - Consider the scope for pooling personal budgets between people in services as a way of permitting greater choice and control and value for money.

CASE STUDY: Buying together

The Housing Associations' Charitable Trust in partnership with the New Economics Foundation ran the up2us project which focused on achieving personalisation in housing care and support. It did this by enabling people to pool their money, to do and buy things together. The pilot was mainly led by housing associations and took place in six different localities: Barking and Dagenham, Oxfordshire, Norfolk, Kensington and Chelsea, Kent, and Knowsley. They wanted to learn how easy it was for people to buy things together with personal budgets, what sorts of things they wanted to buy and whether there were benefits to cooperating in this way. Activities were co-designed and co-produced with the people who received the care and support. As the final report shows the up2us pilots demonstrated successful initiatives led by people who use services.¹⁸ It also showed that housing associations and local authorities can support ways of doing things that start from the bottom up.

Case Study: Increasing choice and control

The Old Theatre is an accommodation service in the London Borough of Hammersmith and Fulham (LBH&F), providing self-contained accommodation for 12 residents, both male and female. The service provides support to individuals with complex and multiple needs including substance misuse and mental health issues; physical health concerns; history of rough sleeping and multiple exclusions from services. The service is commissioned by LBH&F and provided by St Mungo's. A personalised approach is adopted through a variety of means that include:

- Developing in-reach services reflecting resident's experiences and aspirations.
- The moving in process is tailored to individual's needs and circumstances.
- Tailored visitor's policy and engagement contracts.
- In-reach peer support.
- Tailored training, reflective practice and support for the staff team working with resident.

Personal budgets are provided through the commissioned contract and have allowed residents to access their own bespoke support such as art therapy, psychotherapy, and massage, which can take place at a time and setting of their choosing. The choice and control generated by the use of personal budgets has resulted in a reduction in alcohol consumption, stronger engagement with alcohol services and a reduction in hospital admissions.

CASE STUDY: Individual Service Funds (ISF)

"We came to believe that anything is possible (as long as it's legal)."

– Choice Support

Choice Support is a charity and company that provide a range of services for disabled adults in various locations across England. As part of their commitment to personalisation, Choice Support worked with the London Borough of Southwark on a large scale project to disaggregate a block contract for adults with learning disabilities. This entailed creating personalised support plans with matching ISFs for over 80 people and a major reconfiguration of the service including de-registering care homes and use of Assistive Technology to replace night staff. Independent evaluation concluded that the move to individualised support improved the quality of life for the individuals involved at lower overall cost.

"There was good evidence that quality of life has improved for individuals. We found that people had more opportunities, more control and control of money, greater happiness, more privacy, fulfilment and life direction, greater independence and increased living skills".

– Choice Support

www.centreforwelfarereform.org/library/type/pdfs/better-nights.html

Dimensions, a not for profit organisation, providing a wide range of services for people with learning disabilities and autism have shared their experience of moving away from block contracts in ***Making it Personal for Everyone: From Block Contracts Towards Individual Services Funds.***

www.dimensions-uk.org/publication/making-personal-everyone

Section 4: Summary of key messages and principles

In this last section some key messages and principles are identified, based on emerging practice. Addressing these areas should help create an environment in which commissioners and providers of supported housing, together with people using services, can use Making it Real as a positive force for change. These areas are:

- 1) It is important to develop a shared understanding that personalisation is not only about personal budgets. Much can be done to increase choice and control for people without them, alongside those who benefit from their use.
- 2) There is scope to further develop personal budgets within supported housing, including the use of Individual Service Funds (ISFs) and the pooling of budgets between individuals.
- 3) Personalisation cannot be imposed top-down. People who use services and staff are the primary resource for generating lasting change when they work in a co-produced way. Supporting the establishment of networks of people using services within localities is also a crucial link.
- 4) Progress is likely to go further and faster when emerging practice and ideas are shared between:
 - Supported housing organisations.
 - Commissioners and providers.
 - Other parts of the housing, health and care system.
- 5) Commissioners should check that their current arrangements for commissioning, and contracting supported housing do not create barriers for achieving greater personalisation of support and to identify whether changes can be made that will help services become more person-centred.

The University of Birmingham published a guide in 2015 to support councils with their commissioning duties to bring them in line with the Care Act. *Commissioning for better outcomes: a routemap*, outlines 12 standards of high quality person-centred and outcomes-focused commissioning.

- 6) Remember that embracing personalisation affects the way that the whole organisation runs and its culture. A helpful on-line resource has been developed by Sitra to help supported housing providers become more personalised.¹⁹
- 7) Recognise the importance of developing the supported housing workforce in order to 'deliver' personalisation. This means not only ensuring that they are trained and equipped competency wise, but also creating the conditions for developing a workplace culture that embraces all aspects of personalisation – business functions such as HR and finance will be directly impacted.
- 8) Commissioners and providers should also enable their support workers to adopt a broad definition of their role which is focused on wellbeing. They should be encouraged to regard themselves as playing an important role in the local housing, health and care system.
- 9) Commissioners and providers should work together to ensure that transitions and transfers between services and localities happen in a personalised way. For many people supported housing is key to achieving greater independence.
- 10) Develop an approach to personalisation that is based on identifying and responding to an individual's strengths, aspirations and wellbeing, rather than focusing only on finding solutions to deficits. Providers should therefore seek to maximise the connections between their services and local community resources as part of developing an asset based approach to support. TLAP's recent report *Developing a Wellbeing and Strengths Based Approach to Social Work: Changing Culture* sets out a positive direction, much of which can be applied in supported housing. www.thinklocalactpersonal.org.uk/_library/Resources/TLAP/BCC/TLAPChangingSWCulture.pdf

Conclusion

In common with the rest of the housing, health and care sectors, organisations that provide supported housing face difficult times; fewer services are being commissioned and those that are have tight budget restrictions. This makes it all the more important to focus on what matters most to people.

Making it Real is a framework and tool that can be adopted and adapted by supported housing to help create services that are personalised, preventative, and integrated around the needs of individuals, whilst being cost effective at the same time.

Appendix 1: Supported housing types

Accommodation based supported housing includes:

Shared supported housing – a term commonly used in the sector to describe a housing scheme where occupants have their own room, but share bathroom, kitchen and other communal areas with other residents. Support is delivered by staff who may have an office in the property or visit on a regular basis.

Self contained supported housing – where occupants have their own flat or house. Sometimes sited in a block or cluster of the same type of provision and sometimes dispersed within a locality. Support is provided by staff who may have an office in the block or offer a visiting service.

Hostel – accommodation where a larger number of people have their own rooms and share communal areas with other residents. Staffing is often provided on a 24 hour basis, seven days a week and in some cases meals are provided.

Bed and breakfast – temporary accommodation that is usually shared and provided by the council, or on their behalf. The accommodation is provided for homeless people awaiting a decision as to whether the local authority will offer to house them under their statutory homeless duties. Support is not always provided but it has become increasingly common to do so as many occupants are vulnerable or have support needs.

Women's refuge – temporary accommodation for women (and their children) who have experienced domestic abuse. Women often share a room with their children and share other communal areas with other women and their families, although some refuge accommodation offers self-contained flats. Support is provided by workers who are usually based at the refuge.

Housing for older people (sometimes called sheltered housing) – accommodation that is specifically designated for older people usually over 55 and predominately in self contained houses or flats. The support is provided by a scheme manager or warden, who may live on the site or by support staff who visit the

property. Some schemes are designated 'extra care sheltered housing' where a range of additional services including personal care, meals and service such as hairdressers and social activities are available in addition to support.

Foyer for young people – temporary accommodation for young people (usually 17-25 years) with support and an emphasis on employment training and education. The accommodation may be shared or self contained. Support is provided by staff who have usually have an office on site and may be available 24 hours a day 7 days a week.

Teenage parent accommodation – temporary accommodation specifically for young people (usually aged 17-21 years) who have become, or are about to become parents. Young people share a room with their baby(ies) and share kitchen, bathroom and communal areas with other young people. Support is provided by support workers who have an office on site.

Almshouses – permanent usually self-contained accommodation often intended for the older poor of a locality or those from certain categories of employment. The accommodation is generally managed by a charity or the trustees of a bequest.

Shared ownership schemes – permanent self-contained accommodation aimed at enabling first time buyers to get on the property ladder; the person buys part of the equity of the property (for example 25%) and can increase the share of their property as their income increases. Leasehold Schemes for the Elderly (LSE) have a similar arrangement, whereby typically the owner purchases a 75% or 90% share in the property and usually with the option of support when the leaseholder requires this, provided by a support worker or scheme manager located on site or in an office nearby.

Supported lodgings – accommodation for young people in a private home. The young person has a room of their own and the householder, or host, provides a safe and supportive environment, working alongside professional services to help and support the young person in gaining skills for independent adult life.

Shared Lives – involves a Shared Lives carer using and sharing their home and their family (or community) life with the person using or living in a Shared Lives arrangement. Shared Lives can be offered to any adult with care and support needs and, in some cases, to young people from the age of 16.

Non accommodation based support includes:

Floating support services – support that is provided usually on a temporary basis by a visiting support worker to enable the individual to develop independent living skills, sustain their tenancy and remain in their home.

Resettlement services – support services that enable people who have lived in supported or temporary accommodation, to effect a successful transition to a permanent home and sustain their accommodation.

Outreach services – outreach services provide support services to people in the community. This service is usually on a less formal basis than floating support such as running advice sessions or surgeries.

Community/alarm services – usually associated with older people or people with learning disabilities where an alarm is provided for emergency use in their home, but who otherwise live independently or receive visiting support.

Useful resources and reading

To sign up to the Making it Real framework:

Making it Real: www.thinklocalactpersonal.org.uk/MakingitReal

Baxter, S and B, Borysik (2014) Commissioning for Choice and Control in Housing Related Support Services, Sitra.

Department of Communities and Local Government (2009) Research into the financial benefits of the Supporting People programme.

Department of Health (2014) Care and Support Statutory Guidance.

NHS England (2014) Five Year Forward View.

Housing and Learning Improvement Network: www.housinglin.org.uk

J, Michaelson and L, Stephens (2013) Buying Things Together: A review of the up2us Approach – supporting people to pool budgets to buy the support they want, New Economics Foundation and Housing Action Charitable Trust.

Local Government Association and Sitra (2015) A Home is Much More Than a House: Integrated Approaches for the Housing, Health and Care Needs of Vulnerable People.

National Housing Federation and Housing LIN (2012) Housing in Later Life – Planning Ahead for Specialist Housing for Older People.

National Housing Federation (2015) Supported Housing Understanding Need and Supply.

Sitra and Skills for Care (2014) New, Emerging and Changing Roles: Adult Social Care in Extra Care Housing.

Skills for Care (2015) Housing with Care and Support: Challenges and Opportunities for Workforce Development.

Think Local Act Personal (2015) Individual Service Funds (ISF) and Contracting for Flexible Support: Practice Guidance to Support Implementation of the Care Act 2014.

Think Local Act Personal (2015) and University of Birmingham Commissioning for Better Outcomes: A Route Map www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

Endnotes

- 1 www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR
- 2 Capgemini. Available online from: www.gov.uk/government/publications/research-into-the-financial-benefits-of-the-supporting-people-programme-2009
- 3 www.sitra.org/news/supported-housing-understanding-needs-and-supply/
- 4 3rd March 2014
- 5 10th March 2014
- 6 www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf
- 7 Local authorities and clinical commissioning groups have joint duties to prepare a Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing Board and in accordance with the Health and Social Care Act 2012 and Joint Health and Wellbeing Strategy.
- 8 www.england.nhs.uk/ourwork/futurenhs
- 9 www.england.nhs.uk/commissioning/lipc
- 10 www.england.nhs.uk/pioneers
- 11 www.england.nhs.uk/ourwork/part-rell/transformation-fund/bcf-plan
- 12 www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
- 13 www.local.gov.uk/documents/10180/6869714/L15-435+A+home+is+much+more+than+a+house/df3048c6-63b8-4419-8dcb-afee2a275f69
- 14 www.sitra.org/documents/mou-health-through-the-home/?preview=true
- 15 www.sitra.org/documents/new-emerging-and-changing-job-roles-executive-summary
- 16 www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/housing/Housing-with-care-and-support-challenges-and-opportunities.pdf
- 17 www.thinklocalactpersonal.org.uk/_library/Resources/SDS/TLAPISFsContractingFINAL.pdf
- 18 www.sitra.org/documents/up2us-pooling-skills-and-money
- 19 www.sitra.org/policy-good-practice/personalisation/tools-and-resources/?preview=true



Think Local Act Personal

Think Local Act Personal (TLAP) is a national strategic partnership of more than 50 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support.

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Sitra

Sitra, part of Homeless Link, is a national membership charity that provides a unique combination of policy, advice and representative roles with training and consultancy services.

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