The impact of housing on health and wellbeing: RPU 123 April 2017

Introduction

The theme of this month's Research and Policy Update is **the impact of housing on health and wellbeing,** including papers that discuss:

- a review of housing and wellbeing
- security of tenure in social housing
- Roma communities, housing and Brexit
- fuel poverty and disability

Housing – suitable accommodation – is recognised by the Care Act 2014 as a fundamental component of wellbeing. The general duty of a local authority to promote wellbeing includes specific reference to housing; information and advice should reflect housing options; local authorities should promote housing that facilitates choice and control; and multi-agency working should include work with housing organisations.

Where a person lives can impact on their health outcomes. The quality and stability of an individual's housing can entrench and perpetuate health inequalities.

Housing is the largest single expenditure faced by households, with those in lower income groups and private renters spending the greatest proportion of their income on it. Welfare benefit changes since 2010 (see last month's RPU on Poverty and Welfare Reform) and increased fuel costs have all impacted on people's ability to afford the costs of housing. For social renters, a combination of expanded right-to-buy and forced sales of high value council homes have depleted social housing stock, while the 'bedroom tax' has effectively been a forced rent increase for those with a spare room.

The papers included in this month's RPU highlight how poor quality, insecure, energy inefficient, and/or high cost housing can have different, but cumulative, impacts on vulnerable people. While the research underlines how housing can be a difficult area for social workers to tackle because of the structural nature of accommodation problems, it also offers some practical suggestions.

Related resources

Related resources by RiPfA

Promoting wellbeing in adult services: Key issue
Providing good information and advice: Practice tool
Supporting adults with multiple needs and exclusions: Literature review
Supporting adults with multiple needs and exclusions: Webinar recording
Working with people who self-neglect: Practice tool
Working with people who hoard: Frontline briefing
Working with people who hoard: Webinar recording
What are information, advice and advocacy? Customer guide
Supporting successful integration: improving outcomes in social care and health. Frontline briefing
Enabling social care to thrive in an integrated environment: Leaders' Briefing
Good Assessment: Practitioners Handbook
Supporting good assessment: Practice tool
Getting the most out of supervision: Practice tool

Research articles and summaries

Housing and wellbeing: A rapid scoping review of reviews on the evidence in housing and its relationship to wellbeing (2017)

Peasgood T, Preston L, Cantrell A, Paisley S and Brazier J, What Works Centre for Wellbeing (open access at https://whatworkswellbeing.org/housing/)

Introduction: This 90-page review presents a range of information on the impact of housing on both individual and community wellbeing. This RPU summary focuses on two chapters: *Housing and neighbourhood*, and *Housing and vulnerable groups*.

Key words: communities; homelessness; housing; social capital; wellbeing

What we already know: Measuring wellbeing has a number of different subjective and objective components to it. There are nine dimensions identified in the *Care Act 2014*, one of which is 'suitability of accommodation', although housing can impact indirectly in many other domains (personal dignity; domestic, family and personal; physical and mental health and emotional wellbeing, for example). An individual's wellbeing is personal to them and covers all aspects of their lives. Wellbeing can also relate to a community, and housing issues affect this too. Community wellbeing considers how well a locality is functioning, and how safe and pleasant it feels to live in that area; it can also relate to the feelings of a community's rootedness, trust, and belonging.

Research into interventions to improve housing situations both for individuals and communities will often, indirectly or directly, seek to measure the impact housing has on wellbeing. This project seeks to pull together, and make explicit, the existing evidence on this.

Method: This is a 'review of reviews'; a broad overview of the published evidence on the links between housing, housing interventions, and both individual and community wellbeing. Reviews were subject to a bespoke quality assessment tool, and fifty studies were included.

Findings:

Housing and neighbourhood

Overall, the authors found the evidence around housing, neighbourhood and wellbeing to be limited. It was typically short-term, and lacked control for other factors.

However, research into tenant involvement in empowering housing management initiatives – such as tenant associations, and community ownership of social housing – found a positive impact. Practical housing issues (completion of repairs, caretaking, etc) improved, as did perceptions of crime and neighbourhood safety. The evidence for enhancing community wellbeing, however, was far weaker. It was impossible to definitively link any increase in community wellbeing to these projects.

Urban regeneration initiatives, which tend to be more 'top-down' and seek to revitalise an area through investment and renovation, offer very mixed results for health and wellbeing improvements. In good news, the research suggests a positive association between regeneration initiatives and mental health (although the highest-quality studies did not find this link). Elsewhere, while there was a self-reported deterioration in physical health, there was an improvement in mortality. In terms of economic wellbeing, some studies found increased rents following urban regeneration, others found reduced financial strain (although the reasons for this are not mentioned).

Housing and vulnerable groups

The reviews here looked at housing interventions related to homeless people, people with mental health problems, people with HIV, LGBT populations, and older people, termed 'vulnerable people' in this paper.

In terms of health for vulnerable people, the evidence suggests that housing stability reduced hospital use (and this is particularly marked for formerly homeless people and people living with HIV/AIDS). The evidence gets trickier to sift when there are substance use and mental health issues, and outcomes are more likely to be mixed. Among these groups, research found it hard to pinpoint which housing-related factors were protective for health, and which were damaging.

However, there was some more convincing evidence related to housing for people who were undergoing treatment for mental health problems. The most favourable health outcomes in this

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group were found in those with permanent housing, and where there was support attached to this housing. Strong evidence related to community supported housing was also found in the case of people with intellectual disabilities. Generally, it had a positive impact on empowerment, meeting client goals of staying healthy, having a better quality of life, and having enhanced living skills and social networks.

Limitations: The search criteria was broad, sometimes meaning the findings lack specificity. Research from outside of the UK forms a significant part of the knowledge in this review. However, when quality of evidence is poor, the authors always note it.

Challenges and opportunities for social care: A problem in many of the studies in this review is causality. When there are multiple factors that impact on wellbeing in housing, how can social care identify an intervention, or even a combination of interventions, that will help?

The word that did seem to help, and that kept coming up in the studies, was 'empowerment'. When people felt empowered in terms of housing − though joining a tenant association for example, or having their views heard in the design of a supported housing service − their wellbeing, their community engagement, and sometimes their health outcomes, improved. Furthermore, when interventions to improve housing meet the expressed needs of their client group − rather than being solely organisation-driven, however well intentioned − they are even more likely to enhance wellbeing. Considering ways to get a person's voice heard in their housing situation, offering support, or signposting to specialist services, can all have a positive impact.

Conclusion: Although this was a wide-ranging review, its conclusion is that housing is not a blanket intervention. So much of its impact on health and wellbeing depends on individual circumstance and it is in the skill of specific services and practitioners to figure out the nature of this impact, and then how people can be empowered to maximise control over their housing situation.

Security of tenure in social housing in England (2014)

Robinson D and Walshaw A *Social Policy and Society*, 13, 1, 1-12

Introduction: The *Localism Act 2011* brought a major change to social housing, as it ended the right of new social housing tenants to a lifetime tenancy. This policy was politically justified as a way to free up social housing for people in need, ensuring that those who were homeless or otherwise vulnerable could access scarce social housing stock.

Key words: Localism Act 2011; renting; social housing; welfare benefits

What we already know: Criticism of secure social housing tenancies grew during the 2000s. Some right-leaning thinktanks argued that social housing should be a 'launchpad' and not a 'destination'; that it should be a mechanism for people to *turn around* their lives rather than *build* lives while remaining in social housing. This approach also argued that social

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housing concentrated some of the poorest people in society, creating ghettos and entrenching poverty through lack of positive role models. The data bears out the higher levels of many types of disadvantage in the social housing sector compared to other housing situations. The answer, for these commentators, was to end security of tenure, thus making sure social housing was a more flexible resource aimed solely at the most vulnerable.

Homelessness and housing charities have argued that such a policy risks further stigmatising people in social housing; that it amounts to social cleansing (particularly in London, where social rents are often the only way for low-income households to live in the capital); that children may be uprooted from schools and adults from jobs; and that it actually hampers social mobility and personal responsibility by withdrawing one of the few stable aspects of people's lives while providing perverse incentives for people to remain 'vulnerable' to maintain their tenancy.

The overarching aim of the *Localism Act* was to reduce the role of central government in matters of local importance, and let local communities lead on local priorities. In this spirit, not all councils took up the new powers to end secure social housing tenancies. In 2015 (after this research paper was written), the government went further. It forced fixed tenancies of between two and ten years on new social housing tenants through the *Housing and Planning Act 2016*.

Method: The authors interviewed 140 social tenants in England in concentrated areas of social housing in Derby, Islington, Peterborough, and Sheffield. While the original aim of the project was about work situations and social housing, the stability of tenure associated with social housing ended up forming the focus of the research paper.

Findings: Across the entire sample and regardless of any variable: age, employment status, gender, ethnicity, or family situation, social housing tenants' stated security of tenure was a great benefit of social housing, comparing it to the insecurity of the private rented sector.

The interviewees frequently related this to their own wellbeing (and that of their children), fostering a sense of control and stability. Supportive local social networks were also mentioned positively (notably in contrast to the policy rhetoric of 'ghettos' and few positive role models). People with other challenges – disability, ill health, caring responsibilities, re-entering work or education – stated that security of tenure helped them focus on and potentially overcome their own issues; this was particularly so among people whose lives had been marked by previous turbulence. The more sympathetic attitude by social landlords to worklessness or financial problems was also important to tenants.

Limitations: The project was not originally focused on security of tenure. Thus, the interview questions were not designed to pull out these themes; instead, they emerged more organically. Perhaps linked to this, and more significantly, the authors fail to quantify the numbers of people who gave particular responses in their findings. For example, they do not ascribe percentages to the people for whom security of tenure is the top priority in a housing situation. Further quantitative research could usefully be carried out to test these emerging findings.

Challenges and opportunities for social care: This is a piece of research that carries little positivity for social care. It finds the wellbeing of social housing tenants is strongly linked to security of tenure. Residential mobility is also linked to adverse health outcomes and – for children – lower educational attainments. Thus, the research suggests people in social housing may be strongly negatively affected by mandatory fixed-term tenancies; that the insecurities that occur in the private rented sector are migrating into social housing. Tenants may increasingly need support and advice around these issues.

In addition, people who use social care and are social housing tenants are at risk of losing their 'social capital', or their community wellbeing. These are resources that might help prevent needs developing or worsening, or support positive risk-taking, or prevent or remedy adult safeguarding situations. People may be uprooted, or their communities become more transient. This may then be linked to loneliness and isolation. This has a direct impact on social care assessments and the resources available to meet a person's needs.

Conclusion: In the view of this research paper, there are no positives for tenants in the policy to end lifetime social housing tenancies, suggesting that it risks undermining social and economic wellbeing at both individual and community level.

Roma communities and Brexit: Integrating and empowering Roma in the UK (2016)

Morris M, Institute for Public Policy Research (open access at http://www.ippr.org/publications/roma-communities-and-brexit)

Introduction: The Roma population in the UK has grown in the past ten years following the EU's 2004 and 2007 expansions. After the Brexit vote of June 2016, Roma migrants in the UK are experiencing uncertainty over their rights to remain, social vulnerability from the surge in reported hate crime, and the withdrawal of EU funding to support Roma integration in the UK. In this paper, the author looks at the entirety of Roma disadvantage; this summary will focus on the role of housing in their current situation.

Key words: Brexit; EU; homelessness; housing; migration; Roma; Gypsies and Travellers

What we already know: 'Roma' is a broad term, encompassing groups including Roma, Sinti, Kale, Travellers and Gypsies. Roma migrants – as distinct from the indigenous Gypsy and Traveller communities in the UK – originate from a range of Central and Eastern European countries, and speak a range of Romani dialects. It is estimated that between 80,000 and 300,000 Roma migrants live in the UK.

Roma communities face multiple structural vulnerabilities. These include above-average work levels in unregulated jobs, with low wages and poor working conditions; high school exclusion rates for Roma children; specialist services for minority ethnic and Traveller groups cut due to austerity; high levels of mobility; barriers to healthcare; poor literacy and English language skills; and low-level community tensions between Roma and non-Roma people.

Housing conditions for Roma groups can be particularly poor, as a 2013 study by Brown *et al* at the University of Salford highlighted. These can include overcrowding, unsanitary conditions, and exploitation by private sector landlords. Recent UK government reforms have restricted access to benefits for EU migrant jobseekers, and a particular clause – that work by EU migrants must be 'genuine and effective' – has impacted on some Roma workers' ability to receive housing benefit.

Method: Twenty-five interviews were conducted with local authorities, service providers, and community groups working with Roma (including members of the Roma community themselves). These were conducted in three areas: Redbridge in London, Govanhill in Glasgow, and Normanton and Arboretum in Derby.

Findings: Housing for Roma migrants is, generally, cramped and of very poor quality. The authors highlight several reasons for this:

- poverty
- precarious employment
- a history of poor housing in their country of origin
- large family units
- reliance on the private rented sector and high 'turnover' of Roma migrants, often driven by eviction.

Overcrowding and poor housing can lead to Roma spending a lot of time congregating in groups outdoors, which others can perceive as intimidating, and which can ratchet up community tensions. Frequent moving can impact on health outcomes.
Co-ordinating provision for Roma groups, including tackling housing insecurity, is a strong approach and worked well in all three areas examined. In Derby, the local authority created a 'complex cases' group for Roma in 2011. This brought together virtually every major service from health to housing and police, in order to better understand the needs of Roma families. However, even with this approach, services *still* only tended to get involved with Roma at crisis point.

Part of the failure of services, the authors suggest, is that Roma are perceived of as a 'hard-to-reach' group. Interviewees in this study from a local authority or service provider perspective cited examples of specialist provision that petered out because, despite efforts, Roma communities did not use them.

Limitations: This is a case study approach of only three areas, each with very different local housing markets. These areas, despite their difficulties, are noted as above-average in effectively supporting Roma communities, and may not be representative of other areas in the UK.

Challenges and opportunities for social care: In the wake of the Brexit vote, this paper offers evidence of strong – if still largely unproven – particular challenges for migrant communities and housing. If the right to remain is lost for EU citizens, marginalised groups in poverty (of which Roma are certainly one) are at high risk of homelessness and discrimination.

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The report recommends that local authorities should urgently prepare strategies for this possibility. Gathering data, supporting community cohesion, and providing specialist housing support for Roma groups at this stage can help prevent homelessness. The research also highlights realistic strategies for social workers that currently work with Roma people. The most important is increasing cultural understanding of Roma groups. Factsheets on Roma communities should be available to frontline staff.

Mainstream services can struggle to reach Roma communities. Consider holding a discussion on your service's knowledge and experience of working with the local Roma community. Inviting a Roma visitor to meet your team, and offering to visit a migrant forum or Roma support group in return, can also help improve understanding and communication, and can encourage people to seek help before a crisis homelessness point is reached.

Conclusion: Housing for Roma is already insecure and of poor quality. Britain's exit from the EU is likely to make this worse. Since, presently, Roma generally often only come to the attention of services at crisis point, taking a proactive approach to meeting the needs of Roma people now could help prevent costly crisis intervention services, notably dealing with Roma homelessness, should the potentially negative impacts of Brexit on Roma communities be realised.

Reference: Brown P, Scullion L and Martin P (2013) *Migrant Roma in the United Kingdom: Population size and the experience of local authorities and partners.* The University of Salford.

Welfare reform, disabled people and fuel poverty

Snell C, Bevan M and Thomson H, *Journal of Poverty and Social Justice,* 23, 3, 229-44
Introduction: Fuel poverty exists as a combination of low income, energy inefficiency, and the cost of energy to the consumer. Therefore, it is not only rising bills that cause fuel poverty; it is how they interact with cuts elsewhere, such as to individual or family benefits, or to local government schemes that promote warm houses through, for example, subsidised loft insulation.

Key words: disability, energy efficiency, housing, fuel poverty, welfare benefits

What we already know: Disabled people are more likely to live in poverty than non-disabled people. Employment and savings levels are lower and, often, living costs are higher. Welfare benefit changes since 2010 have disproportionately affected disabled people. In 2008, the Department for Work and Pensions found that one in three households where a disabled person was resident had 'non-decent' housing conditions; these households are also more likely to be in rented accommodation. Poor housing conditions are linked with energy inefficiency, particularly in the private rented sector.

Prior to 2013, fuel poverty was defined as 'the ten per cent measure': if a household needed to spend more than ten per cent of its income to meet a satisfactory heating regime. Since then, fuel poverty is defined in the UK by the 'Low Income High Cost' (LIHC) measure. People are 'fuel

poor' if they have required fuel costs above the median level, and were they to meet them, their income would fall below the official poverty line.

Most research on fuel poverty looks at older people. The evidence base on disability and fuel poverty is very limited.

Method: This paper is a statistical analysis of the 2010-11 English Housing Survey to assess fuel poverty among households where at least one disabled person is resident. The authors used both the 'ten per cent measure' and the LIHC measure of fuel poverty. Although official measures of fuel poverty include Disability Living Allowance (DLA) and Attendance Allowance (AA) as part of household income, this study measured fuel poverty by both including and excluding them.

The authors also undertook semi-structured, qualitative interviews with 18 households (14 of which were households with disabled people of working age, four with disabled children). Sixteen additional interviews were undertaken with a range of agencies that deal with fuel poverty and vulnerable households (energy companies, local authorities, voluntary sector groups).

Findings: According to the government definition of fuel poverty (LIHC; DLA and AA included as household income), 13.2 per cent of households with a disabled person are in fuel poverty. The rate rises to 20.4 per cent when using the 'ten per cent measure'. When DLA and AA are excluded from income, the figures rise to 14.4 per cent under the LIHC measure and 22.4 per cent with the 'ten per cent measure'. For those in the private rented sector, fuel poverty is more common; 23.5 per cent on 'ten per cent measure' and 29.5 per cent on LIHC (including DLA/AA) and 25.4 per cent on 'ten per cent measure' and 31.6 per cent on LIHC (excluding DLA/AA).

The interviews revealed that households where at least one person worked (the disabled person or another member) were able to manage their energy costs. For those reliant on benefits, managing fuel costs had become increasingly problematic. Strategies such as cutting back on food, wearing extra clothing, and selling possessions were more common in this group. The interviews also revealed energy costs specific to a disability; for instance, someone with muscular dystrophy needed regular heat to prevent muscle stiffening, and the need to wash clothes and bedding frequently due to incontinence.

For those in the private rented sector, few households felt empowered to ask the landlord for improvements to energy efficiency, fearing eviction or rent rises, despite the supposed protection of the *Energy Act 2011* (which gives tenants the right to request energy efficiency improvements).

Limitations: The sample size for the interviews is small; their experiences are hard to generalise (particularly since people with a wide variety of disabilities are included), and the main use of this material is in adding colour to the statistical analysis.

Challenges and opportunities for social care: Fuel poverty, often hidden, can have a direct impact on the health and wellbeing of people with disabilities. However, this varies

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substantially between people with different disabilities. Being cold might not be the only result of fuel poverty. To effectively address this impact, it's necessary to find out the specific impact of energy rationing on a disabled person's situation (this could include heating, air conditioning, washing machine use, electrical aids), and then seek to mitigate it wherever possible.

Increasing someone's income is difficult (although a social worker should always make sure that people are claiming all the benefits they are entitled to). However, a tenant can at least challenge energy inefficiency via the *Energy Act 2011*. Ensuring people are aware of their rights under this legislation, and offering to support them if they make a request for improved energy efficiency to their landlord, can empower people – building on the messages of the wide-ranging review of housing and wellbeing – as well as making practical improvements to their home.

Conclusion: Fuel poverty is a particular risk for disabled people who rely on welfare benefits, and especially for tenants in the private sector. Furthermore, its effects can be hidden from professionals and family, increasing isolation.

News and parliamentary business

House of Commons Communities and Local Government Committee: Adult social care – ninth report of session 2016–17

Keywords: social care funding; quality; Better Care Fund; integration

This report from the House of Commons Communities and Local Government Committee paints a stark picture of the current challenges facing social care and health. Key facts indicate significant issues such as:

- Only one in twelve Directors of Social Services is fully confident they can deliver on the statutory duties under the *Care Act 2014*.
- Twenty-eight per cent of care services are rated as inadequate or requiring improvement.
- Almost 50 per cent of care workers leave their role within a year of starting.
- Ninety-six per cent of people paying for their own care pay on average 43 per cent more than state funded residents in the same home for the same room and the same level of care.
- A fifth of unpaid carers who care for 50 hours or more per week have no support from their local authority.

After reviewing the evidence presented, the committee is clear that inadequate funding and the constraints imposed are responsible for the above issues, describing the impact as having had 'very serious consequences'. This has led, for example, to fewer people receiving care and support, higher numbers of delayed discharge, and increasing reliance on unpaid carers.

Along with the issues identified above, the report looks at the impact of funding constraints on quality of care, relationships between local authorities and care providers and development of the care market generally. Again, significant issues are highlighted and there are recommendations relating to improving the commissioning processes and better monitoring of the quality and sufficiency of care provision. The social care workforce is also scrutinised with high turnover and low pay being the main points of discussion.

Integration is also featured, and the report suggests that closer working between health and social care does have the potential to deliver improvements and meet the rising demand. There is acknowledgement though that achieving this will take time and the government is urged to 'be more realistic in its expectations for integration' and to put in place a system to align the health and social care workforces.

Reading this report in conjunction with the committee's earlier paper Adult social care: a pre-budget report, the case is made for £1.5 billion additional funding to meet the shortfall in 2017-18 with more required in subsequent years over and above that already promised. They conclude that in the short-term, addressing the funding gap should be the most urgent priority but that there is a need for a long-term solution must be developed, and that this must have cross party involvement and the support of the public.

Further info

Law Commission: Mental Capacity (Amendment) Bill 2017 – Draft

Keywords: mental capacity; deprivation of liberty; DoLS; mental health

The Law Commission has issued a draft Bill which outlines a scheme to replace the Deprivation of Liberty Safeguards (DoLS) with a new legal framework to be called the Liberty Protection Safeguards (LPS). In summary, the draft Bill proposes:

- Changes to the wider *Mental Capacity Act (MCA) 2005* designed to:

  o Strengthen the role of the person's wishes and feelings in making decisions in their best interests. The shift would be from the rather passive duty to consider the person's wishes and feelings where reasonably ascertainable to an active duty to ascertain the person's wishes, feelings and values. This would mean that decision-makers will not be able to ignore the person's wishes.
  o Emphasise the need for decision-makers to consider and record their thinking, to ensure that they have provided evidence of their compliance with MCA. Under the LPS, professionals risk losing protection from liability for acts connected with certain key decisions unless they have prepared a written record (or have reviewed a written record produced by someone else, and believe it to be accurate).
  o Give regulation making powers to government to enable supported decision-making schemes to be established, to support people making decisions about their personal

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welfare or property and affairs (or both).

- A legal framework to replace the current Deprivation of Liberty Safeguards (DoLS). This would be called the Liberty Protection Safeguards (LPS) and includes detail as to the:
  - essential roles and functions of the framework
  - proposals in relation to arrangements for obtaining an authorisation
  - safeguards for the person's Article 5 rights.

In response to the Law Commission's thoughtful report and draft Bill, practitioners should ensure that the MCA is at the heart of all decision-making when a person may lack mental capacity.

To support implementation of the changes, a new code of practice is proposed. This would cover both the Liberty Protection Safeguards and the wider MCA. The Law Commission explicitly envisages that a large amount of practice detail will be contained in the new code, and indeed, even at this stage, its report offers quite detailed guidance to the as yet unknown writers of the code about the need to encourage a human rights-based interpretation of the law. Hence, the code will be an essential adjunct to the law when it comes into force, and ideally should be prepared sufficiently in advance that it can be used for training and policy revision.

Further info

See also our Case Law and Legal Summaries special issue (March 2017)

House of Commons Health Select Committee: Suicide prevention 6th report of session

Keywords: suicide; self-harm; safeguarding; public health; prevention
This update of the report produced in December 2016 incorporated views and evidence from a range of stakeholders. Whilst acknowledging the current focus on suicide prevention and mental health, and that over 95 per cent of local authorities now have a suicide prevention strategy in place, a number of concerns are raised. These include that:

- There is no clear national or local quality assurance process in place and so the quality of local authority suicide prevention plans is unknown.
- There is insufficient funding available to enable the action outlined in the national strategy to be realised.
- There is a need for improved training for clinicians and students to enable them to recognise and assess suicide risk.
- The Government has not adopted the recommendation that all patients who are discharged from inpatient care should receive follow up within three days.

The key new recommendations are for the establishment of resource for crisis resolution home treatment teams along with liaison psychiatry services in all acute hospitals.

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More positively, there is recognition of ongoing work to address the stigma attached to mental health and for the contribution of those working in non-clinical settings, and the voluntary sector, in reaching people at risk.

Further info

House of Commons Library: Health and Social Care Integration - Briefing Paper Number 7902

Keywords: health; social care; integration; transformation

What is integration? Why is it important? What are the main challenges to achieving it? These are some of the questions debated in this House of Commons briefing. The answers? Integration is a model of delivering care and support via coordinated interactions from health and social care. It has been argued that it is the solution to reduce 'problems caused by the ineffective interaction of health and social care, such as unnecessary hospital admissions and delayed discharges'.

The evidence suggests that significant challenges are being faced. Several of the challenges centre around financial matters, for example, varying funding streams and models and the cost of integrating services. Others relate to the challenge of bringing together workforces from differing professional backgrounds, working to different models with different organisational values and cultures.

Attempts to address these challenges, including the introduction of Health and Wellbeing Boards and the Better Care Fund, are relatively recent and so there is limited detailed evaluation of how these are working. However, it appears that in the case of the Better Care Fund there is no evidence that it has achieved the aims of reducing the number of emergency hospital admissions and delayed discharges.

Further info

Home Office: Forced Marriage

Keywords: forced marriage; abuse; safeguarding adults; safeguarding children;

A forced marriage occurs where one or both parties do not (or in cases of people who lack capacity to make the decision, cannot) consent to the marriage, and pressure or abuse is used. Pressure or abuse applied can be physical, emotional or psychological and can also involve financial abuse. Being found guilty of forcing someone to marry can result in a prison sentence of up to seven years.

This web based resource from the Home Office is aimed at professionals who are advising, supporting or protecting victims of forced marriage. It covers the legislative context, provides details of the Forced Marriage Unit and presents useful information and statistics alongside multi-agency guidance and guidance for specific professionals such as registrars. In addition, there is an e-learning package which professionals can register for.

Further info

See also RiPfA and Women's Aid's open access resource aimed at developing skills and knowledge around coercive control.

Ministry of Justice (MoJ): Prison and courts bill to improve access to justice and protect the vulnerable

Keywords: accessibility; equality; justice; court attendance; virtual hearings

part of a range of measures included in the Prisons and Court Bill the MoJ has announced plans to make greater use of video and telephone conferencing in the hearing of cases. This will mean victims will be able to participate via virtual hearings and so avoid having to meet the alleged perpetrator of a crime face-to-face. The scheme will also remove some of the accessibility barriers faced by those with care needs.

It will be possible for cases to be heard securely online, through video and telephone conferencing, thus reducing the amount of administrative hearings taking place a courtroom setting and reducing travel. Video booths will be installed in courts across England and Wales to allow members of the media and public to observe virtual hearings from court buildings anywhere in the country – making the justice system much more accessible, open and transparent.

Further info

Consultations

National Institute for Health and Care Excellence (NICE): Draft guideline – intermediate care including reablement [Closing date 26 May 2017]

Keywords: intermediate care; reablement; enablement; social care; rehabilitation; guidance

NICE have opened a consultation on a draft guideline focusing on intermediate care. The guideline is likely to covers referral and assessment for, and delivery of intermediate care

models including:

- bed-based intermediate care
- home-based intermediate care
- crisis response
- reablement.

It is proposed that the guideline covers how to

- support people at risk of hospital admission or who have been in hospital,
- help them recover and regain independence.
- ensure people transfer from hospital to the community in a timely way
- prevent unnecessary admissions to hospitals and residential care
- support people who are having increasing difficulty with daily life, and where specific support and rehabilitation is likely to improve their ability to live independently or avoid a hospital admission.

You can view the draft guidance document here. To respond to the consultation, follow the link below. **Responses are requested by 26 May 2017.**

Further info

Reports and reviews

IPC Oxford Brookes: Six steps to managing demand in adult social care - a performance management approach executive summary

Keywords: demand management; adult social care; outcomes; performance management

Increase in demand for adult social care is currently a key consideration for local authorities, especially given the financial constraints which continue to be placed upon them. Findings from an earlier project, looking at predicting and managing demand for social care, maintained that systematic measuring would enable local authorities to establish the extent to which:

- outcomes are delivered at individual and service level; and
- the local authorities' strategic objectives are met.

The authors suggested that what was preventing this from happening was a lack of clear strategy around demand management and lack of analysis of data required to understand the impact of that strategy. In this order to facilitate this, this new report from IPC Brookes identifies six steps which are said to be critical. These are:

1. Managing demand 'at the front door' of the local authority.
2. Managing demand from acute hospitals

3. Effective short-term interventions for people in the community
4. Designing the care system for people with long term needs
5. Developing a workforce to manage demand
6. Governance and management arrangements to sustain improvements

The report argues that each of these key areas of demand must be managed effectively and need effective systems and staff in place within them – and that there must be clear understanding of what good would look like if demand is managed well at each step. The aim of these steps is to manage demand as early as possible via the most appropriate support or intervention for the individual to maximising independence. Each area is looked at in detail. The report offers advice and guidance on performance management culture and developing appropriate monitoring and evaluation models to ensure continuous improvement.

Further info

Local Government Association (LGA): Health and wellbeing in rural areas

Keywords: health; wellbeing; outcomes; rurality; rural communities; deprivation

This report by the LGA highlights potential concerns around how much is known about the health and wellbeing of people living in rural areas. Assumptions are sometimes made that rural areas are more affluent generally and people experience better health and wellbeing and lower deprivation. However, the report argues that the reality can be masked within statistics unless these are scrutinised at a sufficiently granular level – and that in rural areas different determinants of health and wellbeing come into play. The LGA would like to encourage more accurate understanding of rural deprivation and ill health and want local authorities to share examples of how they have done this.

Discussion centres around the fact that rural communities generally have a high proportion of older people. This is turn means that, whilst the overall health and life expectancy in rural areas is better than in urban areas, there is a higher prevalence of conditions such as cancer, stroke and coronary heart disease. Other factors which impact in rural areas include:

- higher cost of delivering health and social care service
- lack of availability of providers
- access to services (in particular related to traveling and transport)
- lack of assets in the community which can be accessed as local resources or support
- greater social isolation
- social and digital exclusion
- fuel poverty.

The role of local government, including district, town and parish councils, in relation to these factors is explored via the provision of numerous case studies which describe initiatives that have been implemented across England.

research
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Update

Further info

Social Care Institute for Excellence (SCIE): Total transformation of care and support

Keywords: transformation; health; social care; efficiency; savings; integration

This updated paper (published in March 2017) focuses on the potential for transformation of care and support, and in particular, how integration of health and social care can deliver improved outcomes and greater cost-effectiveness. One of the key messages stresses how adaptive the social care sector has been to date in seeking to move away from a care managed approach to greater personalisation and strengths/asset based approaches. It suggests that what is needed to further transform health and social care is:

- Realignment of services and support around people and communities - involving people who use services and the wider population in developing new and creative approaches
- Scaling up of 'promising practices' which have been shown to deliver on outcomes and reducing costs − although further research is required to ensure the business cases for these are robust

The report asserts that there are five areas in which transformation must happen:

1. Helping people/families stay well, resilient and connected to others when facing health or care needs. Identifying and connecting them to the strengths and assets within their reach.
2. Supporting people/families who need help to carry on living well at home.
3. Enabling people with support needs to do enjoyable and meaningful things during the day, or look for work.
4. Developing new models of care for adults and older people who need support and a home in their community.
5. Equipping people to regain independence following hospital or other forms of health care.

Promising models of care are identified for each of the five areas including for example, local area coordinator or community connector roles, reablement, employment enterprises, Shared Lives, extra care housing and hospital discharge projects. Cost-benefit evidence from these models are applied to data from Birmingham City Council (BCC) to provide an illustration of potential savings should these be scaled up. The figures arrived at suggest that BCC could realise savings in the region of £7.5million within Adult Social Care and that a further £1.7million could be realised within the NHS. The conclusion is that there is indeed potential for improvements and significant savings to be made should local authorities achieve effective transformation.

N.B. The LGA recommend using Nesta's Theory of Change approach to identify the possible cost-benefits of the inputs, activities, assumptions and intended short- and longer-term outcomes and impacts of different models.

Further info

Housing LIN and Winckworth Sherwood: The Other End of the Housing Market: Housing for Older People

Keywords: housing; older people; supported housing; extra care; later life

Around 40 per cent of all house moves involve people aged 65 or over and this figure is set to rise as more people live longer. However, there is 'a paucity of the response in terms of delivery of age-friendly housing' according to this report by Winckworth Sherwood. Over 80 per cent of Housing LIN members surveyed believed that there is not enough government emphasis on the housing needs of older people. Issues discussed include:

- the need to downsize
- the need to move to a home close to family or other forms of support
- providing homes which are suitable as health or care needs develop.

There is a call for housing providers and the government to take these into account and develop a 'truly inclusive housing market'.

Further info

Housing LIN and HB Villages: Specialised Supported Housing & Extra Care: A Briefing Paper 2017

Keywords: housing; extra care housing; supported living; supported housing; commissioning

The purpose of this paper is to explore the efficacy of specialised supported housing, looking at its potential to provide:
- A more effective / better value alternative to residential care, even for those with more complex needs.
- A way of reducing expenditure on more expensive services at the same time as maximising the independence and wellbeing of people who need support.
- A mechanism to deliver transformational change in the face of significant operational and financial demands.

The content is focused on development of supported housing for people with a learning disability and development of extra care housing for older people. The report uses both existing evidence and data gathered via semi-structured interviews with local authority representatives.

The findings suggest that appropriately commissioned specialised supported housing succeeds in ensuring that 'individuals are at the heart of services and support that are designed to maximise their independence and quality of life'. The authors add that even where care needs are very complex there is potential for it to provide a 'home for life'. The specialised supported housing described is comprised of three key factors:

1. high quality bespoke housing
2. personalised adaptive technology
3. person-centred support.

These combined are said to create a cost-effective model which provides a direct alternative to residential care and can reduce dependence on paid support.
Key messages from the research, below, suggest that there are savings to be made from specialised supported housing:

- Councils spend £2.2 billion on residential care placements for adults with learning disabilities and £1.1 billion on supported living.
- Since 2010/11 the average cost of residential care for people with learning disabilities has remained constant at approximately £1300 per week.
- The cost of supporting older people in extra care housing can be half the gross cost of residential care placements.
- Extra care housing prevents the need for residential care for older people in 40 per cent to 63 per cent of cases.
- Implementation of adaptive technologies can result in savings of £3 million to £7.8 million (7 per cent to 20 per cent of budget) in a typical council.

Further info

Chartered Institute of Housing (CIH) Scotland: Dementia pathways: Housing's Role. Key research findings

Keywords: housing; dementia; older people; environment

Research commissioned by CIH Scotland and carried out by Arneil Johnston in partnership with the University of Stirling looks at the provision of housing services for people with dementia. The study aimed to identifying best practice examples that raise awareness of the issues dementia can pose and also to inform public policy and practice. Several important learning points emerge including:

- a need for better awareness of the growing impact of dementia as an issue for society, community and public service
- a need for training for frontline housing professionals on dementia as a condition, related behaviours and good practice models

- whilst housing's contribution to the national (Scottish) strategy for dementia is acknowledged, its role in enabling independence could be more widely recognised and promoted
- best practice that should inform housing policy and practice in relation to meeting the needs of people affected by dementia include:
  - o Promoting practice which encourages people affected by dementia to be actively involved in decision-making.
  - o Implementing dementia-friendly design principles when adapting the home environment.
  - o Dementia care models (such as Alzheimer Scotland's 5 and 8 Pillars Models) should integrate housing contribution and interventions into wider health, care and support interventions.
  - o The benefits of integrating technology into the home environment of a person affected by dementia need to be mainstreamed and not focused on specialist housing provision.
  - o The importance of partnership and joint working, including with housing providers, in meeting the needs of people affected by dementia is crucial.

The report highlights the role of housing staff at four key points in a person's dementia journey, starting at the point where changes in behaviour might indicate early signs of dementia. Findings indicate a clear role for housing workers in assessing a person's home to ensure it is suitably adapted and dementia-friendly. A need for a good understanding of the impact of environment and design on the disease and the person's health, wellbeing and independence is also noted.

Further info

Nuffield Trust: Shifting the balance of care: great expectations

Keywords: hospital discharge; community based care; sustainability and transformation plans; STPs

Delivering health care out-of-hospital, in the community or in a person's own home, is a major feature in local Sustainability and Transformation Plans (STPs). There are expectations that it can deliver better quality care, improved health outcomes and financial savings. The Nuffield Trust has undertaken an extensive literature review to evaluate the reality of this and to provide an evidence-informed resource for use in the development of future STPs. The analysis focused on initiatives which aimed to impact on five key aspects of hospital care: elective care, urgent and emergency care, admission avoidance and easier discharge, at risk populations, and self-care.

Findings were mixed. Many initiatives demonstrated the potential to improve outcomes for patients but only some delivered overall cost savings. Others delivered no savings or resulted in increased costs. Those initiatives which were most successful were targeted at specific groups

of people, for example, those at end-of-life or people in nursing homes. Other common success factors were:

- improved access to specialist expertise in the community
- providing active support to patients including continuity of care
- appropriately supported and trained staff
- focusing on a gap in services rather than duplicating existing work.

In terms of lessons to be learned the report argues that often the savings which STPs assume can be achieved are overestimated and the challenges of implementing out-of-hospital initiatives are underestimated.

Overall it appears that whilst there is evidence that out-of-hospital care is better for patients, the reductions in hospital activity to which many STPs aspire (up to 30 per cent reductions in some areas of care) will be very hard to achieve given the trend of rising demand over the long-term.

Further info

For related information see also the King's Fund report Housing and health: STPs, white papers and beyond and the NHS England report Five year forward view for mental health: one year on.

Department of Health: Chief Social Worker for Adults Annual Report 2016-17

Keywords: social work; social care; workforce development; practice development; Chief Social Worker

Lyn Romeo, Chief Social Worker for England (Adults) has released her third annual report entitled 'Being the Bridge' stressing 'social work's unique contribution to making the world a better place'.

Part one of the report looks at the achievements in social care in the past 12 months over several areas including policy and legislation, education and professional development, the social care workforce, the sector generally and research around social care.

Part two concentrates on the views of people with lived experience, the work of the Adult Principal Social Workers network and highlights evolving models of good social work practice.

Part three seeks to identify key priorities for the coming year. These include:

- continuing to promote and recognise the distinctive role and contribution of social work to the care and support system
- development of a rights and strengths-based, reflective model of social work practice
- production a statement of knowledge and skills for supervisors

- building on progress made to recognise the contribution of social work and the social model in improving health and care outcomes and in improving use of resources
- supporting the continuation of government funding for social work education and practice to enhance and develop the profession
- developing a statement of knowledge, skills and capabilities for Principal Social Workers in adult social care and continue with the programme of national leadership and development to consolidate and strengthen the role
- work with the James Lind Alliance to identify priorities for adult social work research to improve the evidence base for social work, inform frontline practice and encourage research capability across the profession.

Further info

Local Government Information Unit (LGIU): Paying for it - the human cost of cut-price care

Keywords: care provision; funding; commissioning; procurement; care market

There is a continuing focus on state of social care services and the impact of the much-reported funding crisis on commissioning and the social care market place. This report by the LGIU, sponsored by Mears Group, concentrates on the current situation in relation to the provision of home care.

Background analysis provides detail of the challenges associated with provision of home care in the current climate. Not surprisingly these centre around the increase in demand for social care, financial constraints, the funding gap and the impact of these on the sector including rising costs for providers linked to legal minimum wage.

Some analysis of how home care is commissioned is included and this highlights the need for a shift towards more outcomes focused commissioning. It also suggests that a lack of trust between commissioners and providers is a barrier to this process.

There is a strong, but not unexpected, warning that the tensions discussed are causing the care market to become increasingly fragile and unstable. Senior managers at Mears have provided a cost of care model, a breakdown of the costs which make up a typical hourly rate for home care provision. This is presented as supporting the argument for a minimum hourly rate which local authorities would be required to pay, which would go some way to:

- mitigating the risk of providers handing back contracts which are unprofitable
- ensuring reasonable profit margin for larger providers
- preventing the collapse of smaller providers.

Whilst the impact of financial constraints, rising demand, wages and approaches to commissioning on the cost of care provision are discussed what comes out strongly from this

report is the 'human cost'. The implications of inadequate care and/or potential failure of the care market will impact on individuals. This is explored in the penultimate section of the report where several case studies are provided to illustrate the impact on people with care needs, their carers, their care workers and others working within the sector.

The recommendations made urge councils to:

- look carefully at the impact of reductions to their hourly rate
- require (and make full use of) open-book accounting arrangements with their providers
- consider how they incentivise outcome-based commissioning.

Furthermore, the report echoes many other commentators in calling for central government to urgently review the mechanism for funding adult social care, plug the funding gap and explore longer term options for the sustainability of to social care.

Further info

Unison and Community Care: A day in the life of social work

Keywords: social work; social work practice; frontline; workforce

This research carried out jointly by Community Care and Unison gathered responses from 2032 professionals working in social care. Responses were gathered both from adults and children's social care. Participants were asked to describe their day on 21 September 2016, to get a snapshot of social care in 2016. A range of job roles were included and responses came from qualified and non-qualified staff, most whom (88 per cent), were employed on a permanent basis. The results can be compared with a similar survey carried out in 2014 to demonstrate change over time.

The headline messages make disturbing, but not surprising reading:

- Caseload continues to be a source of stress. Almost half (48 per cent) of respondents said they felt their caseloads were 'over the limit'.
- Around 56 per cent said their caseload is influenced by staff shortages.
- Reductions in funding appear to have impacted on the profession and on the adults and children being supported. 60 per cent of respondents reported that they felt the cuts had impacted on their ability to make a difference.
- Most respondents (80 per cent) experienced emotional distress on 21 September and 42 per cent had been verbally abused – both increases on the 2014 figures.
- The proportion of respondents who visited clients at home or saw them in institutional settings was up from 2014, at 55 per cent (from 50 per cent) and 42 per cent (from 37 per cent) respectively.
- Just over half (59 per cent) did not have their own desk at work and, of these, 55 per cent felt that hotdesking had a detrimental effect on their work.

- Almost half (47 per cent) finished the day with concerns about their cases; three-quarters (74 per cent) of these said this was because they were unable to get necessary paperwork completed.
- Two-thirds (67 per cent) of respondents had not had a lunch break on 21 September 2016 – a significant increase on the 54 per cent reported in 2014. A similar number (64 per cent) said they "almost never" take a break at work.
- The average number of actual hours worked on the day of the survey, including any time spent working at home, was 9.5. The average number of hours paid work was only 7.5. Around 8.6 per cent of respondents reported working 12 hours or more.

Further info

Initiatives and guidance

Department of Health (DH): Social work: Essential to integration

Keywords: integration; health; social care; transformation

The DH has issued an advice note to support local and regional integration initiatives by emphasising and explaining the crucial role that social care, and social workers in particular, have to play in its success.

Part of the content details the skills, knowledge and values that social workers bring to practice: taking a strengths-based approach, being person centred and having a holistic view of a person's life. It provides a useful overview of the role of social work and the social model in contrast with the medical model – central to this is the role of coordinator of the 'team around the person', promotion of positive risk taking and enablement but also advocating for the person's views and rights.

What seems key in ensuring that integrated approaches work is finding a balance between the medical and social models, with a recommendation that multi-professional teams need to have clear aims and a commitment to shared values and outcomes. Several factors are identified as essential in supporting social work in an integrated setting, maintaining the balance and allowing social care to thrive. These centre on the premise that the social work contribution is made clear and is communicated throughout and across the setting; this guide would be a useful starting point for that communication. Ensuring that conversations within teams include discussion about the aims of social work and the difference that it makes would enhance this understanding.

As well as communication, good leadership, with a social work influence, and reflective supervision are cited as important along with performance monitoring which focuses on personal outcomes as well as quantitative performance.

In terms of learning and development for integrated teams interdisciplinary learning opportunities offer a platform for sharing experience, knowledge and values across professions.

Further info

Skills for Health and Skills for Care: End of life care core skills education and training framework

Keywords: end of life; dying; health; social care; skills; knowledge; CPD

A new framework has been developed to describe the core knowledge and skills relevant to those working with people nearing the end of their life. Whilst developed specifically with adults in mind the knowledge and skills will also be applicable to children. The resource has been designed to train students who will subsequently be employed in the health and social care workforce in a variety of job roles. The framework is split over three tiers which are applicable depending on the level of awareness and skill required in the job role.

Tier 1 – is aimed at those who require general end of life care awareness.

Tier 2 – is aimed at those who require some knowledge of end of life care as they often encounter individuals who need such support within their working environment.

Tier 3 – is aimed at professionals who require in-depth knowledge of how to provide care and support for an individual approaching the end of life because they work in services that primarily offer care and support for such individuals, their families and carers.

There are fourteen subject areas covered in the context of end of life care:

- Person-centred care
- Communication
- Equality, diversity and inclusion
- Community skills development
- Practical and emotional support for the individual approaching the end of life
- Assessment and care planning
- Symptom management
- Working in partnership with health and care professionals and others
- Support for carers
- Maintain own health and wellbeing when caring for someone at the end of life
- Care after death
- Law, ethics and safeguarding
- Leading end of life care services and organisations
- Improving quality in end of life care through policy, evidence and reflective practice.

Further info

Department for Communities and Local Government (DCLG): Flexible homelessness support grant: 2017-18 to 2018-19

Keywords:homelessness; housing; finance; support grant

The DCLG has announced changes to the way that funding for accommodation for homeless people and families is delivered. In a departure from the status quo the new 'flexible homelessness support grant' is designed to give councils greater flexibility around the range of services they support. The current 'temporary accommodation management fee' can only be utilised when a household is already homeless and cannot be used for preventative support. The new grant will give councils the freedom to support a wider range of homelessness services, for example, employing a homelessness prevention or tenancy support officer to work closely with people who are at risk of losing their homes.

DCLG has stated:

'Councils across England will receive £402 million over the next 2 years. No local authority will receive less annual funding under the grant than we estimate they would have received under the Department for Work and Pensions fee. First year allocations will also include an additional amount to authorities with high temporary accommodation commitments.'

Further info

Department for Work and Pensions (DWP): Universal credit - changes to limited capability for work payments

Keywords: Universal Credit; capability for work; Work Capability Assessment

As of 3 April 2017 changes have come into effect in relation to the additional payment made to some Universal Credit claimants who, following a Work Capability Assessment (WCA), are assessed as having limited capability for work.

Claimants with a health condition or disability who makes a claim for Universal Credit, and who are found to have limited capability for work following a WCA, will not get any additional payment of Universal Credit for claims made on or after this date. Some exclusions apply and some claimants will not be affected. For further information on the change to the rules follow the link below.

Further info

Reform: Funding social care – the role of deferred payment agreements

Keywords: deferred payment; deferred payment agreements; DPA; social care funding; finances; Care Act 2014

Under the *Care Act 2014* local authorities have a duty to offer a deferred payment agreement (DPA) of the cost of an individual's social care until a later date where the individual:

- is receiving care in a care home (or is going to move into one soon)
- owns their own home (unless their spouse, partner or other dependents are living there)
- has savings and investments of less than £23,250 (not including the value of their home or their pension pot).

The cost of care, plus interest, is then recouped by the local authority when the individual's home is sold. It has been possible for local authorities to offer DPAs for some time. It was felt that legislating for this would increase take up and allow more people to benefit from such agreements. This paper suggests that only a third of the estimated number of eligible individuals have DPAs in place and seeks to understand whether there is value in changing the current means test to increase the number of individuals who would be eligible.

The analysis makes use of data from the English Longitudinal Study of Ageing (ELSA) to model and compare income and housing wealth across the population, and for those who would be eligible for a DPA in order to explore the factors affecting take up.

The conclusion reached is that it is the 'tighter than expected' eligibility threshold which is restricting the number of individuals able to access their housing wealth to pay for care, currently around 45 per cent of self-funders. Reform advocates for raising the threshold for savings to £100,000 which it estimates would increase the proportion of self-funders eligible to over 60 per cent, extending the benefit of DPAs to a greater number of individuals. As the care costs, plus interest, are recovered at the end of a DPA this change should be cost neutral to local authorities.

Further info