



Funding supported housing for all

Specialised Supported Housing for people with a learning disability





Foreword

People with a learning disability regularly tell me about the barriers they face to living the lives they want. Central to their concerns is whether they will be able to find a home that meets their needs and enables them to live an independent life. At the same time their families worry about how their loved one can be supported to achieve their goal of greater independence, which is a particular concern when family carers are older and want to make sure that housing and care for their loved ones is secure.

We at Mencap want to see a future where people with a learning disability have a real choice about where they live and who with, and where housing options are tailored to meet an individual's needs and aspirations. We believe that this will lay the foundations for greater independence and security- which is something that is really important to people with a learning disability and their families.

However, how much choice and control individuals with a learning disability have over where and whom they live with is greatly dependent on the funding available for supported housing. Without the right funding structures in place, suitable accommodation becomes a rarity, and as a result living independently with support in the community remains a distant dream for many. And for some, not having access to supported accommodation makes the difference between being stuck in a hospital far from home, or being able to live near family and friends.

This is why after three years of uncertainty, following the announcement of a major change in the funding for supported housing, Mencap welcomed the government's recent rethink and the acknowledgement that long-term supported housing is important and must be funded appropriately. However, with further changes still on the horizon and the threat of funding cuts still somewhat present, we feel that it is important to

continue to make the case for supported housing for people with a learning disability, particularly for mechanisms that enable the provision for those with the most complex needs.

Specialised Supported Housing (SSH) is one of those mechanisms which Mencap believes can deliver genuine housing choice. It is a way that living independently in the community can be made available to even those with the most complex needs. And as a result, we believe it must be part of the offer to people with a learning disability and others who need it.

Mencap has therefore commissioned this research from the Housing LIN (Learning and Improvement Network) to better understand the scale, nature and cost of SSH, draw on examples of good practice and to provide robust evidence to inform the debate around funding for supported housing into the future.

What the research shows is that at a time of rising demand, SSH is a cost-effective way of providing homes for people who would otherwise be stuck in inpatient units or living in residential care. And it highlights how important that independence is to people with a learning disability.

We hope that this report will be a valuable contribution to the debate around long-term supported housing, and help ensure that the UK continues on the path of moving away from institutionalisation, realising the right of people with a learning disability under article 19 of the UN Convention on the Rights of Disabled People to live independently in the community.

Jan Tregelles
Chief Executive Officer

Executive summary

This report presents findings from research carried out by Housing LIN into the scope and scale of the Specialised Supported Housing (SSH) sector.

The profile of the Specialised Supported Housing sector

The SSH sector provides accommodation for a range of people, **from people with a learning disability and/or autism with complex needs (the largest group -78%)** to homeless people and people with mental health problems. **The majority of people living in a SSH property have 24/7 on-site care.**

The research estimates there to be between 22,000 and 30,000 SSH units. This is two to three times the size of an earlier estimate of the size of the SSH sector¹. Estimated demand for SSH properties is **anticipated to increase from this baseline in 2017/2018 to 25,500-33,500 units by 2021/22 and to 29,000-37,000 units by 2027/28.**

The most significant concentrations of SSH provisions are in the North West, Yorkshire and Humberside and the East Midlands. **Over three quarters of the SSH stock is provided within shared housing settings**, for example with tenants having a room in a supported housing scheme with shared communal facilities.

More recent SSH developments have tended to be self-contained housing units, often in a building containing a number of self-contained flats with or without some shared communal facilities.

Most registered providers developing or managing SSH have the Housing Benefit claims of their tenants living in SSH accepted by local authorities as falling within the 'exempt accommodation' category within the 'specified accommodation' regulations.

The cost of Specialised Supported Housing accommodation

Rents and service charges in this sector tend to be higher than in some other forms of supported housing. **The research finds that this is due to a**

number of factors, including:

- **the absence of public subsidy in the form of capital grant**
- **the need for some individuals to find housing in a very specific location, e.g. with no neighbours nearby**
- **building in a greater degree of adaptations for some individuals**
- **the need to replace furniture/fittings more frequently.**

There will also often be significant variations in rent and service charge costs. This reflects the differing property acquisition and development costs, as well as the degree of adaptations required, for example, if it is an existing property. It can also be down to the amount of space needed for a support team as well as the varying rates of return required by funders/investors. Exploring these variations in weekly rents and service charges, the report found little evidence that SSH is being used by people for whom it is not intended or that costs covering rents and services cannot be justified.

Despite the higher rents, SSH is found to be a cost-effective way of providing housing to those with the most complex needs. Findings from the report show that on average the combined rent and service charge in SSH is £235.39 per week. Keeping the reasons leading to higher costs outlined above in mind, the average SSH rent seems reasonable compared to the average rent for all non-older person supported housing, which comes in at £180 per week.

When looking at the overall cost for an individual requiring care and housing, the research finds that a person living in **SSH requires state funding of on average £1,569 per person per week** for care and housing costs compared to:

- **£1,760 per week** on average for a residential care placement (where people have moved from residential care into SSH)
- **£3,500 per week** on average for an inpatient place².

1. <http://www.glh.org.uk/wp-content/uploads/2017/02/SSH-exemption.pdf>

2. Mencap is campaigning to ensure the goals of 'Building the Right Support' are realised, which will see 30-50% of in-patient beds closed by March 2019, and community services, including housing options, developed.

Impact on quality of life

Last but not least, this research confirms that living independently with support in the community can have a **positive impact on people's wellbeing**. Living in a SSH provision has led to improvements in people's quality of life such as improvements to their living space and adaptations, greater involvement in the local community, better health and an improved social life. SSH provision offers this option to those with often complex needs who might otherwise have ended up in residential care or have come out of NHS provisions such as 'secure' accommodation.

Recommendations

Based on the findings in this report, **Mencap recommends** the following:

1. **Mencap wants to see a focus on understanding SSH as a means for greater investment into housing for people with complex needs, at a time of rising demand. It should be seen and treated by government as an important accommodation investment model, contributing to solving the housing crisis for vulnerable people.**
2. **Given the evidence of the scale and scope of SSH, the demand for and the role of SSH at local level should form a part of the proposed local authority five year supported housing plans. In order to commission SSH effectively, local authorities will need to fully understand the relative costs of SSH compared to alternative provisions and funding options.**
3. **Mencap wants the government to ensure that funding for long-term supported housing enables the development and continuation of SSH, recognising the fact that SSH is a cost-effective way of providing homes in the community for those with complex needs.**

In this context, Mencap urges the government to guarantee that the transition from Housing Benefit to Universal Credit in the future will support the continued use and development of SSH by ensuring that housing costs will continue to be met in full from the benefit system.

4. **Mencap wants local authority commissioners and Housing Benefit teams to fully understand SSH, including the capital funding models associated with it, to empower them to make most effective use of this model, and to scrutinise it effectively to ensure that value for money is provided at all times.**

It is vital that this expertise is carried over into the Universal Credit system so as to ensure that local commissioning is able to effectively utilise the different housing options available into the future.

5. **In order to accurately assess the future scale of supported housing categorised as SSH, and to ensure appropriate regulatory oversight, consideration should be given to all registered providers, including those with fewer than 1,000 units, identifying their SSH stock as part of the Regulator of Social Housing (RSH)'s Statistical Data Return (SDR). They should be subject to the same regulatory scrutiny as other larger registered providers.**



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1. Introduction

Mencap has commissioned research from the Housing LIN in relation to Specialised Supported Housing (SSH) covering:

- the size and costs of the SSH sector
- the number and characteristics of people needing the kind of housing provision that is currently funded via the SSH route, now and in the future
- why these individuals need this kind of provision.

In addition, the research was intended to better understand:

- the funding risks for SSH and the implications of future government policy for supported housing
- the level of demand for SSH and from whom
- the factors affecting registered providers and investor's interest/willingness to develop SSH
- regulatory and value for money considerations in relation to SSH.

This research is intended to provide an evidence base for recommendations that can influence the government during a period when significant decisions are being made about the system for revenue funding for supported housing from April 2020.

2. What is Specialised Supported Housing?

Definition

The Homes and Communities Agency (HCA), regulates registered providers of social housing in England³. The HCA's definition of supported housing is in the guide to the Affordable Homes Programme (AHP) 2015-18⁴. In this guidance, the HCA distinguishes 'Housing for Older People' (which might include sheltered housing, extra care housing, retirement housing or clusters of bungalows solely let to older people) from other 'Supported Housing' for fifteen broad client groups (not including older people). To be classified under either of these categories, a property must be purpose designed and/or designated for a particular client group.

3. In January 2018- the HCA's non-regulation arm became Homes England. Since then, the HCA's regulation directorate, refers to itself as the Regulator of Social Housing. Until legislation is enacted, Homes England and RSH continue to be constituted as one body - the HCA - but operate with two distinct corporate identities

4. HCA Affordable Homes Programme 2015-18 Housing for Vulnerable and Older People- Supplementary information. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344438/240114_supplementary_information_concerning_housing_provision_for_older_and_vulnerable_people.pdf

The HCA's definition of supported housing is:

- **Purpose designed supported housing:** Buildings that are purpose designed or remodelled to enable residents to adjust to independent living or to enable them to live independently, and which require specific design features.
- **Designated supported housing:** Buildings with some or no special design facilities and features but that are designated for a specific client group with support services in place to enable them to adjust to independent living or to enable them to live independently.

In addition, the HCA's Rent Standard⁵ (guidance for registered providers in relation to rent setting) identifies categories of housing that are exempt from social rent and the Rent Standard. These include a sub-category of supported housing defined in this context as Specialised Supported Housing (SSH). This is different and separate to the definition of supported housing above in that it relates to supported housing that is exempted entirely from social rent requirements. SSH is defined as those properties developed in partnership with local authorities or the health service and which satisfy all the following criteria:

- The scheme offers a high level of support for clients, for whom the only acceptable alternative public or voluntary sector options are care homes.
- No, or negligible, public subsidy has been received, whether in the form of grant or free land.
- The scheme has been commissioned in line with local health, social services or Supporting People strategies and priorities.

A similar but slightly differently worded definition of SSH is contained in The Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016:

SSH means supported housing:

- a. which is designed, structurally altered, refurbished or designated for occupation by, and made available to, residents who require specialised services or support in order to enable them to live, or to adjust to living,

- b. which offers a high level of support, which approximates to the services or support which would be provided in a care home, for residents for whom the only acceptable alternative would be a care home,
- c. which is provided by a private registered provider under an agreement or arrangement with -
 - i. a local authority, or
 - ii. the health service within the meaning of the National Health Service Act 2006(d),
- d. in respect of which the rent charged or to be charged complies with the agreement or arrangement mentioned in paragraph (c), and
- e. in respect of which either -
 - i. there was no public assistance, or
 - ii. if there was public assistance, it was by means of a loan secured by means of a charge or a mortgage against a property.

How is Specialised Supported Housing funded?

There are three principal capital funding sources for the development of SSH:

- Registered providers that are developing SSH as part of their overall approach to developing both general needs and supported housing, funded through their lending facilities from banks. This capital funding option tends to be used by larger registered providers where SSH forms a small part of their overall housing portfolio.
- Registered providers that are managing SSH schemes that may have been developed by other organisations where the capital funding has been provided by private equity and/or institutional investors, such as Real Estate Investment Trusts (REITs). These registered providers tend to vary in size but generally have less than 1000 units in management.
- Registered providers that have used more bespoke approaches to raising capital funding for investment in SSH such as a bond issue or social finance to invest in new build SSH.

In addition, some institutional investors and Real Estate Investment Trusts (REITs) are looking to acquire smaller registered providers with SSH and/or residential care operators to grow their property portfolios.

5. Rent Standard Guidance 2015. Homes & Communities Agency https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419271/Rent_Standard_Guidance_2015.pdf

It is likely that most if not all of those people living in SSH will be eligible for and claim Housing Benefit. In the main, registered providers have tried to ensure that Housing Benefit claims within SSH are accepted by local authorities as falling within the 'exempt accommodation' category within the 'specified accommodation' regulations⁶. This has helped to ensure that the legitimate costs of this type of supported housing can be met in full and tenants are protected from any unintended consequences of welfare reform, such as the benefit cap.

3. Context

The Specialised Supported Housing (SSH) category has facilitated the development of supported housing where there is little or no public subsidy available to create viable housing options for people with a learning disability with high care/complex needs and where the likely alternatives would be a placement in registered care or in-patient settings. In terms of the scale of this sector, a previous estimate was that there were 10,000 units of SSH⁷.

The exemption from setting social rents and the HCA Rent Standard has been necessary in this context in order for registered providers to charge, where necessary, higher rents that ensure these schemes are viable. As SSH schemes are given no or negligible public capital subsidies, but need to meet very specific and bespoke housing needs, due to the nature of people living within them, the costs of developing these homes are generally higher, leading to higher rents.

SSH has created a greater degree of flexibility for registered providers to be innovative in developing housing that meets the needs of people with more bespoke housing requirements. For example, it has been used to house people with complex needs leaving inpatient settings as part of NHS England's Transforming Care Programme (TCP)⁸.

The focus of the TCP is to improve health and care services so that more people can live in the community, with the right support, and close to home. This means that there needs to be an increase in the volume and range of housing alternatives available. SSH has been one part of this mix of housing.

However, there have been some concerns within government that whilst the policy intention in relation to SSH has been to create sufficient flexibility to facilitate development of necessary supported housing for people with high care/complex needs, it may have also incentivised investors to misinterpret SSH as an opportunity to develop housing where there is potentially no upper limit to rents and Housing Benefit payable. Similar concerns have also been raised in relation to the wider 'exempt accommodation' sector, provided by not-for profit providers.

This is therefore a potentially contentious issue between funders, i.e. ultimately government (in relation to Housing Benefit costs), local authorities, NHS commissioners (in relation to care costs), and providers who need a financially viable housing model (including registered providers with more traditional funding streams through mainstream lenders and other, perhaps more recently established small registered providers working with investors incentivised by potentially higher investment returns).

At the same time, there is a group of people with a learning disability and other vulnerable people, typically with complex needs, who need long term sustainable housing.

6. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/555002/a8-2014.pdf

7. <http://www.glh.org.uk/wp-content/uploads/2017/02/SSH-exemption.pdf>

8. <https://www.england.nhs.uk/learning-disabilities/care/>



4. Research Methodology

A mixed research methodology including both primary and secondary quantitative and qualitative methods was used to provide the most robust data possible to address the key research questions as outlined in the introduction.

Quantitative methods

Specialised Supported Housing (SSH) is provided or managed by registered providers which are all regulated by the HCA. The HCA, as part of its Statistical Data Return (SDR) (a survey of registered providers), collects data from large registered providers in relation to stock that falls within the SSH definition. However, the HCA does not require small registered providers (with fewer than 1,000 units)⁹ to provide data in relation to stock that falls within the SSH definition.

The Housing LIN's knowledge of the sector suggests that most registered providers that provide SSH are likely to have less than 1,000 units in total. This means that the HCA SDR will provide data for 'calibration' purposes but is unlikely to provide a comprehensive secondary data source for answering the quantitative research questions asked.

Therefore, the decision was taken to gather quantitative data through a survey with relevant registered providers.

Establishing the sampling frame

In order to be able to gather meaningful data, a workable sampling frame was established. Keeping the above in mind, it was decided that registered providers that were known to be providing SSH as well as those that are potentially providing SSH would be surveyed.

The sampling frame, which was intended to identify the number of registered providers providing/managing SSH, was established by:

- Interrogating of the latest list of registered providers (as at 1 July 2017). There are currently approximately 1750 entries on the list of registered providers (some are multiple entries in relation to registered providers with group structures). This list was manually sifted to remove the registered providers that do not or are highly unlikely to provide SSH, e.g. large-scale registered providers that have a focus on general needs housing provision, local authorities and Arms Length Management Organisations (ALMOs). As part of this process we also used the work

9. <https://nroshplus.regulatorofsocialhousing.org.uk/Documents/Download?path=SDR%20Guidance%202018%20-%20Large%20Guidance.pdf&cssClass=downloadLink>

that has already been done in relation to identifying registered providers that provide SSH e.g. the combined submission of SSH providers to the DCLG/DWP supported housing funding consultation paper.¹⁰

- Analysing the Housing LIN's network of contacts with specialist registered providers, housing developers, local authorities and other stakeholders who helped to identify known and likely providers of SSH.
- Putting out a call to the Housing LIN's network of 40,000+ subscribers across the housing, social care and health sectors for providers of SSH to make themselves known for the purposes of this research.

As a result, the initial sampling frame identified approximately 80 registered providers that either definitely provide/manage SSH or potentially provide/manage SSH. Further enquires with the registered providers in the initial sample reduced the number of registered providers to 60 that were considered to be providing or likely to be providing SSH. This sample was used for the primary data collection through an online survey.

Through surveying the 60 registered providers in the sample frame and undertaking activity to secure responses it became apparent that at least 10 of these registered providers did not provide/manage SSH. This was anticipated in that the sample included both registered providers that were confirmed as providing/managing SSH and others that were potentially providing SSH. Therefore, for the purpose of the survey the sampling frame was 50 registered providers.

Responses received

29 registered providers responded to the survey. This is a response rate of 58% of the 50 registered providers in the sample that either provide SSH or were considered likely to be providing SSH¹¹. The data collected and analysed from the survey has been used to identify the potential scale, scope and cost of SSH. These estimates were calibrated with secondary data sources where these were available. Given that there is no definitive mechanism currently for identifying the number of registered providers that are developing/managing SSH these should be treated as indicative estimates.

Qualitative methods

From the sampling frame, a representative sample of eight to ten registered providers were selected, e.g. in terms of size, number of units of SSH and geographic spread, to undertake qualitative telephone interviews to secure data in relation to:

- the financing of SSH, future risks to funding and understanding the costs of developing and managing SSH
- maintaining and sustaining the SSH sector in the future
- case studies to explain the cost models and drivers in relation to SSH as well as outcomes for people with a learning disability
- the level of demand for SSH and from whom, e.g. trends registered providers are observing in relation to current and future development of this type of housing, and the profile of tenants and their needs
- regulatory and value for money considerations.

Interviews were also conducted with a group of key stakeholders with an interest in this type of supported housing and its current and future role in meeting the needs of people with a learning disability and other complex needs, including the HCA, government officials from DWP and DCLG, NHS England and the National Housing Federation.

5. The profile of Specialised Supported Housing

Geographic distribution and type of housing

The survey identified 9,729 units of Specialised Supported Housing (SSH).

Table 5.1 summarises the distribution of the stock of SSH across the English regions. This indicates that the most significant concentration of SSH are in the North West, Yorkshire and Humberside and the East Midlands.

Interviews with registered providers and other stakeholders identified the following potential reasons for this distribution of SSH:

10. <http://www.glh.org.uk/wp-content/uploads/2017/02/SSH-exemption.pdf>

11. These 29 participants did not respond to all the survey questions, i.e. there were different response rates for each survey question.

- Particularly active registered providers in specific regions in terms of developing SSH.
- Investors purchasing existing supported housing schemes/properties to become SSH.
- Particular locations where historically there has been a concentration of individuals who required housing solutions where SSH has offered the most realistic delivery option, e.g. in relation to the closure of former NHS hospital accommodation for people with a learning disability.
- Proactive local authority strategies to develop supported housing aimed at people with more complex needs, which in some cases may be linked to specific local Transforming Care Partnership plans.

Table 5.1. Distribution of SSH units by English

Region	Region percentage of SSH units
North East	8.9%
North West	25.4%
Yorkshire and Humberside	11.5%
East Midlands	19.7%
West Midlands	5.4%
East of England	8.3%
London	3.1%
South East	7.4%
South West	10.3%
Total	100%

Table 5.2 shows the types of housing being used to provide SSH. This shows that over three quarters of this stock is provided within shared housing settings, i.e. with tenants having a room in a supported housing scheme with shared communal facilities.

Discussions with registered providers and other stakeholders indicate that more recent SSH developments have tended to be self-contained housing units, often in a building containing a number of self-contained flats with or without some shared communal facilities. Whilst stakeholders identified on-going demand for shared supported housing, it is likely that the higher proportion of this type of housing is based on shared housing being the predominant model in the past.

Table 5.2. Total units by type of housing

Type of housing	Percentage
Self-contained	24%
Shared housing	76%
Total	100%

Who lives in Specialised Supported Housing?

Table 5.3 shows the profile of people who are living in SSH. This is based on respondents identifying the ‘primary’ client group of the people living in SSH. It is recognised that many people living in SSH will have complex requirements and which may cover a range of needs, e.g. learning disability and mental health needs.

Overall this shows that the largest percentage of people living in SSH are people who have learning disabilities and/or autism as their primary support need. This reflects previous understanding amongst registered providers and other stakeholders active in the SSH sector that this is the ‘primary’ group of people who have been assisted to find housing through the use of SSH.

However, the survey response indicates that SSH is also being used by a group of people with other ‘primary’ needs including people with mental health needs and a range of other needs.

Table 5.3 Total units: primary client group

Primary client group	Percentage
Learning disability/ autism	78%
Mental health needs	9.5%
Older people (aged 60+)	3.8%
People who are/were homeless	3.4%
Other	5.3%
Total	100%

Other categories included: physical disability and acquired brain injury

Care and support needs of people living in Specialised Supported Housing

Table 5.4 shows the care and support needs of the people living in SSH. Based on discussions with a sample of registered providers and other stakeholders, including local authorities, respondents identified the hours of care/support

provided to people living in their SSH including whether 24/7 care was provided.

The responses indicate that the majority of people living in SSH (60%) are living in SSH services with 24/7 on-site care. As the definition of SSH requires that care and support will have been commissioned by a local authority or NHS commissioner, and that people may be at risk of otherwise moving to residential care type settings, this pattern of care/support provision should be anticipated. A further 22% of people living in SSH were receiving care of between 15 - 30 hours per week, still a relatively substantial care package.

However, 18% of people living in SSH were receiving care packages of less than 15 hours per week which indicates that some people with lower care/support needs are also living in SSH. As the majority of SSH is in the form of shared housing, feedback from stakeholder interviews indicated that this may be due to the fact that people with lower care needs are sharing accommodation with people with much higher care/support needs.

Table 5.4. Breakdown of clients by care/support hours

Care/support hours	Percentage
Less than 15 hours per week	18%
15-30 hours per week	22%
31 hours to 24/7 care and support per week	60%

Referral routes into Specialised Supported Housing

Table 5.5 shows the types of referral routes by which people are gaining access to SSH. Respondents were asked to identify the types of organisations that were referring people to live in SSH¹².

The responses indicate that all respondents (100%) were receiving referrals from local authority adult services with approximately 60% also receiving referrals from NHS Clinical Commissioning Groups (CCGs). Given the definition of SSH this is consistent with what would be expected.

The insight from registered providers and other

stakeholders confirms that most individuals are being referred to live in SSH by either local authority adult services or CCGs or both, linked to the commissioning and funding of care/support packages. This evidence correlates with the finding that the majority of people living in SSH are people with a learning disability/autism and are people with higher care/support needs including a need for 24/7 care.

Approximately 60% of respondents also identified referrals as coming from care/support providers. This evidence is also borne out of discussions with registered providers and other stakeholders. This indicates that some care/support providers are actively establishing SSH services, e.g. through agreements with registered providers and/or other property owners/investors, and are likely to have established relationships with statutory referrers.

Table 5.5 Referral routes for clients into SSH

Referral route	Percentage
Local authority Adult Social Care	100%
Local authority Housing department	35.3%
Care/support provider	58.8%
NHS Clinical Commissioning Group/s	58.8%
Other	0%

Provision of Specialised Supported Housing

Table 5.6 shows the breakdown of registered providers that provide only SSH or SSH and other types of housing. This indicates that just over 60% of registered providers responding to the survey provide other types of housing as well as SSH, whilst approximately 40% of registered providers responding to the survey solely provide housing that falls into the SSH definition of supported housing.

Discussions with registered providers and other stakeholders suggest that until relatively recently, most registered providers that have developed SSH also develop/manage other types of housing, i.e. general needs stock and/or non SSH forms of supported housing.

A more recent trend appears to have been for

12. These 29 participants did not respond to all the survey questions, i.e. there were different response rates for each survey question.

some registered providers, mainly with fewer than 1,000 units overall, to develop and or manage supported housing that falls within the SSH category only. From the survey responses, only four registered providers have been involved in developing or managing SSH since before 2000. Most registered providers have been involved in developing and/or managing SSH since 2003.

Discussion with registered providers and other stakeholders identified that the period of the introduction of the then Supporting People (SP) funding regime in 2003 appears to have stimulated market growth in the development of supported housing. Some stakeholders identified a more recent period of growth in the sector over the last two to three years associated with the needs of people with complex needs requiring housing. It is understood that this may be linked to programmes such as Transforming Care with its focus on moving people from inpatient settings to community based housing, as well as a growing interest in the SSH sector from a wider range of investors.

Table 5.6. Types of housing provided by registered providers

Registered provider status	Percentage of respondents
Other types of housing as well as SSH	61.1%
SSH only	38.9%

6. The cost of Specialised Supported Housing

The survey also sought to identify data covering the costs of Specialised Supported Housing (SSH) associated with:

- rents and service charges, and the associated Housing Benefit award levels
- the cost of care packages of people living in SSH.

Tables 6.1, 6.2 and 6.3 show the:

- average weekly rent/service charge and Housing Benefit award in shared SSH
- average weekly rent/service charge and Housing Benefit award in self-contained SSH

- average weekly rent/service charge and Housing Benefit award in all SSH.

Cost of shared Specialised Supported Housing accommodation

Table 6.1 shows that for shared housing SSH the average rent and service charge is £238.25 per week. The average weekly Housing Benefit award for this type of accommodation is £234.78, i.e. 98.5% of the rent and service charge is typically covered by Housing Benefit.

Table 6.1 Costs of shared SSH

Shared SSH	Weekly amounts
Average weekly rent	£185.60
Average weekly service charge	£52.65
Average weekly total rent and service charge	£238.25
Average weekly Housing Benefit award	£234.78

Cost of self-contained Specialised Supported Housing accommodation

Table 6.2 shows that for self-contained SSH accommodation the average rent and service charge is £243.30 per week. The average weekly Housing Benefit award is £238.45, i.e. 98% of the rent and service charge is typically covered by Housing Benefit. It should be noted that self-contained housing will cover a range of housing types and sizes of property linked to individual needs and circumstances, typically ranging from a one or two bed flat in a 'cluster' of flats to two bed houses and bungalows.

Table 6.2. Costs of self-contained SSH

Self-contained SSH	Weekly amounts
Average weekly rent	£194.43
Average weekly service charge	£48.86
Average weekly total rent and service charge	£243.30
Average weekly Housing Benefit award	£238.45

What this tells us

The data tells us that there is relatively little difference between total rents and service charges being levied in shared and self-contained forms of SSH. The average weekly total rent and service charge in self-contained



housing is just slightly higher than in shared forms of housing.

Table 6.3 shows the unweighted average weekly rent/service charge and Housing Benefit award in all SSH. This shows that the overall average combined rent and service charge in SSH is £235.39 per week.

Table 6.3 Costs of SSH

Average SSH, shared SSH and self-contained SSH	Weekly amounts
Average weekly rent	£183.40
Average weekly service charge	£51.43
Average weekly total rent and service charge	£235.39
Average weekly Housing Benefit award	£232.25

Variations in rent levels

Table 6.4 shows the lower range and the upper range of average weekly rents and service charges levied in SSH. This shows rent levels vary from £148.22 per week at the lower end to £360.30 per week at the upper end of the range.

Table 6.4. Average weekly rent/service charges in SSH. Lower and upper range

Rent/service charge range	Per week
Average Lowest	£148.22
Average Highest	£360.30

Housing costs for all non-older persons' supported housing versus Specialised Supported Housing

The Supported Accommodation Review (SAR) published by DWP/DCLG in November 2016¹³ provided average weekly rent/service charge and Housing Benefit award data for non-older person's supported housing. The data in this report shows that the equivalent average weekly Housing Benefit award for non-older people's supported housing in England was £180 per week.

SSH provision on average is therefore clearly more expensive. However, it is important to note that the SAR data also includes supported housing for people with less complex housing and support needs, including people who do not have 24/7 support needs or a requirement for highly adapted or bespoke housing.

13. <https://www.gov.uk/government/publications/supported-accommodation-review>

Why rents for Specialised Supported Housing are higher and vary

The discussions with registered providers and other stakeholders, particularly organisations referring people to live in SSH and/or commissioning this type of supported housing, provide further evidence that rents and service charges in SSH will tend to be higher than in some other forms of supported housing. However, they also identify a number of reasons for this. Costs for SSH are often higher due to factors such as:

- the absence of public capital funding
- the need for some individuals to find housing in a very specific location, e.g. with no neighbours nearby
- the need to build in a greater degree of adaptations and space requirements for some individuals
- the need to replace furniture/fittings more frequently
- the need for a range of additional design features and fittings required by people with complex needs.

The discussions with registered providers and other stakeholders also identified that variations in rent/service charge costs reflect:

- differing property acquisition/development costs
- the degree of adaptations required if it is an existing property
- the amount of space needed for a support team
- the varying rates of return required by funders/investors.

Care costs for people living in Specialised Supported Housing accommodation

Although the survey was unable to reliably identify care package costs¹⁴, data in relation to care package costs was provided by some SSH providers and local authorities independently from the survey. Further data on care package costs was also obtained through case study interviews. This data was used to estimate the approximate care costs for people living in

SSH accommodation.

This showed that the care package costs for people with a learning disability living in SSH were on average £1,337 per week.

As a comparison, the average care package cost for people with a learning disability identified from the Supported Accommodation Review research¹⁵ was £319 per week. It should be noted that this latter figure will have included people living in supported housing that is not categorised as SSH.

Where a person had moved from residential care to living in SSH, the weekly costs (gross) of the residential care placement of that person before they moved into the community were in the range of £700 to £2,933 with a weekly average of £1,760¹⁶. We also know that inpatient units cost on average of £3,500 per week.

Costs for Specialised Supported Housing versus registered care

Table 6.5 shows the difference between the weekly average cost of a person living in SSH compared to the weekly average cost of living in registered care (gross costs, i.e. no account is taken of personal contributions towards these costs). While this data needs to be treated with caution due to the limited sample available of care package costs for people living in SSH and registered care (where people have moved from registered care to SSH), it provides an indication of the possible cost savings of SSH provision.¹⁷

Table 6.5. Comparison of weekly cost of living in SSH and registered care

	Average weekly cost of SSH	Average weekly cost of registered care	
Housing cost per week (table 6.3 – Housing Benefit cost)	£232	Placement cost per week	£1,760
Care package cost per week	£1,337		
Total cost per week	£1,569	Total cost per week	£1,760

14. This was due to limited responses to the relevant questions.

15. <https://www.gov.uk/government/publications/supported-accommodation-review>

16. As a comparison average weekly costs of registered care placements in England in 2014/2015 were £1,327 per week.

17. As housing costs are included in registered care costs, they need be included in the calculations of an overall comparison with SSH provision.

Cost for Specialised Supported Housing versus inpatient settings

Table 6.6 shows the difference between the weekly average cost of a person living in SSH compared to the weekly average cost of living in inpatient settings. Whilst care costs for those who have left ATUs and are now living in the community in a SSH unit will vary vastly, and the averages therefore only provide an indication, the table provides an overview of the average cost savings from SSH. Transforming Care is ultimately about ensuring that disabled people's right to live in the community, near family and friends, is realised and appropriate support developed within the community, as opposed to in-patient settings. The case studies show that in some cases savings can be made when people move from ATUs into the community, such as homes provided via the SSH route.

The cost of a bed in an inpatient unit (such as an ATU) is estimated by NHS England to cost on average £3,500 per week. The National Audit Office¹⁸ identifies the cost of inpatient admission for people with a learning disability in a mental health hospital as £180,000 per annum (£3,461 per week)¹⁹. In reality, however, the costs, similarly to the costs when people are moved into the community, can vary hugely from one person to another, with packages in ATUs costing upwards of £10,000 per week not being unheard of.

Table 6.6. Comparison of weekly cost of living in SSH and inpatient settings

Average weekly cost of SSH		Average weekly cost of inpatient settings	
Housing cost per week (table 6.3)	£232	Placement cost per week	£3,500
Care package cost per week	£1,337		
Total cost per week	£1,569	Total cost per week	£3,500

In summary, the evidence collected and analysed for this research indicates that costs for people living in SSH provision are on average £1,569 per week compared to:

- £1,760 per week on average for a residential care placement
- £3,500 per week on average for an inpatient place.

7. The scale of Specialised Supported Housing across England

Current estimated number of Specialised Supported Housing units in England²⁰

Table 7.1 shows the average number of units owned/managed by registered providers with both larger and smaller Specialised Supported Housing (SSH) portfolios. This suggests that for registered providers with a larger SSH stock portfolio the average number of units is 1,536. For registered providers with a smaller SSH stock portfolio the average number of units is 157.²¹

Table 7.1. Average number of SSH units by registered provider cohort

Registered provider cohort	Average number of SSH units
Registered providers with SSH portfolio > 500 units	1536
Registered providers with portfolio < 500 units	157

Table 7.2 shows the estimated overall scale of SSH by applying the average estimated number of units of SSH for the two identified cohorts of registered providers and scaling up these average unit figures for the estimated size of the sample of registered providers owning/managing SSH.

18. Local support for people with a learning disability (2017). National Audit Office.

19. As housing costs are included in registered care costs, they need be included in the calculations of an overall comparison with SSH provision.

20. The method used to estimate the scale of the SSH sector is based on data from the survey responses, qualitative evidence from stakeholders and our knowledge of the profile of the registered providers within the original primary research sample. From analysis of the original sample of 50 registered providers that are, or are potentially, providing SSH along with responses to the survey it has been possible to distinguish between a cohort of registered providers that have a larger portfolio of SSH stock, over 500 units, and a cohort of registered providers that have or are likely to have a portfolio of SSH stock of less than 500 units. Based on the survey responses and knowledge of the registered providers that are providing/managing a larger portfolio of SSH it is estimated that up to 10 registered providers may have a stock of SSH in excess of 500 units and 40 registered providers may have a stock of SSH of less than 500 unit

21. Data source: survey

Table 7.2. Estimated scale of SSH

Registered provider cohort	Number of registered providers estimated in cohort	Mean number of SSH units	Estimated scale of SSH provision (units)
Registered providers with SSH portfolio > 500 units	10	1536	15,360
Registered providers with portfolio < 500 units	40	157	6,280
Total			21,640

This suggests that the estimated scale of the SSH sector across England is approximately 22,000 units.

However, the SSH figure is likely to be a conservative estimate. It is probable that there are other registered providers owning/managing SSH that have not been identified through this research. In addition, the number of units of SSH used for this estimate may understate the provision of SSH by registered providers that did not respond to the survey or were not included within the sample.

The Home and Community Agency's Statistical Data Return (SDR) provides some evidence that supports the survey based estimate of the scale of the SSH sector. The HCA ask providers (with more than 1,000 units) to report the number of properties they hold that have a full exception from the terms of the Welfare Reform and Work Act (WRWA) as part of the SDR. This will include SSH meeting the definition set out in the Act, as well as other stock types with an exception (Annexe 1). The HCA does not ask this question for providers with fewer than 1,000 units.

The latest SDR was published in October 2017²². This showed that amongst registered providers with more than 1,000 units there were 31,824 units recorded as having a full WRWA exception

in the 2017 SDR. However, the SDR data for these units is not disaggregated by the reason for the exception.

Only a proportion of these 31,824 units will be SSH. However, this evidence does suggest that the extent of the SSH sector may be greater than the estimated scale of the SSH sector from the survey. Based on the evidence from the survey and from the SDR it is reasonable to assume that the scale of the SSH sector is likely to be between 22,000 and 30,000 units, i.e. 2-3 times the size of an earlier estimate of the size of the SSH sector being 10,000 units.

Current estimated cost of Specialised Supported Housing in England²³

Table 7.3. shows that the total estimated annual cost for SSH provision in England.

Table 7.3. Estimated annualised cost of the SSH sector (Housing Benefit costs)

Type of housing	Estimated scale of SSH (21,640 units)	Average weekly Housing Benefit award	Estimate of annualised cost (Housing Benefit)
Shared SSH	(76%) 16,446 units	£234.78	£200,781,977
Self-contained SSH	(24%) 5,194 units	£238.45	£64,402,483
Total			£265,184,460

This suggests that the estimated cost of the SSH sector in terms of Housing Benefit expenditure is approximately £265m per annum.

The SAR²⁴ research estimated that the annualised Housing Benefit cost of non-older people's supported housing in England was £1.52bn. This cost was for all non-older people's supported housing including supported housing for people with a learning disability.

22. <https://www.gov.uk/government/statistics/statistical-data-return-2016-to-2017>

23. To estimate the cost of the SSH sector, the rent/service charge and Housing Benefit award data from the survey has been combined with the estimated size of the SSH sector in relation to units. The cost of the SSH sector is calculated by using the average weekly Housing Benefit awards for shared housing and self-contained housing, disaggregating the estimated size of the SSH sector in terms of shared and self-contained units (based on the data from the survey), and multiplying out the average weekly Housing Benefit awards for the estimated number of SSH units for each type of housing.

24. *ibid*



The findings in this report therefore suggest that the estimated Housing Benefit cost of the SSH sector comprises 17% of the estimated Housing Benefit cost of all non-older people's supported housing sector from the DWP/DCLG Supported Accommodation Research²⁵. The same research estimated that supported housing units for people with a learning disability accounted for seven per cent of all supported housing units in Britain.

8. Future demand for Specialised Supported Housing

Research undertaken by Mencap in 2012²⁶ sought to understand the current housing situation of adults with a learning disability in England and Wales. The research found that the majority of people with a learning disability known to local authorities live in one of three types of accommodation: with family and friends (38%), in a registered care home (22%) or in some form of supported accommodation (28%). It also found that to meet demand from

the growing number of people with a learning disability, there would need to be an additional 1,324 registered care home places and 941 supported housing places created every year.²⁷

More recent research by PSSRU/LSE for DWP/DCLG²⁸ identified that demand amongst people with a learning disability for supported housing was projected to increase from 38,500 units in 2015 to 59,800 units in 2030.

Whilst this research provides a helpful baseline for future housing demand, it is not sufficiently specific to determine the demand that may be met through Specialised Supported Housing (SSH).

Housing demand will be influenced by a number of factors including:

- the population of people with a learning disability growing due to higher survival rates at birth and increasing life expectancy
- national and local policy that promotes people moving out of or avoiding registered care to live in community-based housing
- the often-lower overall costs for local authorities of housing based alternatives to residential care

25. *ibid*

26. Projected demand for supported housing in Great Britain 2015-2030. (2017). PRRSU/LSE

27. *ibid*

28. https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/HBVillages%20-%20BriefingPaper%20-%20202MB.pdf

- the Transforming Care Programme agenda, including targets to move people currently living in inpatient settings to community based housing alternatives
- people living with families where these arrangements may not be sustainable.

A high level estimate of the potential demand for SSH is based on:

- The estimated baseline of people currently living in SSH.
- Housing demand driven by the Transforming Care Programme, i.e. demand from people moving out of inpatient settings. There are currently approximately 2,500²⁹ people living in inpatient units. An assumption is made that 2,000 people will be moving into housing categorised as SSH over a 10-year period. This is based on there being limited progress to date in enabling people to move from ATUs and other hospital settings to community based housing, but a strong policy commitment to people being rehoused.
- Housing demand driven by wider demographic and policy factors. The PSSRU/ LSE research projects that there will be demand for an additional 21,300 units by 2030 (assuming an even rate of increase, this would be demand for an additional 17,040 units by 2027). As SSH is by definition for people who may otherwise be at risk of entering registered care, it is conservatively assumed that 30% of this estimated growth in housing demand will be met by housing categorised as SSH.

Based on these assumptions a high-level projection of future demand for SSH is shown in table 10.1. This indicates that projected demand for SSH will increase from a baseline of 22,000-30,000 units in 2017/2018 to 25,500-33,500 units by 2021/22 and to 29,000-37,000 units by 2027/28.

Table 10.1. Projected future demand for SSH

	2017/18 -2021/22	2022/23 -2027/28
Baseline: no. of people in SSH	22,000 – 30,000	25,500 – 33,500
Demand driver: Transforming Care Programme	1,000	1,000
Demand driver: Learning disability supported housing need	2,500	2,500
Net additional housing demand	3,500	3,500
Total projected demand for SSH	25,500 – 33,500	29,000 – 37,000

9. Stakeholder perspectives

Interviews and discussions were held with a range of stakeholders, including a range of registered providers, local authority commissioners and Housing Benefit teams, investors, government officials, and organisations with an interest in supported housing.

The key themes that have emerged from these discussions are summarised below.

Future funding for Specialised Supported Housing and the implications of future government policy towards supported housing

- A key factor is certainty of rental income, which means that benefit entitlement should cover the cost of provision/rent, provided it is reasonable.
- The policy change in relation to dropping the proposal for a Local Housing Allowance cap or any other ‘cap’, is welcome as it helps to create a stable funding environment for SSH.
- To meet anticipated growth in demand for SSH, future funding levels need to be increased to meet growing need and to reflect true costs.
- It will be important that key elements of the current arrangements under Housing Benefit rules, such as paying directly to the landlord,

29. http://www.glh.org.uk/wp-content/uploads/2017/07/GLH_SocialImpactReport_Year3.pdf

should be retained as Housing Benefit transitions to Universal Credit.

- The potential for the use of technology to promote individual's independence, and in some cases to reduce pressure on revenue funding.

The level of demand for Specialised Supported Housing and from whom, e.g. trends in relation to current and future development of this type of housing and the profile of tenants and their needs

- Demand is increasing. There continues to be a demand for new SSH developments. This is because the fundamentals haven't changed, i.e. limited housing supply, increasing numbers of people with a learning disability and other vulnerable groups, and the recent reduction of new schemes overall as identified in recent National Housing Federation research.³⁰
- Demand for SSH is increasing because it is becoming more difficult to provide housing with public subsidy.
- Demand is increasing as more community based services are reduced. This coupled with strains in the care sector and the Transforming Care agenda have led to an increased demand for SSH.
- Demand is being driven by changes to local authority accommodation strategies, for example local authority and TCP commissioners who are reviewing residential care and inpatient provision for people with a learning disability or autism.

Factors affecting registered provider's and investor's interest/willingness to develop Specialised Supported Housing

- There has to be an environment where there is long term certainty regarding funding to meet the housing costs of SSH.
- There needs to be recognition amongst whoever is funding and commissioning SSH that housing costs will be higher because there is no public capital subsidy. The tenants will mostly have higher care needs and often complex and bespoke housing needs.
- Future development to meet demand is only possible where the risks can be managed appropriately.
- Under the current system, and any

future system, there needs to be a better understanding amongst Housing Benefit departments regarding SSH and the legitimate reasons why there are higher costs associated with the people being housed.

- There need to be clearer local authority and TCP commissioning plans for supported housing for people with complex needs; these need to be underpinned by a good understanding of the housing needs of people with often very complex needs to provide certainty to registered providers/funders.

Regulatory and value for money considerations

- SSH already meets the government's objectives as by definition it must be provided by registered providers (so there is oversight via the Homes & Communities Agency), be provided for people with complex needs and be with a local authority's agreement.
- There is a balance to be struck between providing a stable and secure funding model, which can meet the higher housing costs of the people living in SSH provision, and incentivises housing providers and funders, and the legitimate need to secure value for money from taxpayer's fund.
- A future regulatory and funding model needs to recognise that SSH has made housing choices possible for highly vulnerable people who would otherwise be living in, or be at risk of living in institutional settings. Any new system of oversight needs to accommodate a healthy mix of smaller and medium size housing providers that typically characterise the SSH sector, although at present regulatory oversight is limited for smaller housing providers of less than 1000 units.
- There are some concerns that would need to be accommodated in the future funding and regulatory system regarding private investment attracted to SSH because of the perception of 'uncapped' weekly Housing Benefit that SSH schemes can attract.
- Any new regulatory model for SSH/supported housing needs to avoid dis-incentivising investment particularly for those people with more complex needs who have benefited from the SSH arrangements.

30. <https://www.housing.org.uk/resource-library/browse/strengthening-the-case-for-supported-housing-the-cost-consequences/>

10. The impact of living in Specialised Supported Housing: case studies

Research undertaken for HB Villages³¹ has identified cost efficiencies as well as improvements to outcomes for disabled individuals from the development of Specialised Supported Housing (SSH). Analysis undertaken for this research identified that:

- For a large county council authority, the average net saving from people with a learning disability moving from residential care to SSH was expected to be £185 per week per person, in relation to like for like care costs.
- There is scope for additional cost efficiencies as well as quality of life improvements for disabled people from the more extensive use of telecare in SSH compared to what is possible in residential care settings.

A key secondary data source is the Social Impact Report of Golden Lane Housing's 2014 Social Investment Bond³². GLH's 2013/2014 bonds raised £21 million and was invested in 62 properties across the UK which are homes to over 205 people with a learning disability.

GLH's findings showed improvements in people's quality of life after moving into SSH bought through the bond:

- improvements to (living) space and adaptations
- more involvement in the local community
- better health
- greater independence
- learning new skills
- relationships within the wider family showed positive improvements
- improved social life.

To confirm the validity of the findings in the above outlined reports as well as to provide further evidence of the impact living in SSH accommodation can have on those residing within, the Housing LIN worked with registered providers and local authorities to identify a series of case studies exemplifying the impact.

Alexander: A quiet and neighbourly place to live

Profile	
Location	Metropolitan Borough of Doncaster
Housing type	Shared house (two beds)
Current housing cost	£214.13 weekly rent and service charge
Housing Benefit	100% eligibility
Current care cost	£1201.49 weekly care package cost

SSH has provided Alexander with a home in a quiet area at the edge of a market town in the Metropolitan Borough of Doncaster. Alexander has learning disabilities and autism; he can be affected by the environment, and living in a quiet residential area at the end of a cul-de-sac bordering open countryside means that he now suffers less from bouts of anxiety which had previously led to behavioural problems.

Alexander lived in residential care between the ages of 2 and 18, at which point he moved into SSH, and has been living in the same location for over 8 years. The move gave him a home when he was no longer eligible for Children's Services.

The move has also brought him closer to his family and neighbours. Living on a residential street, Alexander has more of a social life compared to when he was living in residential care. He goes to weekly football matches near to his home, and takes part in other local community activities.

In addition, Alexander lives in a shared house, and had a choice over the tenant he is sharing with. They have now lived together for four years, and Alexander feels a great sense of peer support as well as professionally provided care and support.

At times, Alexander has pushed the boundaries of his tenancy and when appropriate has been billed for some portions of the damage (with the permission from his care and support providers), which has helped to teach him about how to maintain a tenancy. As a consequence, instances of him damaging the property have tailed off.

31. https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/HBVillages%20-%20BriefingPaper%20-%20202MB.pdf

32. http://www.glh.org.uk/wp-content/uploads/2017/07/GLH_SocialImpactReport_Year3.pdf

Overall, SSH has provided Alexander with a quiet place to live where he can make choices, have a social life, and learn life skills such as maintaining a tenancy.

Sam: Gaining independence and making informed choices

Profile	
Location	Chorley Lancashire
Housing type	Shared house
Current housing cost	£243.08 weekly rent and service charge
Current care cost	£1,700 weekly care package cost

SSH has provided Sam with a home within a shared house in an established residential area in Chorley, Lancashire. At present Sam, who has an acquired brain injury, lives on his own but there is scope in the future for another tenant to move in.

Sam has full time support hours due to the nature of his support needs. After being discharged from hospital Sam lived with his parents briefly however due to home circumstances he then moved out into his current property.

Sam needs help and support on a daily basis to make informed choices and to understand all the issues that affect him. Since moving into his own homes his communication has improved immensely and he has been able to have an independent lifestyle whilst also receiving support and help with his everyday needs.

Furthermore, living in his own home with personalised support has helped to develop Sam's independence, wellbeing and identity within his own community. As a consequence, he is now involved in activities in the local community which has opened up opportunities and enabled him to take control of his life. SSH has given Sam a home where he is supported to live independently and make choices for himself.

Stephen: Living with a friend and accessing the community

Profile	
Housing type	Shared house (converted chapel house)
Current housing cost	£186.03 weekly rent and service charge
Housing Benefit	100% eligibility
Current care cost	£1,500 weekly care package cost (tbc)

Stephen has learning disabilities and he had previously spent 40 years living in and out of an assessment and treatment unit (ATU/hospital). However, in 2016 he was able to move into supported living due to an improvement in his mental health. He now lives with a friend who he has known for a number of years, and who previously lived at the same ATU as Stephen.

“For the last 40 years, I’ve been living in and out of a hospital. Sometimes I wasn’t treated very well but that’s the psychological bit of it. I was living on a ward with 15 people and there wasn’t much privacy”, said Stephen.



Stephen describes his new home as modern and homely, and says that although it is near to a main road he is not disturbed by traffic noise. He commented, “I definitely prefer this as my home. Everything is close by and I’ve settled in. I get on with the neighbours and have started making new friends.”

Since moving, Stephen has a positive outlook which is influenced by the sense of independence and choice he feels he now has living in his own home.

“I have choice now – with meals, what I do and when and buy what I want. At the hospital everyone was in bed by 11pm. Now, if I can’t sleep and want to chat to someone, I can.”

In addition, he now enjoys access to the community and activities and has a good relationship with his staff team.

Overall, the move from an ATU to his own home has meant that not only are Stephen’s support needs better met but he has a far better quality of life.

Joni: Improving health, wellbeing and behaviour

Profile	
Location	Liskeard, Cornwall
Housing type	Single occupancy adapted bungalow with adjoining property
Current cost	£184.01 weekly rent and service charge
Housing Benefit	100% eligibility
Care cost	£6422.50 weekly care package cost

Joni has learning disabilities, epilepsy and communicates through sign language. Until the age of 17 she lived in the family home, her parents providing round the clock care and support to help her with everyday living. As her needs grew her parents could no longer give Kate the support she needed and made the decision to get help from the local authority.

Joni moved to a long stay hospital. Living here Joni shared with seven other people. Joni felt that the setting was quite depressing and not very homely, as it was very bare without any pictures on the wall. The building was in poor condition and the surrounding grounds were not maintained.

Over time Joni’s behaviour changed, she didn’t get on with anyone and she became quite challenging; it was her way of communicating she was unhappy.



Joni lived at the hospital for over ten years. However, following an abuse scandal at a local hospital, several ATUs closed in Cornwall and she was supported to move into her own home with 24/7 support.

Joni’s new home better meets her needs as it is situated within a quiet setting in large grounds within a residential area of Liskeard which is close to her family.

Joni’s life has been transformed since moving into supported living. As a result of the move Joni’s support needs are now better met. Due to her very complex complex needs, she has 3:1 staff support during the day along with 2 sleep-in staff at night as well as a waking night. Joni has a good relationship with the staff team. She now has Vagus Nerve Stimulation to help with her epilepsy and associated feelings, which has reduced her challenging behaviour.

Joni has more choices about how she leads her life than in her previous accommodation and she now has access to the community and activities. Consequently, moving to SSH has improved her quality of life.



Karl: Gaining employment and learning new skills

Profile	
Location	Leeds
Housing type	Self-contained flat within a small block of five flats with 24/7 support
Current cost	£353.51 weekly rent and service charge
Housing Benefit	100% eligibility
Care cost	£653.88 weekly care package cost

Karl moved from residential care to a flat of his own within a small block of five flats where 24/7 on site support is provided. The building also contains shared areas including a recreation room and a laundry. The first floor has a sleep-in room for staff.

It is located in a residential suburb of Leeds adjacent to a park. His home is well located for bus routes into Leeds, as well as local shops and amenities being within walking distance.

Karl has learning disabilities and autism. He has now lived here for four and a half years. The move to his current home has worked well. Living in a quieter area means he experiences less anxiety.

Karl has been supported to look after his flat really well and now reports any defects directly to the landlord without needing to do this through his support provider.

His home allows for private space within a self-contained flat but with opportunities for social interaction. Karl shares the communal and outside areas with other tenants and there is a great sense of community and peer support as well as the professionally provided care and support. Karl has fitted in well with other tenants giving him the confidence to grow socially.

Since moving to his new home Karl has started a part time job and learned to drive; something that wasn't ever considered before when he lived in a residential care home.



11. Conclusions

The research shows that the Specialised Supported Housing (SSH) sector provides much needed accommodation for a range of people, from people with a learning disability and/or autism with complex needs to the homeless and those with mental health problems. With an estimated 22,000 - 30,000 SSH units across England, and demand rising, the sector plays an important role in housing people with a range of support needs.

The research also sheds some light on how this type of provision compares in cost with the wider supported housing sector. Whilst the housing costs are on average more expensive than the wider non-older people's supported housing sector, SSH houses predominantly people with more complex needs, and as a rule has not been subsidised with capital funding from elsewhere. As a result, the average rent for a SSH property seems reasonable when compared with the average rent for all non-older people supported housing, costing around £235 per week versus £180 per week.

Last but not least, this research confirms the widely accepted thinking that living independently with support in the community can have a positive impact on people's wellbeing. SSH provision offers this option to those who might otherwise have ended up in residential care or NHS provisions.

12. Mencap's recommendations

The research by Housing LIN provides us with a clearer understanding of the scale of and the role that supported housing via the Specialised Supported Housing (SSH) route plays in the provision of homes for people with complex needs. The report shows that SSH is a vital investment model enabling the provision of homes for among others people with a learning disability and complex needs.

With demand for supported housing rising as a result of a welcome and much needed move away from institutions, including inpatient units, it is clear that more must be done to unlock funding for supported housing schemes. The SSH model has proven to be one investment model that is able to leverage funds that are otherwise not available to this sector. Mencap therefore believes that it must be part of the solution going forward.

To make sure this happens, Mencap recommends:

1. Mencap wants to see a focus on understanding SSH as a means for greater investment into housing for people with complex needs, at a time of rising demand. It should be seen and treated by government as an important accommodation investment model, contributing to solving the housing crisis for vulnerable people.
2. Given the evidence of the scale and scope of SSH, the demand for and the role of SSH at local level should form a part of the proposed local authority five year supported housing plans. In order to commission SSH effectively, local authorities will need to fully understand the relative costs of SSH compared to alternative provisions and funding options.

3. Mencap wants the government to ensure that funding for long-term supported housing enables the development and continuation of SSH, recognising the fact that SSH is a cost-effective way of providing homes in the community for those with complex needs.

In this context, Mencap urges the government to guarantee that the transition from Housing Benefit to Universal Credit in the future will support the continued use and development of SSH by ensuring that housing costs will continue to be met in full from the benefit system.

4. Mencap wants local authority commissioners and Housing Benefit teams to fully understand SSH, including the capital funding models associated with it, to empower them to make most effective use of this model, and to scrutinise it effectively to ensure that value for money is provided at all times.

It is vital that this expertise is carried over into the Universal Credit system so as to ensure that local commissioning is able to effectively utilise the different housing options available into the future.

5. In order to accurately assess the future scale of supported housing categorised as SSH, and to ensure appropriate regulatory oversight, consideration should be given to all registered providers, including those with fewer than 1,000 units, identifying their SSH stock as part of the Regulator of Social Housing (RSH)'s Statistical Data Return (SDR). They should be subject to the same regulatory scrutiny as other larger registered providers.

13. Appendix 1 - Statistical Data Return 2016/17

Units/bed spaces that have an absolute (full) exception as defined in Welfare Reform and Work Act 2016 Regulations include:

- low cost home ownership or shared ownership homes
- in the unlikely event that a person is appointed to administer or sell the property for the purpose of enforcing security, it would no longer be subject to the reduction
- properties let on intermediate rent terms, this will include those provided under government programmes and those provided without public capital subsidy
- Specialised Supported Housing (SSH) fitting certain criteria – supported housing developed in partnership with councils, local health or social services offering a high level of support for clients, for whom the only alternative options are care homes
- all PFI-funded housing, both HRA and non-HRA
- temporary social housing and short-life leasing schemes for the homeless
- residential care homes or nursing homes
- student accommodation
- legacy social housing under the Housing Act 1996 that is not low-cost rental accommodation as defined by section 69 of the Housing and Regeneration Act 2008
- domestic violence refuges and other specialist accommodation based support for domestic violence victims
- accommodation provided by almshouses
- accommodation provided by community land trusts
- accommodation provided by fully mutual or co-operative housing associations.

14. Appendix 2 - Survey questions

Registered providers were asked questions about the following:

- the number of people currently living in Specialised Supported Housing (SSH) for each registered provider
- the characteristics of the people currently living in SSH, for example: their primary 'client group', the level of social care support they receive, and their route into this type of provision
- which registered providers currently provide SSH and where it is located
- the housing types, i.e. shared or self-contained housing, new-build or redeveloped, when they were developed
- costs covering rents/service charges including levels of HB eligibility; support and care costs and associated funding sources.

Glossary

Exempt accommodation

A category of supported housing created in 1996 to enable Housing Benefit to cover the additional costs of providing supported housing. Such accommodation is exempt from the rules that require the local authority to restrict the maximum rent to a rent officer determination level.

Homes and Communities Agency (HCA)

The Homes and Communities Agency was the non-departmental public body that funded new affordable housing in England. It was established by the Housing and Regeneration Act 2008. The Homes and Communities Agency was separated into Homes England and The Regulator of Social Housing in January 2018.

Housing Benefit (HB)

Financial support paid to tenants (or to landlords on their behalf) for those who are out of work or on low incomes to help pay their rent. The amount payable will depend on the level of rent charged and the claimant's circumstances and income.

Registered provider

English providers of social housing (including Supported Housing) which are registered with the Homes and Communities Agency (since January 2018 the Regulator of Social Housing).

Regulator of Social Housing (RSH)

On 11 January 2018, the Homes and Communities Agency's non-regulation arm adopted its new trading name Homes England. Since then, the HCA's regulation directorate, which undertakes the functions of the regulation committee, has referred to itself as the Regulator of Social Housing. Until legislation is enacted, Homes England and RSH continue to be constituted as one body – the HCA – but operate with two distinct corporate identities.

Specified accommodation

Categories of supported housing specifically recognised within Housing Benefit regulations. Individuals living in such accommodation are exempt from welfare reform provisions, such as the Benefit Cap, Housing Benefit no longer being paid direct to the landlord, and in some circumstances the removal of the Spare Room Subsidy.

Specialised Supported Housing (SSH)

Supported housing developed in partnership with local authorities or the health service and which satisfies all of the following criteria:

- the scheme offers a high level of support for clients, for whom the only acceptable alternative public or voluntary sector options are care homes, and
- no, or negligible, public subsidy has been received, whether in the form of grant or free land, and the scheme has been commissioned in line with local health, social services or Supporting People strategies and priorities.

Statistical Data Return (SDR)

An annual online survey by the Homes and Communities Agency completed by all English private registered providers of social housing. It collects data on stock size, types, location and rents at 31 March each year.



About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online, national and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing solutions that enable people to lead independent lives
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver better housing choices that meet the needs and aspirations of older people and people with a disability.

For more information about the housing and learning disability resources curated on our website, visit the Housing LIN's dedicated pages at:

www.housinglin.org.uk/Topics/browse/HousingLearningDisabilities/



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