

Institute for Public Policy Research



AT A CROSSROADS

**THE FUTURE OF TRANSITIONAL
SUPPORTED HOUSING**

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October 2020

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Registered charity no: 800065 (England and Wales),
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ACKNOWLEDGEMENTS

We are very grateful to Toby Lloyd, Gilly Orr, and Peter Morris for their support developing this project and deepening our understanding. We would like to thank Social and Sustainable Capital for their support of this report's publication.

Our colleagues have provided helpful guidance and support throughout. We would particularly like to thank Anna Round, Luke Murphy, Jonathan Webb and Rosie Lockwood. Thanks also to our colleagues in IPPR's publications team – Abi Hynes and Richard Maclean – for their support in improving our drafts and designing this report with diligence.

We are grateful to the many contributors from organisations large and small who gave up their time to share their views on the supported housing sector.



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Citation

If you are using this document in your own writing, our preferred citation is:

Johns M and Longlands S (2020) *At a crossroads: The future of transitional supported housing*, IPPR North.

<http://www.ippr.org/research/publications/at-a-crossroads>

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SUMMARY

Transitional supported housing (TSH) is a crucial service to many of society's most vulnerable people, supporting and housing 189,500 people. This includes people:

- experiencing or at risk of homelessness
- who are young and leaving the care system
- fleeing domestic violence
- with mental health issues
- with drug or alcohol addiction
- with disabilities
- who are ex-offenders
- who are asylum seekers.

TSH helps them towards greater independence and happier and more stable lives, while simultaneously saving billions for the NHS and the wider public purse. Yet, despite its importance, TSH is largely overlooked in the national debate on housing.

The sector stands at a crossroads. The Covid-19 crisis brings threat and opportunity for the hundreds of thousands of people who will rely on the TSH sector both now and in the future. Covid-19 and its wider economic impacts are likely to further increase demand and pressure on a system that for too long has been fragmented, deprioritised, and overlooked, resulting in chaotic and inadequate provision for those most in need. Yet the health crisis has also demonstrated what can be achieved given political will and bold intervention. The government's 'Everyone In' programme demonstrated that the 15,000 rough sleepers it supported need not return to the streets.

Providing a clear definition of TSH and who it supports, this report charts how the sector's fragmented state evolved and the challenges it now faces. It then sets out a clear plan for how the government can secure the sector's future, providing vital support to some of the most vulnerable people in society, saving billions for the taxpayer, and building on its bold 'Everyone In' programme.

KEY FINDINGS

- **Poor understanding, definitions and data:** There is no clear, person-centred definition of the sector, nor is there a definition for the minimum standard of care, support, and supervision that should be expected. The absence of accurate data and evidence about the scale, need, and benefit of TSH prevents responsive policymaking and foregoes strategic planning.
- **A growing funding crisis:** Support-side funding has fallen in recent years, housing-side funding has been thrown into doubt by government, and there is no specific grant funding available to provide TSH capacity. Altogether, this has stymied provision.
- **A fragmented sector:** The sector is highly fragmented, with varying delivery models in use by the principle providers: housing associations, charities and voluntary organisations, local authorities, and the private rental sector.

- **Housing associations face increasing pressures in TSH provision:** Housing associations (the primary providers of TSH) are finding it increasingly difficult to provide TSH as current funding arrangements and growing pressure on their housing stock has seen it lost in strategic planning.
- **Other providers are overlooked:** Charities and voluntary organisations who own housing stock where they deliver their support services are a growing part of the sector. But their contribution is overlooked and their ability to raise capital to increase support capacity is limited.
- **The unregulated private rented sector is playing an increasing role:** This has generated a number of issues, such as poor financial governance and viability, which presents risks to the wider sector and the people it supports.
- **Rising demand:** There is clear and pressing demand for additional TSH provision – with a projected shortfall of over 45,000 units by 2024/25.

This report finds that the sector faces significant strategic challenges.

- **An uncertain policy and funding environment:** A lack of understanding, clarity, and evidence has contributed to unpredictable policymaking, an unhelpful funding environment, and the sector's omission from key discussions.
- **Short-termism:** Little strategic thinking at national level, and short-term commissioning cycles at local level, have damaged the sustainability of TSH and reduced investment capacity, such that the sector has failed to meet growing need.
- **Poor oversight and regulation:** Patchy regulation has not incentivised high-quality support in homes fit for improving supported people's lives, and instead caused the rise of exploitative models in the private rental sector (including lease-based models).
- **Shortage of affordable homes:** The shortage of social and affordable housing in the UK has accelerated homelessness, driving need for supported housing while reducing move-on opportunities needed to maintain the TSH sector's capacity.

RECOMMENDATIONS

- **Recommendation 1: A more sustainable funding environment.** A robustly regulated, definable and well understood sector (by policymakers) for which policy is strategic and well evidenced will aid in improving sustainability and attracting investment, but a long-term commitment to meeting the actual housing and support costs of delivering quality services, flexible to changing levels of demand, is needed in return. A specific capital funding programme will boost provision, reducing identified shortfalls and leverage further investment from social investors and other financial sources.
 - **Piloting an integrated capital funding scheme:** A £900 million capital injection should be allocated to frontline support charities to rapidly house the remaining 9,000 people who were accommodated by the Everyone In programme but overlooked in subsequent funding.
- **Recommendation 2: Resolving definitional challenges and building an integrated approach.** A new, co-produced definition of the sector is long overdue. This definition should be people-centred, include minimum standards of support; recognise flexibility in the transitional element of support, and be rooted in the outcomes of transitional supported housing – helping people in need to sustain stable accommodation, providing extra long-term TSH capacity.

- **Recommendation 3: A strategic approach to supported housing.** A longer-term strategic approach is necessary, locally and nationally, to deliver a more conducive funding environment to meet growing need and provide supported people with the confidence that they will be accommodated and supported for as long as their personal circumstances require. Assessment and understanding of outcomes, costs and benefits is required to ensure the best solutions are provided to support people.
 - **2021 Local and Mayoral Elections:** Metro mayors and local authorities are well placed to lead on the rolling out of a strategic approach and should consider commitments to do so as part of preparing manifestos for the upcoming 2021 elections.
- **Recommendation 4: A robust system of regulatory oversight.** A common minimum standard of support and accommodation quality is needed to clarify what supported people, local authorities and government can expect from providers – and helping to prevent exploitation
- **Recommendation 5: Making it easier to move on to affordable and social housing.** Affordable and social housing supply is needed both to help people move on from transitional supported housing when they are ready – and to alleviate the pressure on stock which could be used for TSH.

1. WHAT IS TRANSITIONAL SUPPORTED HOUSING?

Supported housing provides housing and care to people experiencing vulnerabilities to enable them to live more independent, stable, and happier lives.¹

This report examines the scale of what we term the transitional supported housing sector, its fragmentation, the challenges for different providers and some changes required to put it on a sustainable basis for the future. The report's recommendations for government seek to influence the anticipated supported housing review and the 2021 mayoral elections in our largest cities, where homelessness and housing are key areas of debate.

1.1 SUPPORTED HOUSING

Many people in the UK require additional support to live 'their best life' (NHF 2020b). More than providing roofs over heads, supported housing offers care and support so that, regardless of personal circumstances or experience, people can achieve independent, happy, and stable lives. Service intensity, housing type, and client group vary, but it generally includes housing for:

- older people with support needs (making up around 71 per cent of the sector's housing stock in 2015)
- people with learning and physical disabilities (9 per cent)
- those at risk of homelessness (9 per cent)
- women and children fleeing domestic violence (1 per cent)
- people with mental health issues (5 per cent)
- other groups who need support and accommodation, including offenders, refugees/asylum seekers
- people experiencing multiple vulnerabilities simultaneously – referred to as complex needs (Blood Review 2016).

This report focuses on what we term **transitional supported housing (TSH)** which accounts for 29 per cent of the overall supported housing sector outside provision for older people. Many of those in TSH have complex needs due to their experiences or personal circumstances. We distinguish TSH in this way because of the subsector's specific challenges, and the particular organisations involved providing supported housing for working-aged people, where the support is time limited. This is distinct from much of the policy discussion around adult social care in general.

¹ The government is currently undertaking a review of housing-related support services, which began in 2018 (MHCLG and DWP 2018) and is eagerly awaited by the sector.

1.2 POLICY CONTEXT

Generally, the housing debate in the UK concentrates on issues of home ownership and affordability, through the lens of supply and demand alone. Challenges for supported housing, particularly for homeless people or those with disabilities, rarely make headlines. This report seeks to help redress this imbalance.

Despite comprising a comparatively small proportion of the total housing stock, TSH is disproportionately important in solving homelessness and improving lives for people with vulnerabilities and complex needs. This report finds that for too long, TSH has been fragmented, deprioritised, and overlooked, meaning chaotic and inadequate provision for those in need.

Meanwhile demand has skyrocketed and public services which provide early treatment, support and homelessness prevention have been cut. This has caused homelessness and rough sleeping to rise 165 per cent (2010 to 2017) in England (Marmot et al 2020). Simultaneously, support for vulnerable people's housing costs has been cut by 59 per cent in real terms (Fransham and Dorling 2018).

This report has been written in the context of Covid-19, which heightens the urgency of resolving the TSH crisis. The 'Everyone In' programme demonstrated that with political will, solutions to rough sleeping can be found, and this lesson is true too for the full client groups supported by TSH. The programme gives a historic opportunity to support a generation of rough sleepers, one group of people supported by TSH. The 15,000 vulnerable people supported under 'Everyone In' (MHCLG and HMT 2020) do not need to return to homelessness or to lives overshadowed by the risk of homelessness. Moreover, as the National Housing Federation has argued, the response to Covid-19 can and must be a catalyst for a better future (NHF 2020a), built on TSH's social and economic benefits.

1.3 WHY IS TRANSITIONAL SUPPORTED HOUSING IMPORTANT?

Overall, the evidence shows that TSH not only delivers welfare benefits for people but also provides an 'invest-to-save' approach, generating net savings for the public purse.

In 2009, the government commissioned a review of the Supporting People programme. This was the overarching national programme delivering supported housing at the time, much of which was directed at people of working age who needed support because they were 'at risk' due to personal circumstances or experiences (considered analogous to TSH). The review found net financial benefits of the programme were £3.41 billion per annum (in 2009/10 prices) for the client groups considered, versus £1.51 billion of overall annual investment. It showed positive financial returns across every client group when compared to alternative provision (Capgemini 2009). Depending on the client group, the level of net savings to the public purse can be significant. For example, for people with learning disabilities, a net benefit of £6,764 per person annually was found in 2010, after costs, including Supporting People costs of £11,825 per person annually (Frontier Economics 2010; all 2010 prices).

While no research of this scale has been repeated since, the government restated in 2017 that the supported housing sector provided a £3.5 billion net benefit to the public sector per annum (HoC 2017).

Supported people directly benefit from the high-quality support and accommodation provided. It improves their life skills and social integration and has generally higher resident satisfaction than hospitalised care (Fakhoury et al 2020). Secure, stable supported housing is also indispensable in employment and economic inclusion for many vulnerable groups, including young people (FEANTSA 2017).

However, despite the urgent need, there is evidence that provision of transitional supported housing is currently inadequate, which means:

- vulnerable people are not able to access the care they need in stable accommodation
- other public services, particularly the NHS, are required to take the strain when, for example, people with complex needs unable to access the right support are hospitalised more often
- the growing use of unsupported temporary accommodation, which is generally of poor quality, often leads to individuals being trapped in what has become known as ‘hidden homelessness’ cycling in and out of low-quality temporary settings which causes further damage to their health and wellbeing (Maciver et al 2016).

1.4 THIS REPORT

This report examines the circumstances which have led to the increasing fragmentation of TSH and its struggle to meet growing demand. It considers a range of delivery models and the types of challenges that delivery organisations face, alongside considering the charity and voluntary sector’s growing role in addressing undersupply. The report concludes by outlining a strategy with a series of recommendations for achieving a better future for TSH.

2.

THE SCALE OF TRANSITIONAL SUPPORTED HOUSING IN THE UK

This chapter provides an overview of TSH as defined in this report, drawing on wider evidence to outline its scale, potential, funding environment, and policy context.

2.1 DEFINING TRANSITIONAL SUPPORTED HOUSING

Definitions matter – they drive the way policymakers conceptualise matters and ultimately their decisions. This is why in this report, we've sought to differentiate TSH from the wider supported housing sector to draw attention to the particular challenges therein.

The Blood Review (2016) is the most important policy document for supported housing in recent years, outlining the scale, scope and importance of the supported housing sector at that time. The review defined supported housing overall as *“any housing scheme where housing, support, and sometimes care services are provided to help people live as independently as possible in the community.”*

Within this definition are three broad and fundamentally different offers. We have summarised these in table 2.1.

The first is a permanent offer of support which aids older people to live as independently as possible in that accommodation. 71 per cent of supported housing is for older people (ibid). Sometimes elements of this provision are referred to as sheltered housing.

A second, smaller category includes people who are of working age, but whose disabilities require specially adapted accommodation as well as permanent support. This has been termed specialised supported housing, reflecting the definition found in The Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016. Sometimes this housing is also called sheltered housing, combining it with the above.

The third is an offer of housing explicitly linked to transitional support, for vulnerable clients such as those at risk of homelessness. Generally (though not in all cases), the support programmes are time-limited, enabling supported people to move on, or to transition into independent living in general needs housing. This report refers to this category as transitional supported housing.

TABLE 2.1: SUMMARISING DIFFERENT CATEGORIES OF SUPPORTED HOUSING

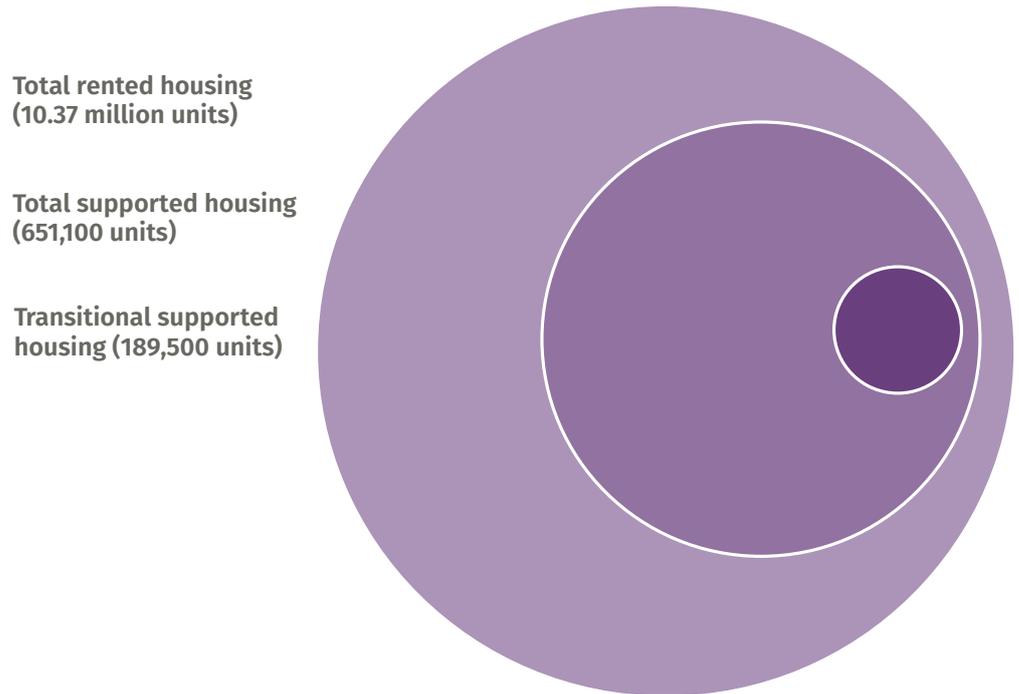
Transitional supported housing is for people who need temporary support

Supported people	Care	Termed
Older people	Permanent	Sheltered accommodation
People with major disabilities	Permanent	Specialist supported housing
People at moments of crisis (eg fleeing domestic violence) or with vulnerabilities that support can relieve (eg some addictions)	Temporary	Transitional supported housing

Source: Author’s analysis

FIGURE 2.1: TRANSITIONAL SUPPORTED HOUSING IS A RELATIVELY SMALL BUT IMPORTANT ELEMENT OF HOUSING STOCK

The estimated number of transitional supported housing units compared to the total rented housing stock, supported housing, and privately rented stock within the sector for Great Britain in 2016



Source: Author’s analysis of Blood Review 2016

This report is concerned with the third category of supported housing, termed **transitional supported housing**.

Under our definition, TSH includes:

- housing where support is provided to those with particular circumstances which limit their ability to live independently and which may be responsive to support.
- a minimum standard of care, support, and supervision which residents should expect, though accounting for the varying nature of support needs between residents, their personal journeys, and aspirations
- support that is transitional in so far as the offer of support services is not intended to be permanent, though to some extent the housing offer itself can be a permanent arrangement and support could endure depending on people's circumstances, particularly for people living with certain disabilities
- sufficient support to enable people to sustain their own settled accommodation where vulnerabilities or needs are no longer significantly detrimental to their ability to sustain accommodation.

2.2 THE SCALE OF THE EXISTING TRANSITIONAL SUPPORTED HOUSING SECTOR²

People

A key challenge identified in this research is the absence of data about the people who live in the overall supported housing sector, let alone the subset termed TSH.

The Blood Review (2016) remains the main source of evidence. It estimated that there were 716,000 people living in supported housing at any given time, of which 189,500 were of working age. This is a proxy for the potential size of TSH's population. The Blood Review also notes that because some types of supported housing can have high rates of turnover, the number of people who have lived in supported housing over a given period is likely to be much higher.

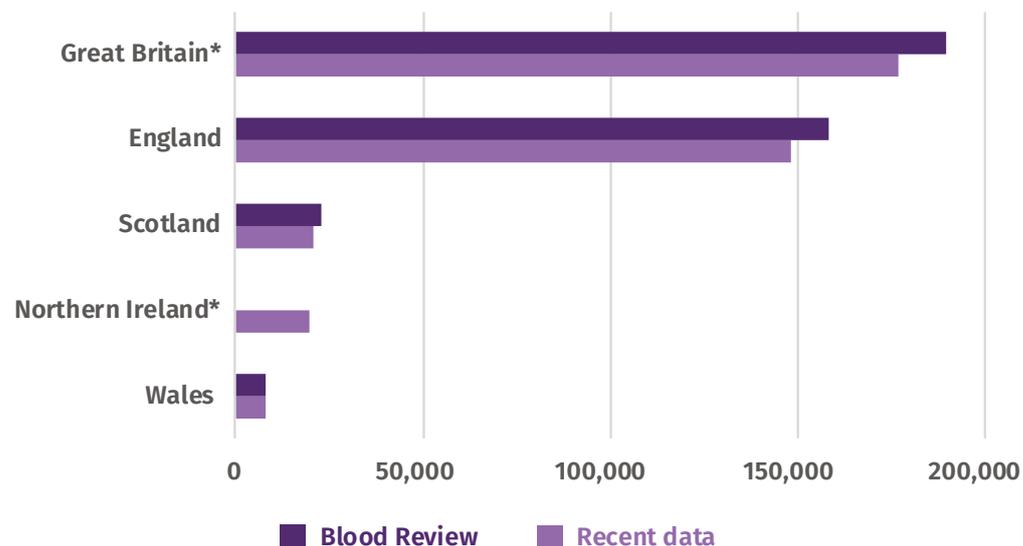
The government does not publish data showing the total number of people living in supported housing. For example, the government's data on housing benefit does not include information on the number of people being supported by exempt accommodation rates.

2 It should be noted that to allow us to estimate the scale and scope of the existing supported housing sector by drawing on the wider literature, we have not been able to fully implement this definition in our data gathering. Therefore, we have aimed to use the working-age section within the definition in the Blood Review. The review's definition is: "Specified accommodation as defined in DWP Circular A8/2014; and other types of accommodation-based supported housing where some form of care, support or supervision is provided to tenants." (Blood Review 2016)

Units

FIGURE 2.2: THE BLOOD REVIEW'S ESTIMATE OF 189,500 UNITS IN GREAT BRITAIN REMAINS THE BEST ESTIMATE

The estimated number of transitional supported housing units from the Blood Review (working age client group units) compared to recent statistical returns in the nations of the UK



Note the Blood Review excluded Northern Ireland and Great Britain has been summarised here to ease comparison between the Blood Review and recent data

Source: Author's analysis of RSH 2019, SHR 2019, Welsh Government 2019, NIHE 2019, and Blood Review 2016.

The Blood Review estimated Great Britain had 651,500 supported housing units³ of which 29 per cent – or around 189,500 units – were estimated to be units for working-age client groups (an approximation of TSH). The estimated profile by country and client group is shown in table 2.2.

TABLE 2.2: PROFILE OF SUPPORTED HOUSING BY CLIENT GROUP IN 2015 (APPROXIMATE NUMBER OF UNITS)

	England	Wales	Scotland	Great Britain subtotal
Hostels (eg single homeless, families, offenders)	45,000	1,500	9,500	56,000
Refuges and safe houses (eg domestic abuse)	4,500	500	1,000	6,000
Supported housing for people with disabilities (learning disabilities or physical disabilities) ⁴	47,500	3,500	8,500	59,500
Supported housing for people with mental health problem	29,500	1,000	2,500	33,000
Supported housing for young people (16-25)	19,500	1,000	1,000	21,500

Note: The Blood Review did not include data for Northern Ireland. Due to the nature of the variable sources used in the Blood Review, these estimates combined account for a lower number of units than the estimate for TSH overall.

Source: Blood Review 2016

³ Units here refers to either a room or bedspace in shared supported housing or a self-self-contained supported housing unit like a house or a flat.

⁴ Within this category in particular there are likely to be units which fall outside the scope of transitional supported housing

The government does not hold or publish the number of supported housing units beyond the findings of the Blood Review. Furthermore, varied delivery models across TSH (see chapter 3) and the UK create difficulties in isolating with confidence the current number of units.

TABLE 2.3: ESTIMATING SCALE OF THE SECTOR ACROSS THE UK BY AVAILABLE DATA

	England	Scotland	Wales	Northern Ireland
Units	132,236 owned and managed by private registered providers (PRPs) 15,839 owned but not managed by PRPs	20,966 units either owned or managed by social landlords 97% owned and managed	7,933 'other supported stock' units	4,320 accommodation-based units supported by the Support People programme

Source: RSH 2019 (England),⁵ SHR 2019 (Scotland), Welsh Government 2019 (Wales), RSMCCWC 2015 (Northern Ireland)

Table 2.3 outlines recently available data for the number of units. However, it is fraught with divergent definitions, methodological differences, and constraints. This includes England's figure including all registered providers (RPs; non-profit and profit-making RPs), while Scotland only includes social landlords (non-profit). In both England and Scotland, there is no available information on the number of units which exist outside of the regulated social housing providers, and Scottish data does not distinguish between supported housing for older people and supported housing closer to TSH. Therefore, it cannot be said with confidence that this definition strictly accords with other findings.

Meanwhile, the Welsh government publishes data using the term 'other supported stock' units, which does not include extra care stock or 'supported including sheltered stock', providing for an approximation of TSH.

Finally, in Northern Ireland, the Supporting People programme was never abolished. Yet, the programme's annual reports do not record units by distinct client group and (similarly to Scotland and Wales) the definition of supported housing in Northern Ireland (as funded by the Supporting People programme) includes floating support – which is not accommodation-based support, and therefore not TSH. Hence, 2015 data has been extracted from a special review on accommodation-based support (RSMCCWC 2015).

Across England, Scotland, and Wales the Blood Review found that the housing associations were the landlord of 68 per cent of stock that is defined as TSH. This means that the estimates above are incomplete (at least 32 per cent incomplete as of 2015). Hence, there is a considerable, unquantified level of exclusion of units provided by charities and voluntary organisation landlords and private landlords.

While the figures above indicate the state of TSH today, it is not possible to produce a single national figure *and* these estimates are underbounded. Hence, the most reliable estimate for the number of units in the sector remains the 189,500 units from the Blood Review (2016).

⁵ It should be noted that there are limitations with the statistical data return with potential for reporting errors by individual PRPs (RSH 2019). Moreover, the introduction of the Welfare Reform and Work Act (2016) and associated regulations, including the Social Housing Rents Regulations led to definitional revisions in supported housing and housing for older people. This focused on units which are defined as supported housing (conventional) and units intended for exclusive use by older people. There may be some continuation of older definitions in the reporting due to the self-reporting by PRPs. Moreover, because social housing rent reductions were determined by particular definitions, there may have been some recategorisation of stock from 2017–19 where the reality of the stock did not change (RSH 2019).

2.3 THE SCALE OF POTENTIAL NEED

The scale of potential need for TSH is also difficult to estimate. There are varying levels of risk and need which require distinct support. Isolating the line at which supported housing is the most appropriate offer is challenging at a macro level across the population.

Sitra and the National Housing Federations (NHF 2015) have identified the at-risk population and estimated the sub-set of this population who would benefit from a supported housing intervention (using the Blood Review's definition). For 2015/16, they estimated the need for supported housing for people of working age at 125,196 lettings (ibid). As they used historical data on those who were already in pathways to supported housing, this is likely to be an underestimate.

The government has also projected the need for supported housing in Great Britain (Wittenberg and Hu 2017). This suggests that to keep pace with demographic pressures, an increase of 16 per cent from 190,000 units in 2015 to around 220,000 in 2030 is needed for working age adults (although this includes a level of supported housing that would not be considered TSH, principally among provision for people with disabilities). Covid-19 and its wider economic impacts are likely to further increase demand for TSH provision, but it is too early to robustly predict the scale of this increase.

2.4 FUNDING AND REGULATION

Funding for TSH is divided into support-side and housing-side. *Support-side* funding differs across the UK and is outlined in the table below. *Housing-side* funding is principally delivered through exempt provisions of housing benefit.

Housing benefit provisions

Housing benefit provides the **housing-side** funding for most TSH. It is part of the welfare system and administered by the Department for Work and Pensions. The administration of housing benefit is complicated, and this box serves as a summary. Local councils process claims for housing benefit subject to regulations.

People living in **specified accommodation** are entitled to claim housing benefit to cover the cost of eligible rent, which is paid directly to the landlord. Housing benefit is a separate claim to universal credit and does not count towards the benefit cap.

Specified accommodation contains four categories.

- **Exempt accommodation**, as defined in 1995, where the landlord also provides 'care, support, or supervision' to the tenant – including if that is commissioned to another provider by the landlord. Exempt accommodation is detailed below.
- **Managed accommodation** which is supported housing where the landlord does not provide care, support or supervision, which covers examples where local authorities have commissioned housing and support separately, but the claimant must be admitted to the accommodation to meet a need for care support or supervision. It includes the same landlord type as exempt accommodation.
- **Domestic violence refuges**, provided by either a local housing authority or an eligible exempt accommodation landlord in accommodation at least mainly used for non-permanent accommodation of people fleeing domestic violence.

- **Hostels or 'housing authority non-self-contained supported housing (such as hostels)'** where the tenant must receive care, support, or supervision.

Care support or supervision has been established by case law as meaning 'more than minimal' or 'more than trifling' (Commonweal 2019) but no further definition exists.

For specified accommodation, some of the rules that limit the amount of rent which can be obtained through the welfare system do not apply.

Accommodation is exempt where all of the following are true.

- The landlord is a non-metropolitan county council, voluntary organisation, charity, or RP.
- The landlord has a legal interest in the property concerned (meaning ownership or lease).
- Tenants are admitted to meet a need for 'care, support and supervision' (as above).
- Additional services to meet that need are provided by the landlord or an agent on the landlord's behalf.

Exempt accommodation is exempt from most welfare restrictions including the spare room subsidy or bedroom tax, benefit cap, and restrictions on payment of rent to landlords. Exempt accommodation entitles social landlords to recover costs of providing additional services (such as intensive housing management) to tenants, for local authorities to fund enhanced levels of housing benefit provided a properly evidenced claim evidences that rent meets eligible service charge and other costs – excluding food, water, laundry and other items. Local authorities can recover 100 per cent of this cost from DWP if the landlord is an RP, and less where the landlord is not.

See NHF (2018) for further discussion

Under these provisions, where providers meet the regulatory requirement to provide 'care, support or supervision', they are able to claim rental levels in excess of private sector local housing allowance rates (Commonweal 2019). The sole stipulation is that the rent levels be agreeable to local authority housing benefit teams. While there is sometimes negotiation and agreement between providers and local authority housing benefit teams, the vast majority of rents are set by providers themselves (Blood Review 2016).

TSH has higher rents than other housing types, because there are higher unit costs in TSH than in general needs housing, which is well evidenced (HCA and RSH 2016; RSMMWCW 2015; Blood Review 2016).

Across Great Britain, it was 'conservatively' estimated for 2015 that the annualised spend on support-side funding was £2.1 billion, while housing benefit spend on working-age supported housing (a proxy for TSH) stood at £1.72 billion (Blood Review 2016).

Many of the areas linked to TSH client groups such as homelessness and probation services, are the responsibilities of the UK's devolved administrations in Northern Ireland, Scotland and Wales. However, housing benefit remains the responsibility of the UK government at Westminster and so and is subject to the same challenges across the country.⁶

⁶ Though the Scottish government has limited powers over discretionary housing payments and universal credit, including the ability to pay landlords the housing element directly, absent in England and Wales.

The regulatory environment does vary based on the devolved settlements in the nations and regions and, whilst it is beyond the scope of this report to discuss the devolved arrangements in detail, table 2.4 below provides an overview of regulation and support-side funding across the UK.

TABLE 2.4: SUMMARISING TSH REGULATION AND FUNDING ARRANGEMENTS

Nation	Regulation and oversight arrangements
England	<p>The Regulator for Social Housing regulates RPs (which includes for-profit and not-for-profit organisations).</p> <p>Local authorities commission supported housing from their general funds with varying arrangements about oversight structures.</p> <p>Local authorities monitor commissioned services with varying levels of scrutiny.</p> <p>The Care Quality Commission does not regulate or inspect support services in supported housing, where care is provided in a supported housing setting, the CQC does not regulate the accommodation directly.</p> <p>Since the 2012 abolition of the Supported People programme, there is no single funding stream for TSH which is principally funded through local authority commissioning out of their general budgets. Though, there is some commissioning through bodies such as HM Prison and Probation Service (HoC 2018).</p>
Scotland	<p>The Care Inspectorate regulates all housing support services.</p> <p>The Scottish Housing Regulator regulates Registered Social Landlords.</p> <p>Local authorities commission supported housing from their general funds with varying arrangements about oversight structures.</p> <p>Local authorities monitor commissioned services.</p> <p>The Scottish Social Services Council regulates the social care workforce, including staff in housing support services.</p> <p>Since the 2012 abolition of the Supported People programme, there is no single funding stream for TSH which is principally funded through local authority commissioning out of their general budgets. Though, there is some commissioning through bodies such as HM Prison and Probation Service (HoC 2018).</p>
Wales	<p>The Welsh government regulates Registered Social Landlords.</p> <p>Local authorities commission supported housing from HSG in line with programme guidance, which includes needs assessments, strategic planning, and reporting to the Welsh government on outcomes.</p> <p>Local authorities monitor supported housing services through HSG programme arrangements and in turn this is monitored by the Welsh government.</p> <p>Support services in supported housing are not regulated directly</p> <p>Principally, TSH in Wales is funded through the Housing Support Grant which is ringfenced for local authorities to commission TSH (Welsh Government 2020).</p>
Northern Ireland	<p>The Northern Ireland Housing Executive requires organisations providing Supporting People services to be approved as accredited providers.</p> <p>The Northern Ireland Housing Executive directly commissions supported housing, which is the main source of funding, in line with the Supporting People programme guidance which includes provider reporting on outcomes.</p> <p>Housing associations in Northern Ireland are regulated by the Department for Communities.</p> <p>The Northern Ireland Housing Executive monitors services commissioned under Supporting People including quality monitoring visits.</p>

Source: Adapted from Blood Review 2016, NIHE (2020), Welsh Government (2020), HOC (2017)

3.

THE FRAGMENTATION OF TRANSITIONAL SUPPORTED HOUSING

3.1 A GROWING FUNDING CRISIS

TSH has become increasingly fragmented in recent years, particularly in England, as providers have struggled to keep pace with demand within a progressively tougher funding environment.

From 2011 onwards, the future sustainability of TSH has been undermined, not least due to the government announcing and then backtracking on numerous proposals to reform TSH, including its funding – described below.

During the same timeframe, the UK experienced a significant economic recession following the financial crash of 2008. In response, significant budget cuts were imposed on public services and local government under the austerity agenda. Austerity disproportionately affected England and TSH shouldered a heavy burden with spending on housing support and advice for vulnerable people falling 45 per cent between 2010/11 and 2014/15 (Blood Review 2016). Across England, council spending on services fell by 13 per cent in England from 2009/10 to 2018/19 (Johns 2019).

Social security reform has further intensified this disruption with the introduction of universal credit. Prioritising in-work benefits, the reforms limited access to welfare, including housing benefit.

As part of this agenda, the government attempted to reform the way in which housing benefit was paid to claimants living in certain types of supported housing which couples with other suggestions for reform at various points. The timeline below highlights various proposals:

- In 2011, the Coalition government proposed housing benefit reform for claimants living in certain types of supported housing on the grounds that the housing benefit had become too complicated, contradicted their wider objectives of personal budgeting, was unfair, and put pressure on financial viability in the sector (DWP 2011).
- In 2012, the government decided not to reform housing benefit entitlements, leaving exempt accommodation outside the universal credit system (Wilson 2018).
- In 2015, the short-lived Cameron government announced that the supported housing sector would be exempt for one-year from the 1 per cent annual rent reduction for social housing landlords from April 2016 to April 2020. The government also intended to cap housing benefit at relevant local housing allowance (LHA) levels – LHA being the rate applied to those living in the private rental sector. This resulted in outcry from the sector, a one-year delay to the cap's introduction and the commissioning of the Blood Review (ibid).
- In 2016, the May government confirmed the deferral would end, mandating 1 per cent annual rent reductions from April 2017 for three years. Though specialised supported housing was exempted, something later extended to refugees. A further delay to applying LHA rates was agreed by government until 2019/20 alongside a commitment to introduce a new funding model

for supported housing. The proposed model involved paying LHA rates with devolution of additional top-up funding for local authorities to reflect higher unit costs in the sector (DCLG and DWP 2016).

- In 2017, the government announced it would scrap the application of LHA rates into the sector (and in general needs social housing). A new funding model was announced for the sector with three components. The first was a ‘sheltered rent’ model from 2020, which would not apply to the transitional supported housing being discussed here. The second was retaining housing costs in the welfare system for ‘long term’ supported housing. The third was for ‘short-term and transitional supported housing’, scoping in homeless hostels, refuges for those at risk of domestic violence and those receiving support for drug or alcohol abuse. Time limited to two years for an individual, both housing and support side would be commissioned at local authority level through a ring-fenced grant which would remove part of TSH from the welfare system (ibid).
- However, in 2018, the government scrapped its proposals and committed to meeting supported housing’s housing-side costs through the housing benefit system, alongside committing to develop a ‘robust’ oversight regime with a focus on quality and value for money through a further review of “housing related support” (MHCLG and DWP 2018).

Despite cuts, reform proposals, and significant uncertainty, unmet need for TSH continued to rise. Sitra and the National Housing Federation estimated in 2015/16 that the shortfall of TSH in England stood at 15,640 units, rising to 29,053 by 2019/20 and again to 46,771 units by 2024/25 if contemporary trends continued (NHF 2015). Meanwhile, a shortfall of 17,000 units was reported to the joint inquiry of the Work and Pensions and Communities and Local Government Committees (HoC 2017).

Future demand projections anticipate that – holding real unit costs for each user group constant – housing benefit costs in Great Britain would rise from £1.715 billion in 2015 to £1.99 billion in 2030 for working age client groups in supported housing (Wittenberg and Hu 2017).

Support-side funding has fallen too. Over the course of local government austerity,⁷ TSH has hung in the balance. In 2013, Homeless Link (2013) found some areas were exploring cuts of up to 85 per cent in housing-related support. Local authority cuts to supported housing expenditure are widespread (HoC 2017).

The revenue funding – across support-side and housing-side – is a huge challenge for all provider types across TSH. Uncertainty and proposed reforms have placed enormous strain on the sector. For example, almost a quarter of wider supported housing providers (24 per cent) reported that all their supported housing units were at risk of becoming unviable and closing if rent caps were implemented (NHF 2016).

3.2 HOW IS TSH PROVIDED?

There are four main types of organisation who deliver TSH in the UK:

- local authorities
- housing associations
- private sector landlords and care providers
- charities and voluntary organisations.

The highly fragmented model of delivery by these actors across the three key roles of stock owner, stock manager, and support provider is demonstrated in table 3.1.

⁷ Local government is the principle source of TSH commissioning (Blood Review 2016)

TABLE 3.1: SUMMARISING KEY ROLES IN TSH DELIVERY ACROSS THE FOUR MAIN ACTORS

Housing ownership	Housing management	Support	Examples (see below for more info)
RP	RP	RP	Housing association North Star's directly managed services
RP	RP	Charity	North Star's part-agency managed
RP	Charity	Charity	North Star's full agency managed
Local authority	Charity	Charity	Some LA hostels for rough sleepers
Private sector (PRS or REIT)	RP	Charity	Some lease-based RP models
Private sector (PRS or REIT)	Charity	Charity	Some lease-based RP models
Charity	Charity	Charity	Charity Hull Women's Network
Local authority	Local authority	Local authority	Some LA hostels for rough sleepers

Source: Author's analysis

Relationships between these actors and their roles in providing TSH are varied and complex involving various commissioning and leasing arrangements.

Housing First⁸ models are also a form of TSH. Housing First uses ordinary housing in both the private rental sector and social housing sector where the housing is not conditional upon people taking up support. Its primary purpose is supporting people with high needs into stable independent accommodation immediately, providing support that meets their needs to sustain their tenancy for as long as they require. Within the model, housing and support can be provided by the same organisation – it simply requires that they are not conditional on each other. While it is currently a relatively small sector in the UK with 32 active Housing First providers who were supporting around 350 people in 2017 in England (HFE 2018), it is a growing sector, and has also gathered momentum and support in Scotland and Wales (Blood et al 2018). As part of TSH, it faces the sector's challenges, such as the lack of long-term funding assurances (discussed below), but it faces specific challenges too, including some Housing First accommodation, due to the way housing benefit is administered, being excluded from exempt housing benefit provisions (ibid).

Below, we examine the different providers of TSH and the specific barriers that they face in offering sustainable TSH provision. Highlighted revenue funding issues are a common concern, but they are not discussed separately within each provider type unless specific, related challenges are discussed.

3.3 HOUSING ASSOCIATIONS

Housing associations provide most TSH stock and provide significant housing management. Housing associations provide the vast majority of wider supported housing, covering more than 60 per cent of every client group in England (Blood Review 2016), though Scotland and Wales have higher prevalence of local authority owned housing for certain groups.

8 For a definition of Housing First see (Homeless Link 2015).

In some services, housing associations also provide support directly to supported people and in others (often more specialised services like drug and alcohol services), they commission support providers to provide support into the associations' housing stock. Housing associations are largely:

- being commissioned by local authorities to provide the whole service
- being commissioned as the housing provider alongside a separately commissioned support service
- leasing housing stock to charitable and voluntary organisations who are commissioned to provide TSH.

How housing associations deliver supported housing varies, but broadly features:

- self-contained or shared accommodation managed by the housing association, which is rented at exempt accommodation housing benefit rates, and let through licence agreements with the tenant which include the aims and service levels that can be expected. The housing association may or may not own the stock
- support, care, and supervision provided either by the housing associations' own staff or commissioning charitable organisations to provide support services.

Housing associations provide supported housing stock through the same means that provide general needs stock. There is no specific capital grant available for transitional supported housing, though specialised supported housing attracts some limited NHS grant opportunities.

The challenges for housing associations

Since 2010, overall grants to housing associations have halved, and government spending has shifted from social housing supply towards subsidising rents in the PRS (AHC 2020).

Rental income for housing associations providing TSH comes from exempt provisions of housing benefit, as it does for all supported housing providers. Some housing associations operate rent pooling, meaning that they do not recover the full cost of TSH from supported people, but subsidise it from general needs incomes (NHF 2017). However, at a time of financial pressure for housing associations and reduced support for social housing generally, this has become an increasingly unattractive proposition.

Housing associations, and social housing generally, face a difficult future after a difficult period with government's attention continuing to be drawn to home ownership at the expense of funding social housing. This year the government committed £12.2 billion to its Affordable Homes Programme over the five years to 2025/26 (HMT 2020). New schemes such as the First Homes scheme could divert funds away from investment in social housing or affordable homes for rent for instance (Webb and Murphy 2020).

Meanwhile, a significant portion of the national housing stock has moved from social ownership to the private sector (AHC 2020, Baxter and Murphy 2019, Cooke and Davies 2014). 17,000 socially rented homes were lost in 2018/19 through right to buy alone (AHC 2020). This trend places pressure on social housing stock at a time of growing demand with millions with general housing needs languishing on waiting lists (ibid), competing for stock with TSH.

This competition for stock is a large challenge for TSH, which is considered riskier than general needs funding in part due to the uncertainty of future funding. As policy has encouraged speculative acquisition at scale by RPs and the funding environment for general needs housing has been heavily squeezed, housing association boards are increasingly pushed to keep revenue costs low and turnover high – creating a strategic drift away from the provision of TSH.

Case study: North Star Housing Group

North Star is a housing association predominantly operating in Tees Valley, North Yorkshire, Darlington and County Durham. It owns 4,245 homes, including 600 supported housing bedspaces both for older people and TSH.

North Star provides a range of TSH and other supported housing including:

- refuges and outreach properties for people escaping domestic violence
- for people with mental health issues
- for people experiencing drug and alcohol addiction
- young persons' accommodation and support services
- for people who are older and people with disabilities
- for women with complex needs.

North Star's supported housing is provided through three different models.

- Directly managed services, which refers to supported housing owned, managed, and delivered by North Star. This includes a young person's accommodation service for care leavers, women's services, extra care and older persons' services which are commissioned by the local authority.
- Part-agency managed, where North Star own and manage stock, but the local authority commissions care providers separately. It includes support services which require more specialist support, such as for people with learning difficulties. Though the care is commissioned separately, it is delivered on site.
- Full-agency managed, which covers supported housing which is owned by North Star (with some property maintenance), but another organisation manages the housing and support. This includes women's refuges and drug and alcohol services.

North Star currently targets net growth of five supported housing units per annum. The Homes England Move On Fund has supported 12 of their additional units over the last two years. But, this only supports 35 per cent of the capital funding for supported housing with the rest funded by North Star.

Like other RPs in England, North Star is regulated by the Regulator for Social Housing who regulates its governance, financial performance, and housing. North Star, a member of Supported Housing in Partnership,⁹ also conducts regular internal audits against its own standards and invites commissioners to observe. This seeks to ensure that it is delivering both a consistent quality service and against its outcomes.

3.4 LOCAL AUTHORITIES

Local authorities are the principle commissioners of TSH – either commissioning both support and housing together or doing so separately. Though, they do play a role as providers, housing managers, and owners of housing stock, particularly more so in Scotland and Wales than their limited role in England.

This mainly relates to English local authorities transferring very large proportions of their stock to housing associations since the 1990s (Blood Review 2016). Across Great Britain local authorities provide a higher proportion of accommodation for homeless families than any other client group. However, in England local authorities only contributed 2 per cent of units for homeless families and single homeless people in 2015 (ibid).

9 A membership organisation representing registered providers who provide supported housing

Local authorities deliver TSH through the stock they own and manage in a similar way to housing associations – generally this is focused on discharging their homelessness duties and insecure tenancies are used to do so.

The challenges for local authorities

Local authority stock is under pressure and has greatly reduced due to stock transfers and the right to buy (AHC 2020). Despite growing demand, between 1969 and 2019, the number of local authority dwelling completions fell by 98 per cent and local authorities in England have only completed 25,000 homes since 1992 (AHC 2020). Ultimately, these pressures alongside growing affordability problems in the PRS have contributed to a generationally significant homelessness crisis since 2010 – which have increasingly become the responsibility of local authorities to solve due to their recently enhanced homelessness duties. This has resulted in skyrocketing use of temporary accommodation – often in highly unsuitable B&Bs and other PRS accommodation (Johns 2020). This unsupported temporary accommodation often fails to meet standards for human habitation, limits the rights of occupiers, and is often unsafe in terms of physical and mental health and wellbeing (Maciver et al 2016).

Local authorities are increasingly trying to move away from using B&B accommodation to developing their own hostel accommodation, provided as TSH using exempt accommodation rates.

B&B accommodation rents are capped at LHA rates with local authorities topping up additional costs from their general funds, while local-authority-owned hostels are exempt and can be fully recovered. It is generally more cost effective to use the latter than B&Bs or leasing in the private sector, though there is a capital outlay for local authorities, which can be partly met by limited Homes England grants.

3.5 THE ROLE OF THE PRIVATE RENTAL SECTOR LANDLORDS

The use of the private rental sector (PRS) in the provision of TSH has become increasingly common due to lack of alternative provision. In TSH, PRS's involvement is largely through leasing arrangements, where a RP or charity leases units from private landlords to rent onto their supported clients. Some of this is meeting short-term increases in demand from social landlords who need temporary additional stock, while other arrangements are more permanent. Such arrangements do not require up front capital costs from the support provider, who is able to meet the housing costs entirely through housing benefit and can move quickly to increase their supply. This has provided a means for organisations such as housing associations to provide bona fide TSH despite a shortfall in stock.

However, other arrangements are more complex and their inclusion in the definition of TSH is questionable. There is a plethora of complex arrangements and models designed to attract exempt provision of housing benefit. Lease-based Registered Providers (LBRPs) are a growing part of this. The key features of the LBRP model (Commonweal 2019) can be taken to apply broadly across England.

- LBRPs tend not to own stock and seek to operate using exempt provisions of housing benefit.
- LBRPs lease units from PRS landlords, which they then manage, including the responsibility for providing care.
- LBRPs have arrangements with other non-profit or for-profit organisations who also lease their own units from the PRS. These organisations lease their own leased properties on to the LBRP as what is known as a superior landlord.
- LBRPs operate as superior landlords, with providers and other landlords operating as managing agents beneath the RP.

- To further complicate matters, the LBRP may not provide its own care, support, and supervision but contract that in from an additional organisation into both the units it has leased and those of other organisations within the umbrella over which it is the superior landlord.

The challenges of the private rented sector

The arrangements outlined above illustrates some of the challenges of PRS involvement in the provision of TSH, not least, an operational complexity that is open to abuse, their fairly opaque management of exempt housing benefit, and the exemption of RPs from much of the limited housing regulation that does exist in England such as HMO licensing (Commonweal 2019).

There are also concerns about the financial viability and governance of LBRP models, such as where the rents on the PRS leases are index-linked, but the income from the support-side and housing-side are not (Barratt 2019). Additionally, the high rents demanded can be refused by local authorities' housing benefit teams. The Regulator of Social Housing has indicated concern, after the collapse of one LBRP, First Priority. The scale of non-compliance with regulatory criteria among LBRPs is high (Commonweal 2019).

There is evidence of market exploitation of exempt provisions of housing benefit to maximise profits. Index-linked lease arrangements are often for 25 to 30-year periods of guaranteed, government backed (through housing benefit) income for the owner of the property. Hence, these properties represent a highly valuable investment, and often the properties are sold, and packaged into large portfolios held privately and targeting 5 per cent yields (ibid). These yields are almost exclusively met by public funding arrangements designed to support vulnerable people in supported housing. Funds have been launched, including on the stock market, to raise large amounts of capital that then is used to buy packages of such properties – targeting said 5 per cent yields.

Overall, the regulation over quality in the private rental sector, and through leasing arrangements particularly, is poor. The full extent of the impact of poor governance and financial arrangements in this subsector has not been sufficiently investigated but scrutiny and concern are growing (Commonweal 2019; Barratt 2019). Despite opacity, these arrangements are being used to house vulnerable people in nominal TSH and paid for with housing benefit. This is a clear concern.

3.6 CIVIL SOCIETY: THE WIDENING ROLE OF CHARITIES, COMMUNITY AND THE VOLUNTARY SECTOR

Charities, community and voluntary organisations deliver both on the housing and support side of TSH. They are often the providers of support service, sometimes they lease properties from housing associations or the private sector into which to provide support, and a small but growing number own and deliver both the housing and the associated care. They are also directly commissioned by local authorities to provide the whole service or commissioned by housing associations to provide support.

The Blood Review estimated that civil society¹⁰ organisations accounted for around 7 per cent of supported housing units but were more prevalent in supported housing for working-age client groups – analogous to TSH. The review also estimated that while the majority of supported housing provided by housing associations and local authorities was for older people, 69 per cent of supported housing in the charity or voluntary subsector was for working-age clients (Blood Review 2016).

¹⁰ For a definition of civil society, see Hunter and Longlands (2016)

The charitable, community and the voluntary sector are generally engaged in the provision of supported housing by:

- being contracted to provide support services into properties owned and managed by other parties including housing associations and local authorities
- being contracted to provide management and support services into properties owned by other parties including housing associations and local authorities
- leasing properties from housing associations or the private sector and letting those properties as supported housing, with different arrangements as to the extent that charities directly manage the properties
- owning and letting their own housing stock as supported housing, with arrangements around management which range from managing the property to contracting this out to housing associations.

In recent years, some organisations have grown their own housing portfolio sufficiently to become RPs, though there remains a fairly substantial number of charitable and voluntary organisations that own supported housing but are not RPs themselves.

Collaborative approaches involving charities have emerged recently too, such as the Greater Manchester Homes Partnership. This partnership brings together several housing providers, a specialist impact investor, and three charities with experience supporting rough sleepers. Largely, it seeks to take a Housing First approach to tackling homelessness, with each supported person having a contact worker who aids them in accessing the right services and opportunities.

The challenges for charities, community and voluntary organisations

For those organisations who are not RPs, access to capital to grow the housing stock is limited to their ability to raise conventional finance (including mortgages) or to engage with social investors as described in the case study below. There are a variety of different financial models available with varying levels of risk and control ranging from arrangements where funders own properties and lease them to support organisations (similar to LBRP models discussed above) to arrangements where support organisations control the housing stock or take ownership with varying levels of exposure to financial risks.

Another challenge faced by charities, community and voluntary organisations in seeking to play a more active role in the ownership and management of TSH is that they are sometimes poorly understood and underestimated by other organisations in the public and private sector (Hunter and Longlands 2016; Jackson 2010). Part of the reason for this is that despite the unified way in which charities, community and voluntary organisations are often discussed, they vary enormously in their size, scale and focus (Alcock 2010). In addition, there is often a general lack of understanding about how these types of organisations operate and the language used to describe them, for example not all community and voluntary organisations are charities and vice versa (Wilding 2018).

The move towards civil society organisations playing a more active role in owning and delivering community services reflects wider changes which have seen successive governments actively encourage charities and voluntary organisations to a move away from what has become known as grant dependency (Chapman, Longlands and Hunter 2020).

Case study: Hull Women's Network and the Sustainable and Social Housing Fund

Hull Women's Network (HWN) is a charity within a group of organisations that are run by women for women. Their services include specialist domestic violence support with access to safe housing. HWN currently has access to 207 units of which it owns 130.

As a refuge service providing support to women and children fleeing domestic violence, HWN could not provide their support offer without accommodation.

Previously, HWN provided support for their client group into housing owned by RPs and local authorities. But in the 2000s HWN increasingly worried about the housing offer they were able to secure and decided that they could improve their service if they could access and control property directly.

From 2017, HWN purchased twice additional supported housing through borrowing from Social and Sustainable Capital (SASC). On the second occasion this borrowing was from Social and Sustainable Housing (SASH), a fund launched to offer charities across the UK with access to the financial structure co-designed by HWN and SASC. The original loan of £2 million enabled HWN to obtain 30 homes, with the further £3 million lent in 2019 adding 49 two and three bed properties. All 79 properties have been secured to house women and children escaping domestic violence in Hull.

This model used by HWN, SASH, supports small and medium sized charities or social purpose organisations who deliver transitional supported housing to vulnerable people. Eligible organisations have a track record of property and tenancy management, and typically annual income of between £500,000 and £30 million.

SASH lends 100 per cent of the property purchase price plus allowances for property refurbishment and property transaction costs. The borrower owns the properties purchased. There is no fixed interest rate – the borrower pays SASH the income it receives through rents, less agreed costs including repairs and maintenance, insurance, and property management overheads. This mechanism passes the risk of voids and operating costs from the service provider and places them instead with the lender.

SASH aims that properties remain in the charitable sector for the long term. At the end of a 10-year period, the repayment amount due on the loan is 85 per cent of the valuation of the properties purchased, subject to that being 75 per cent or more of the original borrowing. This mechanism aims to give the borrower a 15 per cent equity stake in the property portfolio regardless of whether house prices have risen or fallen. It is designed to allow for a 10-year period during which the organisations can reinforce their track record of managing their housing stock and develop a fully tenanted portfolio, and plan for the balance of the deposit required to refinance the loan with a conventional mortgage.

3.7 ADDRESSING FALLING FUNDING AND FRAGMENTATION

Our research highlights that TSH has become increasingly fragmented as successive waves of policy change and external challenge have impacted on the financial and institutional basis of provision, creating a complex and underfunded system. Developing a more integrated, coherent system must be part of responding to this challenge.

Funding must be addressed too. A stable revenue and capital funding model is needed to help place TSH on a more sustainable footing and to increase future provision.

Without clear strategy and adequate funding, need will continue to overwhelm provision with consequent higher demand for public services including the NHS. Meanwhile, use of inappropriate unsupported accommodation and unregulated and potentially exploitative PRS provision will grow in response.

Considering the evidence above, we conclude that it is imperative to reduce the role of the PRS in providing or managing stock in the transitional supported housing sector, and facilitate a larger role for the social sector: charities and voluntary organisations, local authorities, and housing associations.

This is not just about increasing housing stock, but critically, providing sufficient care places for people in need. In chapter 4 we will explore key means by which high-quality care places can be guaranteed throughout the system as part of rebuilding TSH for a more sustainable future, designed around the people who need its care most.

4.

REBUILDING THE TRANSITIONAL SUPPORTED HOUSING SECTOR

As this report has shown, the TSH sector faces several key challenges, including its fragmentation. Funding alone will not resolve all challenges. In this chapter, we examine key steps to help rebuild the sector and ensure a more sustainable and stable future.

4.1 STRENGTHEN DEFINITIONS, DATA COLLECTION AND DEMAND

Part of the sector's fragmentation is found in the way that TSH is understood and administered. Currently, this revolves around the processes and systems of funding that are necessary to support the service where legislation and guidance includes more detail around which actor provides the accommodation than the care, support, or supervision of eligible supported people (UK Government 2013, 2014).

A person-centred definition of transitional supported housing is needed. While this is generally overlooked, the Welsh government's approach to the Housing Support Grant is a notable exception, with its aims, values, vision and people-centred focus outlined and prioritised in policy (Welsh Government 2019).

Additionally, the absence of accurate data and evidence about the scale, need, and benefit of TSH prevents responsive policymaking and foregoes strategic planning. Data collection is equally poor at the local level where budget cuts have resulted in reduced monitoring, regulatory services, and performance management (Homeless Link 2013). Systematic, but sensitive, national collection of data on units/stock, clients and their characteristics, outcomes, costs, or providers and their services is required to allay this. Though the Blood Review has been significant in scoping out key characteristics of the sector, all of its findings were cautious estimates (Blood Review 2016).

A sensitive approach matters given the linkages between homelessness and TSH. Public bodies generally count people by using their address as a unique identifier, while it is also difficult to collect standard data from people with many of the vulnerabilities that predispose them to homelessness. Doing so insensitively could make some individuals' engagement with the system worse. Data collection in this sector is vital, but it must also be done delicately.

Finally, the lack of definition of a minimum standard of care, support, and supervision creates a number of concerns. This includes accountability for supported people, who do not know what level of support they should expect and for commissioners who may be commissioning inadequate support and expecting a minimum standard of provision (Commonweal 2019).

4.2 STRENGTHEN EVIDENCE OF BENEFITS

Since the 2009 evaluation of the Supporting People programme there has been a lack of available financial models for different offers within the sector to demonstrate value for money. This is true across TSH (including Housing First models particularly despite strong international evidence) (Blood et al 2018; Rice 2018; Johnsen and Wood 2018). The lack of evidence on TSH's role in improving outcomes has been specifically highlighted in studies on homelessness (Johnsen and Wood 2018).

Some, but not all, of the stakeholders we spoke to felt that the value of supported housing is not recognised across government, especially within HM Treasury. This sense of being under appreciated (which has been backed up by research such as Homeless Link 2013) contributes to the paucity of funding opportunities for the sector. Indeed, though the government's Rough Sleeping Strategy (MHCLG 2018) states that it values good quality supported housing, the strategy only commits to improving oversight and value for money rather than boosting or protecting provision.

Furthermore, there is a lack of understanding within Whitehall of the impacts of austerity and welfare reform, amongst other things, on the delivery of TSH, as noted in the joint report of the Communities and Local Government and Work and Pensions Committees (2017).

4.3 DEVELOP A CLEAR INTEGRATED STRATEGY FOR SUPPORTED HOUSING

Our research has highlighted that there is no real strategic approach or long-term thinking across policymaking and investment decisions – particularly in England and to some extent Scotland. Many years of disruption and policy churn have weakened the sustainable provision of TSH and lowered quality in the process.

While the government at Westminster is preparing a review of housing-related support services, the experience of the last few years has highlighted a lack of consideration in government regarding assessing need, long-term sustainability of supported housing services, or maintaining and increasing TSH provision.

Better coordination across services at national and local levels are needed as part of a strategic approach. Insufficient coordination across different services including health, mental health, drug and alcohol services, social care, and social housing, is related to inadequate resource levels (Pleace 2018) and siloed thinking at the departmental level in Whitehall.

Short term commissioning cycles by local authorities – often at just two years – contribute to the lack of strategic thinking. It also undermines the sector's viability thereby slowing supply, regardless of demand. The National Housing Federation has highlighted similar concerns about the commissioning cycle and the uncertainty it provides (NHF 2017). In our discussions, some supported housing providers again raised concerns about short-term commissioning cycles in the existing environment where housing and supply side funding are delivered separately. Some commented that other providers of support had exited the market or become unviable due to competition on costs over quality in recent years, because of reduced funding available within local authorities.

This absence of strategy also deprioritises supported people. Their support needs become determined by funding and commissioning cycles rather than their own journey towards more sustainable independent lives. In the worst examples, this can result in the termination of individuals' support before they are ready, often resulting in those individuals falling out of the system and re-entering it repeatedly.

4.4 STRENGTHEN REGULATION

The regulatory framework for TSH is patchy and incomplete. This is particularly the case in England where there is no regulation of the support provision other than through local authority commissioning processes.

Regulation of housing stock is limited too. Nonetheless, RP's performance is monitored by specific regulators in each of the UK's nations.

As noted by research on unsupported temporary accommodation, exempt housing benefit provision is not conditional on housing quality, and local authority property inspection and enforcement regimes are generally inadequate due to wider budgetary pressures (Davies et al 2016). Local authority inspections that do take place are mostly minimal contract monitoring. Though, better regimes exist. Hull City Council has pioneered an exemplary approach with its Supported Housing Provider Charter (HCC 2020). It includes standards relating to support, housing benefit, and housing and property management standards, and leans on the experience of supported people in Hull.

As has been already identified, there are serious concerns about the quality of TSH, particularly in the PRS and stakeholders we spoke to were especially concerned about new entrants into the market (like LBRPs) who were seen to be using supported housing as a route to extract higher yields from property as opposed to providing support to vulnerable people in need (see also Commonweal 2019; HoC 2017). The provision of TSH must operate in the interests of the people using the service rather than private interests of investors primarily concerned with generating stable profits from housing benefit.

The government has previously stated that it recognises the lack of oversight in the system (HoC 2017). There is a noteworthy lack of consensus within the sector itself about what appropriate regulatory system is required. However, local authorities and supported housing providers have expressed concerns about establishing a new regulatory body for supported housing. A national framework was supported instead. The YMCA suggested it should include (ibid):

- access and allocations
- needs assessments
- support and pathway planning
- resident involvement and empowerment
- security and safeguarding
- housing standards
- health and safety
- governance and financial viability.

The National Housing Federation highlighted strong desire in the sector for any new system to concentrate on tackling cost outliers rather than placing constraints on charges across the sector, pointing to the feeling within the sector that there is already transparency about cost recovery and spending controls through local authorities' housing benefit teams (NHF 2017).

The focus of the Regulator of Social Housing in England has been on specialised supported housing in the PRS (RSH 2019) rather than TSH. Though, similar problems feature across the broader supported housing sector (Commonweal 2019). Moreover, the regulator's attention has principally focused on the financial and governance risks posed, including LBRP arrangements, rather than the lack of care, support and supervision and the poor quality of the housing stock (ibid).

In all of this, the voice and lived experience of people living in TSH often goes unheard. Their ability to trust in and rely on providers and local and national

authorities is paramount to progressing their support. Poor-quality support or poor-quality housing can do lasting damage and harm their ability to engage ‘the system’ in future. Poor regulation is not just a matter of ensuring value for public money or good governance, fundamentally it is about ensuring that people get access to the care and support they need.

4.5 INCREASING SOCIAL AND AFFORDABLE HOUSING UNITS

A lack of social and affordable housing is a UK-wide crisis, which crucially for TSH:

- prevents those ready to live independently to move on from TSH into their own accommodation
- increases homelessness, and to some extent demand for TSH.

The wider housing crisis in the UK is well documented, and within it, the undersupply of housing is most acute in the social rented sector (Webb and Murphy 2020; AHC 2020). This trend has seen rising revenue spending on housing, often subsidising housing in the PRS, at the expense of investment in social housing (Chaloner, Colquhoun and Pragnell 2019). Indeed, the PRS overtook the social rented sector in the 2010s for the first time in generations. A combination of depletion of social housing stock through Right to Buy and lack of replacement has driven this, with particular consequences for those on the lowest incomes (Webb and Murphy 2020; AHC 2020).

This has driven enormous growth in housing-related welfare payments. The trend which simultaneously has seen welfare payments rise and investment in social housing fall has pushed significant cash flows into the PRS, privatising significant revenue from the UK Government. IPPR North previously estimated that in the 2010-2015 parliament, 95 per cent of government spending on housing passed through the benefit system with just 5 per cent invested in new homes (Cooke and Davies 2014).

Within TSH, increasing numbers of people are living in TSH stock when they are ready to move on into general needs accommodation, reducing the available places in the sector (NHF 2016). It was estimated in 2015 that one-quarter of the people in accommodation-based services in England were waiting to move on but were unable to do so because of the difficulties in obtaining suitable, affordable housing (Pleace 2018).

The government’s £50 million Move on Fund (for England outside London where a separate fund is administered by the Greater London Authority) as part of the Rough Sleeping Strategy intends to increase the supply of affordable move-on housing. However, it is a halfway house programme – more in keeping with step-based approaches to support provision than Housing First approaches or moving people into genuine general needs accommodation. Indeed, small elements of short-term revenue funding can be obtained through the Fund to enable ongoing tenancy support. The scheme has been criticised by the sector because it does not enable long-term certainty for providers or residents (see for example Heath 2019).

The Move on Fund simply does not confront the true scale of either the funding difficulties or undersupply of stock within TSH or the national undersupply of social and affordable housing.

After the Everyone In programme, the government launched the Next Steps Accommodation programme – a two part fund for interim accommodation (£105 million in 2020/21) and longer-term move on accommodation (£161 million for 2020/21) which is part of the £433 million move-on accommodation funding planned for this parliamentary term. Similar in approach to the Move on Fund, though targeted at the Everyone In cohort, Next Steps reproduces the same pitfalls.

Furthermore, the undersupply of social and affordable housing for people on low incomes is a major driver of homelessness and initial engagement with services. This is accompanied by the erosion of welfare entitlements for those in need, particularly since 2010, growing shortfalls in local housing allowance rates across the UK, and the chronic lack of accessible and affordable housing supply reducing local authorities' abilities to discharge homelessness duties across the country (Downie et al 2018).

4.6 A HISTORIC OPPORTUNITY TO BUILD BACK BETTER

The need for TSH could increase significantly through the economic impact of Covid-19 as unemployment rises and people face increasing stress as a result. This adds to the already urgent need for stabilised and increased TSH provision which will need to be underpinned by government action and crucially, funding.

Rebuilding TSH provision and creating stability to obtain the best outcomes for supported people requires five key interventions alongside improved funding for the sector.

In the final chapter, we outline our recommendations to secure a better future for TSH, and crucially for the people who rely upon it.

5.

BUILDING BACK BETTER: RECOMMENDATIONS FOR A SUSTAINABLE FUTURE

Transitional supported housing (TSH) plays a crucial role in providing support to some of the most vulnerable in our society, preventing and relieving homelessness, and building independence. Its benefits are well documented, yet it faces considerable obstacles to meeting need.

To this end, we provide the outline of a strategy for policymakers to consider ahead of the comprehensive spending review and to help inform the forthcoming review of housing-related support services

RECOMMENDATION 1: MEET NEED WITH SUSTAINABLE FUNDING

Implement a dependable funding environment across revenue and capital finance for TSH, which does the following.

- Meets the three principles outlined by the National Housing Federation in 2016 (NHF 2017) that:
 - no-one with support needs will become homeless or end up in unsuitable accommodation
 - the actual housing and support cost of delivering **a quality service will be fully met**, and will be **flexible** enough to meet changing levels of demand
 - the taxpayer and those living in supported housing will have evidence of the quality and value for money of the services being funded – which would partially be achieved by our recommendations for a more strategic approach.
- Maintains the separation of support-side funding and housing-side funding. Housing-side funding should remain in the welfare system and meet full housing costs for those people living in registered and regulated TSH. The government would help to build **long term confidence** for providers and help the sector to secure investment in doing so. Regulated Housing First models included in TSH definitions need access to housing-side funding by the same means as the rest of the sector.

Consider a balanced approach between support costs and housing costs. There is a need to assess this relationship in a way that recognises their mutual dependence and that insufficient funds on both sides have created severe pressure within the sector. Support-side funding arrangements (drawn up in keeping with the national framework and local delivery plans) should contain a limited portion that can be allocated for use on housing elements to account for delays in accessing accommodation-related funding, potential failures prior to the securing of housing support, and sensible levels of voids to allow providers sufficient flexibility to respond to demand.

Pursue **opportunities for further devolution** to the UK's devolved nations, regions, and subnational authorities. Currently, the delivery of support is devolved but the administration of housing benefit remains at the UK level. Both impact supply. Divergence in national approach already exist and could broaden in future. This

should be permitted by the UK government with a commitment by Westminster to fully fund all housing costs of supported housing that fall within the devolved governments' national frameworks through housing benefit systems until such a point as housing benefit can be fully devolved as IPPR has argued (Lodge and Trench 2014). It should also consider the role of combined authorities within the welfare system and how this could help deliver better outcomes for people who require supported housing. Devolution of welfare is a large undertaking with potential risks and opportunities – any such devolution should be built around outcomes it would be designed to achieve and policymakers should be confident that it will achieve them (see for example Taylor-Collins and Bristow 2020).

Deliver a specific capital funding model for TSH to increase capacity, addressing the undersupply, and drawn up in keeping with the recommended approach to a national strategy. This could be used to lever in further investment from the social investment and conventional finance markets.

Pilot an integrated, capital funding scheme now: Housing the Everyone In cohort in full

Pilot a new integrated approach supported by a capital funding scheme for frontline support charities. During the Covid-19 pandemic 15,000 rough sleepers were provided with emergency shelter in England. The government has already announced means to support 6,000.

The remaining 9,000 need access to TSH. To quickly do so requires an integrated approach – where housing and support can be provided quickly by those who know the sector. Frontline support charities play such a role.

We estimate that a capital injection of £900 million is needed to rapidly house, and support, the remaining 9,000 people. This should be devolved to mayoral combined authorities to administer in their areas, utilising the depth of their local capabilities. Considering the estimated net benefits of the Supporting People programme, this intervention could generate net financial benefit in the order of £80.4 million per annum and would provide additional TSH stock for long-term use.

Housing the Everyone In cohort in this way would not only represent a generationally significant improvement in ending the rough sleeping crisis, but it would also significantly strengthen the viability of many crucial frontline service charities who are relied upon by local authorities and central government across the UK to provide support services to vulnerable people and provide a test for a new approach.

RECOMMENDATION 2: RESOLVING DEFINITIONAL CHALLENGES FOR A MORE INTEGRATED APPROACH

A new definition is required for **transitional supported housing** policy, which should be co-produced by government (in Westminster or in Devolved administrations where appropriate), local government, service providers and people with lived experience. Without wishing to pre-empt the exercise, a definition must:

- be **people-centred**, drawing on the common aspects of supported housing from those who are supported by it, rather than on the models of ownership or service delivery
- include a **minimum standard** of the level of care, support, and supervision services that clients should expect while seeking to account for the very varied nature of support needs alongside the quality of any accommodation provided
- recognise that the **transitional** element of the support or housing cannot be defined by a hard edge, and any given individuals' support duration will be determined by their individual circumstances

- consider the ultimate outcomes of supported housing, which we would suggest are **to sustain stable accommodation** whereby the needs or vulnerabilities which required support **are no longer a concern for their ability to sustain independent living.**

RECOMMENDATION 3: DEVELOP A NATIONAL FRAMEWORK FOR TSH IN ENGLAND

Develop a multi-year **national framework** for TSH In England. Based on the agreed definition of the sector, the national framework should address the purpose and vision of the sector for government. It should:

- outline person-centred eligibility for receiving TSH at a national level
- contain a clear commitment and mechanism for considerably boosting the supply of transitional supported housing to meet identified need
- be updated approximately every five years, once per parliamentary term, which would provide as much stability as possible. The national framework should consider which client groups (including offenders) should see provision planned or commissioned nationally in collaboration with stakeholders
- establish local boards at the regional/subregional level, which undertake assessments of need. These should include people with lived experience of TSH, those who own or maintain TSH, and those who deliver support. Local needs assessments should inform the national framework.
- **support longer-term approaches to commissioning support.** With longer term delivery plans and needs assessments locally and multi-year frameworks nationally, longer term commissioning of support services should become practice
- **track and publish annually the number of supported housing units and supported people.** Better data collection and public access is crucial to the ability to make better policy and improve delivery of TSH. The methodology for collecting this information, as well as definitions, should form part of the recommended national framework
- the government should undertake to assess the outcomes, costs, and benefits of the national framework, in a way to further improve policymaking for transitional supported housing. This should be collected in such a way that seeks to create minimal burden on providers while maximising the ability to understand the sector's contributions.

An opportunity to act: the 2021 local and mayoral elections

The 2021 local and mayoral elections represent one of the largest set of elections ever conducted in the UK. It is a key election for metro mayors elected in 2017 representing the first test of public approval since the roles were first elected.

Mayoral combined authorities (MCAs) should be supported to play a key role in increasing the provision of and high quality transitional supported housing, working with their constituent local authorities.

Candidates in the 2021 elections should include manifesto commitments to:

- work with stakeholders to assess need for TSH – including Housing First models
- developing a multi-year strategy for the mayoral term aiming to meet need and involving constituent local authorities, service providers, housing associations, and people with lived experience
- fund additional TSH from available budgets
- develop a local charter for TSH which commits to meeting need and providing high quality support in high quality housing, reflecting on the recommendations below.

RECOMMENDATION 4: DEVELOP A ROBUST SYSTEM OF REGULATORY OVERSIGHT

There is insufficient regulation in TSH, especially in England. This has led to issues which not only detriment the care and wellbeing of supported people, but also detract from the sector as a whole – reputationally and financially. Thus, our recommendation is that government should:

- **implement robust regulatory oversight** covering quality of support and quality of accommodation. Future regulation in the sector should make housing-side funding for supported housing contingent upon registration and regulation, including specific rules specifying all accommodation should be fit for human habitation and conducive to a positive support environment. This could be regulated by expanding the mandate of the Regulator of Social Housing in England, but caution is needed to ensure smaller providers can meet and manage the requirements of the regulator. The regulator should consider finance and governance to avoid exploitation of the housing-side funding and to ensure that supported people's accommodation, care, support, and supervision is not at risk due to poor financial governance. Moreover, there is already scrutiny over rents provided by local authority housing benefit teams which could provide a vehicle to assess local TSH stock against such a standard (with consideration for the additional funding resources required to increase capacity)
- **introduce regulation over care, support and supervision services.** Regulation is needed to deter rogue providers and instil confidence in the support system. While the recommendation of the joint report of the committees of Communities and Local Government, and Work and Pensions that all supported housing providers should be registered with the local authority in areas they operate (regardless of commissioning) is a good route for seeking to regulate the support side, it demands additional resourcing in light of local government austerity. Regulation should include prioritising the quality of care, support and supervision, the voice of supported people, and contributions to the goals of local delivery plans and the national framework.

RECOMMENDATION 5: MAKE 'MOVE ON' THE KEY PRIORITY OUTCOME FOR TSH

The broader housing market heavily impacts transitional supported housing need and provision.

While the government's existing Move On Fund and the new *Next Steps Accommodation Programme* in response to the Everyone In programme, which was implemented during the Covid-19 lockdown, are aimed at supporting people into permanent or move on accommodation, it does not adequately address the true scale needed to improve pathways into permanent accommodation from transitional supported housing when supported people are ready. This brake on throughput in much of the system reduces available provision for those in need while keeping those ready to move on stuck in service provision when they are ready to live more independently.

Affordable and social housing supply is needed to help people move on from service provision when they are ready. It is beyond the scope of this report to recommend specific policies in order to increase the supply and accessibility of affordable and social housing, beyond highlighting the need to do so to enable transitional supported housing to better function. Methods to increase the supply of general needs affordable and social housing supply have been well discussed (see for example AHC 2020 or Webb and Murphy 2020). Generally, this includes a pressing need to invest in social housing, reduce the loss of social homes through

the Right to Buy, and devolving powers from rent setting to housing funding to combined authorities and equivalent bodies.

A clear effort is needed at all levels of government to ensure there is sufficient, affordable social housing stock available for all supported people when they are ready to move on.

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