**Building resilient lives: reshaping housing related support**

**Respondent information**

|  |
| --- |
| **Respondent Numbers** |
| 965 people responded to this proposal. Of these, **almost half (481 or 50%)** replied as individuals or family members and 424 did not answer the question.   |  |  |  |  | | --- | --- | --- | --- | | An individual / member of the public | 455 | 47.2% | 481 | | A family | 26 | 2.7% | | On behalf of a voluntary or community group | 29 | 3.0% | 54 | | On behalf of a statutory organisation | 15 | 1.5% | | On behalf of a business | 10 | 1.0% | | A Norfolk County Councillor | 0 | 0.0% | 6 | | A district or borough councillor | 2 | 0.2% | | A town or parish councillor | 0 | 0.0% | | A Norfolk County Council employee | 4 | 0.4% | | Not Answered | 424 | 44.0% |  | | **Total** | **965** |  |  | |

|  |
| --- |
| **Responses by groups, organisations and businesses** |
| **54** respondents told us they were responding on *behalf* of a group, organisation or business but not all gave the names of their organisations and some were residents, employees or individuals whose response does not necessarily represent the organisational view. For example, there were multiple responses linked to the Benjamin Foundation. The organisations cited (named here only once) were:   * Benjamin Foundation * Borough Council of King's Lynn & West Norfolk * British Red Cross Older People's Outreach Service * Broadland District Council * Centra Care and Support (Part of Circle Housing Group) * Centre 81 * Clarion Housing Group * Freebridge Community Housing * Genesis Housing Association * Great Yarmouth & District Trades Union Council * Great Yarmouth and Waveney System Leadership Partnership * Great Yarmouth Borough Council’s Housing & Neighbourhoods Committee * Gypsy Roma Traveller Service * Herring House Trust * NHS Norwich CCG * Norfolk Carers Support * Norfolk Community Advice Network * Norfolk Fire & Rescue * North Norfolk District Council * Norwich City Council * Norwich Older People’s Forum * Orwell Housing Association * Purfleet Trust * Right Tracks * Solo Housing (East Anglia) Ltd * South Norfolk District Council * Stonham * Together UK * Together for Mental Wellbeing * West Norfolk MIND * West Norfolk Older Persons Forum * West Norfolk Providers Forum * Your Own Place CIC |

|  |
| --- |
| **Relationship of respondent to service**  **(respondents can choose as many as applicable)** |
| Of the respondents who described their relationship to the service, **626** describe themselves as current or past service users.   |  |  | | --- | --- | | I currently receive this service | 552 | | I have received this service in the past | 74 | | I care for someone who currently receives this service | 23 | | I care for someone who has received this service in the past | 16 | | I work for this service | 95 | | I refer my clients to this service | 66 | | Other - please write in below: | 0 | | Not Answered | 953 | | **Total selections** | **1779** | |

|  |
| --- |
| **Summary of main themes** |
| Respondents told us that **staff** are a key part of housing related support. In particular, wardens in sheltered accommodation were highly praised for the support they provide but support co-ordinators, scheme co-ordinators, support workers, and other roles were also named (**945** responses).  Respondents stated that they ‘**disagree with the cut**’, most frequently in response to a question added to the consultation questions by a postcard campaign jointly created by housing organisations (**386** responses).  Respondents said they wanted to **maintain** current services and in most cases the services to which they referred related to wanting continued care by wardens and other staff (**332** respondents).  Housing related support was described as a **key service** by respondents. Variously described as a ‘life-line’, ‘life-saver’, ‘vital’, ‘crucial’, ‘paramount’ and ‘essential’, respondents said they would be ‘lost’ without the service and that it underpins every aspect of their life (**301** respondents).  Respondents referred to services improving their **physical and mental** **wellbeing**, including: preventing loneliness, generating a supportive community of peers, preventing existing mental health issues from deteriorating getting people ‘back on track, and giving hope for the future (**301** respondents).  Respondents told us that the effect of reducing housing related support would be **increased** **homelessness** (**299** responses). People described the impact of homelessness as personal crisis, the knock on effect to other services (such as health services and in particular mental health services) having to ‘pick up the bill’, increases in criminal activities, more rough sleeping (with its associated dangers), increased debt, a rise in suicide, family breakdown and the problems this poses for children and increased demand to Children’s Services, and numerous other negative aspects. When asked to describe the **impact** of making changes to the way housing related support is delivered, many of the **147** responses referred to homelessness as a potential risk.  Feeling **safe** as a result of receiving housing related services was described by respondents (**276** responses). Actual safety (as in freedom from threat of violence or a dangerous situation) and perceived safety (as in feeling safe because of the comforting presence of staff) were both discussed. The point was made that some types of housing support are inappropriate for young adults who may require additional safeguarding. Some younger respondents living in supported accommodation pointed out that feeling secure is a necessary pre-requisite of positive change and moving towards independent living.  Linked to the issue of homelessness was concern about the vulnerability of people who might be affected by change. Respondents referred to people using housing related support as being some of the most **vulnerable** in society and least likely to have alternative resources to draw upon: “*people who already are vulnerable will become even more vulnerable*” (**219** responses).  The significance of safe housing and related support as a basis from which to **become independent or maintain independence** was noted by respondents (**199** responses). Younger people described the enabling and facilitating role of support staff in helping them to negotiate the transition to adult life (including through floating support) and older people described the role of wardens in prolonging their ability to live independently. Linked to this was the importance of **equipment** (mostly in sheltered accommodation for older people). People referred to the importance of equipment such as alarm systems, pull cords and bathing equipment, in allowing continuation of independent living (**105** responses).  Housing related support is seen by many respondents as a **preventative** service: **146** responses described the service in this way. Respondents said that they felt it would be **shortsighted** to reduce the service because it would end up costing more in the future (**92** responses). **Shifting costs** to other services, including charities, was also noted as a potential impact of changing provision (**95** responses). **76** responses referred to **previous cuts**, and to services having already been reduced while **62** described how more money should be **invested** or services should be extended.  Queries or comments around our approach (‘**process**’) rationale for change, the role of central government v local authorities in deciding priorities, the need to look for cuts elsewhere and to avoid duplication, eligibility, and disparity of provision were made in **142** responses.  The role of **partners**, both statutory (such as health) and non-statutory (such as voluntary organisations) was referred to in **124** responses. Some noted that new ways of partnership working would have to be more collaborative (“*services MUST work together in a meaningful way, many don't really understand what this means and time could be well spent exploring this*”) but most comments contained praise for partners in the voluntary sector.  In response to the specific questions we asked:  **What is valued and why?**  Staff, especially wardens, are highly valued for their personal qualities, practical abilities, and for their ability to make service users feel safe. Their role in helping people work towards, or maintain, independent living is important and considered by many to be a ‘key service’.  **What future support is preferred?**  Although older people acknowledged their care needs might change as they age they want continuity of care, at the same level they receive it now, and in the same way (through wardens, mostly). In general, service users do not want changes to current services.  **Who can provide care and how?**  Friends and family and local councils were the preferred options for providing support but competing demands on family members’ time was noted as a barrier to greater involvement. Potential issues around safeguarding and lack of quality assurance around informal arrangements were noted. Housing Associations were also cited as potential care providers, as were voluntary and charitable organisations. The importance of having care available locally (if not within the home) in a variety of settings, with a choice of how it is accessed, was also made. |

|  |
| --- |
| **What is valued most and why** |
| **874** respondents told us what they value most about housing related support and why. Of the **874, just over half** (**458 or 52%)** responded as an individual or family, **41** as a group/organisation or business, and **6** as a councillor or NCC employee. There were no significant differences between responses from the three groups.  **161** people described housing related support as a **key service**, being ‘crucial’, ‘paramount’, a life-saving service, ‘relied upon’ and ‘invaluable’ and **64** described it as a **preventative** service, or said they had few or no other options than the service they currently receive.  Respondents said the part of the service they value most highly is **staff** (**447** responses). In particular, wardens in sheltered accommodation were highly praised for the support they provide but support co-ordinators, scheme co-ordinators, support workers, and other roles were also named.  In general, having a reliable first point of call, someone with time to listen to problems and sort out practical issues such as form-filling (particularly if the service user is unable to read or write) or signposting to further services is highly valued. Personal qualities such as being trustworthy and consistent were also important and respondents pointed out that such relationships took time to build. People said support from staff made them feel safe and valued, helped them maintain tenancies and gain invaluable life skills, and prevented them needing more intensive health and social care services including more targeted mental health services and more expensive residential care: “*I value seeing my warden she helps me in many ways, and stops me from going into a home and stay independent”.*  For some respondents, the care given by staff is life-changing: “*when you are homeless for a long time, coming into a house for a first time and having bills to pay, or groceries and things it is impossible. Going from living day to day and then having a property to manage would be an impossible adjustment without them* [support worker]”.  Wardens were singled out for special praise not only because of the practical assistance they offer (such as making medical appointments, collecting prescriptions, co-ordinating other agencies) to older people, but because of their personal qualities of being caring, safeguarding confidential information, and building up a knowledge of the older person which sometimes enabled them to put preventative measures in place at an early stage. They were described by respondents as “worth their weight in gold”, “vital to our wellbeing”, a ‘lifeline’ and ‘like gold-dust’.  **164** respondents told us the services they received made them feel **safe** and they valued this sense of safety. There were differences between older and younger people’s perceptions of safety. For younger people in supported accommodation, having a safe place free from violent behaviour and dangerous individuals was appreciated: “*I really appreciate a safe roof over my head the staff being here to not only help me but ensure that the building is kept safe.”* For older people, the sense of security caused by regular warden visits and feeling cared for was important: “*I feel safe in my own home knowing that the wardens are there to help me”.* Linked to safety, people also referred to the **vulnerability** of service users (**99** comments) or stated that service users are vulnerable individuals in need of care.  **163** respondents referred to services improving their physical and mental **wellbeing**. This could include practical support such as providing a warm meal, support to stop using drugs, help with changing medication, or reducing fear of falls, but also less tangible but equally important actions such as emotional support and motivation: “*they supported me and believed in me. I was homeless and couldn't go home, but they understood and helped me get a job and my own place*”. The impact of loneliness on individuals’ physical and mental health can be severe and many respondents described the way their warden made them feel less lonely and the comfort they derive from knowing “someone cares”, especially in the absence of friends and family nearby, and when bereaved. This positive effect of a warden (“a familiar face”) in their life enabled some older people to enjoy a better quality of life: *“warden [is] my life line, she acts as my advocate, sorts my benefits, makes meals if not well, I get very lonely she makes me happy*”.Older people talked about their wellbeing being improved through access to a community of similarly aged individuals and younger people described the importance to their wellbeing of having a community of peers.  Respondents also valued services’ role in supporting their **independence**: for younger people this involved becoming independent young adults, especially in the transitional period of the late teenage years. For older people, the focus was on services’ ability to extend independent living: “*helping me to live as independent life for as long as possible*”. **115** respondents described how services helped them to work towards, become, or remain, independent. For older people independence was often made possible through **equipment** (**58** comments) such as pull cord and alarm systems linked to 24/7 support,  Some people (**62**) told us about **their own experiences** (including their experiences of, or fear of **homelessness** – **58** comments) and why they value the support they received in the past or currently receive. For many, there were, or are, few alternatives to housing related support and fear of homelessness and diminished opportunities remains: “*I feel respected and I feel safe and supported. I love the support and help I receive from Winston Court and I don't know where I would be without their help. I know I would be on the streets with nowhere to go and wouldn't have the future prospects I have now. My life has been turned around and I have been able to get back on my feet and start creating a positive future for myself*”. |

|  |
| --- |
| **What support, if anything, would you prefer to receive in the future and why?** |
| **503** respondents told us about support they would prefer to receive in future and the reasons why. Of the **503, just over two-thirds (344 or 68%)** responded as an individual or family, **34** as a group/organisation or business, and **5** as a councillor or NCC employee. There were no significant differences between responses from the three groups.  Many older people acknowledged their care needs might change as they aged: “*my demands are small at the moment but as I get older I expect to need more help*”. However,  continuity of current service was most people’s preference: **222** people said they wanted to **maintain** **their current service**, especially the warden visits (“*I would love the support to be able to continue and for there to not be any cuts to the service” / “Quite happy with what we have now” / “I am happy with the support I receive now and would be concerned if it was cut*”).  Respondents reiterated their reliance on **supportive** **staff** (**186** comments) and stressed the importance of their warden or support staff in helping them on a day-to-day basis and with longer term goals, including acquiring or **maintaining** **independence** (**36** comments), promoting their wellbeing (**31** comments), and helping to **keep them** **safe** (**29** comments). |

|  |
| --- |
| **Who else could provide support?** |
| **343** respondents answered this question. Of the **343, just over two-thirds (234 or 69%)** responded as an individual or family, **30** as a group/organisation or business, and **5** as a councillor or NCC employee. There were no significant differences between responses from the three groups.  Local councils and family/friends were most frequently cited as a potential source support (see the table below – respondents could tick as many boxes as applicable). However, most respondents were aware of family commitments (such as child care, or employment) or relationship difficulties within the family, or a desire for privacy regarding personal matters, which made it difficult for family members or friends to provide the level of care needed.   |  |  | | --- | --- | | Local councils | **218** | | Family and friends | **213** | | Housing organisations | **179** | | Voluntary and community groups | **156** | | Neighbours / communities | **103** | | Other organisations - please state | **41** |   Of the **41** respondents who said ‘other’, **192** suggestions were made but many replicated an existing option (such as ‘family’). Most suggestions listed services (such as Children’s Services, the Police and mental health services), organisations and charities, and the types of place where support might be offered (such as GP surgeries, food banks and supermarkets). Respondents said that although **voluntary organisations and charities** can provide support, this is not a cost-neutral or necessarily more economical option: *“voluntary and community groups might seem to offer the most cost effective solutions, they would still require investment to ensure services are safe, of a high quality and appropriately managed*”. Finally, the professionalism and specialist role of housing related support services, in contrast to less formal assistance, was noted: “*none of these [‘other’ options] can offer the same level and quality of support. All are relevant and important, but people are often homeless because the support around them has faltered. You cannot expect non- specific resources to deliver the same level of support”.* |

|  |
| --- |
| **How could this support be provided?** |
| Most comments reiterated responses to earlier questions, particularly to the importance of **wardens, support workers and co-ordinators** (**110** comments), named existing providers, or referred to having a choice in how information is provided (for example, face to face, by phone). Many respondents wanted to **maintain** their existing service: “*the support I already receive suits me best*” (**42** comments) whether practical support (getting repairs done) or emotional. Respondents also referred to support provided through a range of **organisations** (**39** comments) and the ability of **family and friends** to provide support, especially if supported by NCC, or the barriers which prevented them from doing so (**28** comments). Some respondents were willing to pay a little more each week to retain some services, and others noted that additional support for staff (training to enable them to meet diverse needs, clarification around roles to avoid duplication of referral, and increasing awareness of mental health and drug and alcohol issues) could improve delivery.  **Processes and models**   * Community based services using recovery model preferable * Unify budget responsibilities to break down barriers to funding * Floating support in the community beneficial * Provide targeted long term support to allow organisations to plan for proper services * Taxes should be raised to meet shortfall * Improve transport to reduce isolation in rural communities * Out of hours emergency support needed to prevent hospitalisation * Assessments for older people should be home based not over the phone * Provide more day centres to prevent loneliness * Drop in centres useful for for help budgeting and housing support * Streamline floating support * Tailor support to groups that really need it while offering broader preventative IAG provision * Make stronger links between partners, eg non-housing related services (unpaid carers, independent care sector, IAG services, community development initiatives); acute and community services and statutory social care * Incentivise community provision in sheltered housing sector. Corporations could support social enterprises to provide volunteers to become Tenancy Mentors helping young people maintain tenancies and learn life skills. * “Invite a person from the Universal Credits dept and DWP Dept along to the hostel and then explain what opportunities would be accessible re hours worked and adjustment to benefits.” |

**Additional responses**

|  |
| --- |
| **Summarise petitions or campaigns** |
| A group of housing providers and partners (St Martin’s Housing Trust, Stonham Home Group, Solo Housing, Julian Support, YMCA, Orwell and Shelter) encouraged service users to respond to the consultation by providing postcards with the consultation questions plus two additional ones: ‘What do you think the impact would be if Norfolk’s services were cut or reduced significantly?’ and ‘Do you agree with Norfolk’s decision to cut funding for these services?’ Yes/No.  **331** postcards were received. Of the people who replied using the postcard, **310** explicitly stated they disagree with the proposed cut (the postcard stated “NCC is proposing a 55% reduction in the amount of money spent on supported housing and floating support services”). Most respondents described potential negative impacts including increased risk of homelessness, many shared their own experiences, and responses were consistent with the overall themes described above (and have been included in the numerical and textual analysis). |

**Equality Impact Assessment**

|  |
| --- |
| **Describe any information in the responses which relates to EQIA (impact on protected groups and those in rural areas)** |
| There were **54** comments about issues relating to EQIA including:  **Youth**   * “How does this council propose dealing humanely with greater numbers of, particularly, young people on the streets in our communities with a reduced emphasis on supporting services?” * “I think cutting the amount you spend on housing related support is a mistake, especially when access to social housing is so limited and it would be young people disproportionately affected by any cuts”. * “We also know that younger people face more difficulties in accessing decent housing due to generally lower income levels and the way in wage housing benefit and indeed National Living wage figures are weighted against them”.   **Older people**   * “Why do the elderly tenants have to be penalised when NCC have to make cut backs?” * “It always appears that the vulnerable elderly have to take a knock when NCC have to make cutbacks”. * “I don't agree with it. It is affecting the old & you seem to be more interested in the younger generation. We are the ones who have worked & put into the system”. * “It seems to me because you’re old you don’t matter”.   **Mental Health**   * “People with mental health would not stand a chance [if service was cut], would not receive the support they need”. * “I believe that there needs to be a clear definition around Mental health and recognizing the difference between and individual who is currently experiencing mental health issues from a circumstantial situation but who normally has good resilience and coping skills to the client group that we are currently supporting. As the impact of withdrawing services/support will have more severe consequences”.   **Disability**   * “I am disabled - that means that people frequently fail to understand my individual needs. It is important for me to be able to explain what I need and why. As I have a progressive illness, this can change and I need people to be responsive to those changes. This cannot be achieved with static paper records. It is about listening and responding to me as an individual and because I may be ill at the time, it is greatly assisted by continuity of support workers who are familiar with me. "Good" was when I could form a relationship with NCC Home Care staff, and it was a stable organisation which retained those staff over a long period. Now this service does not exist. I have attempted to use private providers 'signposted' to me, however, rather than those providers adjusting to my needs as was possible with Home Care, they decline the work and I am left without any options for my care and support. I then turned to the NHS as failure of adequate support is damaging to my health and wellbeing. The NHS continuing healthcare brokerage team are attempting to place me, but tell me that they do not 'project manage cases'! They do not have a 24/7 contact number that I can call in the event of service failure. I have been told in the past by Night Owls that they do not help agencies when their staff fail to attend. I, therefore, cannot form a relationship with their staff. They cannot be trained with me so even if they agreed to come they would probably give me inappropriate support. I think that **this is discriminatory against people living with disability**. No-one is listening to my request for a stable service that can enable me to continue living my life at home. I am extremely likely to be forced to use emergency services or submit to inappropriate institutional care. I think that this is due to austerity and the progressive removal of social service home care and failure to develop appropriate NHS support in the community. For someone in my position this is a matter of life and death."   **Deprivation**   * “The support it gives to families - we are in a deprived area so nice to see support that gives to people”.   **Rurality**   * “I believe that the area I work in - rural Norfolk, has very limited services for the older person”. * “More buses and better links for rural areas so that people don't feel cut off from support”.   **Gender**   * “Hinde House / Court – this represents the primary if not sole women-only accommodation for vulnerable young women within the city. This cohort of women, have often fled situations of domestic violence and have then moved onto Hinde House from a Woman’s refuge. Any loss or reduction in this service would we believe lead to use of shared gender hostels or supported housing facilities for some particularly vulnerable young women. We would be very interested to see how an equality impact assessment for any change in this service could identify mitigating factors”.   **Gypsy, Roma and Traveller people**   * "If Accommodation Support funding was to be withdrawn, NCC would fail in its statutory responsibilities in respect of the welfare and social needs of Gypsies, Roma and Travellers".   **Diversity**:   * “Equality and diversity of needs of various people”. * “Being able to provide accommodation for people with various needs. Diversity”. |

|  |
| --- |
| **Analysts note** |
| **2** respondents noted the link between housing and social care defined by the Care Act 2014 (**#legal**) and the role of integrated services to promote wellbeing.  General queries or comments around our approach (‘**process**’) to the proposed savings were made by **142** people and included:   * the role of **central government v local authorities** in deciding priorities and the role of NCC in challenging central government (NCC to stop “trying to cut vital services and pressing government to achieve this too”). * the need to work **efficiently**, avoiding duplication and “red tape”, making back office cuts where necessary, streamlining practice, looking for alternative savings and finding ways to work better with partners. * the **potential mismatch** **between the proposed change and the** **early prevention agenda** (“why are you cutting support services when NHS and Government are talking more about caring in your home instead of staying in hospital - bed blocking)”. * the **time scale** for change (“the amount being sought is too much and the timescale being proposed is not sufficient to mitigate the impacts”). * the **proposed savings** (“given that ADASS says a 28.5% cut cannot be made without serious consequences then the proposed cut can only be seen producing outcomes that will damage the lives of those the council purports to represent”). * the **effect of simultaneously reducing related services** ie. housing related support and information and guidance services (“the proposed reduction to information and advice funding also currently being consulted on adds a further systemic risk, by reducing the provision of other preventative support. Information and advice is proven to have a significant social return on investment, partly through its role in sustaining tenancies and ensuring that individuals are able to manage debt and maximise income. These same issues are ones that will intersect in the client group that currently use supported housing and floating support, raising the possibility that the same individuals will lose multiple possible sources of support at the same time”). * the **effect of reducing one aspect of housing related support** from a network of inter-related housing provision (“any sudden and significant reduction in resources will have a serious detrimental impact across the whole system, potentially preventing the remaining parts from being able to operate effectively, or even at all. This is a system that has taken many years to develop and cannot be radically changed in the proposed timescale without risking its complete collapse”). * the need to **properly quality assess and evaluate existing models and use evidence based models** in future commissioning (“beyond statutory obligations (i.e. homelessness), look at the outcomes from each of the current interventions and assess where the greatest gain and impact and return on investment occurs”). Linked to this were comments about building on existing good practice so as not to ‘reinvent the wheel’. * the importance of **locality based commissioning** – respondents pointed out that needs assessments are best at the local level, the effect of the Universal Credit pilot in Great Yarmouth and youthful demographic of Norwich were mentioned as examples (“we favour an approach in which decisions on how to invest the majority of the available budget for housing related support(after key decisions on investment in services which benefited people from a wider geographical area – e.g. direct access hostels, are made at a locality level, preferably a district level but otherwise at a Clinical Commissioning Group level”). A partner also noted that a single provider at local level with good local knowledge could provide a more responsive and preventative service better focused on transitions.   389 people told us they have a **long-term illness, disability, or health problem that limits daily activities or work.** |

**Produced by BIPS 15.12.16**