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Evidencing the Impact of The Housing Support Grant in Wales

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Foreword

In 2018 we embarked on this research project with the aim of evidencing the impact of the Supporting People Programme in Wales. Since then, the programme has undergone some structural changes and was merged with two other funding streams to create the Housing Support Grant (HSG). However, its focus remains on preventing homelessness and supporting people to live safely and independently in their homes and communities.

Each year the HSG funds vital homelessness and housing-related support services for approximately 60,000 people across Wales. This includes individuals and families experiencing or at risk of homelessness, older people, vulnerable young people, care leavers, people fleeing violence or abuse, and people with learning disabilities, mental health problems and substance misuse issues.

As the representative body for homelessness, housing and support providers in Wales, we frequently hear about the wide-ranging benefits of HSG services, including preventing homelessness, improving health and wellbeing, reducing use of health and social services, preventing domestic abuse and reducing re-offending. However, for many years there has been a lack of robust, Wales-wide evidence that we can use to qualify and quantify this.

As we approach the next Senedd elections, we need to be able to demonstrate the value of these services and advocate for continued investment. This research project, led by independent academics and researchers, provides strong evidence of the positive impact of HSG services on people's lives. As political parties write their manifestos, this research strengthens the case for continued ring-fencing and increased investment in the Housing Support Grant.

We are extremely grateful to the Oak Foundation for co-funding this project and to Cardiff Metropolitan University for leading the research. Thank you to Marc Fury, Dr Helen Taylor, the team at Alma Economics and to our Research Officer Gareth Lynn Montes. I'd also like to thank all of the people who participated in the research, sharing their experiences and helping us to build the evidence - this report would not have been possible without you.

Katie Dalton

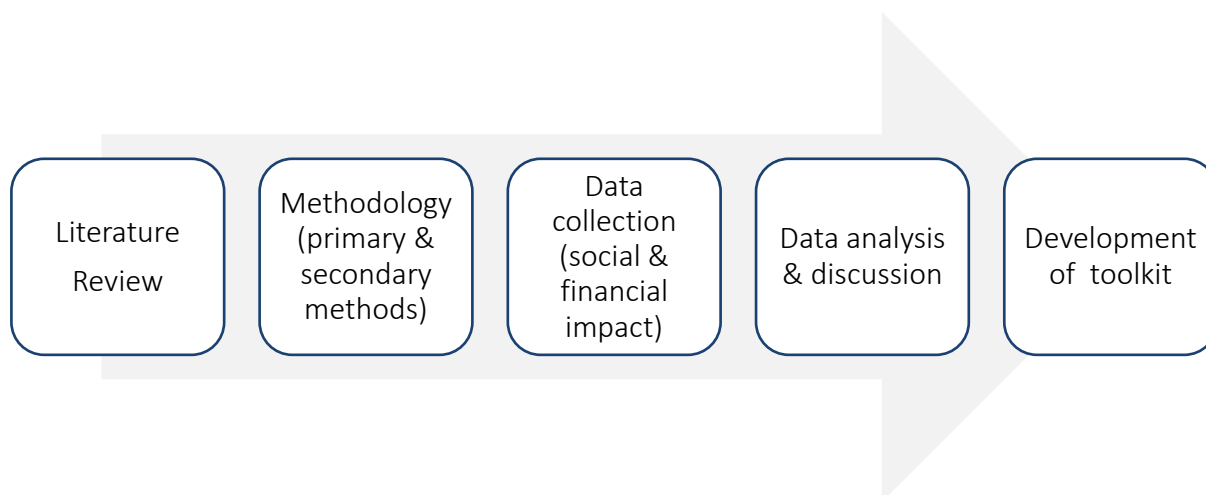
Director: Cymorth Cymru

1.0 Introduction

Cymorth Cymru and Cardiff Metropolitan University have co-produced a piece of research into the social and financial impact of the Housing Support Grant (HSG), formerly known as the Supporting People Programme (SP), which funds supported accommodation and tenancy support services to help prevent homelessness and enable people to maintain tenancies and live independently in their communities. The social impact has been measured by a series of surveys with people using services across Wales. For the financial impact, we have looked into several distinct categories where HSG support services have had an impact and demonstrated savings to other public services.

Objective 1: Will focus on research that evidences any observable social impact, and financial impact of homelessness and housing-related support services on a variety of public services in Wales.

Objective 2: Uses the research findings from Objective 1 to develop a methodological toolkit for Cymorth Cymru members that will enable them to better demonstrate the impact of their services at a local level.



1.1 The Commissioning Body

Cymorth Cymru:

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales. We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support. We are committed to working with people who use services, our members and partners to effect change. We believe that together, we can have a greater impact on people's lives. We want to be part of a social movement that ends homelessness

and creates a Wales where everyone can live safely and independently in their own homes and thrive in their communities.

1.2 The Funding Bodies

This research has been co-funded by Cymorth Cymru and the Oak Foundation.

Oak Foundation:

Oak Foundation is family-led and reflects the vision and values of its founders. In all its work Oak pursues rights-based approaches, gender equality and partnership with the organisations we fund. We support civil society as a pillar of democracy and justice and nurture innovation and visionary leadership within it. We value diversity both within Oak and among our partners; we seek to be inclusive, flexible and engage with different points of view. We believe that the best grant-making reflects both careful due diligence and the willingness to take risks.

In the Housing and Homelessness Programme, we focus on preventing homelessness.

We have three priorities:

- Promoting economic self-sufficiency;
- Increasing the availability and supply of affordable housing; and
- Preventing homelessness

Grants within the programme are wide-ranging in size. We partner with organisations working both nationally and locally in Boston, New York and Philadelphia in the United States and in London, South Wales, Glasgow and Birmingham in the United Kingdom.

1.3 The Research Team

Cardiff Metropolitan University (Lead Research Team):

Our vision emboldens a commitment to education, research and innovation undertaken in partnership with our students, governments, business and industry and with tangible benefits for individuals, society and the economy.

The Social Policy research group has interests spanning governance, social housing, welfare policy, international policy transfer, homelessness, and the devolution of decision-making. We are motivated by multi-disciplinary research which brings about positive change for individuals and communities.

Alma Economics:

Alma Economics combines expertise in economics and advanced data analysis with a solid understanding of qualitative research methods. We provide clear, evidence-based advice and analysis on complex issues covering all aspects of strategy, policy, and operations in the public, private and voluntary sectors. Our work spans the UK, Europe, the Middle East and Africa, and we work with clients including the European Commission, the World Bank, and a number of governments.

2.0 Literature Review

The Housing Support Grant (HSG) is an early intervention grant programme to support activity, which prevents people from becoming homeless, stabilises their housing situation, or helps potentially homeless people to find and keep accommodation.¹ The HSG is an amalgamation of three existing grants: Supporting People Programme, Homelessness Prevention Grant and Rent Smart Wales Enforcement. Originally, the Supporting People (SP) Programme aimed to “enable vulnerable people, (including those) at risk of homelessness, to live as independently as possible, by providing housing-related support services.”² As well as its social aims, SP was also viewed by the Welsh Government as an “invest to save” programme that “often results in savings to other higher cost services including health, social care and criminal justice”.³ Through offering preventative services to people who are vulnerable, demand for public services like costly residential adult social care and emergency hospital care should be reduced.

SP was introduced in 2003 at a UK level, initially as a ring-fenced grant for local authorities to enable individuals to live independently. The first investment was £1.8bn, and it brought together seven funding streams for that currently existed for housing-related support.⁴ The proposal document for the Programme outlined the following client groups as those who might ‘require support’, noting that this is not definitive and that there could be an overlap between different groups:

- are vulnerable due to their young age;
- are homeless, or sleeping rough;
- are addicted to drugs or alcohol;
- have poor social skills or disruptive behaviour;
- have behaviour that puts them at risk of offending;
- are leaving institutions (including some ex-offenders released from prison);
- are experiencing psychological trauma (including that caused by domestic violence);

¹ Welsh Government, April 2020, *Housing Support Grant Guidance Practice Guidance for Local Authorities* <https://gov.wales/sites/default/files/publications/2020-02/housing-support-grant-practice-guidance.pdf>

² Welsh Government, 2013. *Supporting People Programme Grant (SPPG) - Guidance – Wales*. <http://www.westernbay.org.uk/wp-content/uploads/Guidance-Doc-SPPG-June-2013.pdf>

³ Ibid.

⁴ House of Commons Library, 16 July 2012. *The Supporting People programme – Research Paper 12/40* <https://researchbriefings.files.parliament.uk/documents/RP12-40/RP12-40.pdf>

- have mental health problems;
- have a learning disability;
- have a sensory impairment;
- are chronically ill; or
- are frail due to age.

The Supporting People programme, and subsequently the HSG, therefore provides support for a broad range of needs. Accommodation for older persons, for individuals with learning disabilities, for people fleeing domestic violence and for ex-offenders is provided through the HSG, as well as support for individuals experiencing homelessness in terms of hostel accommodation or floating support. Although a homogenous funding stream, the types of provision it finances and the different client groups it supports are incredibly diverse.

There was a decline in funding for the Programme following its inception and in 2009 the ring-fence for SP was removed in England. This meant that local authorities were free to use this funding for other services as they saw fit. There were then further cuts to the grant and it was merged into the Area Based Grant following the 2010 Spending Review.⁵ These changes occurred in the context of austerity, where funding for local government in general was being reduced. Local authorities in England were therefore having to make decisions around how to spend limited budgets, where in some instances this was a choice between funding statutory services such as adult social care or non-statutory services such as housing-related support.⁶

2.1 Supporting People & Efficiencies

Quantifying the cost-benefits and the outcomes of SP has been seen as a priority by the different devolved nations and county and city councils within the UK since its original inception. Indeed, there were concerns about significant overspend in the first few months of the project. The cost of the replacement of the funding streams with a singular programme was initially estimated at £350-750m. The final calculation of £1.8bn saw a significant increase in demand from local authorities to fund projects that could fit within SP aims. As early as October 2003, a review was commissioned into how the funding was being utilised, concluding that not everything that happened in the transition to the new funding arrangements was in line with the intention and objectives of the Programme and that this had not been accounted for in public sector spending assumptions.⁷

A broad range of cost benefit analyses into the Programme have been undertaken, individual service level, at local government level, and at a wider national level. The methodological approaches to these have been varied, with some measuring against alternative spends to support individuals and others measuring against no alternative spend. As seen with the broad range of services that are eligible for support, there are a number of variables within

⁵ Ibid.

⁶ Homeless Watch, January 2013. *Who is Supporting People Now? Experiences Of Local Authority Commissioning After Supporting People* https://www.homeless.org.uk/sites/default/files/site-attachments/Who%20is%20supporting%20people%20now%20Report%20Jan13_0.pdf

⁷ *The Supporting People programme – Research Paper 12/40*, pp. 7-8.

measurement of the Programme. Individuals who are supported through SP receive very different types of support from community alarms to supported accommodation to floating support. Individuals are therefore engaged in support for different time periods and in different ways. Individuals can also be receiving support for one 'lead need' but also support for secondary or tertiary needs. Constructing a methodology for the measurement of the impact of this Programme (and the Housing Support Grant) is therefore complex. A selection of cost-benefit analyses have been provided below:

Table 1: A Selection of Cost-Benefit Analyses

Report	Counterfactual	Cost benefit measurement
Welsh Government / Matrix 2006	Measured against provision of no support	For every £1 invested in SP, £0.68 was saved from the £1.68 it would have cost without SP
Carmarthenshire County Council / Matrix 2010	Measured against most likely alternative scenario of support	£1.30 for each £1 of SP funding
Department of Local Government and Communities / Capgemini 2010		£2.10 for each £1 of SP funding
Tribal Consulting Scotland 2007	Measured against most likely alternative scenario of support	£0.10 for each £1 of SP funding
Brighton and Hove Council 2013	Measured against most likely alternative scenario of support	£3.11 for each £1 of SP funding

It is important to note the varied findings around cost-benefit analysis across the different reports, and the different methodological approaches taken. The focus of these evaluations of the programme is on the financial rather than social impact of the projects. The importance of the social impact of the programme on individuals has been recognised, however this has proved difficult to measure in a consistent way.⁸

2.2 The Welsh Context

Unlike in England, the ringfence for SP funding in Wales was retained beyond 2009 but the issues of efficiency and focus on strategic use of the programme continued. The Aylward Review was commissioned by Jocelyn Davies AM, the then Deputy Minister for Housing and Regeneration, and made recommendations to strengthen the Programme and maximise the contribution it made to the health and well-being of people for whom SP was intended.⁹

The Aylward Review recommended that “work towards the realisation of a comprehensive database to inform the selection and evaluation of appropriate tangible outcomes across a wide range of existing and future interventions should be taken forward with a degree of urgency.”¹⁰ Following the Aylward Review and multiple requests from the sector, WG decided to make the collection of outcomes-based data for SP funded services – the Supporting People Projects Outcomes and Exit Questionnaire – compulsory from April 2012.

The purpose of the framework is to:

- adopt a system to collect meaningful outcome information.
- use the information to measure, maintain and improve the quality of services provided.
- recognise the effectiveness of SP.¹¹

As of 2016/17, Supporting People in Wales had an annual budget of £123.6m, representing over 57,000 units of support.¹² In October 2017, however, the Welsh Government published its two year draft budget, which revealed plans to merge Supporting People with several other family and community grant schemes in 2019/20. There was a concern from the sector that this merger would reduce available funding for homelessness and housing-related support and prevent transparency around Welsh Government funding provision for this.¹³ Following a campaign led by Cymorth Cymru and scrutiny of the plans by the National Assembly, the Welsh Government decided to adopt an alternative solution. In April 2019 the Housing Support Grant was established which merged Supporting People, Homelessness

⁸ See Appendix A: Previous Studies into SP Funding

⁹ Aylward, et al, 2010. *The Supporting People Programme in Wales: Final report on a Review commissioned by Jocelyn Davies AM, Deputy Minister for Housing and Regeneration, 'Aylward Review'*

¹⁰ Ibid.

¹¹ Welsh Government, 2012. *Supporting People Programme Guidance*

¹² Ibid.

¹³ Cymorth Cymru, 24 October 2017. *Cymorth Cymru responds to detailed Welsh budget and disappearance of Supporting People budget line in 2019/20* <https://www.cymorthcymru.org.uk/en/news-blog/news/cymorth-cymru-responds-detailed-welsh-budget-and-disappearance-supporting-people-budget-line-201920>

Prevention, and Rent Smart Wales enforcement streams. This now funds the majority of homelessness and housing-related support services in Wales.¹⁴

2.3 Learning from Past Studies

The key context to assessing the effectiveness of SP funding is its complexity. Deliberation and discussion around how to measure the impact of the programme and how this relates to cost has been part of SP policy development since its inception. A further important element to this, is how the effectiveness of a programme which is designed to enable independence can be robustly assessed. The above reports and methodologies have largely focussed on the financial impact of the spend to broader public services. The other half of this picture, however, is the qualitative impact that SP or HSG services have on individuals' lives.

3.0 Methodology

Building on the discussion in the previous section, there are therefore a number of issues to note when considering measurements of the impact of HSG funding:

- Any model has to justify whether it is measuring against no other provision or an alternative provision – this impacts on evaluative judgements of the grant
- There are a number of variables in the delivery of services that make measurement difficult: fixed or floating support, length of time support is provided, different levels of complexity of needs for households
- Individuals are categorised according to lead needs, but will often have almost equally impactful secondary and tertiary needs
- What values are being measured – un-costed benefits are likely to be keenly felt by individuals accessing services but are not regularly part of national evaluations of the services

In the context of this complexity, this project aims to develop a way of measuring both the costed and un-costed impact of HSG support services. The focus here is on defining the value for money of the grant in a broad sense; looking at the positive impact that it makes on individuals' lives as well as the financial impact to public services. A combination of both qualitative and quantitative methods needs to be used here, therefore, but in a way that enables robust claims to be made about the impact of the grant.

This section of the report will provide an overview of the challenges and prerogative of taking this type of approach. An outline of the research methods for the social impact and financial impact can be found in the following sections of the report.

¹⁴ Cymorth Cymru, 2019. *Housing Matters*

https://www.cymorthcymru.org.uk/files/7915/7582/1535/Housing_Matters_report_2019_-_Eng.pdf

3.1 Methodological Approach

As highlighted within the literature review, a number of different models have been developed based on the costed elements of SP funding. These provide a set of data around the financial impact of the funding. With this, claims can be made about the effectiveness of investing public money in HSG services rather than other services, and the impact that HSG services can have in terms of cost savings to other public services such as health.

Also highlighted is the idea that these financial measurements give a partial account of the impact of SP. We can see evaluations of SP based purely on financial measures as reductionist. These measurements display the effectiveness of the services to organisational actors or governmental actors, where the evaluation is based on funding and delivering services one way rather than another. However, the un-costed impact of SP on service users is equally important. As Stirling¹⁵ notes “SP is based on the principle of empowering individuals; taking a strengths-based approach mean that outcomes are accredited to service users, not organisations”. It seems appropriate to develop a strengths-based approach to evaluation for a strengths-based policy programme. This type of approach would have to take account of both costed and un-costed measurements of the impact of HSG funding, and therefore use both qualitative and quantitative data sets.

This mixed method approach to evaluation can also be seen to address some of the issues of complexity highlighted above. When discussing the approach to measuring the impact of SP services on homelessness in Wales, Stirling¹⁶ notes similar complexities, namely that:

- SP services are very varied
- SP is often being seen as an answer to a broad number of issues that individuals are experiencing
- SP doesn't operate in a vacuum – other services are often being accessed by individuals who are being supported through SP funding

She concludes that a combination of quantitative and qualitative data is needed to provide a robust evaluation. She notes that there is benefit in involving different perspectives in the evaluation, for example service user and service provider but warns against the potential of overclaiming from the data. As previously noted, individuals will be accessing support from a variety of services and it is therefore difficult to identify counterfactuals. There is also a risk of trying to “use a dataset to tell a story it can't”¹⁷, therefore there should be clarity around the level to which the dataset refers: individual, local, or national.

¹⁵ Stirling, 2015. *Evaluating the Contribution the Supporting People Programme makes to Preventing and Tackling Homelessness in Wales – Feasibility Study*

¹⁶ Ibid.

¹⁷ Ibid, p.19.

4.0 The Social Impact

4.1 Research Methods: The Social Impact

Data collection for this project took place between September 2019 and January 2020. Participant recruitment was initiated by sending emails to the lead contacts in Cymorth Cymru members who deliver HSG services and the HSG Regional Development Coordinators, followed by two further emails. Contacting the lead contacts meant that it took time for the initiative to reach the project and scheme managers who would actually be recruiting the participants. Once clients who were willing to participate had been identified, the research team was contacted and the logistics of carrying out the surveys were worked out.

Most interviews were done face-to-face at the place the clients received support, but a number were carried out by phone for a variety of reasons such as geographical limitations or participant preference. Regardless of the medium, clients were asked to read an information sheet explaining the survey and to agree to participate by signing a consent sheet. If clients had any difficulty reading the information sheet, the researcher or a support worker would assist. Before the surveys took place, clients were asked if they preferred a support worker to be present during the survey. It is worth noting that in those cases when support workers were present, it was in a capacity to assist the client, not to influence or give any answers.

Whilst surveys were scheduled to finish in mid-December, a preliminary analysis of the data raised some concerns over the geographical spread of respondents up to that point. So, it was decided to extend the data collection period to be able to include participants from those regions of Wales not represented or underrepresented at that time.

The questions in the survey had been chosen from an existing Wales-wide survey, the National Survey for Wales, so that this project's survey results could be compared to those for the general population. However, in order to capture a client's journey through support, it was decided to ask the same questions retrospectively with the aim of establishing whether, through support, there had been an improvement in clients' well-being. This meant that each question had a potential of three stages to it depending on how long a client had been in support.

For example, Question 1, regarding health, could be asked in three ways:

- a) "How is your health in general, is it...?";
- b) "Thinking back to the beginning of support... How was your health in general, was it...?";
- c) "Thinking back to halfway through support...How was your health in general, was it...?"

Generally, if a client had been in support for under 3 months, they would only be asked 'a'; those in support between 3 months and up to a year would be asked 'a' and 'b'; and lastly, those in support for over a year, would be asked all 'a', 'b' and 'c'. There are some very minor

inconsistencies in this method, where for example, clients who had been in support for two and a half months were asked 'a' and 'b', and clients who had been in support for three months were asked just 'a'. All participants in the survey were asked 'a'.

Whilst the 'a', 'b' and 'c' differentiation was useful in establishing a change at different times of support, it also had its limitations. All responses to 'b' were correspondent for a period near the beginning of support, and likewise, responses to 'c' corresponded to a mid-point of a client's support journey so far. However, responses to 'a' were at the current time, be that one, five, twelve or twenty five months in. Thus, analysing 'b', 'c' and 'a' would not yield a true reflection of the changes and impact throughout support. Consequentially, all responses to 'a', 'b' and 'c' were put on a timescale i.e. a client that had been in support for fourteen months was asked 'a', 'b' and 'c', where 'a' would be month one, 'b' month seven, and 'c' month fourteen. With responses placed on a monthly timescale, they were divided into the following periods: up to 2 months, 2 to 6 months, 6 to 12 months, 12 to 24 months, and over 24 months. These periods were chosen based on the existing knowledge of SP/HSG. Dividing responses into this month timescale was considered to be a fairer depiction of the program in how it is intended to operate and more accurately portray a client's journey through support.

To assess the overall impact of the time in support, the responses to 'a', 'b' and 'c' were used. This impact, be it 'positive', 'negative', 'neutral', or 'other', is measured by the differences in responses between the earliest chronological answer, 'b', and the current stage 'a'. As examples, a positive impact is when the response to 'b' was 'bad' and response to 'a' had been 'good'; a neutral impact was when there was no change and responses to 'b' and 'a' were 'fair'; a negative impact is when 'b' was 'good' and 'a' was 'bad'; whilst 'other' impact is when either response to 'b' or 'a' was 'don't know', 'prefer not to say' or the participant refused to answer that particular question, as no trajectory or impact can be measured from these responses.

The methodological approach to measuring the social impact was developed in conjunction with a Research Steering Group made up of representatives from Welsh Government Knowledge and Analytical Services, local government, academia and providers of SP/HSG services. It was in discussion with this group that the suggestion of using the National Survey for Wales (NSW) as the basis of the survey questions for this research was made, as these questions had already been tested and approved for use in national surveys. Adopting this approach enabled a comparison of health and well-being measurements between the HSG service user sample and the general population of Wales.

4.2 Data Analysis: The Social Impact

A sample of 114 surveys were conducted with people using HSG services throughout Wales. The first section of data analysis will be dedicated to participant demographics, including participants' age, gender, local authority area, type of support, support lead need, expected length of support/service and, stage of support. The following sections of data analysis will present the findings of the 13 survey questions asked, covering the following areas:



The survey questions asked were dependent on the participants' stage of support, e.g. a) how the participant was feeling at the time of taking the survey, b) how the participant was feeling at the beginning of their support and, c) how the participant was feeling mid-way through their support. The data analysis for all 13 survey questions has been undertaken using the following format:

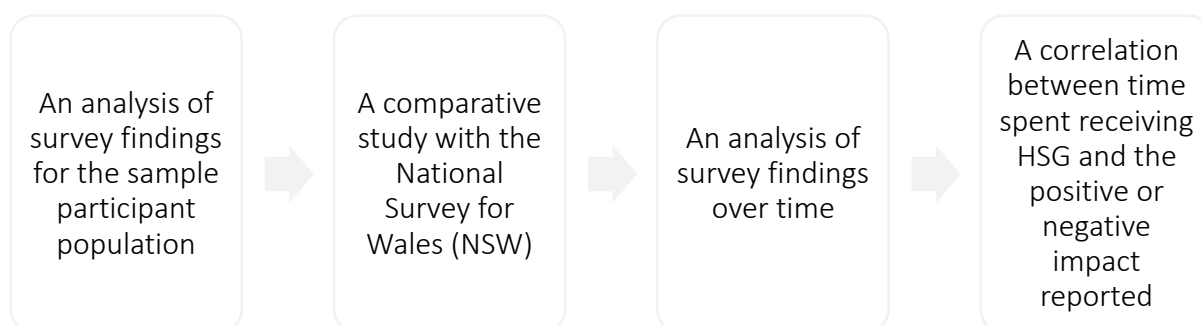


Chart Legends:

- **Participants** – The population of research participants for this study (114)
- **HSG** – The whole population HSG service users in Wales (at the time of study)
- **NSW** – The general population who participated in the National Survey for Wales (2018/19)
- **Census** – The population of Wales (taken from the 2011 Census)

Further information about the survey questions and approach to data collection can be found at the start of each sub-section.

4.3 Participant Demographics

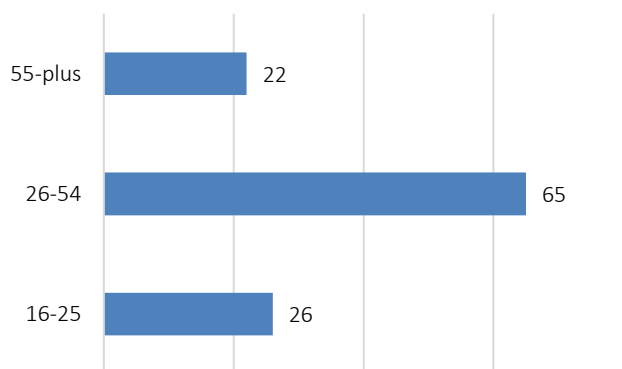


Information:

- Age group
- Gender
- Region & Local Authority area
- Type of support received
- Lead need
- Type of support – fixed/floating

To provide a comparative study, the demographic data from the results of the survey sample population has been compared with; the general HSG services population as a whole and, either the NSW population or the population of Wales as a whole (Census 2011).

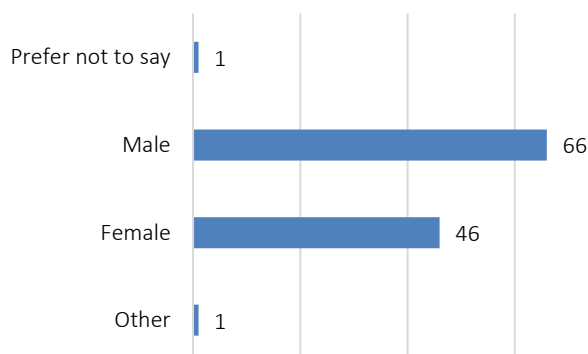
Chart 1: Age of Participants



Age of Participants:

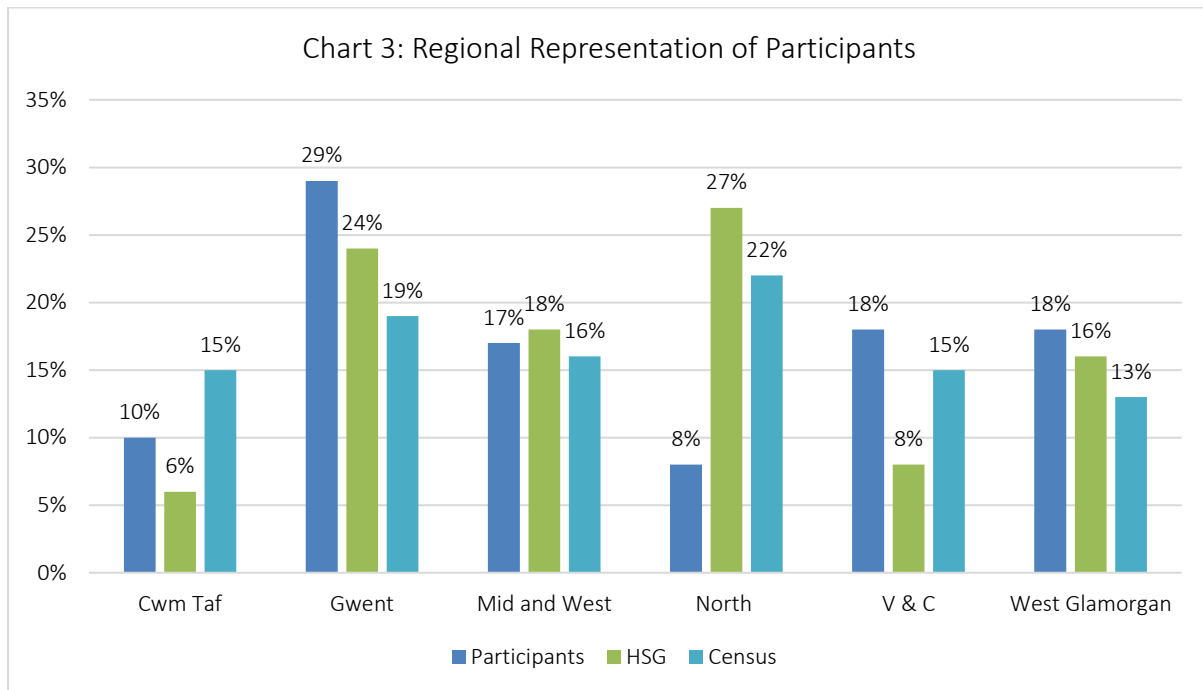
Chart 1 shows the age of HSG services survey sample population. The majority of participants (65) are within the 26-54 age group. The median age of the research participants was 41 years of age (the same median age of respondents of the Welsh Census in 2011).

Chart 2: Gender of Participants



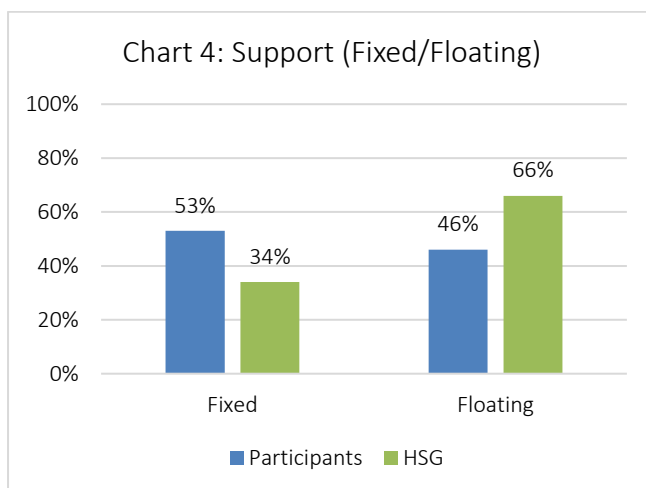
Gender of Participants:

Chart 2 shows the gender of HSG services survey sample population. Although there is a higher number of male participants in this research, the gender balance still provides a representative sample of the HSG services population.



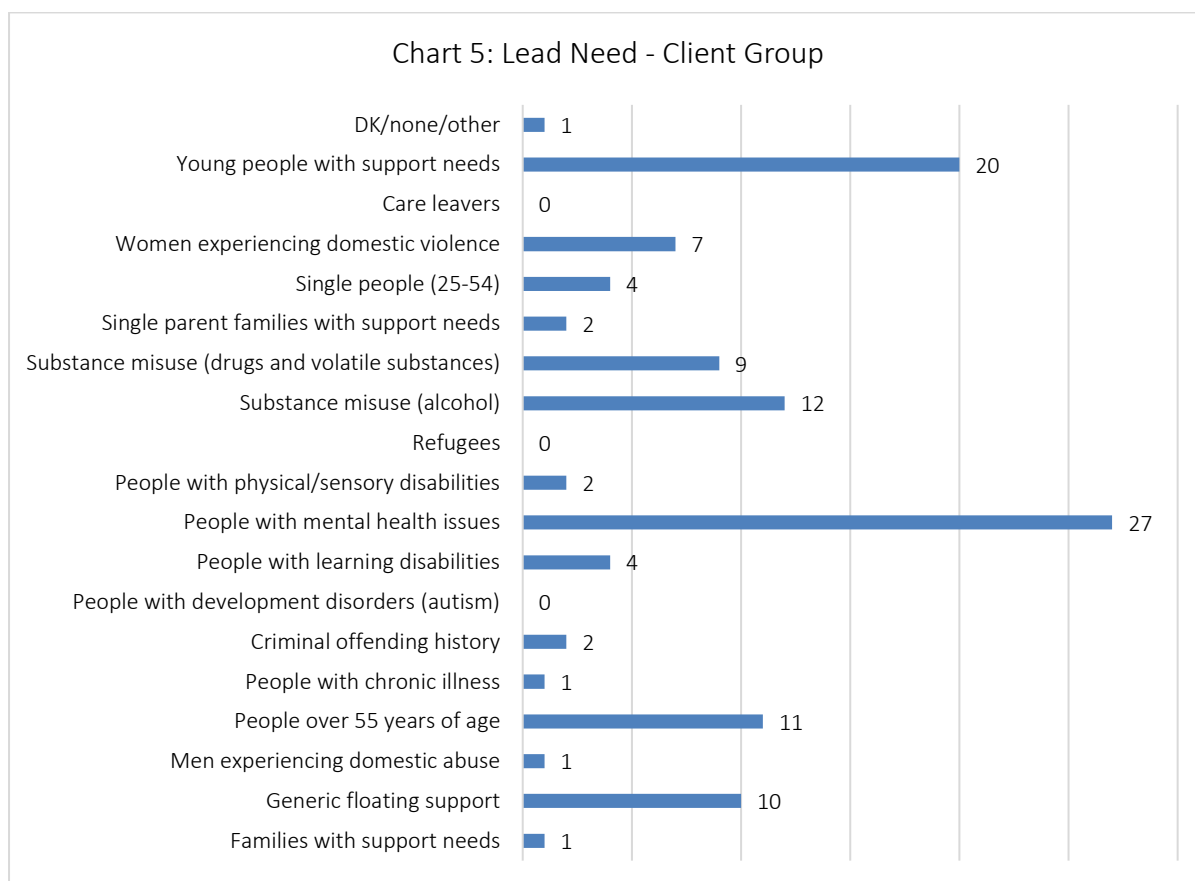
Regional Representation of Participants:

Chart 3 illustrates the regional spread of the sample population in comparison to the overall HSG services population in Wales, and the general population of Wales (Census, 2011). There is an over-representation of the sample population in comparison to HSG services population in the areas of Cwm Taf, Gwent, Vale & Cardiff and West Glamorgan. The majority of these areas have been marginally over-represented except for Vale & Cardiff which has been significantly over-represented. The Mid & West was marginally underrepresented and North Wales was significantly underrepresented (8 – 27%). The researchers acknowledge that this is problematic and best efforts were made to address



Support (Fixed/Floating):

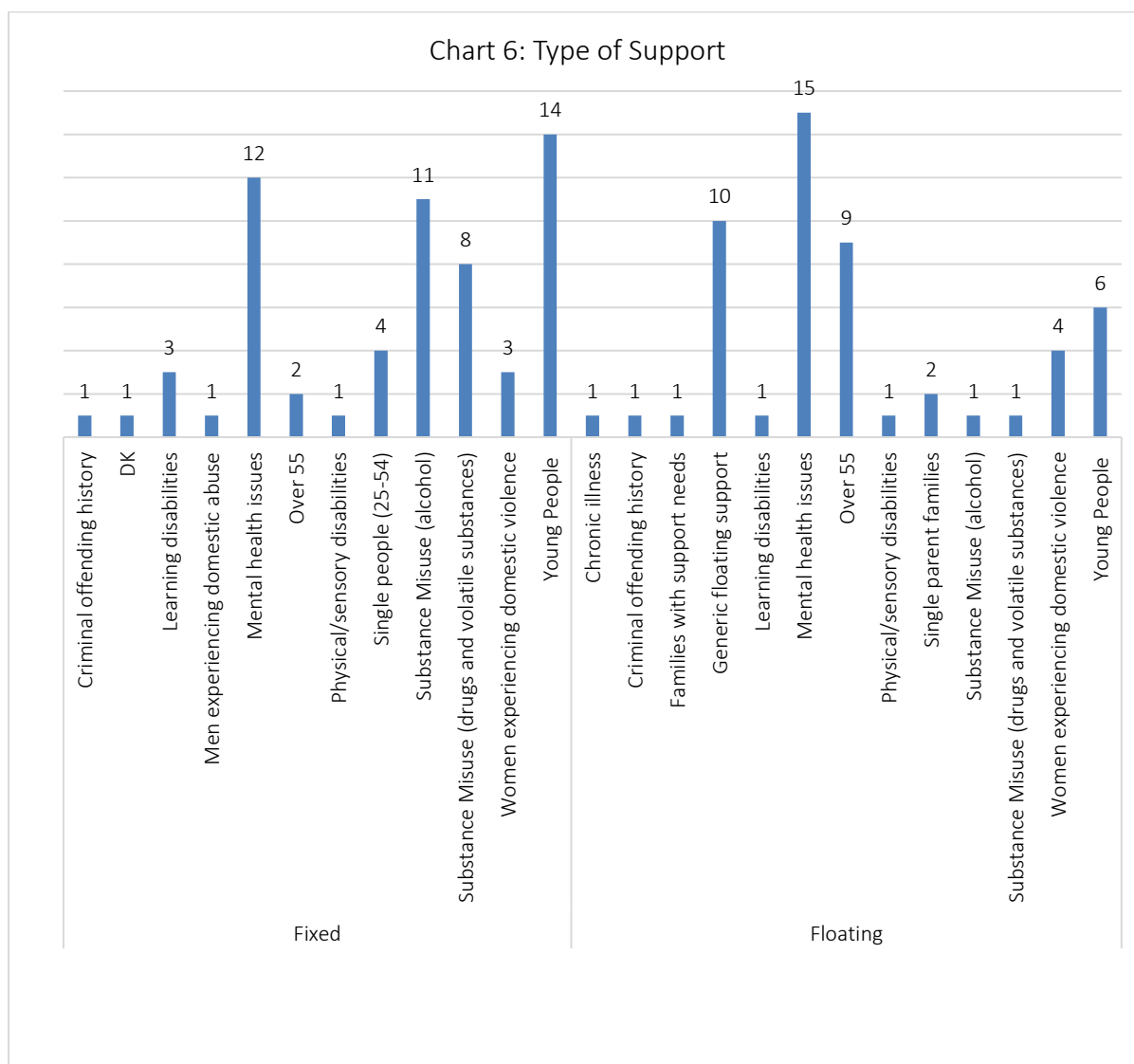
Chart 4 shows the HSG services sample population divided into fixed and floating support. Although there is an over-representation of participants in the 'fixed support' category and an under-representation of participants in 'floating support', overall, both types of support have been represented well in this survey.



Lead Need – Client Group:

One of the biggest challenges to any study which includes a sample representation of HSG services population is how large some client groups are, for example, ‘people over 55’ or ‘generic floating support’. If done proportionally, in a sample of a hundred, 28 would be listed as ‘generic floating support’ and 39 as ‘people over 55’, taking over 77% of the survey. Whilst this may be proportional, it obscures the many and varied experiences of the multiple needs that HSG clients have.

Whilst not proportional, our survey managed to represent a bigger variety of client groups. As can be seen in Chart 5, ‘people with mental health issues’ and ‘young people with support needs’ have been overrepresented although these client groups represent some of the largest spend categories for HSG funding.

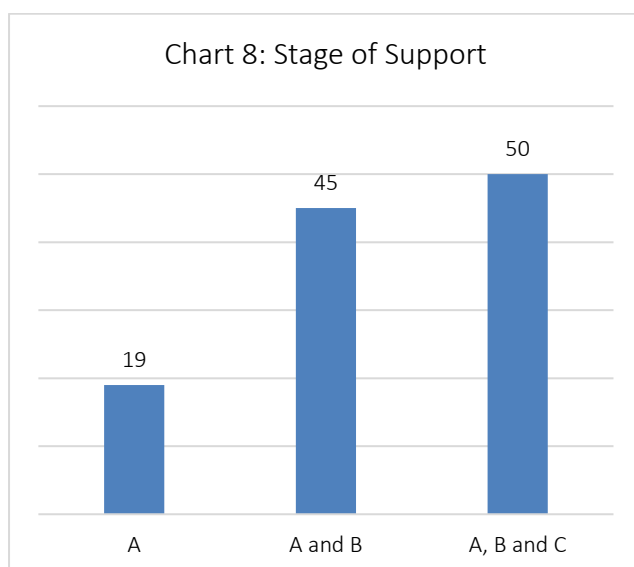
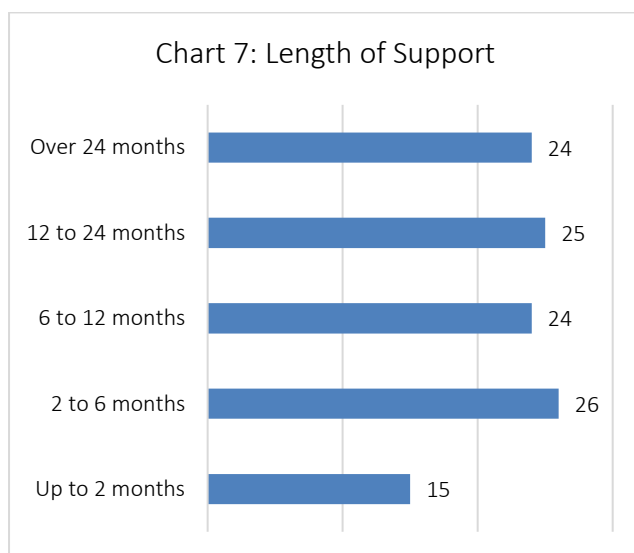


Type of Support:

A further analysis of the participants' type of support, divided into fixed and floating support categories, illustrates an over-representation in the 'fixed' category for the areas; 'young people', 'mental health issues' and 'substance misuse (alcohol)', however these are areas of high spend for HSG funding.

There is an under-representation in 'over 55s' who would ordinarily dominate these statistics in the wider HSG services population as a whole.

Within the 'floating' category again, there is an over-representation of the 'mental health' area in addition to an over-representation in the areas of 'generic floating support' and 'older people'.



Length & Stage of Support:

Chart 7 shows the length of time that participants had been in support at the time of taking the survey. Apart from the first period, 'up to 2 months', the other four periods are evenly represented. These five periods were designated by the research team based on existing knowledge of the HSG.

As explained in the introduction to this section, the survey questions asked were determined by the participants' stage of support. Participants who had been in support for up to 3 months were categorised as stage (a), up to one year were categorised as stage (a) and (b), and over one year (a), (b) and (c). Chart 8 shows the quantity of participants in each of these stages.

4.4 General Health



Survey Questions:

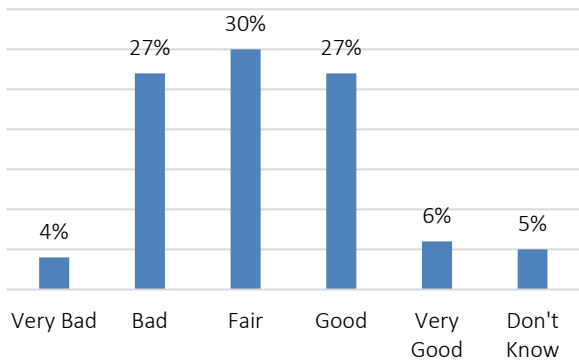
- How is your general health?
- Thinking back to the beginning of support...*
How was your general health?
- Thinking back to halfway through support...*
How was your general health?

Participants were asked to rate their general health in this category as 'very good', 'good', 'fair', 'bad' or 'very bad'.

Key Points:

- 6% of the research participants rated their general health as 'very good' compared to 37% of the 2018-19 NSW participants
- 27% of the research participants rated their general health as 'very bad' compared to 6% of the 2018-19 NSW participants
- 38% of the research participants rated their general health as 'very bad' in the first 2 months of their support. This decreases steadily throughout their support with more positive responses reported during different stages of support however, 44% of participants rated their general health as 'bad' in the 'over 24 months' period
- 67% of the research participants reported a sustained positive impact on their general health during the time they have been receiving HSG support

Chart 9: General Health

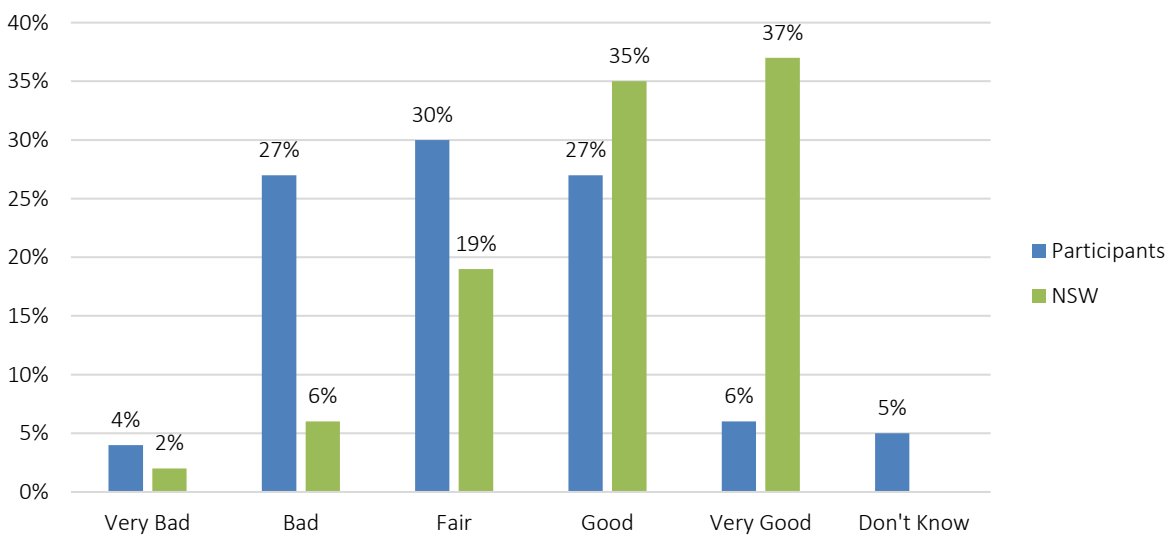


'General Health':

Chart 9 shows how the research participants rate their health in general ranging from 'very bad' to 'very good', at the time of taking the survey.

The majority of participants rated the state of their general health as either 'bad', 'fair' or 'good', mostly avoiding the extremes of very bad or very good.

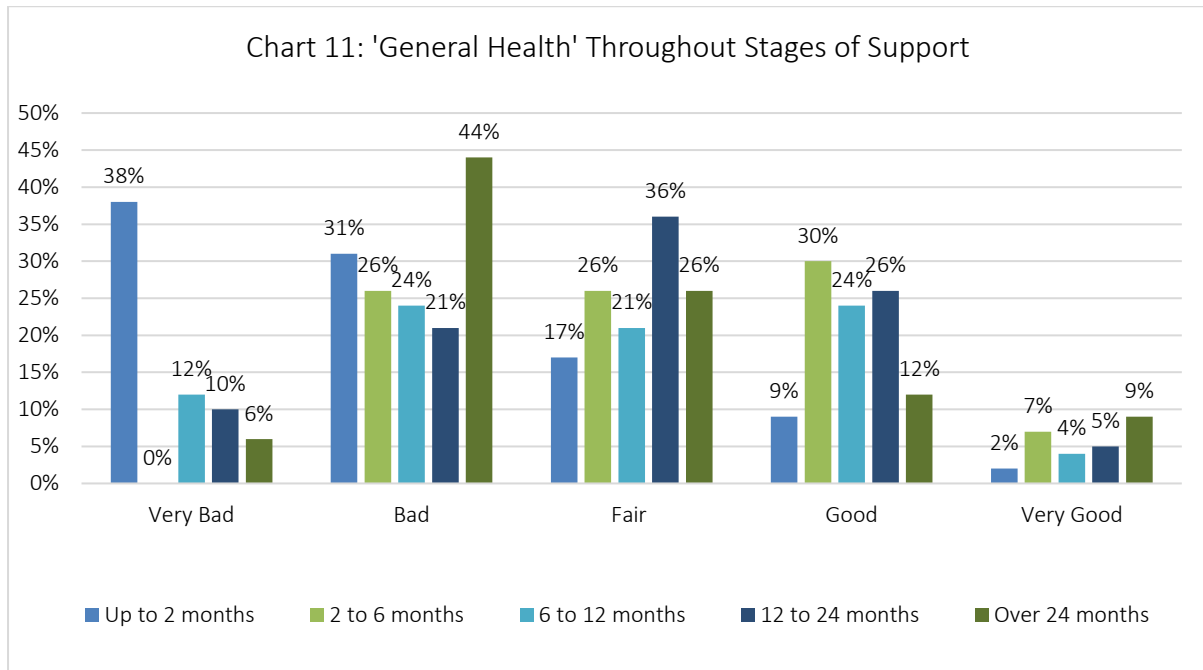
Chart 10: 'General Health' in Comparison with the National Survey for Wales (NSW)



'General Health' in Comparison with the National Survey for Wales (NSW):

Chart 10 provides a comparison between the findings of this research and the findings of the 2018-19 National Survey for Wales (NSW). This shows a real dichotomy between the perceived healthiness of the HSG services sample population and the general population, especially for those who consider their general health to be 'very good'.

This chart also illustrates that more participant's in the HSG services sample population selected the 'fair' category and significantly more participants' selected the 'bad' category, than the (NSW) general population.

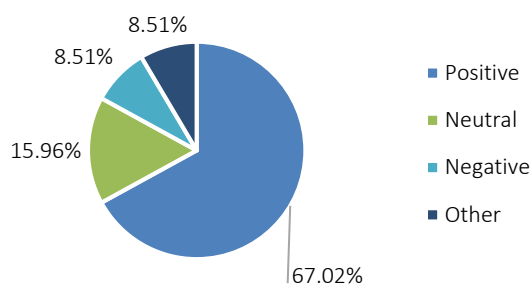


'General Health' Throughout Stages of Support:

Within the research sample population, participants who rate their health as 'very bad' decrease significantly following their initial stages of support (as illustrated in Chart 11). Responses for 'fair' and 'good' have similar patterns, with the 'good' response at its closest to the 'good' response in the NSW (30% to 35% respectively) in the '2 to 6 months'.

At all stages of support, the 'very good' responses are quite far from the national averages, peaking at only 9% in 'over 24 months'. The 'bad' response, whilst in line with an increase in 'fair' and 'good' responses, sees a significant increase to 44% for the last stage, 'over 24 months'.

Chart 12: Correlation Between Time Spent Receiving support and the Impact on 'General Health'



Correlation Between Time Spent Receiving HSG support and the Impact on 'General Health':

Chart 12 provides a correlation between time spent receiving HSG support and the impact on 'general health'. 67% reported a sustained positive impact on their general health during the time they have been receiving HSG support.

4.5 Satisfaction with Life



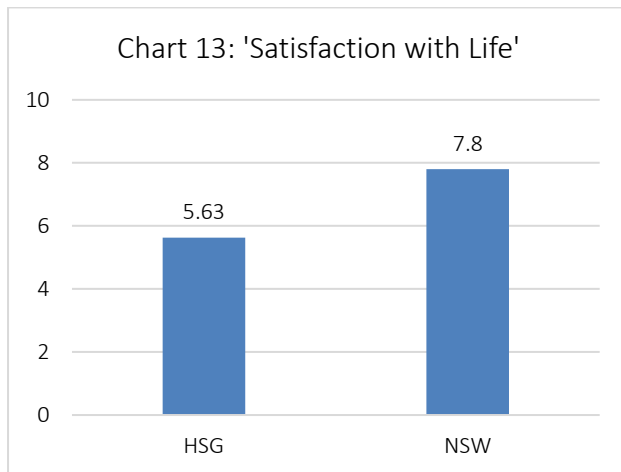
Survey Questions:

- Overall, how satisfied are you with your life nowadays?
- Thinking back to the beginning of support...*
Overall, how satisfied were you with your life?
- Thinking back to halfway through your support...*
Overall, how satisfied were you with your life?

Participants were asked to rate their responses to questions in this category on a scale from 0-10 with 0 being least satisfied and 10 being most satisfied.

Key Points:

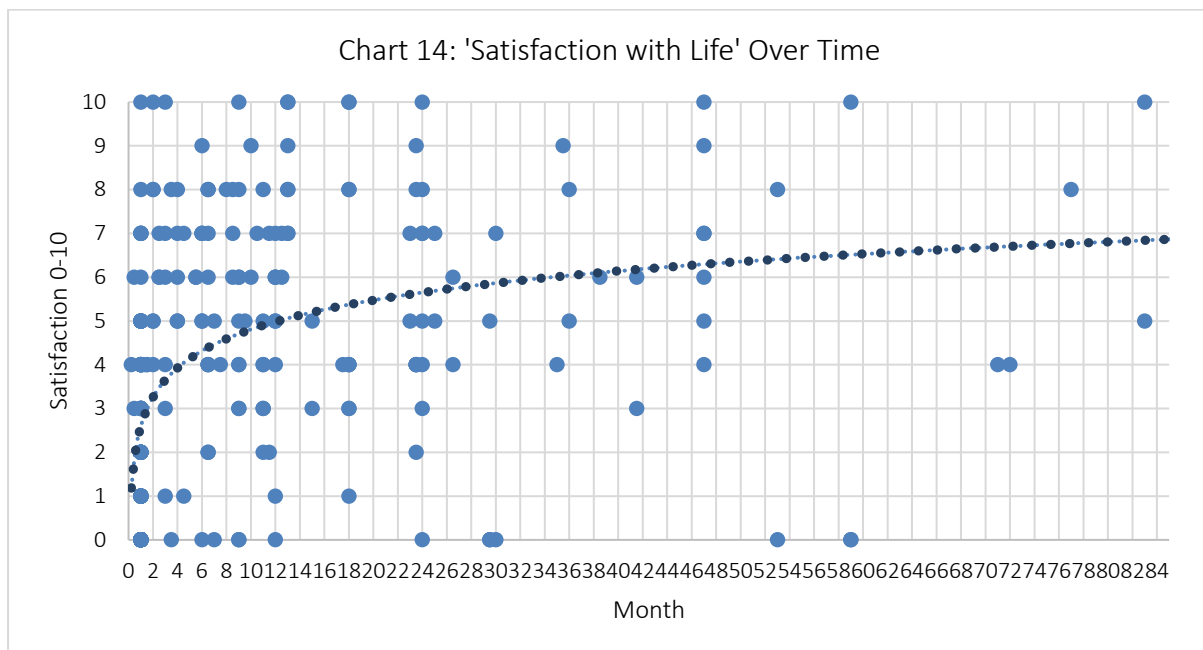
- When asked 'on a scale of 0-10' how satisfied the research participants were with their life, the average score was 6. The average score for participants of the 2018-19 NSW was almost 8
- When considering 'satisfaction with life' over time, the research participants report a very low average score at the start of their HSG support and this increases significantly as participants progress through the stages of support
- 79% of participants reported a sustained positive impact on their satisfaction with life during the time they have been receiving HSG support.



'Satisfaction with Life':

On a scale of 0-10, the column on the left of Chart 13 shows that on average HSG participants rate their satisfaction with life at 5.63.

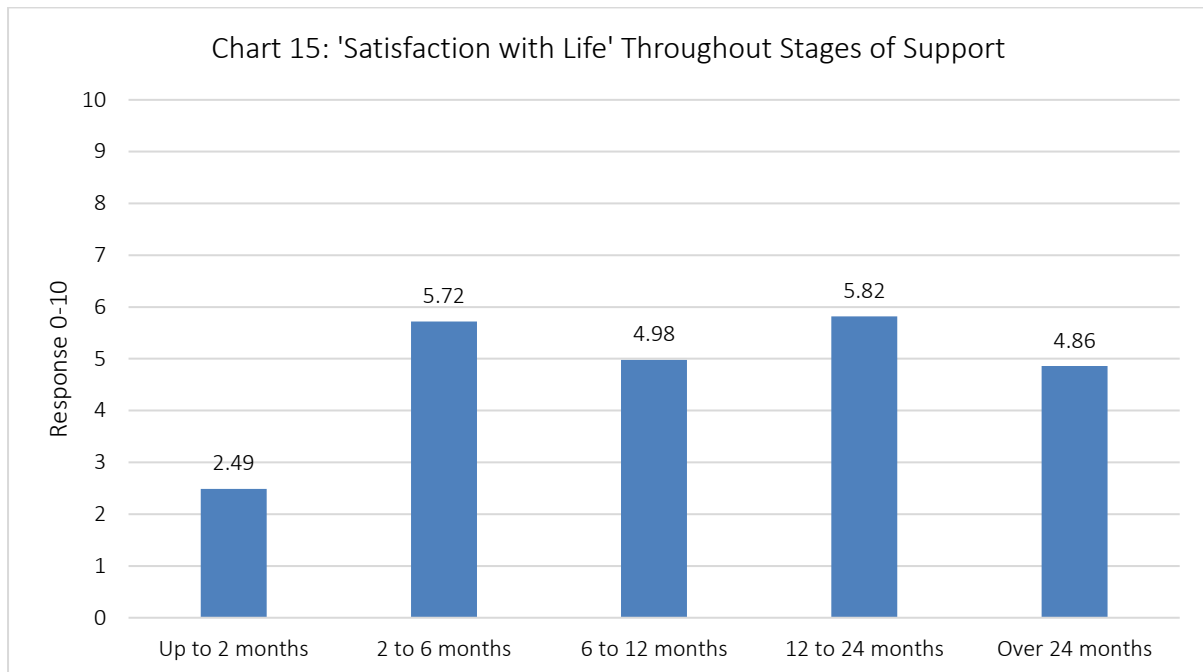
When comparing this with the findings of the NSW, there is a significant difference with the NSW participants reporting 7.8 for the same question.



'Satisfaction with Life' Over Time:

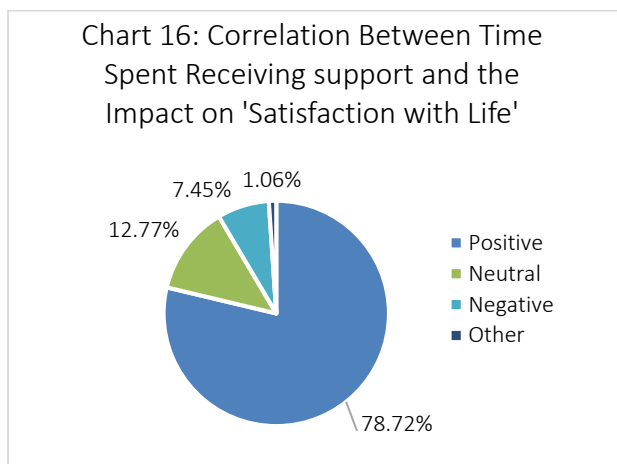
Chart 14 shows a scatter plot of all numerical responses provided for the 'satisfaction with life' question. These responses are plotted over a period of 84 months in order to create a trendline of responses. As can be seen, the majority of responses are found in the earlier stages of support and this reduces over time, reflecting the length of time participants had been in support at the time of taking the survey.

This scatter plot illustrates the initial low average (negative) response to this question increases significantly (into positive) during early stages of support. After 12 months of support the trendline continues to increase steadily however, this is at a much slower



'Satisfaction with Life' Throughout Stages of Support:

Chart 15 illustrates the average response (0-10) for the 'life satisfaction' category in each month period. The largest increase (positive response) is seen between the 'up to 2 months' and '2 to 6 months' periods. This reflects the findings of the previous chart that participants experience a significantly positive impact in the early stages of their HSG support.



Correlation Between Time Spent Receiving HSG Support and the Impact on 'Satisfaction with Life':

Chart 16 provides a correlation between time spent receiving HSG support and the impact on 'satisfaction with life'. 79% reported a sustained positive impact during the time they have been receiving HSG support.

4.6 Things in Life are Worthwhile



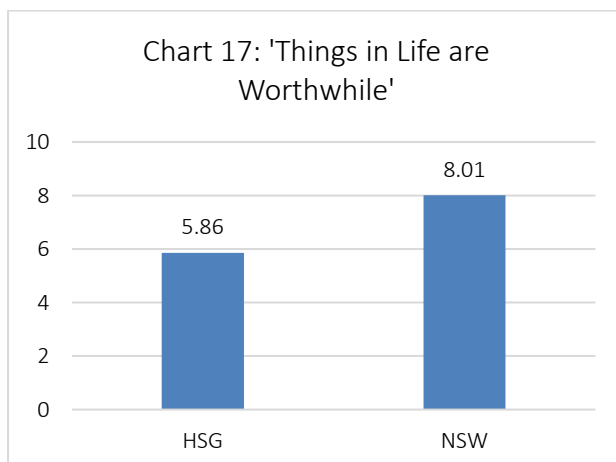
Survey Questions:

- a) Overall, to what extent do you feel that the things you do in your life are worthwhile?
- b) *Thinking back to the beginning of support...*
Overall, to what extent do you feel that the things you do in your life were worthwhile?
- c) *Thinking back to halfway through your support...*
Overall, to what extent did you feel that the things you did in your life were worthwhile?

Participants were asked to rate their responses to questions in this category on a scale from 0-10 with 0 being least worthwhile and 10 being most worthwhile.

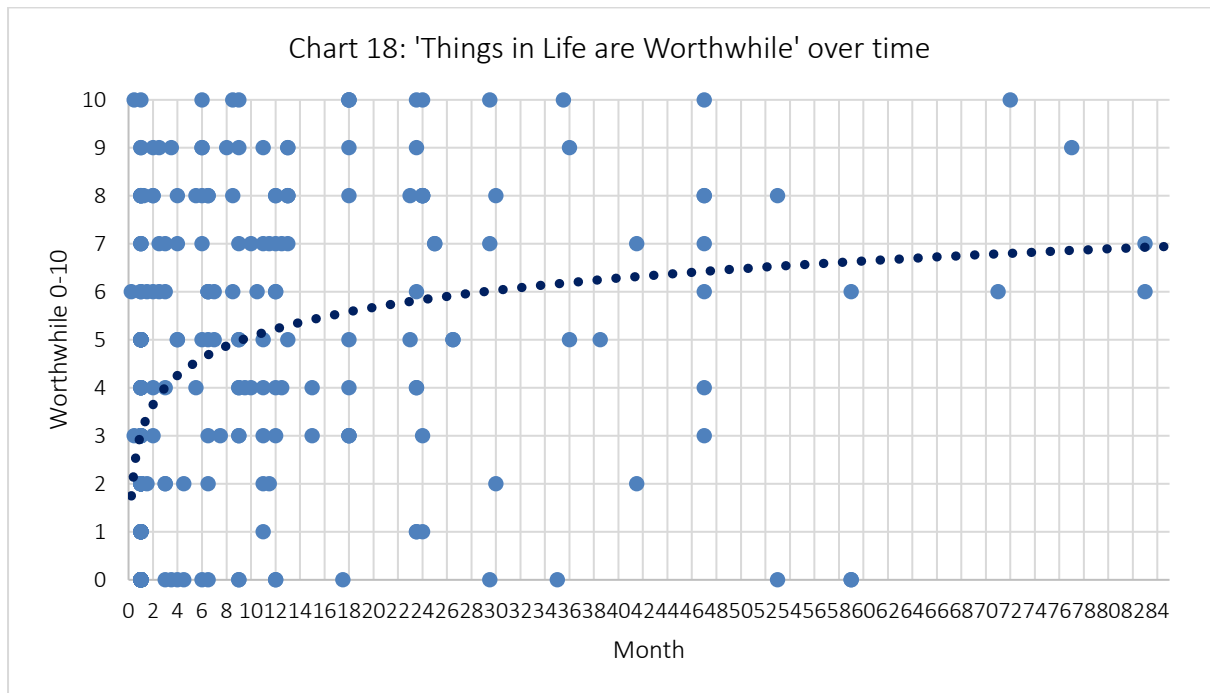
Key Points:

- When asked on a scale of 0-10 to what extent the research participants feel the 'things they do in life are worthwhile', the average score was almost 6. The average score for participants of the 2018-19 NSW was 8
- When considering 'the things in life being worthwhile' over time, similar to the previous question, the research participants report a very low average score at the start of their HSG support and this increases significantly as participants progress through the stages of support
- 74% of the research participants reported a sustained positive impact on the 'things in life are worthwhile' category during the time they have been receiving HSG services [support](#).



'Things in Life are Worthwhile':

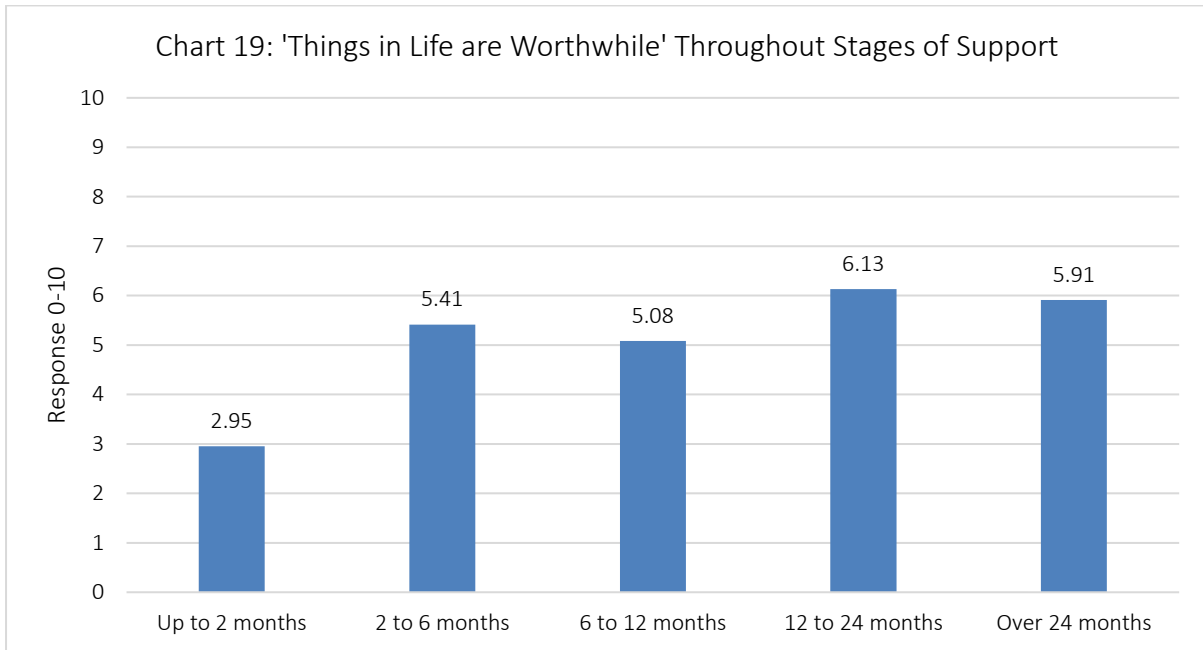
On a scale of 0-10, the column on the left shows that on average participants of this survey rated the 'things in life are worthwhile' at 5.86. This is significantly lower than the findings of the NSW with participants rating 8.01 on average, for the same question.



'Things in Life are Worthwhile' Over Time:

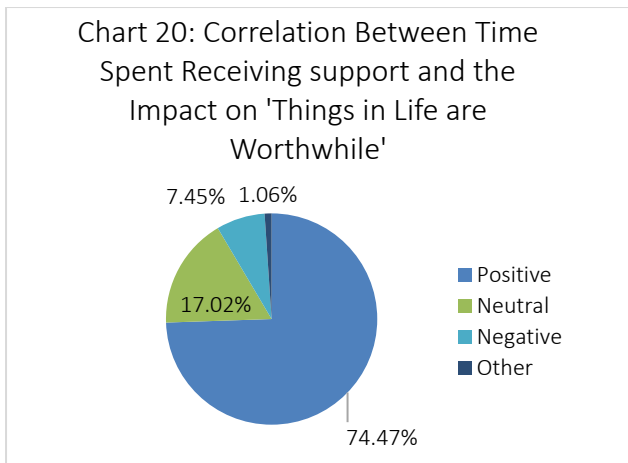
Chart 18 shows a scatter plot of all numerical responses provided for the 'things in life are worthwhile' question. These responses are plotted over a period of 84 months in order to create a trendline of responses. As with the previous scatter plot, the majority of responses are found in the earlier stages of support and this reduces over time, reflecting the length of time participants had been in support at the time of taking the survey.

Again, as with the previous survey section, this scatter plot illustrates the initial low average response (negative) increases significantly (into a positive) during early stages of support. demonstrating the early impact of HSG services on this particular category.



‘Things in Life are Worthwhile’ Throughout Stages of Support:

Chart 19 illustrates the average response (0-10) for the ‘things in life are worthwhile’ category in each month period. The largest increase (positive response) is seen between the ‘up to 2 months’ and ‘2 to 6 months’ periods. After that, there is much less fluctuation between timeframes, but as with the satisfaction question, still far from the NSW averages.



Correlation Between Time Spent Receiving HSG Support and the Impact on ‘Things in Life are Worthwhile’:

This chart shows that 74% of participants reported a sustained positive impact on ‘the things in life are worthwhile’ category during the time they have been receiving HSG support.

4.7 The Things That Matter to Me



Survey Questions:

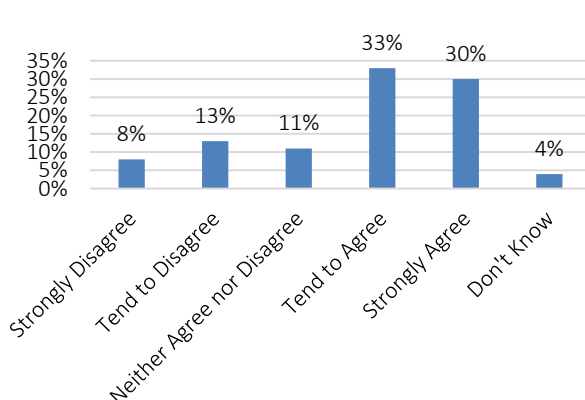
- To what extent do you agree or disagree with “I am able to do the things that matter to me”?
- Thinking back to the beginning of support...*
To what extent do you agree or disagree with “I was able to do the things that matter to me”?
- Thinking back to halfway through support...*
To what extent do you agree or disagree with “I was able to do the things that mattered to me”?

Participants were asked how much they agree or disagree to the statement “I am able to do the things that matter to me”.

Key Points:

- 30% of the research participants ‘strongly agreed’ with the phrase ‘I am able to do the things I life that matter to me’ compared to 31% of the 2018-19 NSW participants
- 8% of the research participants ‘strongly disagreed’ with the phrase compared to 6% of the 2018-19 NSW participants
- 67% reported a sustained positive impact on the ‘the things that matter to me’ category during the time they have been receiving HSG support

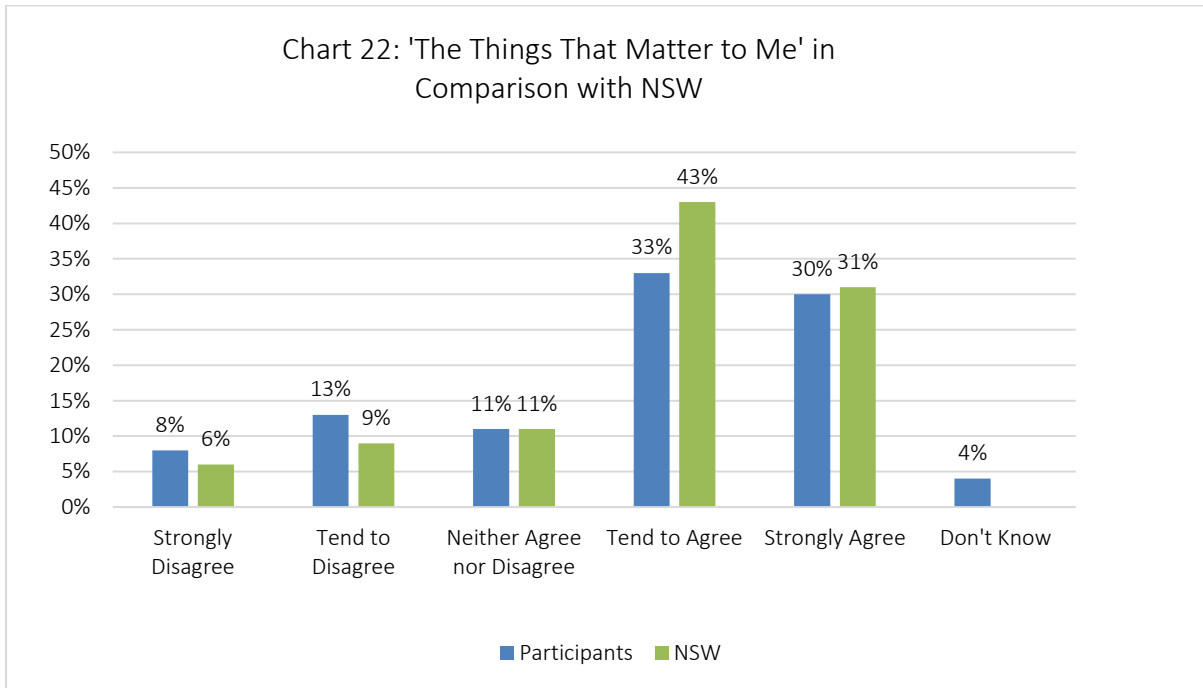
Chart 21: 'The Things That Matter to Me'



'The Things That Matter to Me':

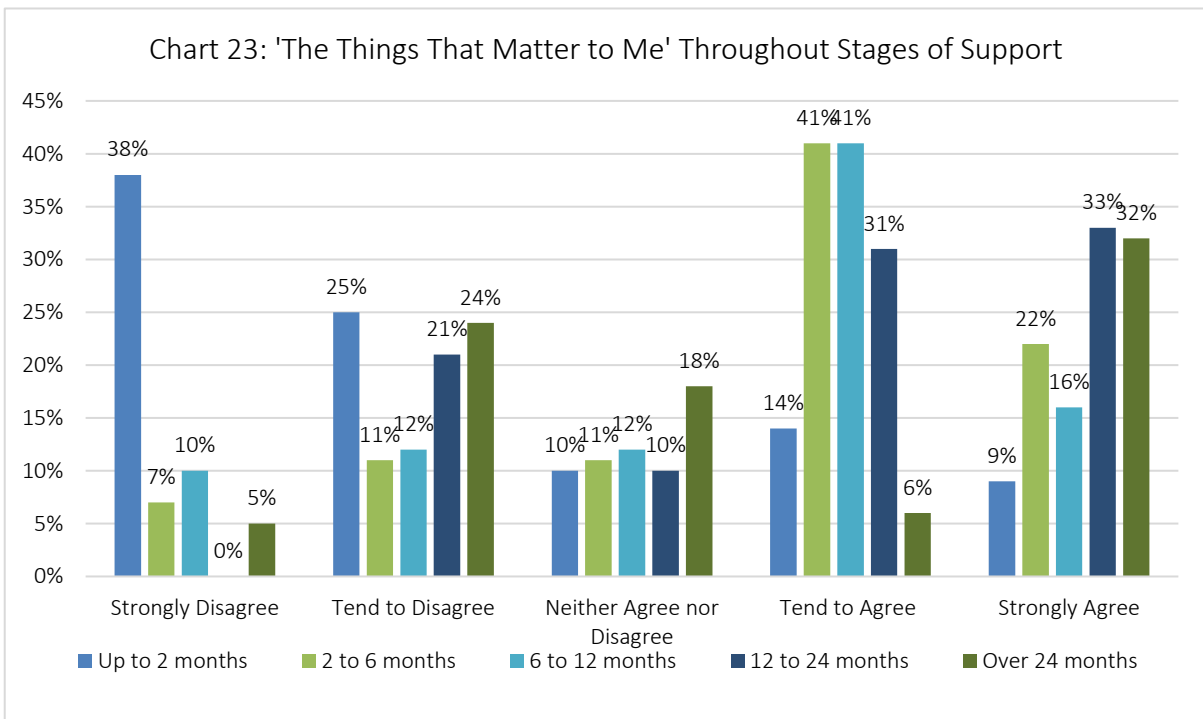
A significant majority of participants either tended to agree (33%) or strongly agreed (30%) with this statement at the time of taking the survey.

As illustrated in Chart 21, this represents a very positive response to this survey question.



'The Things That Matter to Me' in Comparison with NSW:

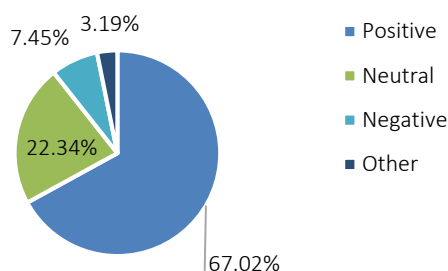
Chart 22 provides a comparison between the HSG services sample survey and the findings of the NSW. This illustrates similar responses for the majority of categories with almost equal percentages for the most positive 'strongly agree' category.



'The Things That Matter to Me' Throughout Stages of Support:

There is a high percentage of 'strongly disagree' responses for the time period of under 2 months, however, this reduces throughout later stages of support with an increase in responses for all other categories. There is a very high percent of 'tend to agree' responses, 41%, in the '2 to 6 months' and '6 to 12 months' period. 33% and 32% of participants strongly agreed with the phrase 'I am able to do the things that matter to me' within '12 to 24 months' and 'over 24 months' of their support respectively.

Chart 24: Correlation Between Time Spent Receiving support and Being Able to do 'The Things That Matter to Me'



Correlation Between Time Spent Receiving HSG Support and Being Able to do 'The Things that Matter to Me':

Chart 24 provides a correlation between time spent receiving HSG support and the impact on 'the things that matter to me'. 67% reported a sustained positive impact during the time they have been receiving HSG support.

4.8 Control Over Daily Life



Survey Questions:

- To what extent do you agree or disagree with "I am in control of my daily life as much as I can be"?
- Thinking back to the beginning of support...*
To what extent do you agree or disagree with "I was in control of my daily life as much as I could be"?
- Thinking back to halfway through support...*
To what extent do you agree or disagree with "I was in control of my daily life as much as I could be"?

Participants were asked how much they agree or disagree to the statement "I am in control of my daily life as much as I can be".

Key Points:

- 39% of the research participants strongly agreed with the phrase 'I am in control of my daily life' compared to 38% of the 2018-19 NSW participants
- 34% tended to agree with the the same phrase, at the time of taking the survey, compared to 42% of NSW participants
- Only 5% of the research participants and 5% of the NSW participants strongly disagreed with this phrase
- 42% of the research participants who were in the first 2 months of SP support strongly disagreed with this phrase however, this percentage decreases significantly as participants progress through stage of their support
- A high percentage of participants provided a positive response from 2 months onwards with 44% strongly agreeing within 12 to 24 months of support
- 80% of participants reported a sustained positive impact on the 'I am in control of my daily life' category during the time they have been receiving HSG support

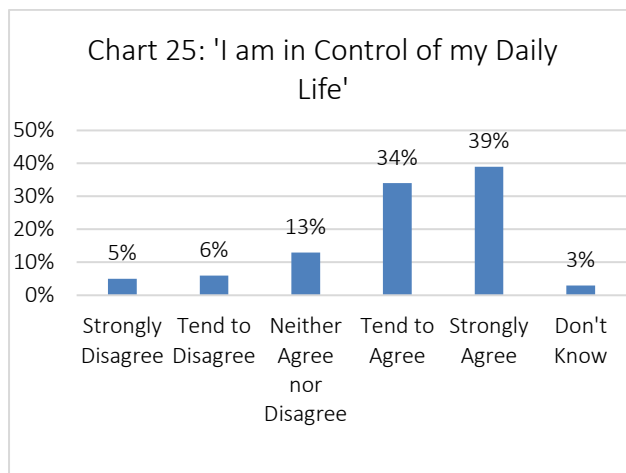
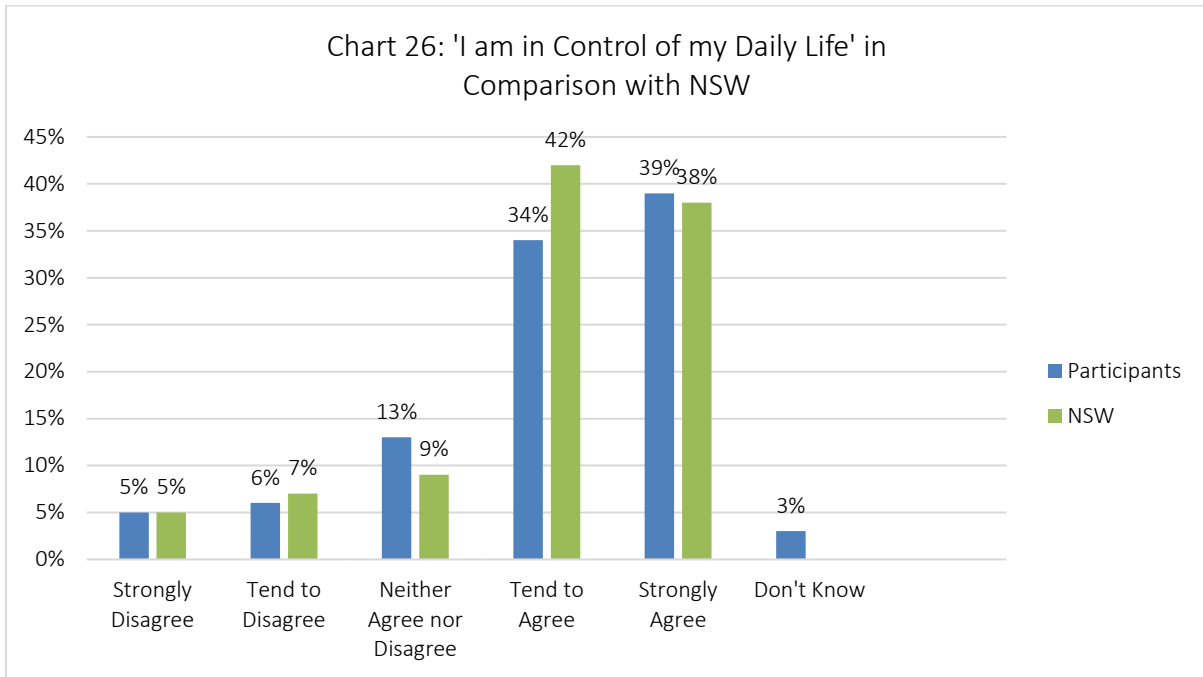
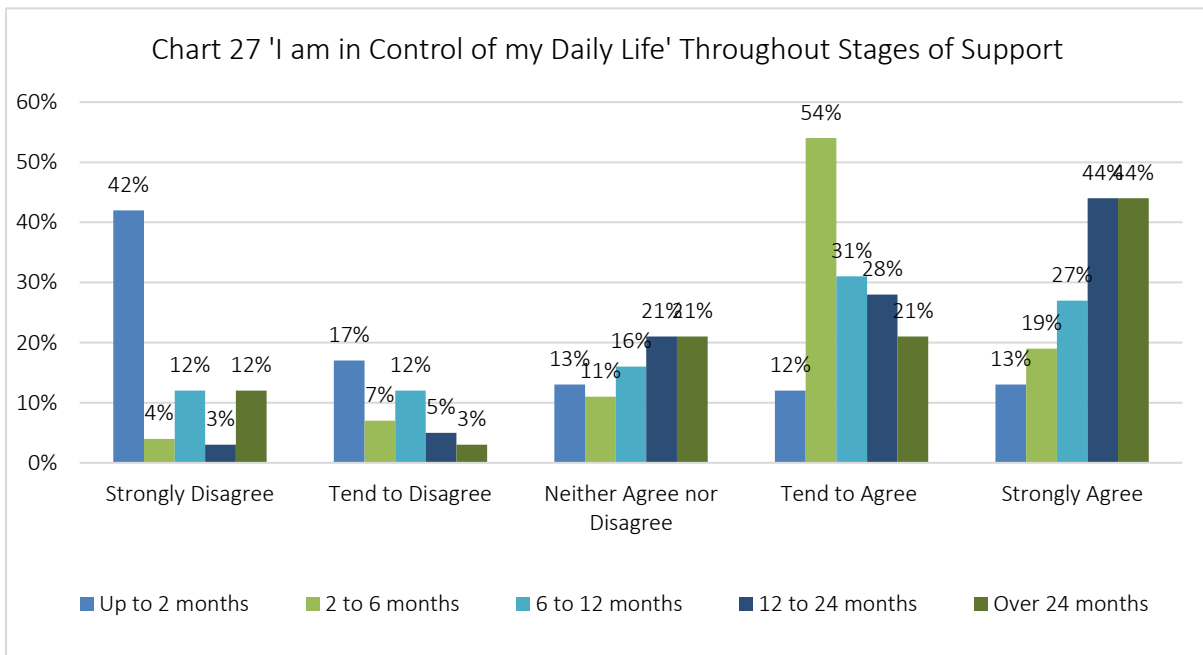
**'I am in control of my Daily Life':**

Chart 25 illustrates how participants felt about the statement 'I am in control of my daily life as much as I can be' ranging from strongly disagree to strongly agree. A significant majority of participants either tended to agree (34%) or strongly agreed (39%) with this statement at the time of taking the survey.



'I am in Control of my Daily Life' in Comparison with NSW:

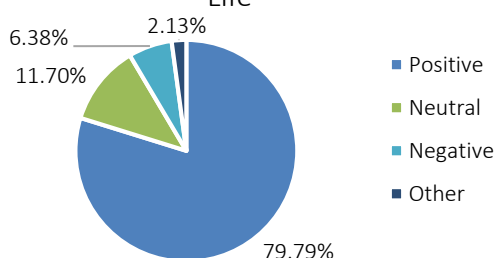
Chart 26 illustrates a very similar set of statistics for the statement 'I am in control of my daily life as much as I can be' with only marginal differences in the 'tend to agree' and 'neither agree nor disagree' categories. Interestingly, 1% more of the HSG services sample population 'strongly agreed' with this statement, in comparison with the NSW participants.



'I am in Control of my Daily Life' Throughout Stages of Support:

Similar to previous analyses over time, a high percentage of 'strongly disagree' responses were received from participants who had been in support for 'up to 2 months'. However, in contrast to previous analyses, there is a more positive response in the later stages of support. 54% responded 'tend to agree' for the '2 to 6 months' period, whilst 44% of participants 'strongly agreed' within '12 to 24 months' and 'over 24 months' periods. These three examples are comfortably above the national average in the NSW.

Chart 28: Correlation Between Time Spent Receiving support and the Impact on 'I am in Control of my Daily Life'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'Control of my Daily Life:

Chart 28 shows that 80% of participants reported a sustained positive impact on the 'I am in control of my daily life' category during the time they have been receiving HSG support.

4.9 Feeling Safe



Survey Questions:

- To what extent do you agree or disagree with "I feel safe"?
- Thinking back to the beginning of support...*
To what extent do you agree or disagree with "I feel safe"?
- Thinking back to halfway through support...*
To what extent do you agree or disagree with "I felt safe"?

Participants were asked how much they agree or disagree to the statement "I feel safe".

Key Points:

- 46% of the research participants strongly agreed with the phrase 'I feel safe' compared to 48% of the 2018-19 NSW participants
- 9% of the research participants strongly disagreed with this phrase compared to 4% of the NSW participants
- 39% of the research participants strongly disagreed with this phrase during the first 2 months of HSG support however, this percentage decreases significantly as participants progress through stages of their support
- A significantly high percentage of research participants strongly agreed with this phrase after 3 months of their HSG support
- 63% of participants reported a sustained positive impact on the 'I feel safe' category during the time they have been receiving SP support

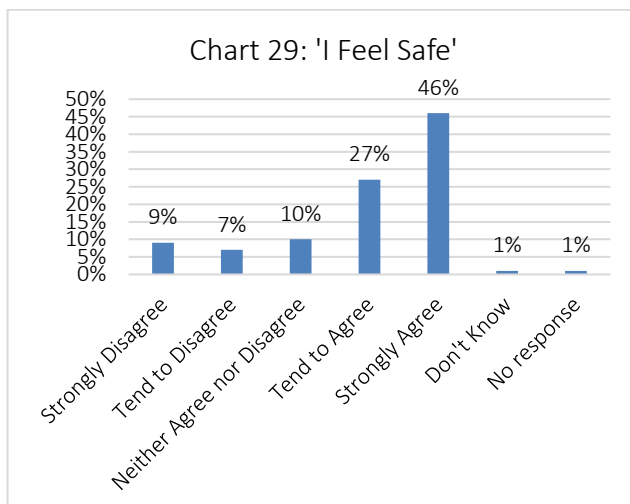
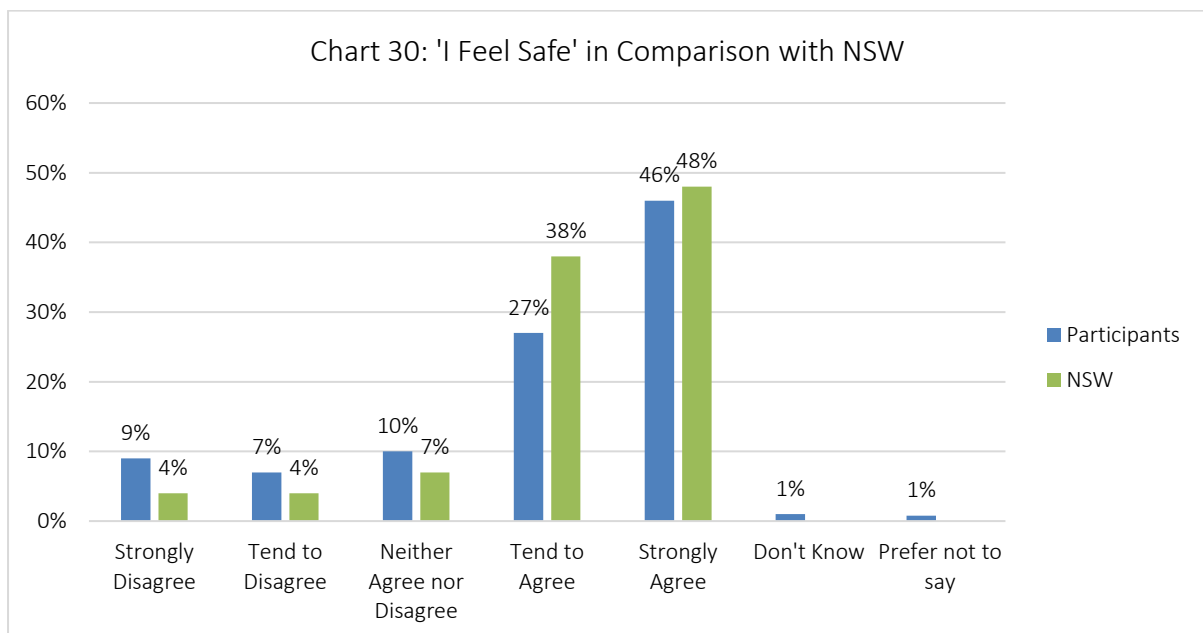
**'I Feel Safe':**

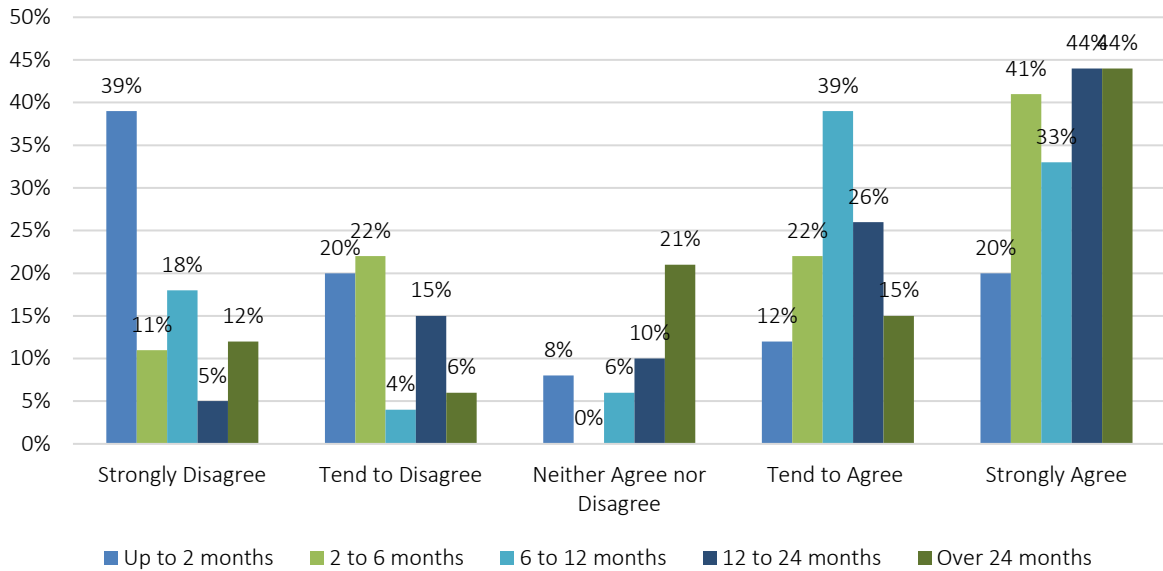
Chart 29 illustrates how participants felt about the statement 'I feel safe' ranging from strongly disagree to strongly agree. A significant number of participants tended to agree (27%) and the majority of participants strongly agreed (46%) with this statement at the time of taking the survey.



'I Feel Safe' in Comparison with NSW:

Chart 30 shows the comparison between the HSG services sample population and the findings of the NSW. This illustrates a very similar set of statistics for the statement 'I feel safe' with the only significant difference (10%) being the 'tend to agree' category. In contrast to other survey categories, a very high percentage of research participants (46%) strongly agreed with this statement.

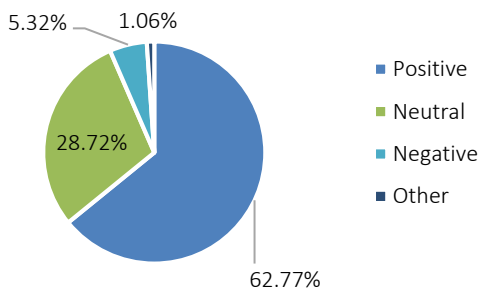
Chart 31: 'I Feel Safe' Throughout Stages of Support



'I Feel Safe' Throughout Stages of Support:

In line with the previous trends throughout stages of support, Chart 31 shows an initial high response rate for the 'strongly disagree' category. However, this reduces significantly throughout the stages of support. Overall, the 'strongly agree' response is relatively high, though significantly higher from 2 months onwards.

Chart 32: Correlation Between Time Spent Receiving support and the Impact on 'I Feel Safe'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Feel Safe':

Chart 32 illustrates that 63% of participants reported a sustained positive impact on the 'I feel safe' category during the time they have been receiving HSG support. Whilst this is one of the lower positive impacts, the negative responses are also one of the lowest at 5%.

4.10 Feeling Good



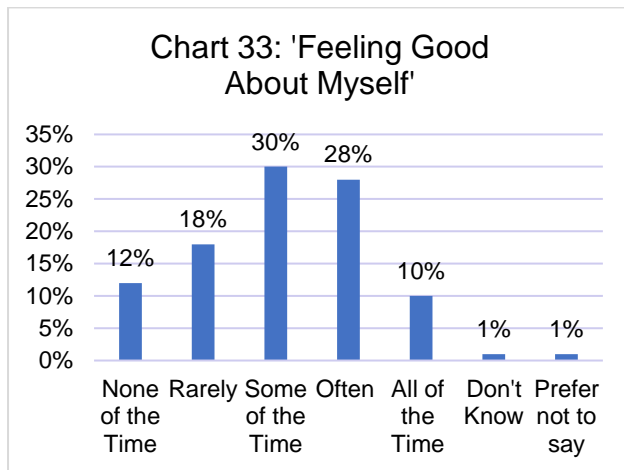
Survey Questions:

- a) I have been feeling good about myself
- b) *Thinking back to the beginning of support...*
I was feeling good about myself
- c) *Thinking back to halfway through support...*
I was feeling good about myself

In this category of the survey, and for the remaining seven categories, questions have been taken from the Warwick-Edinburgh Mental Well-Being scale, which has at different points also been asked in the NSW. Here, participants are asked to pick an answer that best describes their experience of 'feeling good' over the previous two weeks.

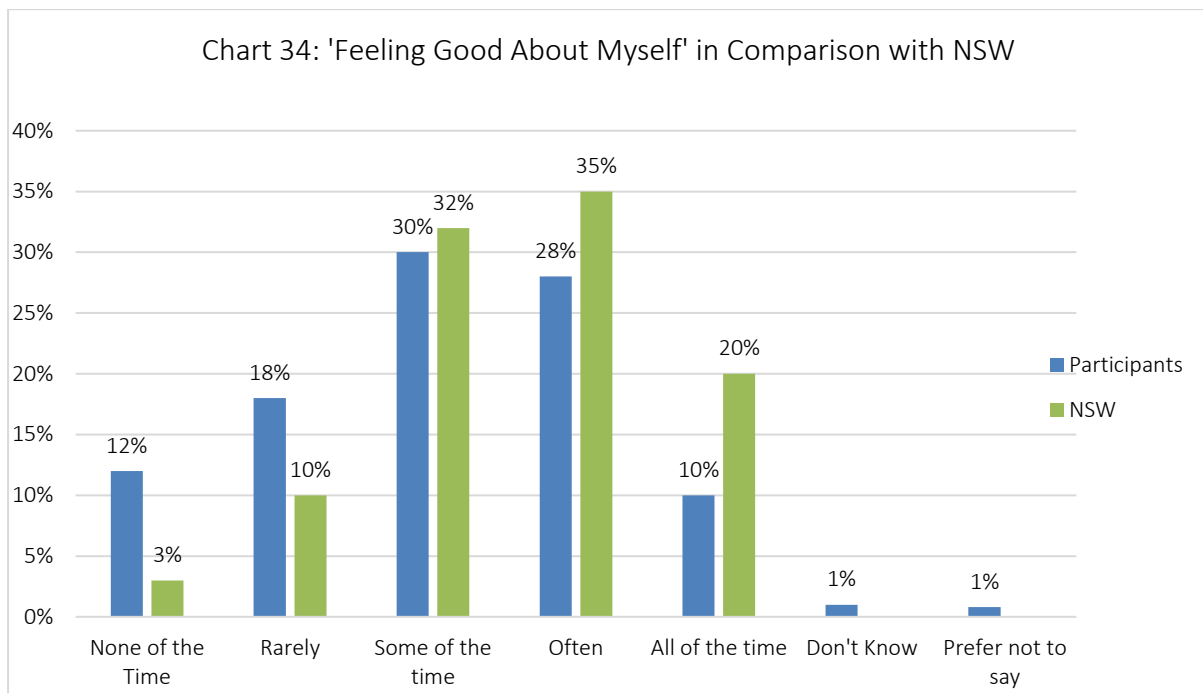
Key Points:

- 10% of the research participants felt good about themselves 'all of the time' compared to 20% of the 2018-19 NSW participants
- 12% of the research participants felt good about themselves 'none of the time' compared to 3% of the NSW participants
- 50% of the research participants who were in the first 2 months of HSG support felt good about themselves 'none of the time' however, in a similar pattern to previous categories, this decreases significantly as participants progress through stages of their support
- 46% of research participants felt good about themselves 'some of the time' during the 12-24 month period of support
- 72% of participants reported a sustained positive impact on the 'feeling good about myself' category during the time they have been receiving HSG support



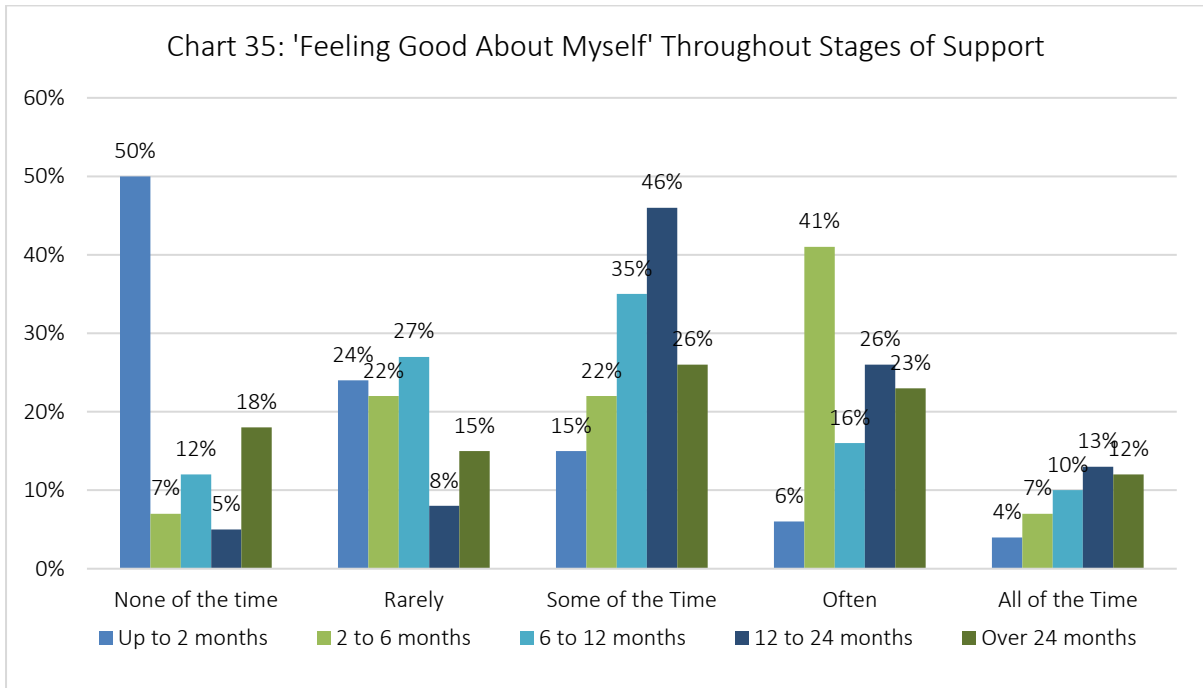
'Feeling Good About Myself':

The majority of participants (30%), as shown in Chart 33, responded 'some of the time' and this was closely followed with 'often' responses (28%). Fewer participants responded with the extremes of 'all of the time' (10%) or 'none of the time' (12%).



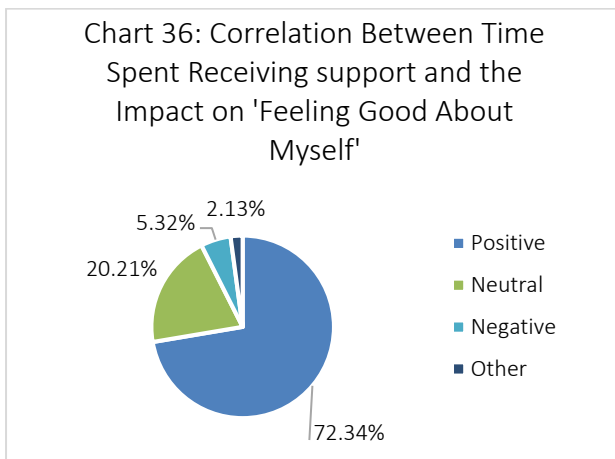
'Feeling Good About Myself' in Comparison with NSW:

When comparing the survey results with the NSW findings, noticeable differences can be seen (in Chart 34) in the 'none of the time' and 'all of the time' categories although there are consistencies in the majority of HSG services and NSW populations responding with 'some of the time' and 'often'. Overall responses for the research participants account for more negative categories than the participants of the NSW.



'Feeling Good About Myself' Throughout Stages of Support:

As with the previous survey questions, participants in the early stages of support ('up to 2 months') responded highest (50%) in the 'none of the time' category however, this decreases significantly as they progress through the stages of support. Despite this, throughout, the 'all of the time' responses are very low, peaking at 13% in the '12 to 24 months'. 41% responded 'often' in the '2 to 6 month' period.



Correlation Between Time Spent Receiving HSG Support and the Impact on 'Feeling Good About Myself':

72% of the research participants reported a sustained positive impact on the 'feeling good about myself' category during the time they have been receiving HSG support, as illustrated in Chart 36.

4.11 Thinking Clearly



Survey Questions:

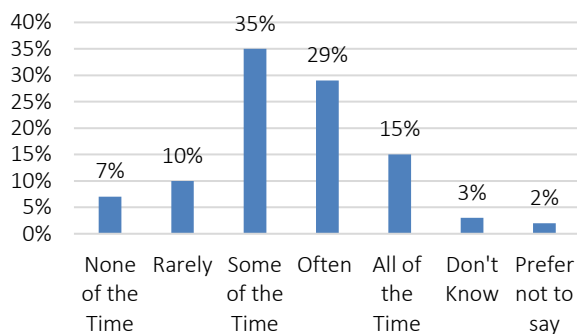
- I have been thinking clearly
- Thinking back to the beginning of support...*
I was thinking clearly
- Thinking back to halfway through support...*
I was thinking clearly

In this category participants are asked to pick an answer that best describes their experience of 'thinking clearly' over the previous two weeks.

Key Points:

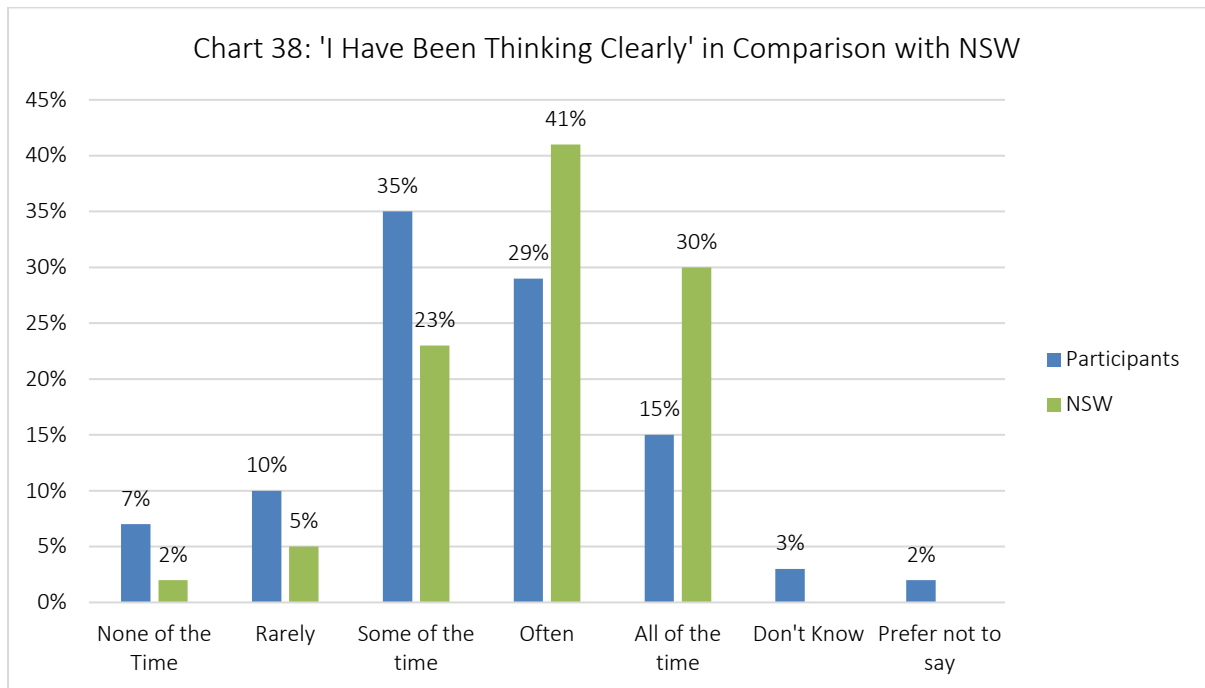
- 15% of the research participants have been thinking clearly 'all of the time' compared to 30% of the 2018-19 NSW participants
7% of the research participants have been thinking clearly 'none of the time' compared to 2% of the NSW participants
- 41% of the research participants who were in the first 2 months of SP support felt they had been thinking clearly 'none of the time' however this decreases as participants progress through stages of their support
- 70% of participants reported a sustained positive impact on the 'I have been thinking clearly' category during the time they have been receiving HSG support

Chart 37: 'I Have Been Thinking Clearly'



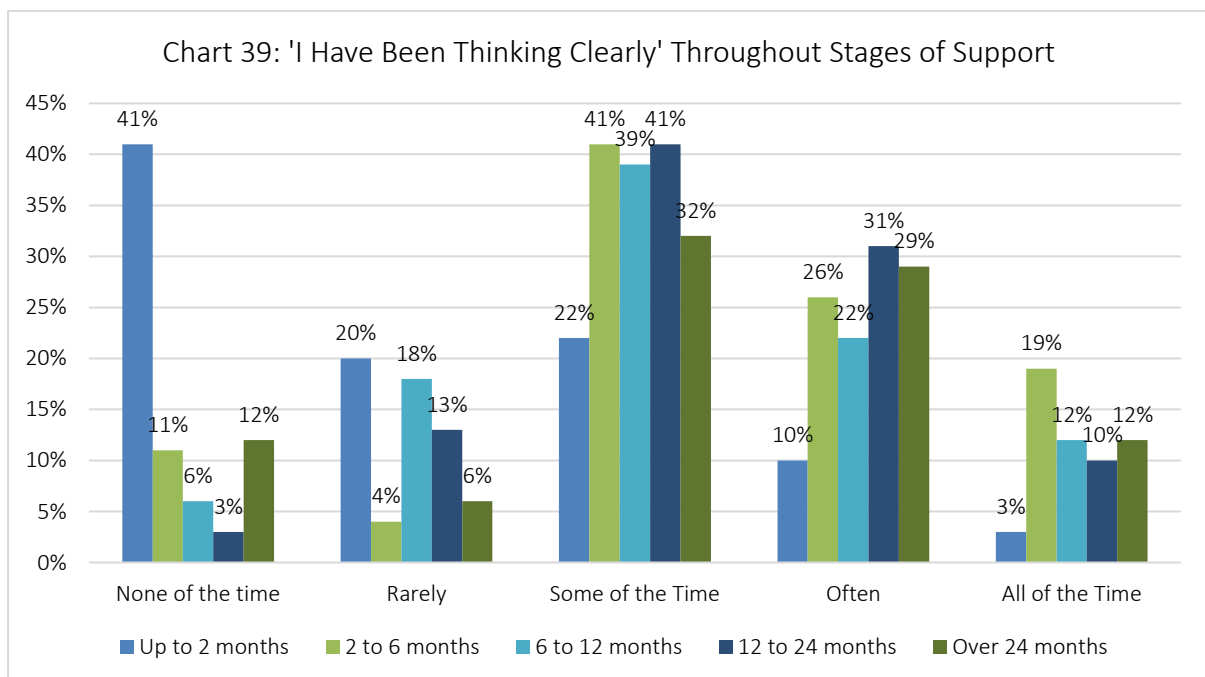
'I Have Been Thinking Clearly':

Chart 37 illustrates the participants' responses to the statement 'I have been thinking clearly'. The 'some of the time' and 'often' categories dominated the responses in this section with 'none of time' and 'rarely' being the least popular answers.



'I Have Been Thinking Clearly' in Comparison with NSW:

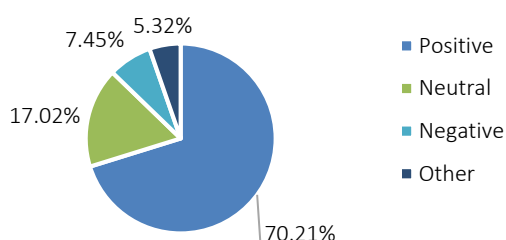
There are significant differences apparent in the 'all of the time' and often' (positive) categories with NSW responses dominating these areas. As with previous charts, Chart 38 shows the opposite is apparent for negative categories of 'none of the time', 'rarely' and 'some of the time' with the research participants dominating these categories.



'I Have Been Thinking Clearly' Throughout Stages of Support:

Chart 39 follows a similar pattern again to previous survey responses whereby the 'none of the time' category significantly dominates the 'up to 2 months' period (41%) and reduces throughout future stages of support. It is worth noting the higher responses for 'some of the time', between 39% and 41% for the three middle periods of support, and lower responses overall in the 'all of the time' response, peaking at 19%, for this question too.

Chart 40: Correlation Between Time Spent Receiving support and the Impact on 'I Have Been Thinking Clearly'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Have Been Thinking Clearly':

This chart illustrates that 70% of the research participants reported a sustained positive impact on the 'I have been thinking clearly' category during the time they have been receiving HSG support.

4.12 Feeling Useful



Survey Questions:

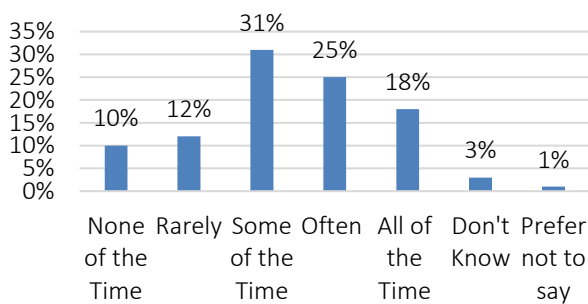
- a) I have been feeling useful
- b) *Thinking back to the beginning of support...*
I was feeling useful
- c) *Thinking back to halfway through support...*
I was feeling useful

In this category participants are asked to pick an answer that best describes their experience of 'feeling useful' over the previous two weeks.

Key Points:

- 18% of the research participants have been feeling useful ‘all of the time’ compared to 21% of the 2018-19 NSW participants
- 25% of the research participants have been feeling good about themselves ‘often’ compared to 39% of the NSW participants
- 10% of the research participants have been feeling good about themselves ‘none of the time’ compared to 4% of NSW participants
- 45% of the research participants who were in the first 2 months of SP support felt useful ‘none of the time’ however, this too decreases significantly as participants progress through stages of their support with the majority of participants feeling useful some of the time from 2 months onwards
- 62% of the research participants reported a sustained positive impact on the ‘I have been thinking clearly’ category during the time they have been receiving SP

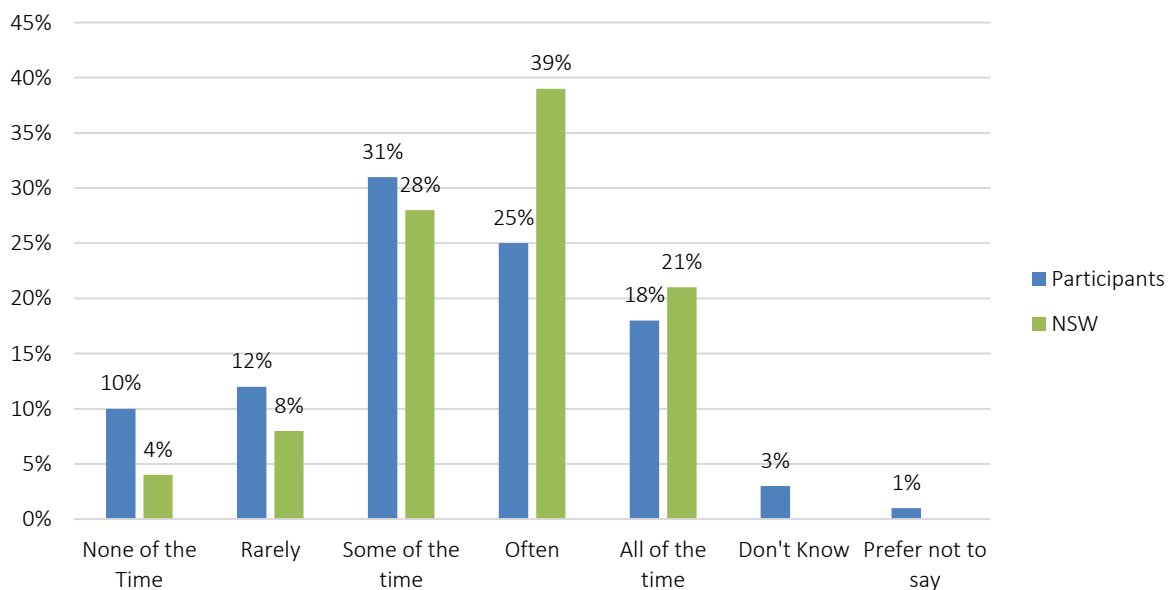
Chart 41: 'I Have Been Feeling Useful'



'I Have Been Feeling Useful':

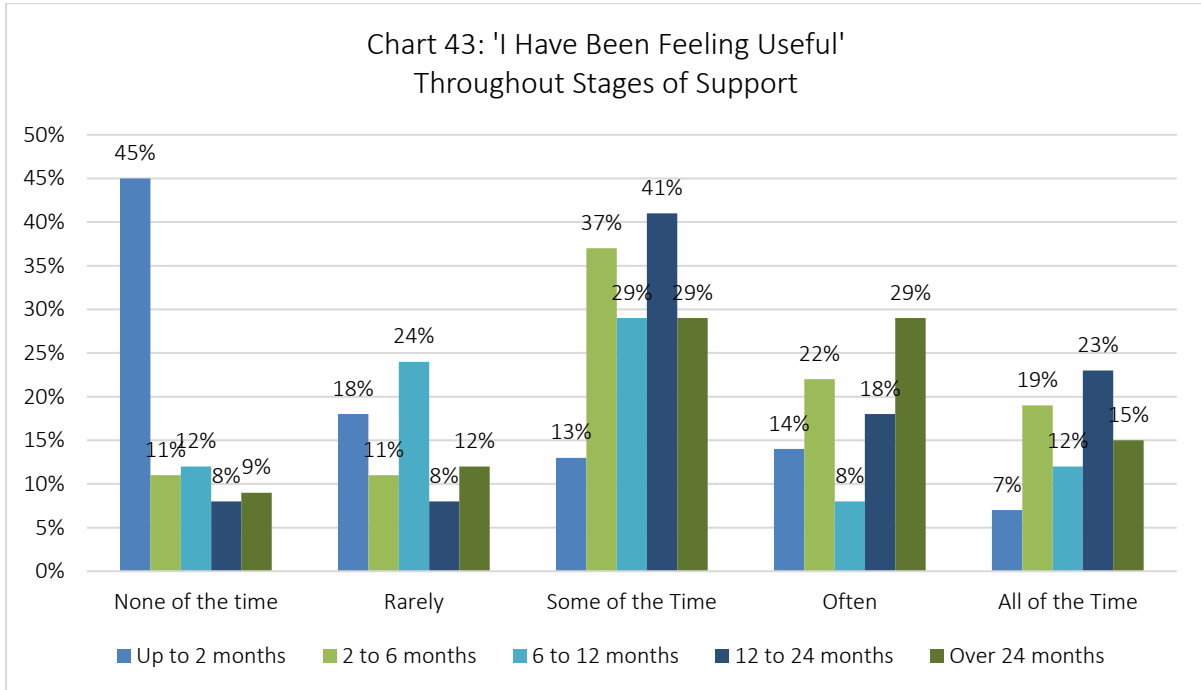
The majority of participants, as illustrated in Chart 41, responded with ‘some of the time’ (31%), ‘often’ (25%) and ‘all of the time’ (18%). ‘None of the time’ and ‘rarely’ feature less prominently.

Chart 42: 'I Have Been Feeling Useful' in Comparison with NSW



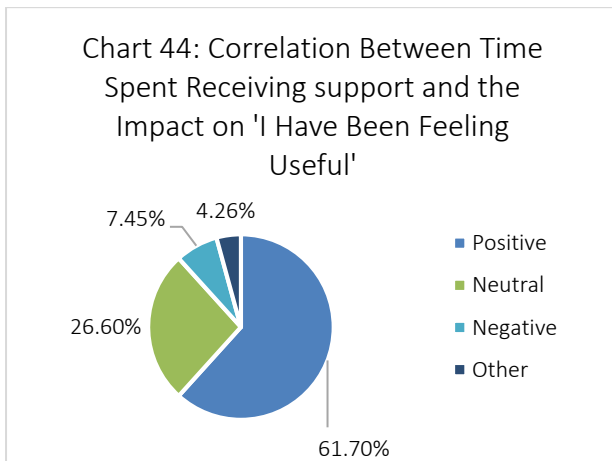
‘I Have Been Feeling Useful’ in Comparison with NSW:

To the left of chart 42 there is a higher rate of responses from the HSG services sample population for ‘none of the time’, ‘rarely’ and ‘some of the time’ categories. This is reversed to the right of the chart with higher responses for ‘often’ and ‘all of the time’ from the NSW 2018-19 participants.



‘I Have Been Feeing Useful’ Throughout Stages of Support:

One of the most noteworthy features when considering Chart 43 is the significantly high response rate for ‘none of the time’ during the first 2 months of support. This reduces rapidly as participants progress through support with the ‘some of the time’ category becoming most dominant. This once again follows the trend for previous categories and demonstrates the positive impact of HSG services in the early stages of support. For ‘all of the time’ responses, the ‘2 to 6 months’ and ‘12 to 24 months’ see similar responses to the NSW.



Correlation Between Time Spent Receiving HSG Support and the Impact on ‘I Have Been Feeling Useful’:

This chart illustrates that 62% of the research participants reported a sustained positive impact on the ‘I have been feeling useful’ category during the time they have been receiving HSG support.

4.13 Feeling Close to Other People



Survey Questions:

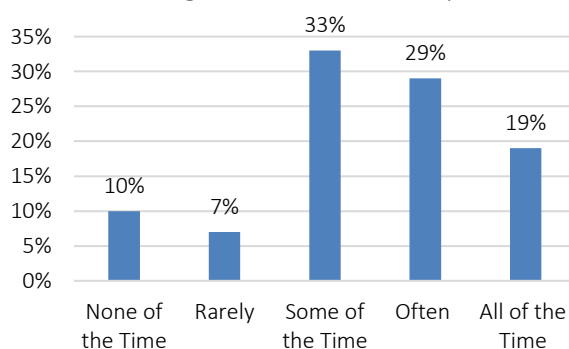
- I have been feeling close to other people
- Thinking back to the beginning of support...*
I was feeling close to people
- Thinking back to halfway through support...*
I was feeling close to people

In this category participants are asked to pick an answer that best describes their experience of 'feeling close to people' over the previous two weeks.

Key Points:

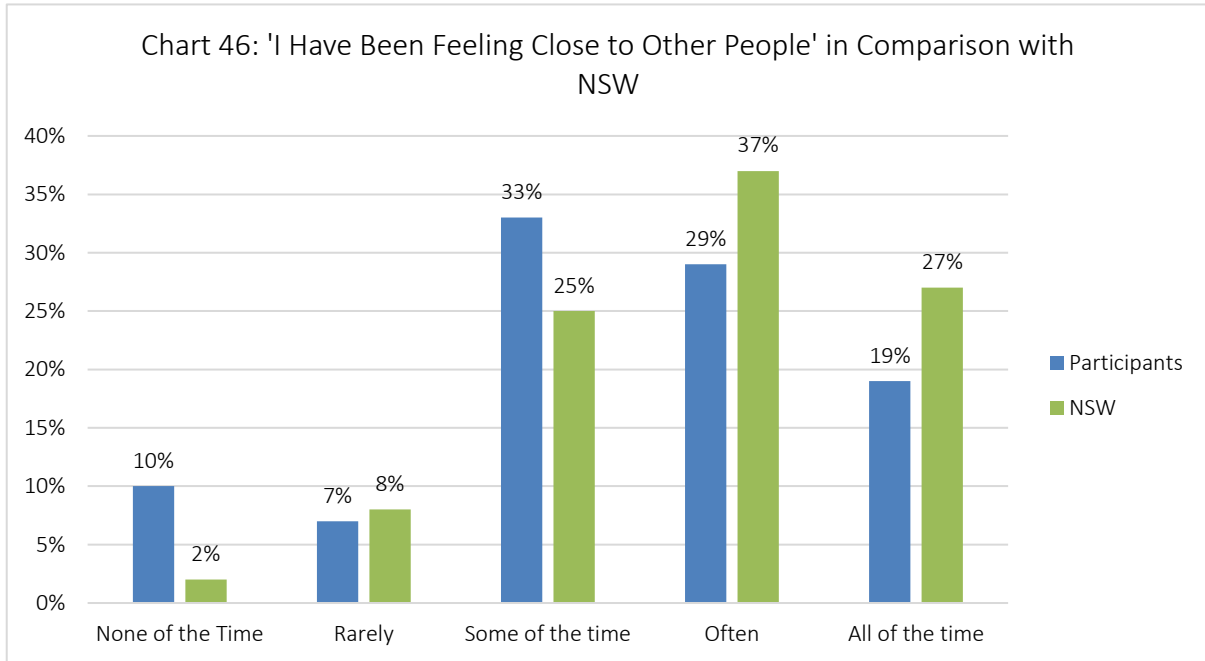
- 19% of the research participants have been feeling close to other people 'all of the time' compared to 27% of the 2018-19 NSW participants
- 10% of the research participants have been feeling close to other people 'none of the time' compared to 2% of NSW participants
- 37% of the research participants who were in the first 2 months of HSG support felt close to other people 'none of the time' however, this reduces as participants progress through stages of their support
- 29% of the research participants felt close to people 'all of the time' after 24 months of their support
- 61% of the research participants reported a sustained positive impact on the 'I have been feeling close to other people' category during the time they have been receiving HSG support

Chart 45: 'I Have Been Feeling Close to Other People'



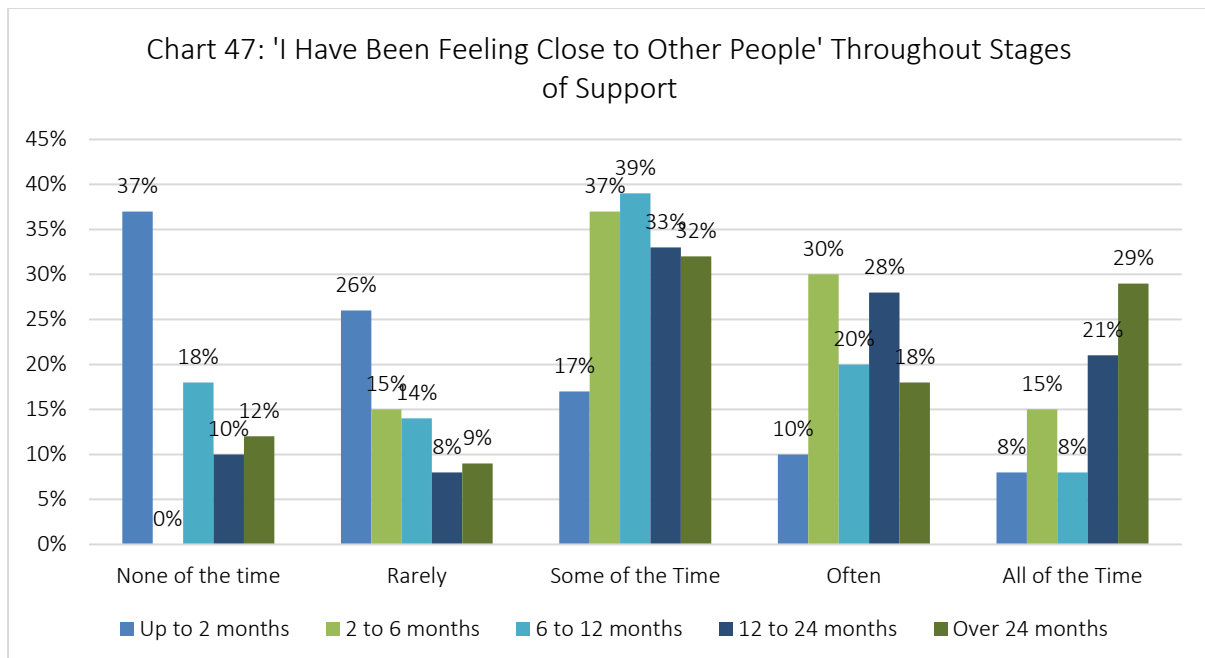
'I Have Been Feeling Close to Other People':

The total number of responses for the statement 'I have been feeling close to other people' can be found in Chart 45. The 'some of the time' (33%) and 'often' (29%) categories have the highest response rates. This is followed by 'all of the time' (19%) demonstrating a predominantly positive response to



'I Have Been Feeling Close to Other People' in Comparison with NSW:

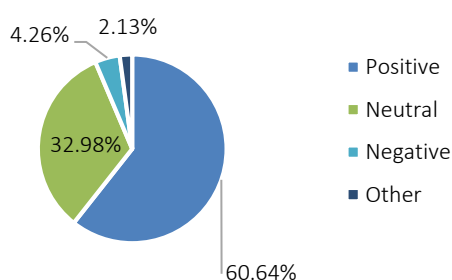
When we compare both sets of results in Chart 46, a similar pattern emerges to previous analyses with a higher response rate for 'none of the time' provided by the HSG services sample population. Positive responses of 'all of the time' and 'often' are dominated by NSW participants however, there is a higher response from the HSG services sample population within the 'some of the time' category.



'I Have Been Feeling Close to Other People' Throughout Stages of Support:

Whilst the 'none of the time' and 'rarely' categories dominate the responses of Chart 47 in the 'up to 2 months' period of support, these responses reduce as participants progress through their support, and by the last two periods of support, they represent less than a combined 20%. 'Some of the time' responses are consistently high after the first period.

Chart 48: Correlation Between Time Spent Receiving support and the Impact on 'I Have Been Feeling Close to Other People'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Have Been Feeling Close to Other People':

This chart illustrates that 60% of the research participants reported a sustained positive impact on the 'I have been feeling close to other people' category during the time they have been receiving HSG support. The negative impact, at 4% was one of the lowest reported among the different questions.

4.14 Interested in New Things



Survey Questions:

- I have been interested in new things
- Thinking back to the beginning of support...*
I was feeling interested in new things
- Thinking back to halfway through support...*
I was feeling interested in new things

In this category participants are asked to pick an answer that best describes their experience of 'being interested in new things' over the previous two weeks.

Key Points:

- 20% of the research participants have been interested in new things 'all of the time' compared to 23% of the 2018-19 NSW participants
- 30% of the research participants have been interested in new things 'often' compared to 33% of the NSW participants
- 12% of the research participants have been interested in new things 'none of the time' compared to 3% of NSW participants
- 45% of the research participants who were in the first 2 months of SP support have been interested in new things 'none of the time' however, this decreases significantly as participants progress through stages of their support
- 37% of the research participants have been interested in new things 'often' within the 2 to 6 months period of their HSG support
- 60% of the research participants reported a sustained positive impact on the 'I have been interested in new things' category during the time they have been receiving HSG support

Chart 49: 'I Have Been Interested in New Things'

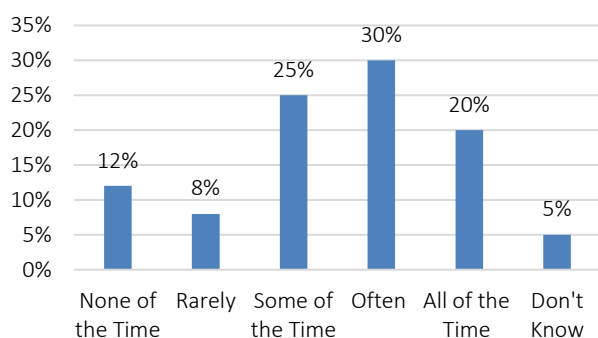
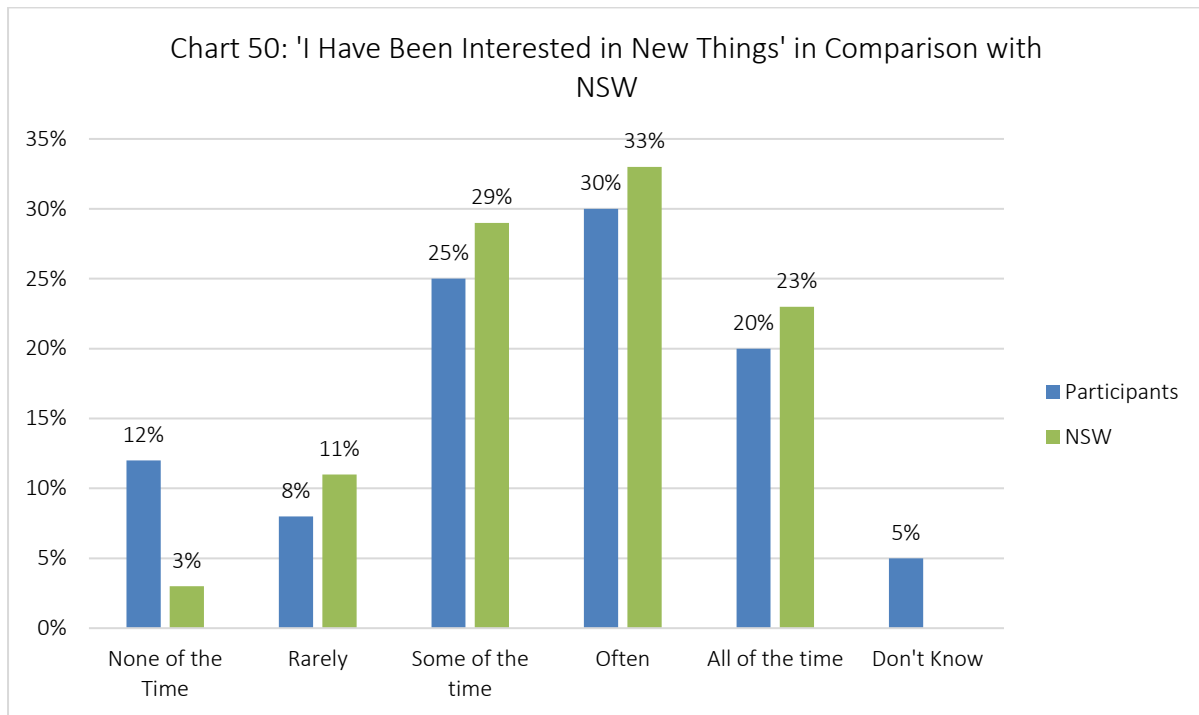
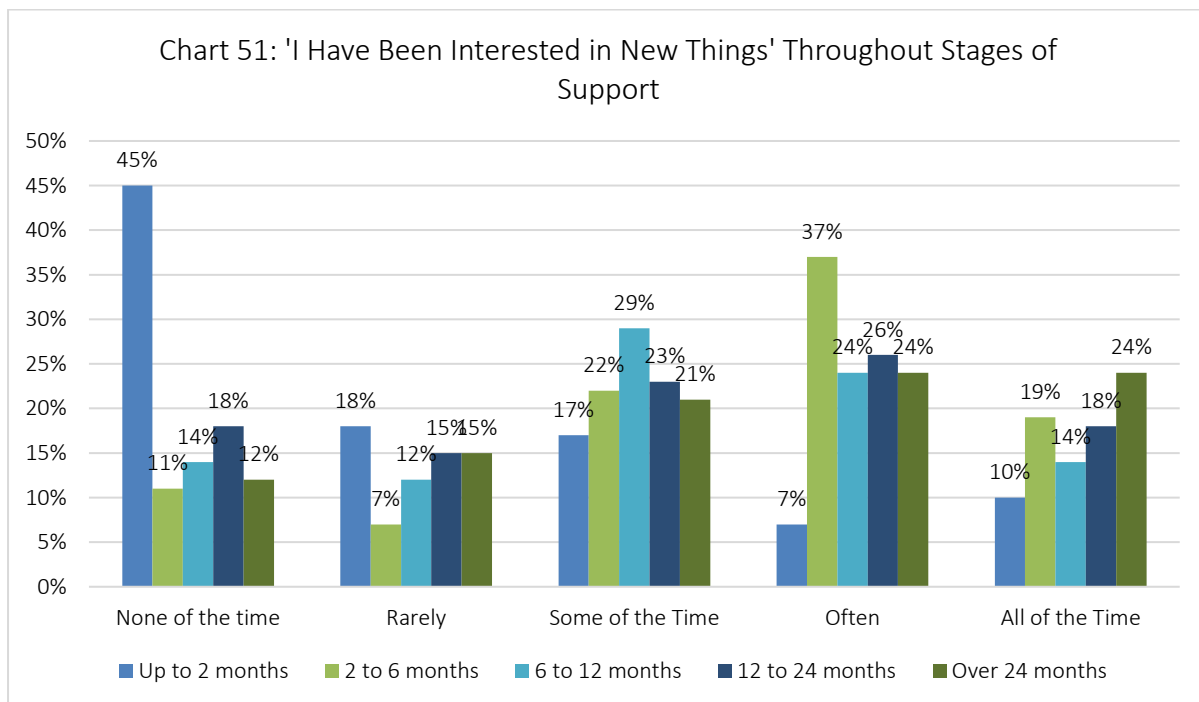
**'I Have Been Interested in New Things':**

Chart 49 shows the participants responses to the statement 'I have been interested in new things'. The 'often', 'some of the time' and 'all of the time' categories are the highest in this section demonstrating a predominantly positive response to this question.



'I Have Been Interested in New Things' in Comparison with NSW:

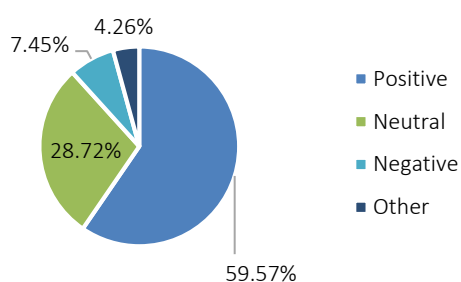
There are significantly higher responses in the 'none of time' category for the HSG services sample population in Chart 50. Aside from this, the responses for all other categories are similar demonstrating a synergy between the HSG services sample population and the NSW population.



'I Have Been Interested in New Things' Throughout Stages of Support:

In a similar pattern to previous analyses, the majority of responses (45%) for the response 'none of the time' are experienced within the first 2 months of support. This chart also illustrates how the majority of 'some of the time' responses (29%) are experienced within '6 to 12 months' of support. Excluding one-offs, the 'often' and 'all of the time' responses remain very similar after the first period.

Chart 52: Correlation Between Time Spent Receiving support and the Impact on 'I Have Been Interested in New Things'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Have Been Interested in New Things':

This chart illustrates that 60% of the research participants reported a sustained positive impact in this category during the time they have been receiving HSG support. This is the lowest positive response rate for all categories.

4.15 Feeling Confident



Survey Questions:

- I have been feeling confident
- Thinking back to the beginning of support...*
I was feeling confident
- Thinking back to halfway through support...*
I was feeling confident

In this category participants are asked to pick an answer that best describes their experience of 'feeling confident' over the previous two weeks.

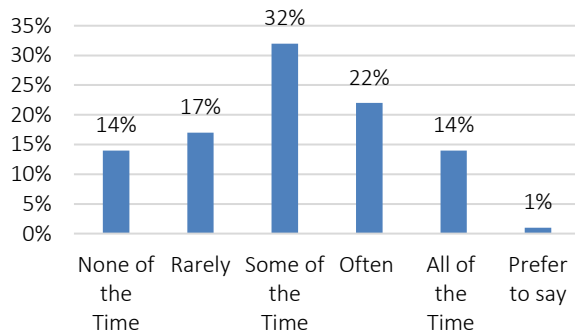
Key Points:

- 14% of the research participants have been feeling confident 'all of the time' compared to 20% of the 2018-19 NSW participants
- 14% of the research participants have been feeling confident 'none of the time' compared to 3% of NSW participants

Key Points Continued:

- 53% of the research participants who were in the first 2 months of HSG support have been feeling confident 'none of the time' however, this decreases significantly as participants progress through stages of their support
- 43% of the research participants have been feeling confident 'some of the time' within the 6 to 12 months category of their HSG support a
- 67% of the research participants reported a sustained positive impact on the 'I have been feeling confident' category during the time they have been receiving HSG support.

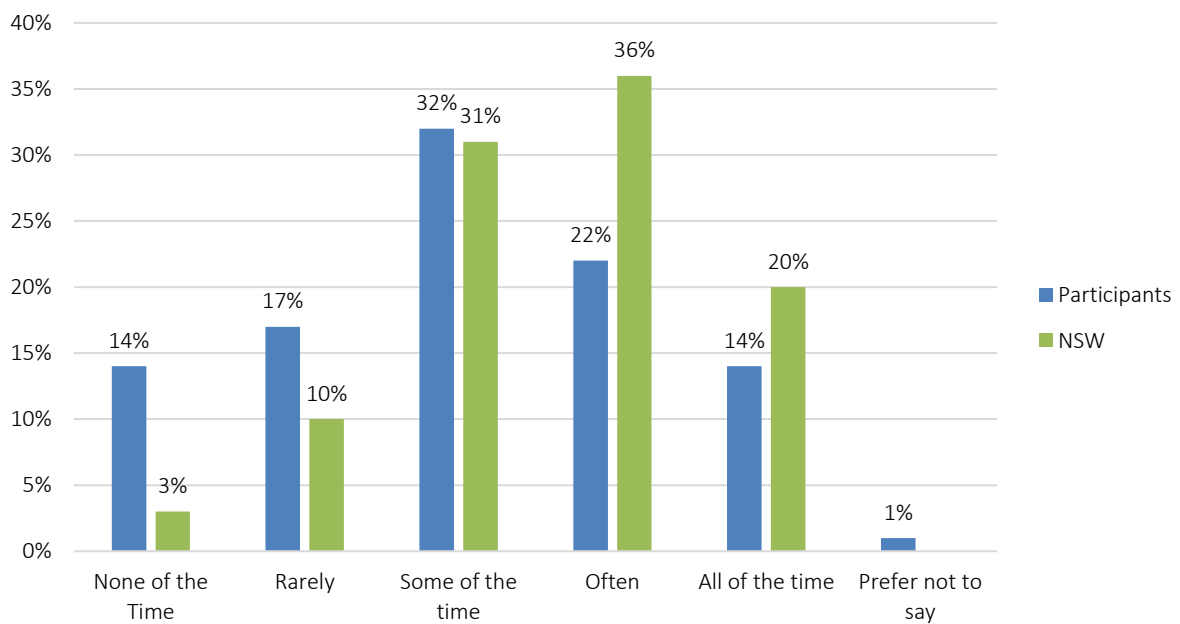
Chart 53: 'I Have Been Feeling Confident'



'I Have Been Feeling Confident':

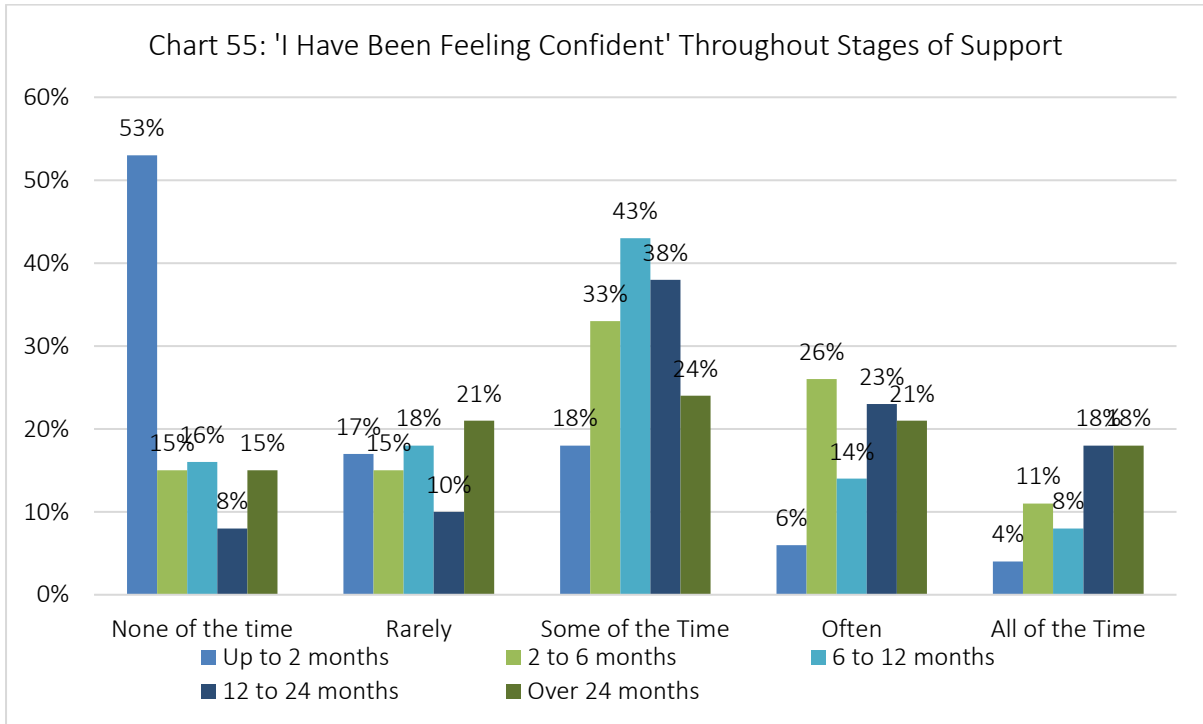
Chart 53 illustrates the responses to the statement 'I have been feeling confident'. At the time of taking the survey, the majority of the SP sample population (32%) responded with 'some of the time'. This was followed by 'often' (22%) and 'rarely' (17%).

Chart 54: 'I Have Been Feeling Confident' in Comparison with NSW



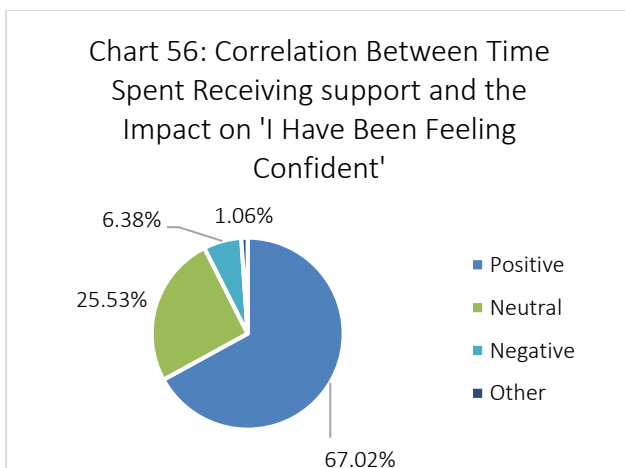
'I Have Been Feeling Confident' in Comparison with NSW:

Chart 54 maintains the previous trend of significantly higher responses from the SP sample population for the 'none of the time' category. Responses found within the positive categories of 'all of the time' and 'often' are dominated by participants of the NSW too, as with previous charts. Responses for the 'some of the time' category' for this particular question are almost the same across the two comparative data sets.



'I Have Been Feeling Confident' Throughout Stages of Support:

In line with other responses measured throughout the stages of support, Chart 55 illustrates a significant majority in the 'none of the time' responses within the 'up to 2 months' period, a significant 53%. This decreases considerably over time with responses of 'some of the time' and 'often' dominating the responses for the later period.



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Have Been Feeling Confident':

Chart 56 illustrates that 67% of the research participants reported a sustained positive impact on the 'I have been feeling confident' category during the time they have been receiving HSG support.

4.16 Optimistic About the Future



Survey Questions:

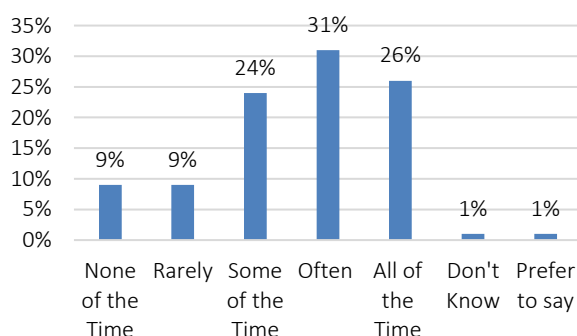
- I have been feeling optimistic about the future
- Thinking back to the beginning of support...*
I was feeling optimistic about the future
- Thinking back to halfway through support...*
I was feeling optimistic about the future

In this category participants are asked to pick an answer that best describes their experience of 'feeling optimistic' over the previous two weeks.

Key Points:

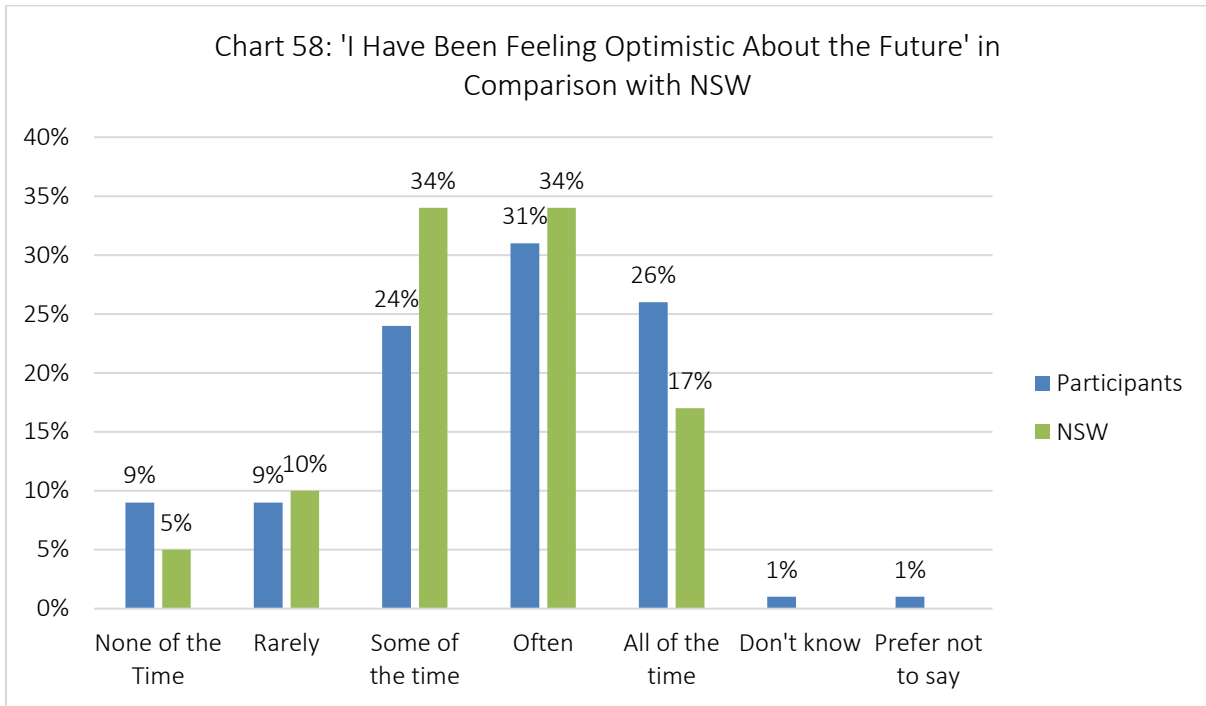
- 26% of the research participants have been feeling optimistic about the future 'all of the time' compared to 17% of the 2018-19 NSW participants
- 31% of the research participants have been feeling optimistic about the future 'often' compared to 34% of the NSW participants
- 9% of the research participants have been feeling optimistic about the future 'none of the time' compared to 5% of NSW participants
- 45% of the research participants who were in the first 2 months of HSG support have been feeling optimistic about the future 'none of the time'
- 31% of the research participants have been feeling optimistic about the future 'some of the time' within 12 to 24 months of their support, 31% 'often' in the same period of support and, 35% 'all of the time' within the over 24 months period of support
- 70% of the research participants reported a sustained positive impact on the 'I have been feeling optimistic about the future' category during the time they have been receiving HSG support

Chart 57: 'I Have Been Feeling Optimistic About the Future'



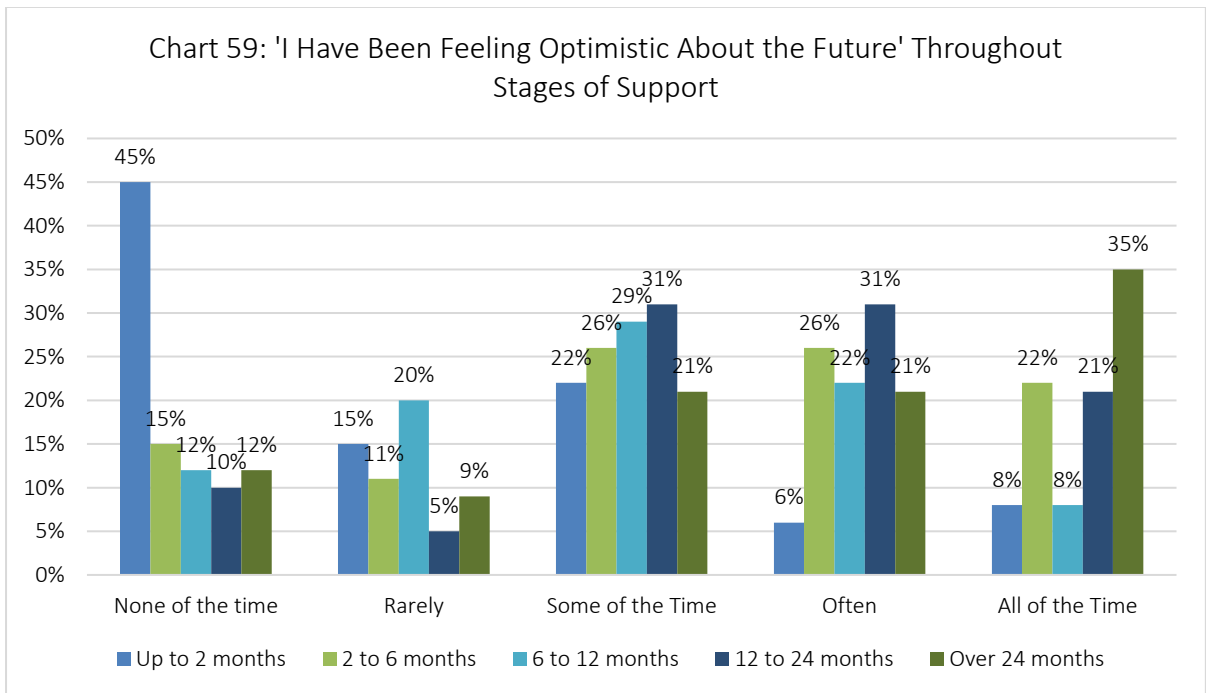
'I Have Been Feeling Optimistic About the Future':

Chart 57 shows that the majority of the HSG services sample population (31%) responded to the statements 'I have been optimistic about the future' with 'often'. This was closely followed with 'all of the time' (26%) and 'some of the time' (24%). This reflects the views of participants at the time of the



'I Have Been Feeling Optimistic About the Future' in Comparison with NSW:

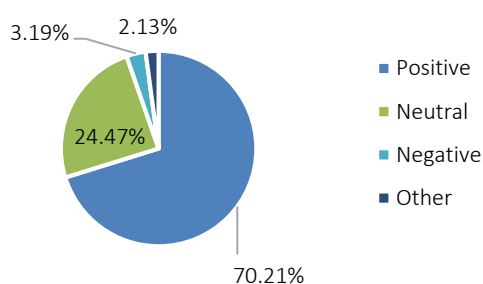
Chart 58 shows somewhat of a contrast to all previous data analysis for this particular category with a smaller number of responses and smaller margin between the HSG services sample population and NSW for the 'none of the time' category'. A similar response provided for the 'often' category, and a higher percentage (26%) of the HSG services sample population responding with 'all of the time' compared with 17% for NSW



'I Have Been Feeling Optimistic About the Future' Throughout Stages of Support:

Chart 59 provides a similar analysis within the 'none of the time' category with 45% of participants in the 'up to 2 months' period providing this response. Similar to other charts though, this majorly decreases throughout subsequent stages of support. Within this question, a high number of responses for 'some of the time' and 'often' throughout stages of support after the first period. At 35%, the 'all of the time' response for the 'over 24 months period' represents a relatively higher response percent than in other questions.

Chart 60: Correlation Between Time Spent Receiving support and the Impact on 'I Have Been Feeling Optimistic About the Future'



Correlation Between Time Spent Receiving HSG Support and the Impact on 'I Have Been Feeling Optimistic About the Future':

This chart illustrates that 70% of the research participants reported a sustained positive impact on the 'I have been feeling optimistic' category during the time they have been receiving HSG support. At 3%, the negative impact was the lowest throughout the survey.

5.0 The Financial Impact

5.1 Research Methods: The Financial Impact

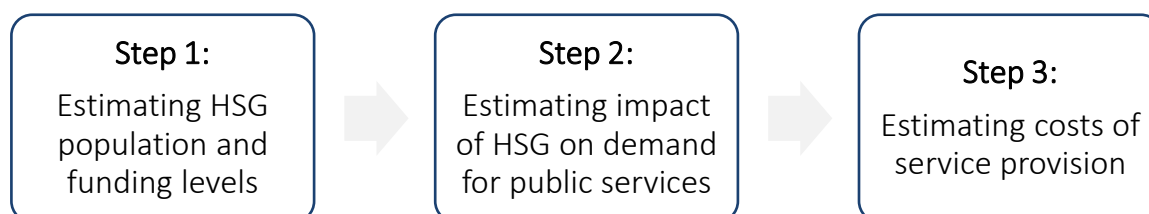
The aim of this element of the research is to estimate the impact of the HSG on public service provision, specifically cost savings for public services in Wales. Measurement of the intangible or secondary costs and benefits of the HSG (for example, the value to local communities of any reductions in antisocial behavior) is outside of the scope of this research project. To the extent such additional benefits might exist, the cost savings in this study might be viewed as the minimum total economic and social benefit of the HSG.

In the first instance a "top down" approach has been taken to the modelling of cost savings for public services, with estimates from CLG 2009 of net cost savings per £ of HSG funding applied to funding levels for HSG to yield Wales specific cost saving estimates. This "top down" approach has been supplemented by "bottom up" modelling of cost savings for certain significant user groups, which are estimated in greater detail using a range of assumptions. The general approach for the "bottom up" element of the research closely

follows the methodology adopted by CLG in *Research into the financial benefits of the Supporting People programme, 2009*, which estimates the financial cost savings generated by the programme in England. The CLG study provides a comprehensive and detailed estimate of the cost savings to public savings generated by HSG, with a thorough “bottom up” approach to modelling the programme counterfactual and robust quantity and cost assumptions which are informed by industry insiders, including the Department for Health and an expert independent consultant (CLG 2009, Section 2.3 and 2.4).

It should be noted that the cost savings estimates yielding from this study are likely to be conservative. The approach taken estimates cost savings based on primary need categories without general consideration of complex cases where some users have secondary or tertiary needs. For example, a user with substance misuse issues may also experience a secondary need relating to mental health issues; the approach of this study primarily seeks to capture the cost savings accruing to primary needs in the absence of robust data on the secondary and tertiary needs of users.

The approach to estimating the financial cost savings generated by the HSG in Wales can be broken down into three broad steps, outlined below:



Step 1: Estimating Housing Support Grant population and funding levels

The extent of the financial benefits of HSG will be determined not only by the funding levels and number of people which the program serves, but also by the characteristics of the user groups which it supports. Key characteristics in this context include the risk factors each user groups are susceptible to. An important element of the modelling exercise will therefore be to estimate the number of people who fall into various user groups, for which appropriate assumptions around the utilisation of public services can be made for each. It is expected that each of these groups would, without the support of HSG, utilise different public services to varying extents – for example, older people with support needs may have relatively high demand for residential care support, which are assumed to fall under adult social care, whilst victims of domestic abuse might be expected to make relatively high demands for health services (NHS) and the criminal justice system. The distinction between user groups is therefore an important one.

The table below summarises the number of units served and HSG funding levels by primary user group. The user group categories analysed in this study correspond with the 18 specific user groups identified by the Welsh Government as eligible for access to HSG support (plus an additional category for generic floating support to prevent homelessness). This study utilises aggregated local authority Spend Plan data as budgeted for in 2019/20, however we note that HSG spend data is not published periodically with the latest publicly available disclosure being for 2016/17 in a publication by the Wales Audit Office.¹⁸

¹⁸ The Welsh Government’s Supporting People Programme:
<https://www.audit.wales/system/files/publications/Supporting-People-2017-English.pdf>

Table 2: HSG in Wales service provision, by user group

User group	Estimated units of support	Total spend (£m)	Funding %
People with learning difficulties	3,221	27.6	22.3%
Generic floating support to prevent homelessness	9,504	21.8	17.6%
People with mental health issues	2,524	13.3	10.8%
Young people with support needs (16-24)	1,747	13.7	11.1%
People over 55 years of age with support needs (excl alarm services)	13,038	8.8	7.1%
Women experiencing domestic abuse	1,512	9.6	7.8%
Alarm services (including sheltered / extra care)	19,541	1.6	1.3%
People with chronic illnesses	14	0.1	0.0%
Young people who are care leavers	86	0.8	0.6%
Single people with support needs (25 to 54)	783	5.0	4.0%
People with physical and/or sensory disabilities	406	1.4	1.1%
People with criminal offending history	687	2.5	2.1%
People with substance misuse issues (drugs and volatile substances)	580	3.9	3.1%
Families with support needs	804	4.4	3.5%
Single parent families with support needs	104	0.8	0.6%
People with substance misuse issues (alcohol)	160	1.1	0.9%
Men experiencing domestic abuse	49	0.4	0.3%
People with refugee status	73	0.3	0.2%
People with development disorders	87	0.3	0.2%
Expenditure not directly linked to spend plan categories	1,013	6.4	5.2%
Total	55,933	123.7	100.0%

Source: Welsh Government Spend Plan 2019/20

For the purposes of the “top down” analysis, English estimates from CLG 2009 of the net annual cost saving per £1 of HSG spend have been applied to funding levels for Wales to yield an estimated cost saving for each HSG in Wales user group. Given the user groups utilised in this study do not directly correspond to those in the Welsh published data, mapping assumptions have been made as to which user group corresponds to each HSG in Wales user group. Certain user groups have been selected for a more detailed “bottom up” estimation, on the basis of being either large user groups in terms of funding or having large estimated cost savings as indicated by the “top down” analysis:

- **Estimation of cost savings for health services:** Women experiencing domestic abuse, People with mental health issues, People over 55 years of age with support needs (excl alarm services), People with substance misuse issues (drugs and volatile substances).
- **Estimation of cost savings for social care services:** People with learning difficulties, People with mental health issues, People over 55 years of age with support needs (excl alarm services), People with substance misuse issues (drugs and volatile substances) and People with substance misuse issues (alcohol).

Step 2: Estimating impact of HSG on demand for public services

The size of the cost savings to public services yielding from HSG in Wales will be in large part dependent on the extent to which HSG facilitates a reduction in demand for underlying public services, be it the NHS, social care or the criminal justice system. This study has sought to measure the cost savings induced by HSG with respect to an appropriate counterfactual; that is, estimating how much more or less users supported by HSG use public services compared with people sharing similar characteristics but not supported by HSG.

Much of the demand for health services (NHS) and the criminal justice system is assumed to be event driven, with assumptions made around the level of demand for public services of each user group the program supports. Such assumptions include the frequency of utilising services as well as the duration of each event. The reduction in demand for public services as a result of HSG is then modelled as an assumed reduction in the probability of and adverse health or crime event occurring; for example, HSG is assumed to reduce the probability of domestic abuse victims experiencing a severe incidence of violence by 80%. For the purposes of this study, the reductions in event probabilities assumed to be resulting from HSG are based on those estimated in the CLG 2009 report. For certain user groups funded by HSG, users are assumed to utilise long-term inpatient hospital care in the absence of the program; for example, those with severe mental health issues. The modelling also estimates the cost savings yielding from reduced usage of long-term care, with assumptions made around the proportion of the user group population that would utilise such services in the absence of HSG and the average duration of stay in a given year.

The changes to social care demand induced by HSG have primarily been modelled as the cost saving from switching to a more independent living situation with limited social care support from more costly long-term residential support. Key assumptions include the proportion of each user group population that would utilise long-term residential support services in the absence of HSG. For example, a proportion of those with learning difficulties may require relatively costly long-term residential care support were it not for the support provided through HSG. In some cases, these cost savings are assumed to be partially offset by the increased day care and domiciliary care support provision integrated into HSG living arrangements. In line with the approach taken in CLG 2009, this study has assumed that all relevant social care services are publicly funded. It should be noted that there are exceptions to this assumption with capital and saving thresholds in place above which users must pay for their own social care (in Wales there is a £50,000 capital threshold for care home charges).¹⁹

¹⁹ Welsh Government: <https://gov.wales/people-residential-care-can-now-keep-even-more-money-wales-almost-double-rest-uk>

To the extent some users would be required to deplete their own capital to fund their social care, this may act to overstate the value of publicly funded cost savings for social care.

Step 3: Estimating costs of service provision

The overall cost savings to public services yielding from HSG in Wales can be calculated by combining the estimated reductions in public service demand with estimated unit costs for each service. For example, combining the estimated reduction in demand (admittances) for A&E services as a result of HSG with the estimated cost of an A&E admittance and ambulance call out will yield an estimate for the cost saving to NHS A&E departments of HSG.

There is limited evidence in the way of robust estimates of service costs for Wales specifically, and as such cost estimates are primarily based on English cost data, which has been assessed to provide the most closely applicable estimates for Wales. The costs utilised in this study are evidenced from a range of sources, including *Unit Costs of Health and Social Care 2019*,²⁰ an annual study produced by researchers at Kent University, and the Unit Cost Database produced by Greater Manchester Combined Authority. Where appropriate current sources have not been found, unit costs have also been sourced from the CLG 2009 study, which in turn have been sourced from industry experts such as the Department for Health and an independent consultant. To the extent that cost estimates have been sourced from historical evidence, the approach has been taken to index costs to 2019 levels based on estimated price levels for government consumption published by the UK Office for National Statistics, which are available separately for Government health and social protection expenditure.

5.2 Data Analysis: The Financial Impact

Key Points:

- HSG services generate a gross annual saving to public services in Wales of £300.4m
- HSG services generate an annual net saving to public services in Wales (when taking into account the annual HSG spend) of 176.7m
- This represents an estimated net saving to public services in Wales of £1.40 for every £1 of funding for HSG
- Every £1 of HSG funding generates an estimated net saving of £5.20 for mental health services in Wales

Based on the methodology for the financial impact of the HSG, it is estimated that HSG in Wales generates a gross annual saving to public services of £300.4m, or a net annual saving of £176.7m when subtracting total funding levels for Supporting People in Wales of £123.7m.

²⁰ Unit Costs of Health and Social Care (2019): <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/>

Table 3: Gross cost savings from HSG in Wales, by user group (£m per annum)

User group	Gross cost savings (£m)	Of which: Health (£m)	Of which: Social care (£m)	Of which: Crime (£m)	Of which: Other* (£m)
People with learning difficulties	58.5	1.4	62.7	0.0	-5.6
Generic floating support to prevent homelessness	33.6	5.7	0.2	15.0	12.7
People with mental health issues	82.1	97.9	-13.7	0.0	-2.2
Young people with support needs (16-24)	18.7	0.9	7.2	6.5	4.0
People over 55 years of age with support needs (excl alarm services)	21.2	2.0	40.8	-0.1	-21.5
Women experiencing domestic abuse	35.8	14.4	0.0	18.2	3.2
Alarm services (including sheltered / extra care)	2.2	0.1	0.8	0.8	0.5
People with chronic illnesses	0.2	0.0	0.2	0.0	-0.1
Young people who are care leavers	1.0	0.0	0.4	0.4	0.2
Single people with support needs (25 to 54)	6.8	0.3	2.6	2.4	1.5
People with physical and/or sensory disabilities	5.0	0.9	5.4	0.0	-1.3
People with criminal offending history	4.4	0.0	0.0	3.8	0.6
People with substance misuse issues (drugs and volatile substances)	17.2	7.6	12.4	0.0**	-2.8
Families with support needs	6.8	3.1	0.0	0.1	3.6
Single parent families with support needs	1.2	0.6	0.0	0.0	0.7
People with substance misuse issues (alcohol)	3.1	3.0	0.5	0.0	-0.4
Men experiencing domestic abuse	1.5	0.6	0.0	0.8	0.1
People with refugee status	0.4	0.0	0.1	0.1	0.1
People with development disorders	0.8	0.0	0.9	0.0	-0.1
Expenditure not directly linked to spend plan categories	Nil gross cost savings assumed				
Total	300.4	138.7	120.6	47.9	-6.7

Source: Alma Economics estimates

*Other includes cost savings relating to housing costs, homelessness service costs, tenancy failure costs and benefits and related service costs

** In the original CLG analysis, it was assumed that increased opportunity to commit crime would translate to more crimes being committed. This assumption is adjusted in this analysis such that additional opportunity to commit crime does not translate to more crime. This is viewed as a cautious assumption because supporting individuals with substance abuse issues would be expected to reduce crime (although this has not been quantified).

Table 4: Net cost savings from HSG in Wales, by user group (£ per annum)

User group	Estimated units of support	Gross cost savings (£m)	Total spend (£m)	Net cost savings (£m)	Net cost saving per £1 SP funding (£)
People with learning difficulties	3,221	58.5	27.6	30.9	1.1
Generic floating support to prevent homelessness	9,504	33.6	21.8	11.8	0.5
People with mental health issues	2,524	82.1	13.3	68.7	5.2
Young people with support needs (16-24)	1,747	18.7	13.7	5.0	0.4
People over 55 years of age with support needs (excl alarm services)	13,038	21.2	8.8	12.4	1.4
Women experiencing domestic abuse	1,512	35.8	9.6	26.2	2.7
Alarm services (including sheltered / extra care)	19,541	2.2	1.6	0.6	0.4

People with chronic illnesses	14	0.2	0.1	0.1	2.6
Young people who are care leavers	86	1.0	0.8	0.3	0.4
Single people with support needs (25 to 54)	783	6.8	5.0	1.8	0.4
People with physical and/or sensory disabilities	406	5.0	1.4	3.6	2.6
People with criminal offending history	687	4.4	2.5	1.9	0.7
People with substance misuse issues (drugs and volatile substances)	580	17.2	3.9	13.3	3.4
Families with support needs	804	6.8	4.4	2.4	0.6
Single parent families with support needs	104	1.2	0.8	0.4	0.6
People with substance misuse issues (alcohol)	160	3.1	1.1	2.0	1.9
Men experiencing domestic abuse	49	1.5	0.4	1.1	2.7
People with refugee status	73	0.4	0.3	0.1	0.4
People with development disorders	87	0.8	0.3	0.5	1.9
Expenditure not directly linked to spend plan categories	1,013	0.0	6.4	-6.4	-1.0
Total	55,933	300.4	123.7	176.7	1.4

Source: Welsh Government, Alma Economics estimates

A useful measure of the effectiveness of public funding in generating cost savings is the ratio of net saving for public services per £1 of HSG funding. Overall, it is estimated that HSG in Wales generates £1.4 of net annual cost savings for public services per £1 of funding allocated to the program. However, this average figure masks significant variation across user groups, with the measure ranging from £5.2 to £0.4 of net benefit per £1 of HSG funding.²¹ Generally, this study finds that the user groups which most cost effectively generate savings for public services are those which typically have greatest demand for public services, which in most cases involves need for long-term care or a high probability of being involved in events with adverse health or crime consequences. For example, provision of HSG support for those with mental health issues is estimated to generate the highest public cost savings for every £1 of HSG funding; this is in large part due to an assumed proportion of such users, in the absence of HSG support, requiring costly long-term residential care or extended inpatient hospital stays.

The subsections below discuss in greater detail the drivers of cost savings within health, social care and criminal justice system cost categories and key user groups, as well as highlighting where estimates are most sensitive to the assumptions made in this modelling exercise. It should be noted that the gross cost savings total includes a £6.7m increase in “other” costs. This category captures all cost savings relating to housing costs, homelessness service costs, tenancy failure costs and benefits and related service costs. An in-depth analysis of other cost savings is outside the scope of this study.

²¹ Excluding expenditure not directly linked to spend plan categories.

5.3 Savings for the Health Service

Key Points:

- HSG services generate an estimated annual gross saving of £138.7m to health services
- The savings generated for health services accounts for 46% of the total gross benefit of the grant
- HSG services generate an estimated annual saving of £97.9m for mental health services
- HSG services generate an estimated annual saving to health services of £14.4m for support for women who experience domestic abuse
- HSG services generate an estimated annual saving of £10.6m for support for drug and alcohol abuse

This study estimates that HSG in Wales delivers a total of £138.7m in gross cost savings to health services per annum, accounting for 46% of the total estimated gross benefit of the program. A breakdown of the gross annual cost savings to the health service by user group is illustrated in the chart below.

HSG funding for users with mental health issues is the primary contributor to this total, delivering £97.9m (71%) of the estimated health service savings. It is assumed that 33% of mental health users would utilise long-term inpatient care for mental health were they not to be supported by HSG, resulting in most of these savings. It should be noted that the saving for the health service is very sensitive to this assumption, as well as the cost assumed for delivering long-term inpatient care.

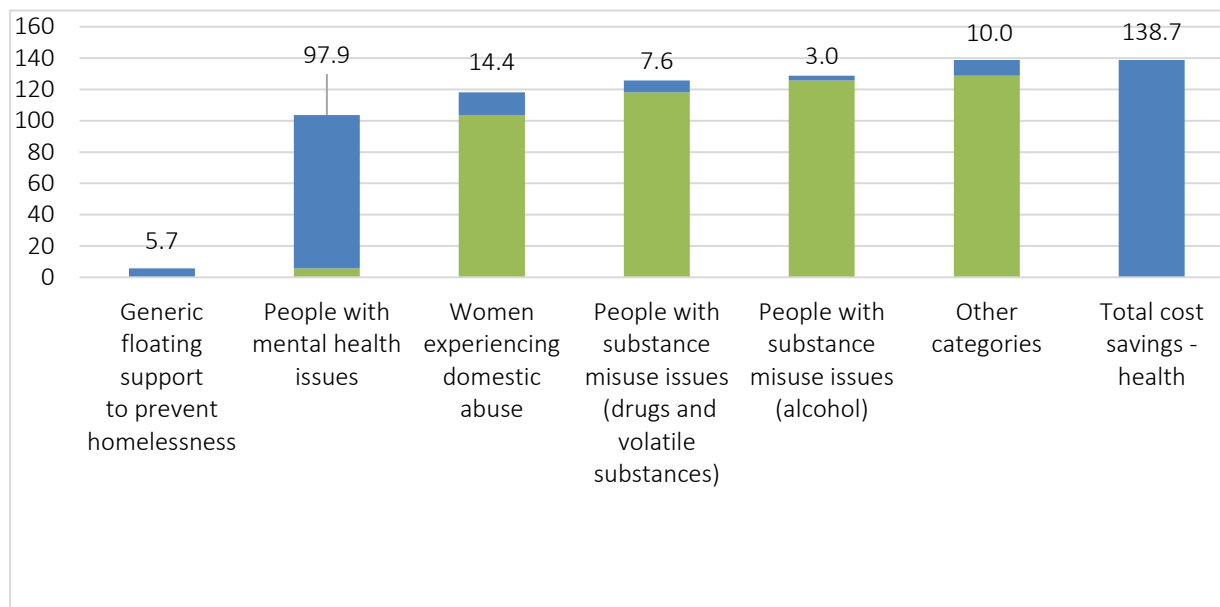
HSG funding for women experiencing domestic abuse is estimated to yield the second highest annual cost saving of £14.4m, or 10% of the estimated annual gross cost savings for the health service. Reduced health service costs for victims of domestic abuse primarily result from the assumption that HSG support reduces the likelihood of events which drive need for public health services, such as a severe incidence of violence. The modelling conducted in this study shows that these cost savings are highly dependent on the assumed effectiveness of HSG in reducing the probability of adverse health events for domestic abuse, as well as the costs of serving these events, for which no specific estimates have been found for HSG in Wales specifically.

To a lesser extent, this study finds that significant savings to the health service yield from supporting users who have drug or alcohol abuse problems, with £7.6m (6%) and £3.0m (2%) of the estimated gross annual health cost savings generated by these groups respectively.²² The health savings generated by these user groups are particularly sensitive to assumed usage of costly inpatient care and rehabilitation services in the absence of HSG as well as the cost of these services. This study assumes that 20% of users who abuse drugs and alcohol would require inpatient care or NHS rehabilitation in the absence of HSG, but given a lack of available evidence this number could be significantly more or less depending on the extent to which such users might avoid treatment altogether or utilise available social care remedies. Additionally, given limited long-term support available from the NHS it is possible that some

²² The counterfactual assumption used in CLG 2009 of 52 weeks per annum of residential rehabilitation or inpatient care for the drug and alcohol misuse user categories has been revised to 26 and 8 weeks respectively. Whilst 52 weeks may be necessary in serious cases, this study conservatively assumes some patients may not require sustained 24/7 care on the basis that in the absence of SP some may, at least temporarily, recover from their misuse issues.

users would otherwise choose to support themselves in private rehabilitation clinics, generating no cost savings for public services.

Chart 61: Gross health service cost savings from HSG in Wales, by user group (£m per annum)



5.4 Savings for the Social Care Sector

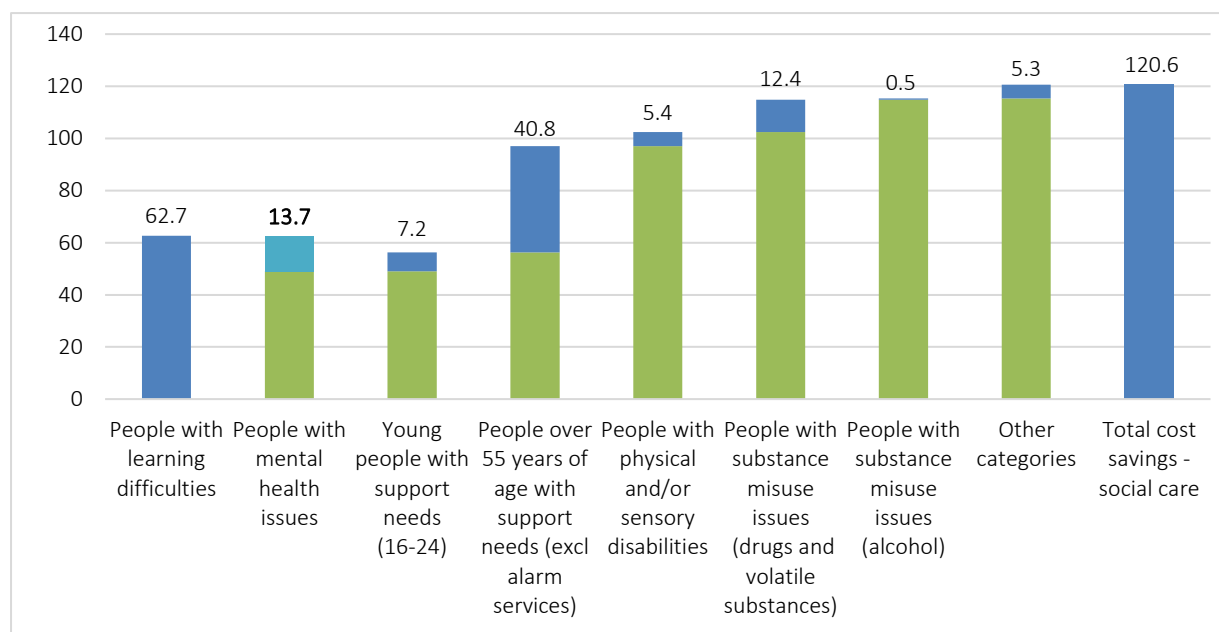
Key Points:

- HSG services generate an estimated annual gross saving of £120.6m to the social care sector
- The savings generated for the social care sector account for 40% of the total gross benefit of the grant
- HSG services generate an estimated annual saving of £62.7m for support for people with learning disabilities
- HSG services generate an estimated annual saving of £40.8m for support for older people's services
- This study estimates that provision of HSG services to users with mental health issues actually incurs a net annual cost to social care in Wales of £13.7m

HSG in Wales is estimated to deliver £120.6m of gross annual savings to the social care sector, representing 40% of the gross savings estimated. A breakdown of the gross cost savings to social care by user group is illustrated in the chart below.

HSG funding for users with learning disabilities is the largest contributor to this figure, representing £62.7m (52%) of estimated savings per annum for social care. Most of these savings are driven by the reduced demand for residential care services, which are assumed to be needed by 65% of the learning disability user group in the absence of Supporting People funding.

Chart 62: Gross social care cost value & savings from HSG in Wales, by user group (£m per annum)



Support for older users with support needs contributes £40.8m (34%) to estimated annual savings for the social care sector. The majority of these savings are estimated to yield from reduced demand for long-term residential care, of which 10% of users are assumed to utilise such services in the absence of HSG. No evidence has been found to quantify the proportion of users in this group who would otherwise require long-term residential care in the absence of HSG in Wales specifically, however given the relatively large number of users in this group an increase in this proportion would likely lead to significantly larger cost savings to the social care sector.

This study estimates that provision of HSG to users with mental health issues actually incurs an additional net annual cost to social care in Wales of £13.7m. Whilst it is estimated that there are some savings to the social care system in the form of reduced demand for residential care from a proportion of users, this is more than offset by the assumed increase in day care and domiciliary care required to support users who would otherwise be assumed to either receive no support or be hospitalised in the absence of HSG. This finding highlights the potential trade-offs between health and social care cost savings; whilst health, defined broadly as NHS and local authority funded healthcare, are estimated to benefit on the aggregate, in some cases HSG may lead to a shift in demand from social care to NHS funded healthcare, or vice versa. Given health and social care have their own independent budgets, this raises the importance of considering the change in costs across each of these two disaggregated categories, as financial pressure may be experienced by one public service even if HSG stands to benefit public services as a whole.

5.5 Savings for the Criminal Justice System

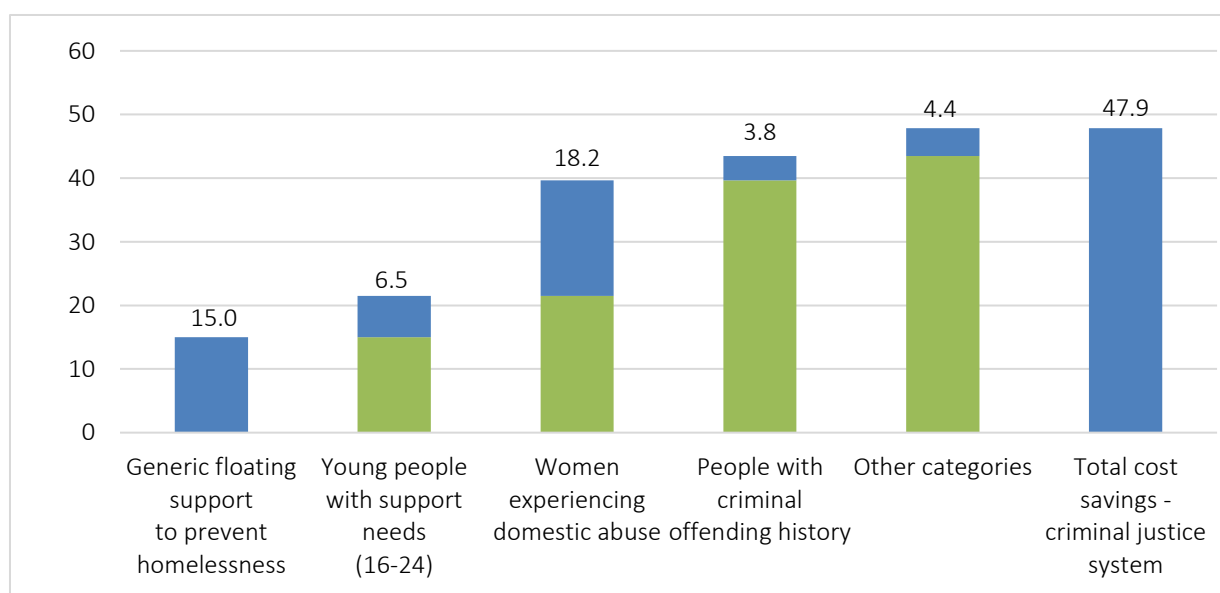
Key Points:

- HSG services generate an estimated annual gross saving of £47.9m to the criminal justice system
- The savings generated for the criminal justice system account for 16% of the total gross benefit of the grant
- HSG funding for women experiencing domestic abuse represents £18.2m in savings
- Generic floating support to prevent homelessness generates a saving of £15m for the criminal justice system

This study estimates that HSG in Wales generates £47.9m of gross cost savings to the criminal justice system in Wales per annum, representing 16% of total cost savings estimated. A breakdown of the gross annual cost savings to the criminal justice system by user group is illustrated below.

HSG funding for women experiencing domestic abuse is the largest single contributor to this figure, representing £18.2m (38%) of total annual gross cost savings to the criminal justice system. Similar to the case for health savings, HSG support is assumed to reduce the likelihood of violent episodes occurring and in doing so, is estimated to significantly reduce the costs to the criminal justice system that result from such episodes; for example, the public costs of investigation and prosecution involved in pursuing any alleged crimes.

Chart 63: Gross criminal justice system cost savings from HSG in Wales, by user group (£m per annum)



Allocation of HSG funding as general support to prevent homelessness is estimated to generate £15.0m of annual cost savings for the criminal justice system, with a successful prevention of homelessness assumed to significantly reduce both the likelihood of users

participating and being a victim of crime. Through supporting younger people with support needs to live more independently, HSG is estimated to generate £6.5m of cost savings. This user group is assumed to be at specific risk of homelessness and so, again, cost savings yield from the assumed reduction in criminal activity from successfully preventing users entering homelessness.

6.0 Conclusion

The aims of SP were to enable people, including those at risk of homelessness, to live as independently as possible.²³ In addition, SP was intended to provide ‘invest to save’ savings to other high-cost services such as health, social care and criminal justice.²⁴ Despite its transition into the HSG, these key principals have not been altered in any noteworthy way. There have been a number of previous studies undertaken throughout the UK to demonstrate the cost-benefit of SP, including; The Matrix Evidence Report²⁵, Capgemini²⁶ and The Matrix Evidence Report²⁷. In addition, there has been the development of the Outcomes Framework in Wales²⁸ and the Data Linkage Project²⁹. In terms of qualitative studies into the impact of SP in Wales, The Wallich produced ‘Support that Saves’³⁰ It is the intention of this study to contribute to the on-going cost-benefit discussion by quantifying saving to other sectors, and by filling the gap in the evidence in relation to ‘un-costed benefits’.

This study aimed to develop a way of measuring the un-costed and costed benefits of SP/HSG services through a mixed method approach. This approach has been developed in order to address some of the complexities discussed by Stirling³¹:

- SP services are very varied
- SP is often being seen as an answer to a broad number of issues that individuals are experiencing
- SP doesn’t operate in a vacuum – other services are often being accessed by individuals who are being supported through SP funding

²³ Welsh Government, 2013. Supporting People Programme Grant (SPPG) - Guidance – Wales.

<http://www.westernbay.org.uk/wp-content/uploads/Guidance-Doc-SPPG-June-2013.pdf>

²⁴ Ibid.

²⁵ Welsh Assembly Government and Matrix Research & Consultancy, 2006. Costs and Benefits of the Supporting People Programme.

²⁶ Communities and Local Government, 2009. Research into the Financial Benefits of the Supporting People Programme. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

²⁷ Matrix Evidence and Carmarthenshire County Council, 2010. Carmarthenshire County Council Cost Benefit Review of Supporting People.

²⁸ Welsh Government, Outcomes Framework, 2015. <https://gov.wales/topics/housing-and-regeneration/services-and-support/supporting-people/publications/outcomesframework-old/?lang=en>

²⁹ Welsh Government, 2015. Supporting People Data Linking Feasibility Study: Emerging Findings Report

³⁰ The Wallich, Alex Osmond, 2017. Support that Saves.

³¹ Stirling, 2015. Evaluating the Contribution the Supporting People Programme makes to Preventing and Tackling Homelessness in Wales – Feasibility Study

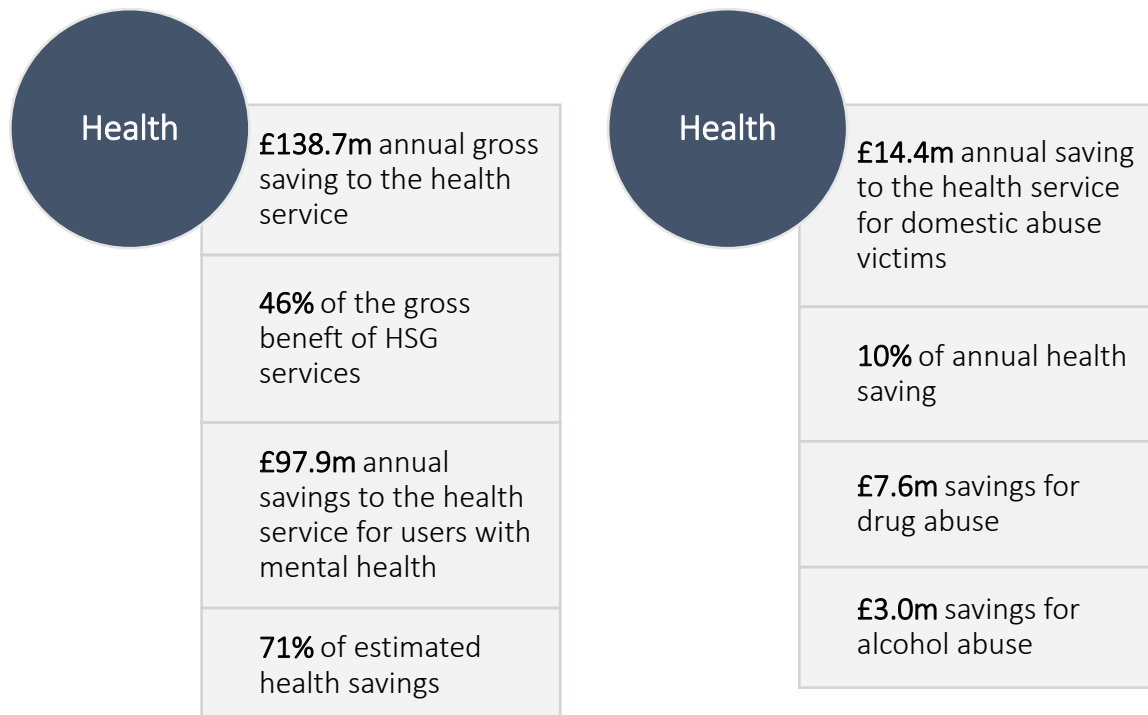
Stirling³² concludes that a combination of quantitative and qualitative data is needed to provide a robust evaluation.

This research shows that the costed benefits of HSG services, in terms of savings to other (high cost services) is clear. HSG services in Wales generate an estimated gross saving of £300.4m. When taking into consideration the annual spend of the HSG in Wales, this equates to an estimated net saving of £176.7m.

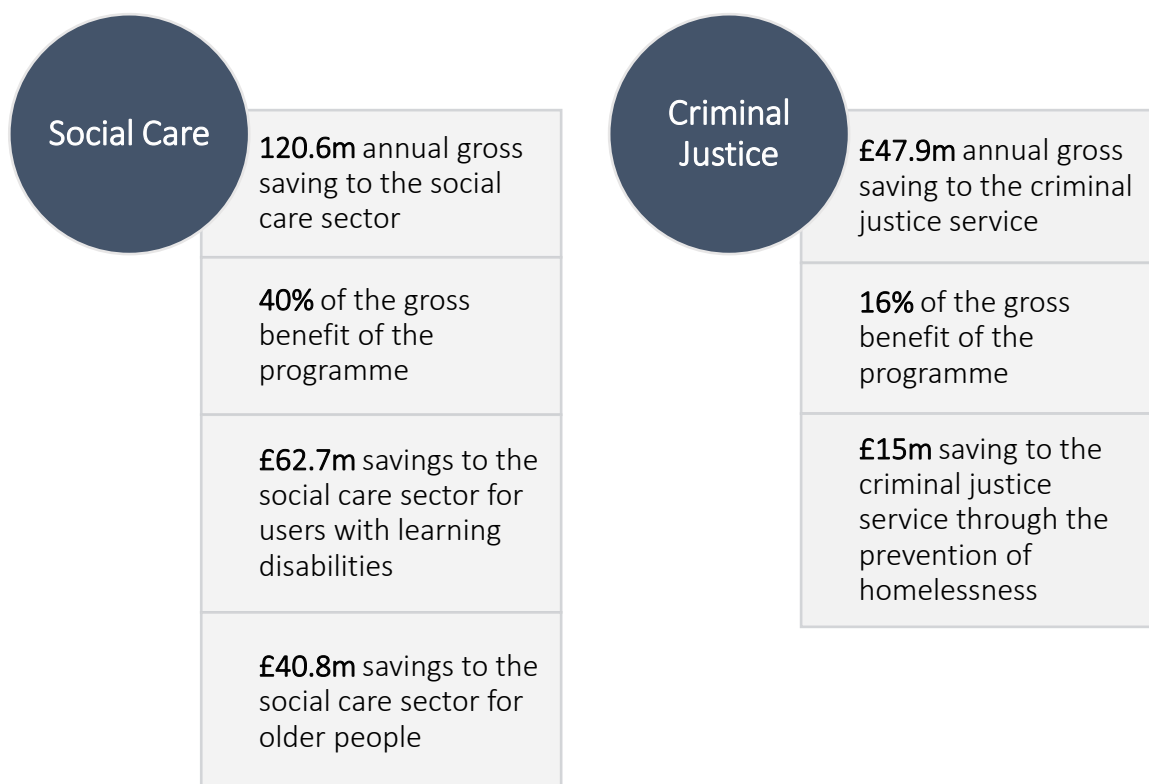


In terms of the health service, HSG services in Wales generates a gross annual saving of £138.7m which is 46% of the total gross benefit of the grant.

In terms of mental health, HSG services in Wales generates an estimated gross annual saving of £97.9m. This equates to a £4.50 saving for every £1 spent (the highest of all categories). The savings generated for the social care sector are estimated to be £120.6m (40% of the gross benefit of the grant, and for the criminal justice system the savings are estimated to be over £47.9m.



³² Ibid.



To accompany this costed benefit, this study has identified a number of important un-costed outcomes. Only 6% of the sample population of this study rated their health as 'very good' at the time of taking the survey, compared to 37% of the NSW 2018-19 population. This study has also identified that 27% of the sample population rated their health as 'very bad' compared to only 6% of the NSW population. There is a clear margin here that demonstrates significant difference between the health (or perceived health) of people in receipt of HSG support in Wales, and the general population. However, when taking into consideration the responses to this question throughout different period of HSG support, it is clear that people's health in general (or perceived health) improves considerably in the early stages of their HSG support. In this particular category, the improvement continues up to the point of over 24 months of support when there is a second spike in negative responses.

In addition, the qualitative analysis has identified that, although people who are receiving HSG support generally do not feel as positive about subjects related to mental health compared to the general population in Wales, once again their negative responses reduce significantly in the early stages of their HSG support, and continue to reduce throughout support. There are exceptions to this, with more 'positive' responses received from the surveyed HSG services population in the 'control over life' and 'optimistic about the future' categories.

A variety of findings relating to both cost savings to public services in Wales and the relationship between HSG services and improved quality of life for individuals have been highlighted in the report. The most significant findings are that:

1. Throughout all sections of the data analysis for the social impact of SP, participants reported a positive impact since the commencement of their support. This ranged from a minimum of 60% reporting a positive impact, to a maximum of 80%.
2. Within all of the qualitative study categories, participants reported a significant improvement in the very early stages of their support (after the 'up to 2 months' period). This improvement is generally sustained throughout the life of their HSG support.
3. HSG services in Wales generates significant savings to other services and sectors.

As, if not more, important is the social impact of HSG services on individuals who receive its services. In the series of questions regarding a change in the ability for individuals to feel in control of their lives, a real shift is seen over the amount of time they are engaged in support. It is clear, therefore, that individuals' health and wellbeing is substantially improved as they receive support. This covers both physical and mental health, but also areas such as satisfaction with life, feeling safe, feeling close to people, and being optimistic for the future. Not only do HSG services create cost savings for broader public services, it enables individuals to consider themselves and their lives more worthwhile.

7.0 Bibliography

Auditor General for Wales, 2017. *The Welsh Government's Supporting People Programme*

Ashton, Tom and Claire Hempenstall, Capgemini UK plc, 2009. *Research into the financial benefits of the Supporting People programme* (London: Department for Communities and Local Government)

Ashton, Tom and Dan Turl, Capgemini UK plc, 2009. *Research into the financial benefits of the Supporting People programme* (London: Department for Communities and Local Government)

Caulfield, Maria, Supporting People Commissioning Body Brighton & Hove City Council, 2009. *Commissioning Support Services for Vulnerable People in Brighton & Hove*

Centre for Economic Empowerment on behalf of NICVA, 2015. *The Financial Benefits of the Supporting People Programme in Northern Ireland*

Curtis, L., Burns, A., 2019. *Unit costs of health and social care 2019*

Cymorth Cymru, 2017. *Cymorth Cymru responds to detailed Welsh budget and disappearance of Supporting People budget line in 2019/20* <https://www.cymorthcymru.org.uk/en/news-blog/news/cymorth-cymru-responds-detailed-welsh-budget-and-disappearance-supporting-people-budget-line-201920> (Accessed on 14th May 20)

Cymorth Cymru, 2019. *Housing Matters*
https://www.cymorthcymru.org.uk/files/7915/7582/1535/Housing_Matters_report_2019_-_Eng.pdf (Accessed on 14th May 20)

Greater Manchester Combined Authority, 2019. *Unit Cost Database (2019)*

Home Office, 2019. *The economic and social costs of domestic abuse*

Homeless Link, 2014. *The unhealthy state of homelessness - Health audit results 2014*

Homeless Watch, 2013. *Who is Supporting People Now? Experiences of Local Authority Commissioning After Supporting People*, https://www.homeless.org.uk/sites/default/files/site-attachments/Who%20is%20supporting%20people%20now%20Report%20Jan13_0.pdf (Accessed on 14th May 20)

Jarrett, T., 2012. *The Supporting People Programme: Housing of Commons Research Paper 12/40*, <https://researchbriefings.files.parliament.uk/documents/RP12-40/RP12-40.pdf> (Accessed on 14th May 20)

Matrix Evidence and Carmarthenshire County Council, 2010. *Carmarthenshire County Council Cost Benefit Review of Supporting People*

NHS England and NHS Improvement, 2020. *National Cost Collection (2019)*

NHS Improvement, 2020. *National schedule of NHS costs (2019)*

Office for National Statistics, 2020. *Breakdown of General Government Final Consumption Expenditure (2019)*

Office of the Chief Analyst, Department of Health, 2010. *Healthcare for Single Homeless People*

Pleace, N., Bretherton, J., 2019. *The cost effectiveness of Housing First in England*

Stirling, T., 2015. *Evaluating the Contribution the Supporting People Programme makes to Preventing and Tackling Homelessness in Wales – Feasibility Study*

Scottish Government Social Research and Tribal Consulting, 2008. *Supporting People: Costs and Benefits – Final Report* (Edinburgh: Scottish Government Social Research)

Supporting People Commissioning Body Brighton & Hove City Council, 2013. *Cost Benefit Analysis: An update on the 2009 analysis including further analysis*

The Wallich, Alex Osmond, 2017. *Support that Saves*

The Welsh Government, Nicholas Pleace, Social Research Number: 78/2013, 2013. *Measuring the Impact of Supporting People: A Scoping Review* (Cardiff: Welsh Government Social Research)

Truscott, Claire and Torbay Council, 2010. *Evidencing the financial benefits of the Supporting People programme in Torbay*

Welsh Assembly Government and Matrix Research and Consultancy, 2006. *Costs and Benefits of the Supporting People Programme*

Welsh Government, Number: WG16047, 2012. *Welsh Government Guidance: Supporting People Programme Grant (SPPG) Guidance (Wales)*

Welsh Government, *Housing Support Grant Guidance Practice Guidance for Local Authorities*, April 2020 <https://gov.wales/sites/default/files/publications/2020-02/housing-support-grant-practice-guidance.pdf>

Welsh Government, *Outcomes Framework*, 2015. <https://gov.wales/topics/housing-and-regeneration/services-and-support/supporting-people/publications/outcomesframework-old/?lang=en> (accessed on 20 Feb. 2019)

Welsh Government, Professor Sir Mansel Aylward CB, Dr Kerry Bailey, Professor Ceri Phillips, Keith Cox and Eleanor Higgins, 2010. *The Supporting People Programme in Wales: Final report on a Review commissioned by Jocelyn Davies AM, Deputy Minister for Housing and Regeneration, Welsh Assembly Government 'Aylward Review'* (Cardiff: Welsh Government)

Welsh Government, Research Summary Number: 65/2015, 2015. *Supporting People Data Linking Feasibility Study: Emerging Findings Report* (Cardiff: Welsh Government Social Research)

Welsh Government, Social Research Number: 16/2016, Laura McGin, Sarah Lowe, Martin Heaven and Lucie Griffiths, 2016. *Supporting People Data Linking Feasibility Project: Research Report* (Cardiff: Administrative Data Research Centre Wales)

Welsh Government, Social Research Number: 32/2017, Rhodri Johnson, Sarah Lowe, Donna Lemin, Laura McGinn and Lucie Griffiths, 2017. *Supporting People Data Linkage Study: Progress Report* (Cardiff: Government Social Research)

Welsh Government, Social Research Number: 41/2018, Rhodri Johnson, Sarah Lowe and Ian Jones, 2018. *Supporting People Data Linkage Study: Year Two Progress Report* (Cardiff: Government Social Research)

Welsh Government, Social Research Number: 57/2018, Rhodri Johnson, 2018. *The Supporting People Data Linkage Study: Emerging Findings Report* (Cardiff: Government Social Research)

8.0 Appendices

8.1 Appendix A – Previous Studies into SP Funding

Model 1: Matrix Evidence Report (Welsh Government, 2006)

In 2004 the UK Government commissioned Matrix Evidence to deliver a report on the Benefits Realisation of the Supporting People Programme. The initial results found the Programme to cost the public more than if no support was offered. However, the cost-benefit model of analysis had not been fully developed at that time, and all subsequent reports have shown that Supporting People (SP) is a cheaper investment than either doing nothing or any alternative provision. Furthermore, the Programme has a series of un-costed benefits, such as improved quality of life through greater independence, decreased vulnerability, improved health, greater choice of options on where and how to live, greater stability, reduced fear; and increased involvement in the community (benefiting both the individual and society), among many others.³³

The first Wales-only study, published in September 2006, was also conducted by Matrix. The report found that SP cost £107,091,845 for the nine client groups³⁴ included in the report (83.3% of the total SP spend, which at the time was divided between two different grants) compared to the £180,064,389 it would have cost the public purse if SP had not been in place and SP funds not distributed in any form to local government or services, a net benefit of £72,972,545.³⁵ In other words, for every £1 invested in SP, £0.68 was saved from the £1.68 it would have cost without SP.

For their cost-benefit studies up to 2008, Matrix used an avoided costs approach, or 'cost-offset model', where no other kind of support is available. The report did not carry out any primary research data of its own and built on the earlier Matrix report, using the same desk-based literature reviews (collected through calls for evidence, internet searches and following up references), stakeholder consultation and economic modelling, whilst at the same time, addressing the key limitations of their earlier work.³⁶ Both Matrix studies found that although there was a body of qualitative research that identified the types of benefits

³³ Welsh Assembly Government and Matrix Research and Consultancy, 2006. *Costs and Benefits of the Supporting People Programme*. p. 23.

³⁴ Women seeking refuge from domestic violence, People with learning disabilities, People with mental health problems, People with alcohol dependency, People with drug problems, Young single homeless and young people living care, Ex-offenders, Homeless or potentially homeless, and Older people. There were a further seven client groups not included: People with chronic illness including AIDS/HIV and related conditions, Vulnerable single parents, Refugees, People with physical disability who require support, Alarms, Community care, and Other type of SP funding.

³⁵ *Costs and Benefits of the Supporting People Programme*, pp. 6 and 9-10.

³⁶ *Costs and Benefits of the Supporting People Programme*, p. 5.

which were reported, or expected from SP services, there had been no large scale evaluations of housing related support for any client groups and there was no information on the level of impact that these services have on the behaviour and experiences of those receiving them.³⁷ Whilst subsequent reports have tried to assess this, the overall level of impact remains undetermined.

With the lack of this data, Matrix developed some working assumptions on the impact of SP and of its absence. To validate them, a questionnaire was put together allowing stakeholders to comment on these assumptions and sent to SP leads from all 22 local authorities in Wales, members of the All Wales Criminal Justice Group (mainly made up of probation officers), and provider representatives, in addition to interviews conducted with key stakeholders from two social services departments (Powys and Torfaen).³⁸ Five per cent (5%) was used as a default level where there was no obvious logic or reliable evidence that would suggest otherwise.

Stakeholders found it difficult to comment on the figures in the distributed questionnaire, mainly due to a lack of empirical evidence to support challenges to the initial assumptions developed by Matrix.³⁹ However, it was found that those stakeholders that did return questionnaires, estimated higher impact levels than those in the model, and so, the impact estimates in the model were considered conservative.⁴⁰ Nonetheless, Matrix took all answers into account and extended their model to include their estimates, the mean (average) from their consultation, and the maximum responses of the consultation.

Figure 1: Example of impact assessment using Matrix assumption, mean and maximum for people with learning disabilities

Area of impact	Impact	Model	Mean	Max
Physical health	Reduction in admission rate for population receiving Supporting People	5%	24%	30%
	Reduction in A&E attendances	5%	25%	30%
	Reduction in length of stay (general admissions)	50%	26%	50%
	Reduction in use of GP for those with learning disabilities	5%	23%	30%
Mental Health	Reduction in outpatient attendances of those with learning disabilities	5%	17%	30%
	Reduction in length of stay (mental health admissions)	50%	50%	50%
	Reduction in mental health admittances due to Supporting People	5%	14%	30%
Crime	Reduction in community mental health contacts for population receiving Supporting People	5%	11%	20%
	Reduction in burglaries due to advice from Supporting People services	5%	38%	75%
Homelessness	Reduction in violent crime through advice on personal safety from Supporting People services	5%	38%	75%
	Percentage of people with LD prevented from becoming homeless though receiving Supporting People	5%	38%	75%
Social Care	Percentage of Supporting People population who would receive non-statutory social services interventions (home care – 2 hours per week)	20%	35%	80%
Residential Care	Percentage of Supporting People population that would require residential care if Supporting People was removed.	50%	-	-
	Percentage of Supporting People population that would require respite adult placement if Supporting People was removed.	24%	-	-
	Percentage of Supporting People population that would require permanent adult placement if Supporting People was removed.	6%	-	-

Source: *Costs and Benefits of the Supporting People Programme*, p. 13.

³⁷ Ibid.

³⁸ Ibid.

³⁹ *Costs and Benefits of the Supporting People Programme*, p. 12.

⁴⁰ Ibid.

Matrix then went on to assess the potential benefits of SP services for the selected client groups over a twelve-month period assuming that all benefits occur within a year of the services being provided to the individuals.⁴¹ It is important to note that people using SP have varied and multiple complex needs, therefore some clients only need a couple of months of support, whereas others need over 2 years. Measuring the impact of services over only a twelve-month period might not, therefore, give the whole picture.

Also on this model, assumptions of costs and impact were worked out based on clients only fitting one client group or having one lead need. There are often, however, secondary and tertiary needs. As it currently stands, SP clients are categorised in one of 19 client groups based on their support lead needs. This does not take account of their second or tertiary needs, so, for example, a client could have alcohol substance misuse as a primary need, mental health as a secondary, and criminal offending history as a tertiary.

A key point to the study was Matrix's assumption in their modelling that SP funded services would not be picked up by other sources of funding.⁴² Their approach compared the current SP Programme with the situation where SP funds were not distributed in any form to local governments or other services.⁴³ It was argued that without this assumption, it could be imagined that the SP funds were alternatively redistributed through other local or central government funding streams to reach the same services and clients (although it was deemed that in practice, this was highly unlikely).⁴⁴ Matrix argued that if this was what the current SP was being compared with, the benefits of the Programme would have been zero, as the Programme would simply be a way of distributing funds to services, rather than ensuring those services are delivered.⁴⁵

Figure 2: Worked example of how Matrix model functions with 'reduction in admissions for mental health' as an example

Reduction in admissions for mental health			Comments
A	Number of people with MH problems receiving Supporting People	2,693	Service user data collected from Local authorities and SPRG supply maps.
B	Percentage of people receiving Supporting People who are admitted for MH treatment	25.00%	A conservative assumption based on consultation.
C	Number of admissions for mental health expected for Supporting People	673	25% of the total number of service users. (B x A)
D	Reduction in mental health admittances due to Supporting People	25.00%	Impact assumption based on consultation.
E	Reduction in number of admissions	168	25% of expected number of admissions (D x C).
F	Cost of serious mental health episode	£6,000	Gathered from secondary data.
	Total cost saved from reductions in admissions for mental health	£1,009,973	Cost of serious mental health episode (F) x Reduction in number of admissions (E).

Source: *Costs and Benefits of the Supporting People Programme*, pp. 6-7.

⁴¹ *Costs and Benefits of the Supporting People Programme*, p. 6.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

Whilst useful, this approach is not without its faults. Most importantly, the lack of significant data to justify the assumptions made means that some are exaggerated, some are unrepresented, whilst others are given a 5% baseline. As a consequence, the actual impact of SP and its alternatives could be quite different.

The main issue however is that the modelling included the assumption that clients only had one lead need and belonged to one client group. Thus, a client whose lead need was criminal offending history would only have the impact measured into criminal offending history, whilst any secondary or tertiary needs are ignored. The impacts are not as limited to each client group as the report's modelling would suggest. With the broad groups (such as single people (25-54)) it is very difficult to estimate what the impacts would be as they are not as defined as client groups dedicated to substance misuse or domestic violence. That is not to say that the clients of these client groups do not receive the invaluable impacts of support. The 2006 Matrix Report also made no distinction between fixed and floating types of support.

Furthermore, Matrix did not postulate alternative services that could be implemented in the absence of SP, they rather just modelled a scenario in which no support was being delivered. Alternative provision models have since been developed by Capgemini or based on a Capgemini model.

Model 2: Matrix Evidence Report (Carmarthenshire County Council, 2010)

Capgemini uses a different methodology which considers what the financial impact would be if services funded by SP were to be removed and replaced by the most appropriate positive alternatives for meeting a group's needs as effectively as possible (i.e. the approach which would, in the absence of SP, provide the highest degree of independent living).⁴⁶

Matrix was again commissioned to do a similar report by Carmarthenshire County Council (CCC) for the cost-benefits of SP within the council, which was published in September 2010. This report was set to build upon the lessons learnt from their two previous studies. In this Carmarthenshire-specific study, the evidence base was updated to include any relevant research published between 2006 and 2010 and further tailored to include Carmarthenshire-specific information where and when possible.⁴⁷ This modelling for this report reflects the development of the Capgemini model as it calculated the benefits of SP compared to the most likely alternative scenario of support (the counterfactual).⁴⁸ For this, the services that clients in each client group would receive if SP services were not available and the impact of this change in service configuration on adverse outcomes for clients in each client group were both identified and subsequently modelled.⁴⁹

The assumptions made in the 2006 report were further adapted to be more Carmarthen-specific by conducting a series of interviews with CCC officers responsible for housing

⁴⁶ *Research into the financial benefits of the Supporting People programme*, p. 18.

⁴⁷ Matrix Evidence and Carmarthenshire County Council, *Carmarthenshire County Council Cost Benefit Review of Supporting People* (September 2010), p. 14.

⁴⁸ *Carmarthenshire County Council Cost Benefit Review of Supporting People*, p. 15.

⁴⁹ *Carmarthenshire County Council Cost Benefit Review of Supporting People*, pp. 14-15.

services and service providers, both external to CCC and internal.⁵⁰ A sample of providers chosen to reflect the largest proportion of contract value possible whilst at the same time covering all client groups specifically served by the Carmarthenshire SP programme was identified from a database provided to Matrix by CCC in the absence of time and resources to interview everyone.⁵¹ This resulted in eight providers which covered almost 73% of the total contract value and all client groups being identified, all of whom agreed to participate in the study.⁵² To broaden the scope of their study, Matrix also engaged with a wider range of provider groups than the sampled providers to ensure that the views and insights of providers that have SP smaller contracts with CCC were also considered.⁵³ Finally, Matrix attended a providers meeting in Llanelli in which providers shared their experiences of the services they provide.⁵⁴ During this session, Matrix presented the aims and proposed methodology of this study and invited providers to ask questions, discuss their experience and provide any relevant data.⁵⁵

For each of the SP client groups in Carmarthenshire, a counterfactual was developed in the form of an alternative scenario which reflected what stakeholders and experts believed would be likely to happen to the current SP clients in the absence of current SP services as validated by the consultations. It was difficult to estimate the alternative costs as SP had been a key element of housing services since 2003.⁵⁶

A further obstacle Matrix encountered was the lack of outcome data as, at the time, this was not properly collected.⁵⁷ Fortunately, there have been improvements in gathering this data with the implementation of the Welsh Government's Supporting People Services Outcomes and Exit Questionnaire in 2012, although there are areas within this where data collection can be improved.

Eight client groups were considered in this study: people fleeing domestic violence, people with learning disabilities, people with mental health problems, drug users, young single homeless, ex-offenders, homeless people, and older people. Results showed an estimated £32.5 million spent on SP clients in other parts of the public sector, namely housing, health, social care, and criminal justice, and an estimated £49.0 million that would have been spent were it not for the support provided by the SP programme, a net benefit of £7.9 million each year.⁵⁸ Therefore, for each £1 spent, £2.30 would be spent under an alternative scenario, a difference of £1.30, representing a substantial saving.

This report reflects limitations of previous reports, including not being able to quantify the un-costed benefits of the programme, the lack of a strong evidence base on which to form assumptions of the impact of Supporting People, not taking into consideration differences in

⁵⁰ *Carmarthenshire County Council Cost Benefit Review of Supporting People*, p. 15.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Carmarthenshire County Council Cost Benefit Review of Supporting People*, p. 16.

⁵⁷ *Ibid.*

⁵⁸ *Carmarthenshire County Council Cost Benefit Review of Supporting People*, p. 8.

the type of support (fixed or floating) and the assumption that the services are successful and delivered properly, among several others.⁵⁹

Alternative Models: England & Scotland

Despite limited evidence within a Welsh context, several studies have sought to estimate the cost savings to public services yielding from Supporting People in other UK nations, including for England and Northern Ireland. A 2009 study commissioned by the Department for Communities and Local Government (DCLG), using a financial benefits model developed by Capgemini, estimated the annual net cost savings generated by Supporting People in England to be £3.4bn, against a total annual cost of operating Supporting People of £1.6bn.⁶⁰ These figures indicate a net financial benefit to public services of £2.10 for every £1 of Supporting People funding. The public services that are identified to be impacted by the Programme are wide ranging and include residential care provision, housing and homeless services, health services, social care services, crime and benefits, amongst others.

The Capgemini model has subsequently been adopted to estimate the cost savings to public services of Supporting People in Northern Ireland, where the Programme has a budget of £65.6m in 2013/14 accounting for 19,324 annual units of support. This study, published by NICVA in 2015, found that Supporting People generated £125m of annual cost savings for public services in Northern Ireland, representing £1.90 of cost savings for public services for every £1 of funding for the Programme.⁶¹

Several other reports have been commissioned and conducted throughout the UK, based on different models and subsequently with a variety of findings. Some of the more conservative results were found in Tribal Consulting's Scotland 2007 report⁶² (£402 million spent – £1 – in comparison to £441 million – £1.10 – under an alternative scenario, a merger £39 million – £0.10 – save) and the 2010 Torbay report⁶³ (£47.87 million spent – £1 – compared to £56.06 million – £1.17 – a £8.19 million – £0.17 – difference). On the other hand, Brighton & Hove Council's 2011⁶⁴ (£11.3 million spent – £1 – whilst £36.6 million – £3.24 – under the alternative scenario, £25.3 million – £2.24 – difference) and 2013 reports⁶⁵ (£10 million spent – £1 – whilst £41.1 million – £4.11 – under the alternative scenario, £31.1 million – £3.11 – difference) found the highest benefits.

⁵⁹ Carmarthenshire County Council Cost Benefit Review of Supporting People, p. 17.

⁶⁰ Research into the financial benefits of the Supporting People programme, 2009.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

⁶¹ The Financial Benefits of the Supporting People Programme in Northern Ireland.

https://www.nicva.org/sites/default/files/d7content/attachments-resources/web_report.pdf

⁶² Scottish Government Social Research and Tribal Consulting, 2008. *Supporting People: Costs and Benefits – Final Report* (Edinburgh: Scottish Government Social Research)

⁶³ Claire Truscott and Torbay Council, 2010. *Evidencing the financial benefits of the Supporting People programme in Torbay*

⁶⁴ Maria Caulfield, Supporting People Commissioning Body Brighton & Hove City Council, 2011. *Commissioning Support Services for Vulnerable People in Brighton & Hove*

⁶⁵ Supporting People Commissioning Body Brighton & Hove City Council, 2013. *Cost Benefit Analysis 2013: An update on the 2009 analysis including further analysis*

The Aylward Review (2010)

A recurring issue with the implementation of SP has been its lack of measurable outcomes which prove the worth of each individual SP project. This has ramifications including the allocation of funding across Wales (the existence of two different streams of funding until 2012 made this even more complicated⁶⁶), the lack of clarity surrounding the roles and responsibilities of the actors involved, and insufficient transparency and clarity in the Programme's governance, accountability arrangements, procurement and commissioning process.⁶⁷

The Aylward Review was commissioned by Jocelyn Davies AM, the then Deputy Minister for Housing and Regeneration, and made recommendations that would strengthen the Programme and maximise the contribution it made to the health and well-being of people for whom SP was intended.⁶⁸ Whilst the main focus of the review was on funding streams and better management of these, matters relating to outcomes provisions were also addressed. The review acknowledged the validity and usefulness of the Matrix Wales 2006 reports and the Carmarthenshire County Council 2011 cost-benefit analysis and agreed largely with their results. However, like the previous studies, it concluded that until a robust outcome framework was in place with a more rigorous evaluation of SP services and outcomes set against alternative mechanisms of support, accurate and reliable data on cost-effectiveness could not be collected.⁶⁹

The Aylward Review recommended that "work towards the realisation of a comprehensive database to inform the selection and evaluation of appropriate tangible outcomes across a wide range of existing and future interventions should be taken forward with a degree of urgency."⁷⁰

Development of an Outcomes Framework: Wales

For robust evaluative data it is imperative to have a method of measuring the impact of policy programmes in a consistent and standard way.⁷¹ Since October 2008, commissioners and providers in Wales had been advocating for a person-centred outcomes approach.⁷² In July 2009, the Welsh Government (WG) agreed to develop Outcome Agreements with Local Authorities as part of developing the New Understanding between the WG and Local Government.⁷³ Seventeen Local Authorities throughout Wales took part in an outcomes

⁶⁶ Welsh Government, 2012. Number: WG16047, *Welsh Government Guidance: Supporting People Programme Grant (SPPG) Guidance (Wales)*, p. 3.

⁶⁷ Welsh Government, Professor Sir Mansel Aylward CB, Dr Kerry Bailey, Professor Ceri Phillips, Keith Cox and Eleanor Higgins, 2010. *The Supporting People Programme in Wales: Final report on a Review commissioned by Jocelyn Davies AM, Deputy Minister for Housing and Regeneration, Welsh Assembly Government 'Aylward Review'* (Cardiff: Welsh Government), p. 4.

⁶⁸ Ibid.

⁶⁹ *Aylward Review*, p. 9.

⁷⁰ *Aylward Review*, p. 76.

⁷¹ *Aylward Review*, p. 34.

⁷² *Aylward Review*, p. 36.

⁷³ Ibid.

measures pilot with a varying proportion of providers, running from November 2009 to May 2010.⁷⁴ This pilot model was not standardised however.

Over the next few years, several different outcome compilation methods were trialled or introduced, including The Supporting People Information Technology Network. To aid this outcomes compilation, in 2013 WG commissioned a scoping study to provide an overview of the nature and extent of SP projects and to explore the options for the commissioning of a large scale research project to evaluate the impact of SP.⁷⁵ The *Measuring the Impact of Supporting People: A Scoping Review* acknowledged that there is no single method or approach that can be used to fully understand SP project outcomes and impacts.⁷⁶ Outcomes monitoring systems, various models of cost benefit analysis, sample surveys and detailed service evaluations all have a role to play, all offering advantages as well as presenting some limitations.

Following the Aylward Review and multiple requests from the sector, WG decided to make the collection of outcomes-based data for SP funded services – the Supporting People Projects Outcomes and Exit Questionnaire – compulsory from April 2012 and it is still place.⁷⁷

The purpose of the framework is to:

- adopt a system to collect meaningful outcome information.
- use the information to measure, maintain and improve the quality of services provided.
- recognise the effectiveness of SP.⁷⁸

The WG's framework has not been able to measure outcomes as vigorously as intended. It has therefore commissioned an alternative method in the form of a data linkage study – this is not fully developed at the time of writing.

Supporting People Data Linking Feasibility Study: Emerging Findings Report

In November 2015, an emerging findings report for the data linkage feasibility study was released.⁷⁹ In brief, the study was designed to assess the feasibility of using the innovative method of data linking to deliver a quantitative component to the evaluation of SP.⁸⁰ Specifically, the study examined the feasibility of using linked administrative data to demonstrate the impact of SP on the use of health services.⁸¹

⁷⁴ Ibid.

⁷⁵ The Welsh Government, Nicholas Pleace, 2013. Social Research Number: 78/2013, *Measuring the Impact of Supporting People: A Scoping Review* (Cardiff: Welsh Government Social Research), p. 7.

⁷⁶ *Measuring the Impact of Supporting People*, p. 51.

⁷⁷ Welsh Government, *Outcomes Framework*, 2015. <https://gov.wales/topics/housing-and-regeneration/services-and-support/supporting-people/publications/outcomesframework-old/?lang=en> (accessed on 20 Feb. 2019)

⁷⁸ Ibid.

⁷⁹ Welsh Government, 2015. Research Summary Number: 65/2015, *Supporting People Data Linking Feasibility Study: Emerging Findings Report* (Cardiff: Welsh Government Social Research)

⁸⁰ *Supporting People Data Linking Feasibility Study: Emerging Findings Report*, p. 1.

⁸¹ Ibid.

The final research report for the feasibility study was published in March 2016.⁸² The study, carried out by WG in conjunction with Swansea University, found that even though there were significant challenges in terms of acquiring, reconciling and analysing the existing data, such a study would be likely to produce statistically robust substantive findings.⁸³ The study used linking rates for SP routine administrative data for two pathfinder local authorities – Blaenau Gwent (floating support and accommodation-based support) and Swansea– to test their methodology.

The long-term objective of the study was to compile data from each of the 22 local authorities into one database by using the SAIL (Secure Anonymised Information Linking) Databank.⁸⁴ The study set out to compare health service use before and after SP intervention (12 months on each side) to prove there was a decrease in use of the NHS and other services as a result of SP assistance.⁸⁵ It was felt that this method could potentially be followed up long-term at relatively low additional cost in a way that is not susceptible to attrition, overcoming one of the key limitations of previous studies which was lack of long-term impact assessment.⁸⁶ Information was gathered on the SP administrative data held by all LA's and in some instances, LA's were asked to provide SP administrative data so that it could be anonymously linked to routine service users' health records held for analysis purposes.⁸⁷ However, due to the short timescale of this feasibility study, not all the information was acquired, hence the decision to use pathfinder examples. The raw data acquired was then compiled into a 'research ready' dataset and variables to be analysed were identified in consultation with the Supporting People Research and Evaluation Steering Group.⁸⁸ These groups were: age and gender of SP service user, SP service user 'service group' or 'lead need', duration of SP support, complexity of need, level of SP support (i.e. floating, accommodation-based etcetera), and (if available) reason for leaving SP.⁸⁹

To quantify this, the Feasibility Study examined health service use over a period of two years; this included the period before service users began receiving support and the period after the SP intervention. In order to give an indication of the possible impact of SP on health service use, findings were analysed for the 30-day periods 12 months before, 6 months before, 3, 2 and 1 months before, 1, 2 and 3 months after, 6 months after and 12 months after service users began receiving support.⁹⁰ The indicators of the impact of SP on health service use for which analysis was done were: the number of days on which GP events occurred; the number of A&E visits; and the number of emergency hospital admissions.⁹¹ Each of the indicators was analysed before and after service users began receiving support from SP and were analysed in the period intervals explained above, where available, by

⁸² Welsh Government, Social Research Number: 16/2016, Laura McGin, Sarah Lowe, Martin Heaven and Lucie Griffiths, 2016. *Supporting People Data Linking Feasibility Project: Research Report* (Cardiff: Administrative Data Research Centre Wales)

⁸³ *Supporting People Data Linking Feasibility Project: Research Report*, p. 64.

⁸⁴ *Supporting People Data Linking Feasibility Project: Research Report*, p. 8.

⁸⁵ *Supporting People Data Linking Feasibility Project: Research Report*, p. 9.

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ *Supporting People Data Linking Feasibility Project: Research Report*, p. 11.

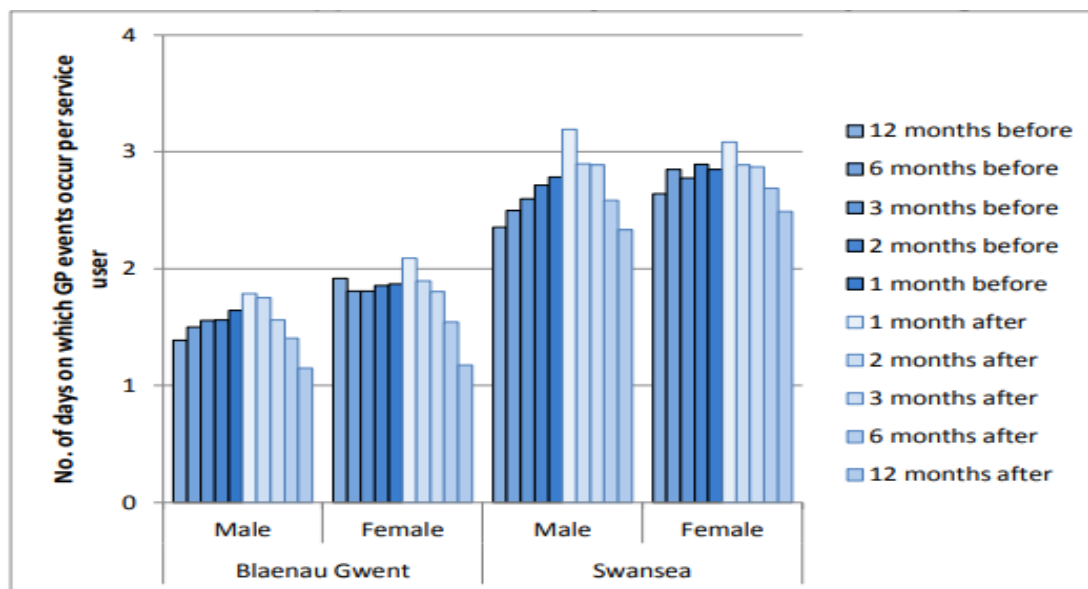
⁸⁹ *Supporting People Data Linking Feasibility Project: Research Report*, pp. 11-12.

⁹⁰ *Supporting People Data Linking Feasibility Project: Research Report*, p. 13.

⁹¹ *Supporting People Data Linking Feasibility Project: Research Report*, p. 31.

gender, five-year age group and 'lead need' or 'Service Group' and separately for Swansea and Blaenau Gwent.⁹²

Figure 3: Number of days on which GP events occurred per service user in the months before and after support start date by Local Authority and gender of service user



Source: *Supporting People Data Linking Feasibility Project: Research Report*, p. 31.

Following the success of the feasibility report, a four-year final study was authorised by WG and taken over by Swansea University. The year one progress report was published in June 2017,⁹³ followed by a year two progress report in June 2018,⁹⁴ and lastly, an 'emerging findings' report in November 2018.⁹⁵ The project is currently paused.

The main tasks during the first year were to acquire data from the different LA's to transfer to SAIL and making the raw data 'research ready'.⁹⁶ LA responses were high as were the linking rates for the majority of datasets provided to the study (above 85%), and where rates were lower, this was generally for an identifiable reason on which the study researcher could work with local authority Supporting People Teams to be addressed at a later date.⁹⁷ At this stage, the team behind the study discarded the idea proposed in the feasibility study of creating a cost-offset model in line with the Capgemini model in conjunction with this

⁹² Ibid.

⁹³ Welsh Government, Social Research Number: 32/2017, Rhodri Johnson, Sarah Lowe, Donna Lemin, Laura McGinn and Lucie Griffiths, 2017. *Supporting People Data Linkage Study: Progress Report* (Cardiff: Government Social Research)

⁹⁴ Welsh Government, Social Research Number: 41/2018, Rhodri Johnson, Sarah Lowe and Ian Jones, 2018. *Supporting People Data Linkage Study: Year Two Progress Report* (Cardiff: Government Social Research)

⁹⁵ Welsh Government, Social Research Number: 57/2018, Rhodri Johnson, 2018. *The Supporting People Data Linkage Study: Emerging Findings Report* (Cardiff: Government Social Research)

⁹⁶ *Supporting People Data Linkage Study: Progress Report*, pp. 3-5.

⁹⁷ *Supporting People Data Linkage Study: Progress Report*, p. 6.

particular four year project, though they did conclude that their research would be able to feed into a potential separate study and included a feasibility study on the matter.⁹⁸

By the time of the second year report, data sharing agreements were completed and data supplied from 19 of the 22 LAs in Wales.⁹⁹ At this point, a list of research questions which were aligned to the SP Programme aims insofar as those aims were measurable using the available data was developed, proposed to and agreed by the Supporting People Research and Evaluation Steering Group.¹⁰⁰ The overall research aim is to measure the impact of the SPP at an overall policy level and is defined as: “has the Supporting People Programme achieved its measurable stated aims of providing residential stability and maintained independent living, was there any observable impact on other public services and did it help to reduce inequalities?”¹⁰¹ The first public service – impact on the NHS – had already been explored in the feasibility study, and additionally, the impact on social care services, the criminal justice system and the labour market and economies were also considered as primary objectives.¹⁰² The impact of SP on allowing service users to maintain residential stability and independent living was also considered a primary objective but not of the same importance.¹⁰³ The research team deemed that in order to gather the most credible evidence about whether SP is actually making a difference in the lives of service users, there was the need to construct a robust control group.¹⁰⁴ However, it was soon found that no perfect control group was available to the Project in the sense that the vast majority of people requesting support receive services.¹⁰⁵

The emerging findings report specifically focused on the identification of any reduction in demand on the NHS for SP service users. The analysis compared patterns of NHS use for 24 months before and after the support start date for Supporting People service users (as opposed to the 12 months before and after in the original feasibility report) from 19 Local Authorities in Wales with a number of comparison groups.¹⁰⁶ SP service users were grouped into ‘longer-term’ (older people and people with learning disabilities, theoretically more likely to have chronic health conditions) and ‘shorter-term’ (theorised to be more likely to have acute health needs related to the chaotic or risky lifestyles that may put people at risk of homelessness e.g. substance misuse, domestic violence).¹⁰⁷ For those in the ‘shorter-term’ group, a three-phase pattern of ‘crisis’ was found, consisting of: ‘pre-crisis’ (characterised by slowly increasing health service use); ‘during-crisis’ (characterised by a peak in health service use); and ‘post-crisis’ (characterised by stabilised health service use).

⁹⁸ *Supporting People Data Linkage Study: Progress Report*, pp. 7-8 and *Supporting People Data Linkage Study: Year Two Progress Report*, p. 12.

⁹⁹ *Supporting People Data Linkage Study: Year Two Progress Report*, p. 7.

¹⁰⁰ *Supporting People Data Linkage Study: Year Two Progress Report*, p. 9.

¹⁰¹ *Ibid.*

¹⁰² *Supporting People Data Linkage Study: Year Two Progress Report*, p. 17.

¹⁰³ *Ibid.*

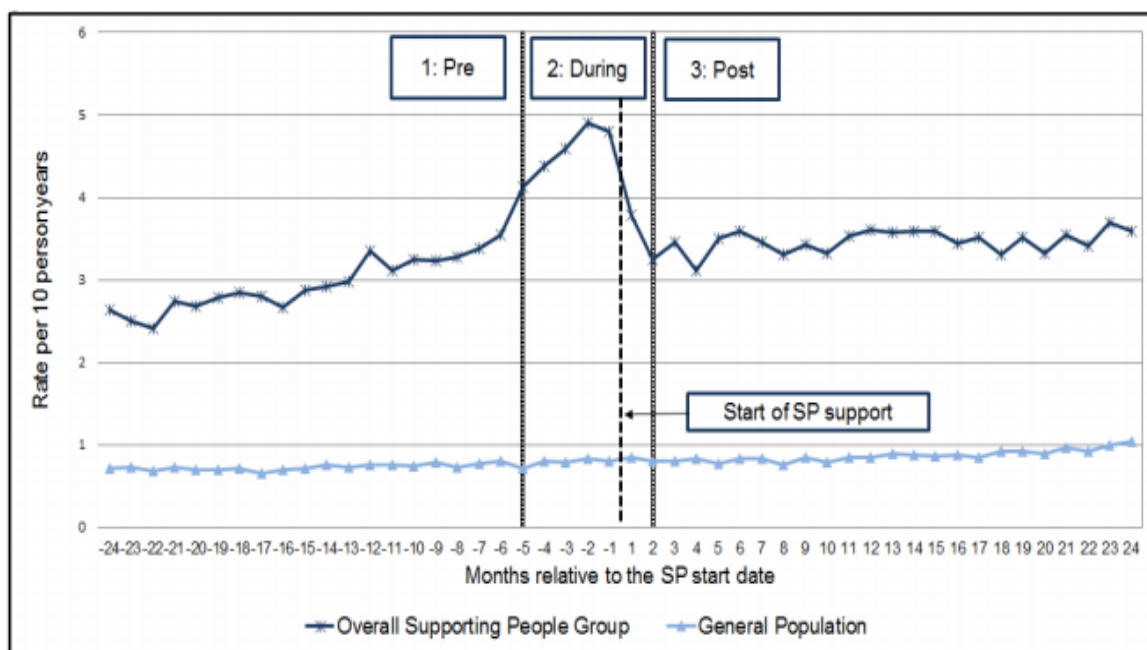
¹⁰⁴ *Supporting People Data Linkage Study: Year Two Progress Report*, p. 10.

¹⁰⁵ *Ibid.*

¹⁰⁶ *The Supporting People Data Linkage Study: Emerging Findings Report*, p. 1.

¹⁰⁷ *Ibid.*

Figure 4: Emergency hospital admissions for the overall SP group and the general population of Wales split into a three-phase 'crisis' pattern



Source: *The Supporting People Data Linkage Study: Emerging Findings Report*, p. 7

Whilst the researchers considered that further evidence and research necessary, they reached some preliminary hypotheses as to what impact SP may or may not have had in alleviating the crisis.

1. An ordinary crisis tends to follow the graph's (figure 4) pattern in terms of health service use, meaning that SP has a minimal impact i.e. figure 4 shows a generalised pattern of a group of people going through a potential homelessness crisis, that crisis is associated with a deterioration in their health leading up to that crisis, reaching a peak at the height of the crisis before stabilising as the crisis subsides;
2. SP does have some impact, as without SP, health service use may have continued at a higher level, continuing the pre-crisis trajectory of increasing health service use and thus incurring a higher cost on the NHS;
3. SP is indeed having a higher impact given that without an SP intervention, health service use may have continued on the 'during crisis' trajectory showing a considerable escalation in health service use, again, incurring a higher cost to the NHS.¹⁰⁸

Support that Saves (The Wallich, 2017)

In August 2017, The Wallich released 'Support that Saves',¹⁰⁹ their investigation into the value for money of support they provided. The Wallich did not want to carry out a traditional cost-benefit analysis, as they felt these would not do justice to the full extent of SP, especially long-term benefits.¹¹⁰ Consequently, their report focused on shorter-term, more immediately

¹⁰⁸ *The Supporting People Data Linkage Study: Emerging Findings Report*, p. 8.

¹⁰⁹ The Wallich, Alex Osmond, 2017. *Support that Saves*

¹¹⁰ *Support that Saves*, p. 5.

realised savings of providing someone with a place in supported accommodation, or with floating support.¹¹¹ With the aim of showing the value of these interventions, interviews with nine clients across Wales and in some cases also the support workers who worked with these clients were conducted to form the basis of an anonymised case study analysis.¹¹² Value for money was determined by comparing the year of a client's life before they were offered support by The Wallich, and the following year they spent being supported by The Wallich. The organisation made the case that they prevented the events from the year prior to support from being repeated.¹¹³

By weighing these against the costs of supporting the client, the saving and a benefit-cost ratio was calculated. The researchers acknowledged that their estimates would be conservative as they determined that a client's situation, without an SP intervention, might spiral into a more chaotic situation.¹¹⁴ The report focused on four categories for which the case studies would be measured: crime, health, drugs and alcohol, and family, housing and social care. Costing and verifying data for the case studies (e.g. the cost per person, per year, of a specific residential project) was primarily from internal data at The Wallich and the Family Savings Calculator.¹¹⁵

Figure 5. Case study results with the amount saved and benefit-cost ratio per case study

Case study	Amount saved	Benefit-cost ratio
#1 - Brian	£41,745	2.56
#2 - Craig	£5,787.63	1.30
#3 - Thomas	£3,879.50	1.18
#4 - Martin	£2,342.67	1.08
#5 - Bella	£3,566.17	1.10
#6 - Robert & Erica	£3,405.04	1.25
#7 - Mandy	£67,178.27	14.40
#8 - Tanya	£50,451.64	2.46
#9 - Nick	£9,984.63	1.54
BOSS - Charlie*	£66,805.68	182.87
Average excluding BOSS	£20,926.78	2.99
Average including BOSS	£25,514.60	20.97

Source: *Support that Saves*, p. 7 Note: BOSS stands for Building Opportunities, Skills and Success Project, which is a project funded by the Big Lottery Fund which the researchers considered must be separate from the others, as its focus is on returning ex-offenders to the world of work. It was included to highlight the varied support The Wallich offers and the potential for savings, regardless of where funding comes from.

¹¹¹ Ibid.

¹¹² *Support that Saves*, p. 6.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

In line with previous studies, this translates to a £2.99 saving from support provided by The Wallich for every pound spent.¹¹⁶ These results are in a similar line to the more optimistic cost-benefit costs-offset model analysis carried out in England, but the limitations of the case study analysis method used by The Wallich mean that their conclusions cannot be considered fully conclusive.

8.2 Appendix B – Cost-savings of SP to Other Public Services from Previous Research

Cost Savings for Health Services

Health services can be defined in several ways but for the purposes of this study health services are defined as public health services provided by the National Health Service (NHS). The literature appears to suggest that cost savings for health services are amongst the largest cost savings generated by Supporting People, with the CLG 2009 and NICVA 2015 studies finding that Supporting People generates annual cost savings to health services of £315m and £26m in England and Northern Ireland respectively. The savings modelled in the studies are primarily driven by the combination of an assumed reduced likelihood of adverse health episodes, such as accidents or becoming a victim of violence, as well as a reduced need for costly inpatient healthcare required by some user groups; for example, those with severe mental health issues.

There is a body of evidence which indicates that homeless people are significantly more likely to suffer from health issues than the general population. A 2014 Homeless Link report found that 45% and 41% of the homeless population in England have been diagnosed with physical and mental health issues, compared with 28% and 25% of the general population respectively.¹¹⁷ The same report found that homeless people in England were 4.4 times more likely to visit A&E, 4.2 times more likely to visit hospital, and access GPs around 1.5-2 times more than the general population. A Department for Health report found that A&E attendances and hospital admissions for homeless people were 5 and 3.2 times higher than local averages, with the most common reasons for admission including toxicity, alcohol or drugs and mental health problems.¹¹⁸

Interventions like Supporting People (or HSG services), which seeks to support vulnerable people at risk of homelessness, are therefore expected to significantly reduce the demand for public health services. A financial benefit can accrue to the extent that Supporting People

¹¹⁶ *Support that Saves*, p. 8.

¹¹⁷ Homeless Link, 2014. *The unhealthy state of homelessness - Health audit results 2014*

<https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹¹⁸ Department of Health, Office of the Chief Analyst, March 2010. *Healthcare for Single Homeless People*

https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Other_reports_and_guidance/Healthcare_for_single_homeless_people.pdf

funding reduces the need for clients to use support services outside of the Supporting People environment, for example savings from reduced need for rehabilitation and inpatient care services for those with history of substance abuse. In this way financial cost savings are therefore generated through the difference in use of health and social care services for individuals supported by Supporting People relative to if that individual was not supported by Supporting People. However, a study by Homeless Link looking into the cost effectiveness of the Housing First scheme in England suggested that reduced usage of some NHS services need not necessarily translate into direct cost savings.¹¹⁹ They cite the example of A&E where, despite reduced usage by homeless people reducing pressure on resources, demand is still so great that limited expenditure can be reduced as a result.

The 2018 *Supporting People Programme Data Linking Project: Emerging Findings Report* takes advantage of linked data combining demographic and health service utilisation statistics with indicators for individuals who are users of Supporting People, with a view to identifying any reduction in demand for NHS services as a result of the program.¹²⁰ It should be noted that this analysis has been described as indicative by its authors, reflecting the fact that the wider data-linking project is still in progress. The study measures healthcare usage 24 months before and after Supporting People admittance based on the following indicators: Emergency Hospital Admissions, Accident and Emergency attendances, Outpatient Appointments and General Practice event days. Its findings indicate that utilisation of NHS services amongst users of Support People typically follows a distinctive trend, increasing up to the point of admittance to the Programme before reducing or at least stabilising upon admittance to the Programme. However, consideration of the counterfactual is important when making inferences from general trends. If comparing the trend of the healthcare usage of shorter-term Supporting People users with the usage of a constructed reference group of individuals who met Supporting People criteria but refused to participate, no clear difference in usage of healthcare services appears to be observed.

Cost Savings for Social Care Services

For the purposes of this study, social care is defined to include provision of social work, personal care and practical support for those with physical disabilities or illnesses, learning disabilities, mental health issues, dependence on drugs or alcohol, and age-related health issues. Social care includes support for individuals in their own homes as well as residential care for groups with support needs such as the elderly. It should be noted that social care in Wales is not entirely funded by local authorities, with individuals eligible to make contributions to the extent that their assets or incomes exceed certain thresholds.¹²¹

The existing literature suggests that social care in Wales stands to make significant cost savings as a result of Supporting People. Whilst CLG 2009 does not explicitly estimate cost savings to the social care sector, the findings of the study imply significant cost savings for

¹¹⁹ Nicholas Pleace and Joanne Bretherton, Homeless Link, March 2019. *The cost effectiveness of Housing First in England*

https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019.pdf

¹²⁰ *The Supporting People Programme Data Linking Project: Emerging Findings Report*

¹²¹ Mind. *Health and social care rights* <https://www.mind.org.uk/information-support/legal-rights/health-and-social-care-rights/financial-assessments/#collapse33aea>

the social care sector in England. The Capgemini model implicitly assumes that in the absence of Supporting People a proportion of users from certain groups would require costly residential care support; for example, elderly people with support needs or those with learning disabilities. CLG 2009 finds that Supporting People in England generates £5.4bn of annual cost savings from reducing demand for residential care packages, much of which relates to residential care likely to be funded by the social care sector. This cost saving in itself is estimated to be enough to more than cover the annual cost of providing Supporting People in England, however CLG 2009 note that cost savings are highly sensitive to the proportion of people in certain user groups who are assumed to utilise residential care in the absence of Support People.

There is however a level of trade-off, with the same study estimating that Supporting People increases the annual costs of social services care (defined as including personal domiciliary care, services for looked after children and day care) by £408m. Taking residential care and social services care together, CLG 2009 indicates that Supporting People provides significant cost savings to social care in England. NICVA 2015 similarly indicates that Supporting People yields significant cost savings to social care, with annual cost savings of £114m estimated for residential care and social services care combined.

Cost Savings for the Criminal Justice System

In this study, the criminal justice system is defined as including the policing services involved in investigating and processing crimes, as well as associated public costs for the legal system. The evidence suggests that the criminal justice system stands to gain significantly to the extent that Supporting People can reduce the likelihood of its users being either victims of crime or reoffending. CLG 2009 finds that Supporting People in England generates gross annual crime cost savings of £413.6m. The Capgemini model assumes that certain user groups make above average utilisation of the criminal justice system, including those more likely to be a victim of crime, such as those at risk of domestic violence, and those at risk of reoffending. In assuming that Supporting People reduces the frequency of such events, significant cost savings to the criminal justice system are generated. Based on a similar methodology, NICVA 2015 finds that Supporting People generates £32.7m of net cost savings for the criminal justice system in Northern Ireland.

Housing Support Grant services and Domestic Violence

A significant share of Supporting People/Housing Support Grant funding in Wales goes toward providing support to people escaping a domestic abuse situation; as of 31 March 2017, 7.3% (£9.0m) of Supporting People funding went toward supporting women experiencing domestic abuse, representing 1,201 units of support. A smaller 0.2% of Supporting People funding was allocated to providing support for men experiencing domestic abuse.

The costs of domestic abuse are high and wide ranging, and include physical and emotional harm, lost output and increased costs for public services including health services and the criminal justice system. A 2019 report published by the UK Home Office estimates the total

cost of domestic abuse cost £66.2bn in England and Wales in 2016/17 across 2.0 million victims of domestic abuse.¹²² This figure includes £2.3bn of costs to health services and £1.7bn of costs to police and the criminal justice system. Research by Greater Manchester Combined Authority estimate the fiscal cost of domestic violence to be £2,983 per episode, consisting primarily of costs to the health and criminal justice systems.¹²³ On this basis, if all 1,201 units supported by Supporting People in Wales were to experience one less episode of domestic violence in a year this would equate to an annual gross cost saving to public services of £3.6m.

On this basis, programs like Supporting People which seek to shelter those at risk of domestic violence have the potential to significantly reduce demand for public services. The CLG 2009 study indicates that Supporting People support to women fleeing domestic violence situations in England yields significant cost savings for public services, with net annual cost savings estimated to be £186.9m, equivalent to £2.70 for every £1 of Supporting People funding. The overall figure includes annual cost savings to health and crime services or £103.1m and £129.9m respectively, primarily reflecting assumed reductions in the frequency of occurrence of incidences of domestic violence as a result of Supporting People. The NICVA 2015 study finds the net annual cost saving yielding from Supporting People to be even higher, with every £1 of Supporting People funding for women at risk of domestic violence yielding £5.62 in net benefits.

Housing Support Grant services and Substance Abuse

Support for those with a history of substance abuse is a significant component of Supporting People in Wales, with 3.2% and 1.2% of funding to going to users with history of drug and alcohol abuse respectively.

The costs of treatment for substance abuse are high; Greater Manchester Combined Authority estimate the cost of alcohol abuse to the NHS in England to be £2,133 per year per dependent drinker.¹²⁴ The evidence shows that substance abuse is significantly higher amongst homeless populations. An audit of homeless people in England in 2012 found that 36% of the homeless population report having taken drugs in the past month versus 5% of the general population, with 27% reporting they have or are recovering from an alcohol problem. 15% of the A&E attendances of the homeless people in this exercise were reported as being linked to either alcohol or drug abuse.¹²⁵

It therefore follows that programs such as Supporting People/Housing Support Grant services, which aim to prevent homelessness and support vulnerable groups, such as those with a history of substance abuse, have the potential to significantly reduce demand for public services. The existing evidence appears to suggest that Supporting People funding for

¹²² Rhys Oliver, Barnaby Alexander, Stephen Roe and Miriam Wlasny, Home Office, January 2019. *The economic and social costs of domestic abuse – Research Report 107* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/ho_rr107.pdf

¹²³ GMCA Research Team, 2019. *GMCA Unit Cost Database 2019* <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>

¹²⁴ *GMCA Unit Cost Database 2019*

¹²⁵ *The unhealthy state of homelessness - Health audit results 2014*

those with alcohol and drug problems generates significant savings for public services. Support for those at risk of alcohol abuse is found to yield £92m of net cost savings in England, whilst support for those with drug problems is found to yield £157.8m of net cost savings, equivalent to £32.2m and £26.4m of financial benefit per 1,000 units of support respectively (CLG 2009). NICVA 2015 finds that every £1 spent on Supporting People for those with alcohol and drug problems in Northern Ireland achieves £2.44 and £11.18 net cost savings for public services respectively. The assumed reduction in usage of residential care (rehabilitation) and inpatient care services by individuals in these groups accounts following admittance to Supporting People drives much of the financial benefit estimated.



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