Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review

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National Housing Federation, *Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A review*

The National Housing Federation represents 1200 independent, not-for-profit social housing providers in England. Together the Federation’s members provide two and a half million homes for more than five million people. Approximately half of our members provide care and support services to vulnerable and older people, mainly commissioned by local authorities through the Supporting People Programme (SP). From local data, we know that 36,721 people with mental health problems were receiving housing related support from services funded through Supporting People in early 2010.

In 2010, the Federation received funding from the National Mental Health Development Unit to manage a research review of the evidence for effectiveness of housing support services for people with mental health problems. The research was undertaken by the Centre for Housing Policy at the University of York, with input from the Hull York Medical School. The full report by Nicholas Pleace and Alison Wallace was published in March 2011. This briefing summarises the key issues of the research project and sets out the next steps for developing this work.

### 1.0 Context: why this research matters

Housing associations and other support providers provide crucial services to help people improve their mental health, maximise their independence, get support from and participate in the community. This includes meeting specific mental health needs through specialist accommodation and support and improving the wellbeing through the provision of good quality housing and community and neighbourhood services.

The Government’s mental health strategy, *No health without mental health* highlights the evidence-based connections between mental health, settled housing, employment and safer, stronger communities. Homeless people with mental health problems need good-quality housing to facilitate recovery and independent living. Access to high quality and appropriate housing and a range of support services is a vital lever for reducing mental health inequality.

The Health and Social Care Bill currently before parliament will create a local framework that aims to deliver greater co-ordination and clearer connections between health and housing and care and broader community services. If successful, Joint Strategic Needs Assessments and Health and Wellbeing Boards will give local partners the tools to connect services and jointly, plan, commission and deliver.

There is a growing evidence base about the effectiveness and value for money of preventative housing related support. For instance, the CapGemini financial benefits evaluation estimated that investing £1.6bn annually in housing related support services generates savings of £3.41bn to the public purse by avoiding more costly acute services. This includes
avoiding £315.2 million health costs.\(^1\) The Federation’s own work with Department of Health demonstrated that investment in preventative support through housing associations leads to better outcomes for the users of the service, their families and savings to the tax payer, through, for example, the avoidance of expensive acute services and the criminal justice and care systems.\(^2\) Many commissioners, and policymakers are increasingly aware that preventative support services that can keep people living in the community are not only important in delivering savings to the tax payer, but also boost the health, quality of life and well being of vulnerable people, allowing people to maintain or achieve the independence, choice and control they want over their lives.

There is a considerable opportunity over the longer term to use housing related support more effectively in care pathways to improve the quality of services as well as delivering significant in year savings to health budgets. Better evidence of effectiveness and value for money is clearly a powerful level for providers at a time of drastic public spending cuts to non-statutory services.

However, to do this, the sector needs robust and powerful evidence to persuade health clinicians of effectiveness of the services they provide. This research review was designed to identify outcome measures that can be used to examine the effectiveness of housing related support for people with mental health problems.

The main objective of the review was to review effectiveness measures already available and in use and consider the development of an evaluation methodology that would:

- **be robust and meaningful** to clinicians and commissioners
- **be practical and cost effective** for providers to deliver, given the limitation of resources for frontline services.
- **Be clear and unambiguous** in demonstrating the extent to which housing related support services can both improve mental health and support and sustain engagement with other health interventions.

## 2.0 A summary of learning from the review

This project used systematic review methods to examine the range of study designs and outcomes measures used to assess housing related support services for people with mental health problems. As the UK and wider EU clinical evidence base is relatively light on housing support services for people with mental health problems, this work also considered a number of research approaches used in US evaluations.

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One of the persistent challenges to more consistent, clinical evaluation of services is the variation and diversity of housing related support for people with mental health problems. In provision of services this can be a strength as it allows providers and commissioners the flexibility to innovate, to personalise services and develop specifications to meet local needs. However, this presents challenges to clinical measurement because,

- Levels of variation between services mean it is hard to fit them within standardised categories.

- Services are also inherently flexible because they operate with a high degree of responsiveness to the needs of service users and offer a considerable degree of personalisation. A support service for people with mental health problems may not have a 'standard' package of support and a limited set of standard interventions that can be evaluated as part of that service.

- Development of services over time means services and projects broadly labelled or commissioned as ‘housing related support’ can deliver welfare, health and education, training and employment related services and outcomes. Again, an intrinsic strength of such services can make them harder to assess and evaluate consistently.

There is a quite substantial evidence base available from evaluations conducted in the US, where projects like Housing First has received lots of interest from both inside and outside the US. Learning from existing approaches includes,

- The use of **standardised outcome measures** that have been used in multiple studies under different circumstances and found to produce consistent results. These measures are often those employed for clinical research and are used to assess continuity of care, psychological functioning, mental well-being, quality of life and cost effectiveness.

- A detailed description of the **type and nature of the service intervention** and recording evidence against this. A housing support service is therefore assessed according to the extent to which it can demonstrate improvements in quality of life and mental well-being using outcome measures that clinicians and health service commissioners recognise from mental health service evaluations. This standard approach allows the detailed recording of the process of service delivery. This means that it is clear what interventions and service outcomes are associated with improvements in well-being. It also allows for patterns of service delivery that are associated with good outcomes to be identified and replicated. And for costs of such interventions to be tracked enable evaluation of cost-effectiveness.

- **The use of quasi-experimental methods and randomised control trials.** Quasi-experimental models, where well conducted, are taken seriously as evidence of effectiveness by policy makers and service
commissioners. However, there is a general expectation that evaluations will employ a comparison or control group or groups and that evaluation will use longitudinal methods including outcomes of former service users after they stop receiving the service.

- **Longitudinal evaluation** can show improvements over time, relative gains in well-being and quality of life for people who may not stay with a service for as long as was intended and also show how the improvements in well-being can be sustained in the longer term. However, longitudinal evaluation creates significant demands on limited organisational capacity.

## 3.0 Moving towards an evaluation methodology: A way forward

If the principles above are taken forward, the evidence base for the effectiveness of services for people with mental health problems can be improved. This will provide a robust and convincing base for discussion with health commissioners. In order to take the practical learning of this project forward, we recommend that a pilot exercise to test possible evaluative measures is conducted, drawing on the findings of this project and other work in the sector.

Health services, social care and housing are all focused on delivering better outcomes at lower cost to public purse and finding ways of improving the effectiveness and better understanding the value of preventative services. A small number of relatively large scale and robust evaluations that are longitudinal and which employ a comparative or control group method would be of considerable value to the housing, care, support and health sectors.

There will be costs associated with undertaking more rigorous evaluation. However, these costs can be limited and managed. Ensuring that the evaluation methodology is practical and feasible for frontline services to implement and manage within existing resource levels will be an important test for its overall viability. However, it is not necessary or practical to evaluate every service using a clinical standard of proof. A small number of evaluations that demonstrate the general effectiveness of housing support services can be used to support the sector as a whole. This evaluation evidence could then inform how services are monitored, which can be adapted to demonstrate service effectiveness on a wider scale. One way forward would be to focus on a small number of well evaluated projects to demonstrate the sustained effectiveness of housing related support services undertaking similar activities.

A robust service evaluation method should:

- Have clear service objectives
• Understand and record the process of service delivery. This is important to be clear what patterns of service delivery are associated with improvements in service users' well-being and quality of life and monitoring the extent to which a service continues to reflects its objectives and design.

• Give a voice to service users. The involvement of clients and service users is one of the key principles of effective support work, so it is important to assess the extent to which people with mental health problems can exercise choice, voice and control.

• Test service outcomes against standardised and validated measures of mental well-being, quality of life and cost-effectiveness.

4.0  Further information

This briefing is a summary of the full report, Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review. This full research report, written by Nicholas Pleace with Alison Wallace at the Centre for Housing Policy at the University of York is available on the Federation website: www.housing.org.uk

The Federation is taking forward the findings of this work. If you would like more information please contact, Jake Eliot, Policy Officer, jake.eliot@housing.org.uk