

## CRISPP Consultation Response to the Supporting People Three Year Draft Strategic Plan and COVID-19 Recovery Plan 2022-2025

### Introduction

The Committee Representing Independent Supporting People Providers (CRISPP) was formed in 2006 to represent those bodies outside the public sector that receive Supporting People (hereafter SP) grant for the provision of housing support services. The client groups supported by members of CRISPP range across the four thematic areas covered by the SP Programme: young people, people experiencing homelessness, older people and people with disabilities.

Before responding to the questions posed in the consultation, we believe it is important to set out our deep concerns about the situation surrounding the Supporting People budget. The SP budget has now been frozen for 15 years since it was introduced in 2007. This has functionally led to a cut in the real value of the budget of over 30% due to the impact of inflation.<sup>1</sup>

Many SP funded providers are close to crisis point. It has become increasingly difficult to recruit and retain staff at the rates of pay which can be offered. Some providers have advertised or readvertised roles on five or more occasions and have not been able to find any suitable applicants because the rates of pay they can offer are simply uncompetitive. Some of the roles funded by SP are challenging and can have traumatic and difficult aspects. While many of these roles are rewarding, the pay and conditions which can be offered increasingly compare unfavourably with jobs in other sectors. Many staff working in SP funded services are suffering from increasing levels of stress resulting from the impact of the Covid pandemic and from having to cover for the high levels of vacancies. Providers are also being hit hard by rising energy, fuel and agency costs which cannot be avoided.

The failure to provide any uplift over the last fifteen years has brought us to this. We have reached the point where some SP funded services will either have to be scaled down or closed unless a substantial financial uplift is made. Such an outcome would harm some of the most vulnerable people who live in this society who rely on these services. Service users are already being negatively impacted by the lack of resources in the sector.

We are of course aware that the draft budget for 2022-2025 proposed by the Department of Finance sought to provide an uplift to the SP budget.<sup>2</sup> While any proposed increase would have been welcome, the proposed uplift did not come close to making up the gap created by the failure to provide any uplift for fifteen years. With the collapse of the Executive, even this rise has been lost. At the time of writing, it is impossible to know when the Executive may return.

We stress issues over the budget at the outset of this response for the simple reason that the size of the SP budget will play a major impact in the success or otherwise of this Strategy. An excellent strategy without the resources to implement it and drive forward progressive change will not achieve its ends.

We do warmly welcome the following statement of the CEO of the Housing Executive in her foreword to the strategy: "I am aware that the funding pot remains static this year, despite evidence of the increasing gap between demand and supply of services. While I accept the importance of working within this funding envelope, I do not accept that funding levels are adequate, and therefore identifying opportunities for funding opportunities, and partnering with other funding streams where we can, is a priority." It is positive to see an explicit acknowledgment that funding streams are not adequate and we will strongly support all efforts to secure an uplift to the Supporting People budget.

SP providers are used to warm words from political leaders and Executive departments for the hard work our organisations and staff put in to support vulnerable people. However, the blunt reality is that we need concrete financial support, not more words. We implore the Housing Executive to do everything in its power to obtain more financial resources for SP. If more resources are not forthcoming, SP funded services will be forced to reduce capacity or even close with all of the consequences this will have for service users and wider society.

### **1. Do you agree that the document provides a clear mission and strategic priorities for the Supporting People Programme?**

CRISPP agrees that the SP strategy for 2022-2025 does provide a clear mission statement and strategic priorities. However, we would highlight some concerns we have with the wording set out in two of the four strategic priorities.

We would highlight two concerns that we have regarding the second strategic priority. This strategic priority uses the phrase "single homeless people." We would urge the Housing Executive to avoid the use of the term 'homeless people.' In our view, this language implies that homelessness is a constitutive part of the identity of the person experiencing it. This is inherently stigmatising. At other points throughout the strategy the language of "experiencing homelessness" is used. We would recommend that this is consistently used throughout the strategy. Consequently, this strategic priority should read "single people experiencing homelessness with alcohol and drug problems."

Secondly, we note that the second strategic priority lists several groups who will be "prioritised" including "older people, people with mental health issues; single homeless people with drug and alcohol problems; and women at risk of domestic abuse." The priority states that this work will "be underpinned by evidence from the Strategic Needs Assessment". Looking at the Strategic Needs Assessment (SNA), it is unclear to us why other groups are not going to be "prioritised" in a similar fashion to those outlined above.

We absolutely agree with the use of an evidence-based approach to allocating the finite financial resources of the SP fund. All of the groups outlined do require additional funding due to the size of the gap between need and supply. We are aware that SP representatives do not believe that the prioritisation of some groups necessarily leads to other groups being deprioritised. However, some SP providers are concerned about the wording adopted here and what its implications could be.

The following groups are not mentioned as a priority for SP during the life of this strategy: young people; people with physical disabilities and learning difficulties; homeless families with support needs; offenders / people at risk of offending; rough sleepers; and single homeless with support needs. According to the SNA, there is a gap between need and supply for all of these groups (with the exception of people with physical/sensory disabilities) ranging from 6 to 19%. In fact, the gap between need and supply is greater for some of the groups which are not listed than for some of those that are.<sup>3</sup> The Strategy does not set out the rationale for the prioritisation in its text. We would submit that the wording should be re-considered to ensure that services right across SP which require investment will not be disadvantaged.

It should also be noted that it may be questionable to rely on the SNA document to determine prioritisation for the years 2022-2025. This is not due to any defect in the SNA itself. It is simply an acknowledgement that Covid-19 has had a radical impact on SP providers and on those supported by them which the SNA, due to the point at which it was conducted, could not capture. It may be helpful for the SNA to either be conducted again or updated to take in to account the impact that Covid has had.

One further point we would make relates to the fourth strategic objective. We would submit that emphasis should not only be given to “generating greater value from public funds” but should also focus on achieving better outcomes for service users. The objective could read as follows: “4. Strengthen relationships across health, criminal justice and housing to achieve greater collaboration and sharing of risk with the aim of achieving better outcomes for service users and generating greater value from public funds to enhance available resources for housing support.”

### **3. Do you agree with the actions that we will take in order to address the challenges of Objective 1?**

We have four comments to make on the actions set out under Objective 1. Firstly, and related to our opening remarks, questions arise over how many of these actions will be funded. The document does acknowledge this by outlining which actions are funded and which actions require further funding. However, it should be noted that no indication is given in the strategy itself as to how much funding will be given even to those actions which are funded.

Secondly, SP has now made it clear to providers that no further Covid money will be provided. To be fair to the drafters of this document, it was unknown at the time of writing as to whether any additional Covid funding would be forthcoming and it was right to include an action to this effect at the time it was written.

However, the fact that no further Covid money will be forthcoming raises a significant problem for SP providers. The reality is that, as much as we may wish it were otherwise, Covid 19 is still with us and is still having a very real impact on SP funded services. This has a real impact in two main ways.

Firstly, for some SP funded services who provide accommodation, there is still a requirement to keep rooms available for the purposes of self-isolation in the event that a service user contracts Covid. When Covid funding had been available, providers received funding for those rooms. Now that Covid funding has stopped, this funding has stopped. This can cost providers in this situation significant sums of money over time in already financially straitened circumstances. For the purposes of keeping their staff and service users safe, they have no alternative option but to keep these rooms empty. Additionally, Covid funding has been used by providers to provide in-reach support in some settings which has served a valuable role throughout the pandemic. Without the Covid funding, this too will be impacted.

Secondly, staff are still required to isolate if they test positive for Covid; if staff are off, this places more pressure on other staff who are already under pressure due to the number of vacancies or increases the need for agency staff who can be hard to get and are increasingly expensive; and with restrictions being lifted, there is an expectation that the number of cases may start to rise again.

Providers, as responsible employers, know they need to continue to provide Personal Protective Equipment (PPE) to staff to keep them safe. However, now that Covid funding has stopped, the cost of providing PPE will have to be diverted from existing budgets when existing stocks of PPE run out. This is another additional budgetary pressure on providers who are already struggling. We would urge SP to consider what assistance they can provide to providers with congregate facilities who still need to keep rooms open for the purposes of self-isolation and in terms of obtaining PPE.

Thirdly, we warmly welcome the commitment to “fund mental health training for staff working in SP services.” Especially since the advent of the Covid-19 pandemic, pressures on staff working in SP services have been enormous and some have faced challenges with their mental health as a result. For many providers, deteriorating mental health amongst staff is a significant issue. This has impacted on both frontline staff and management. The difficulties in recruiting and retaining staff have placed significant pressure on staff right across the four thematic areas of SP who are often being asked to go above and beyond their hours to fill in for vacant positions. It is also important that this training is available to all staff, not only supervisors or managers.

Fourthly, we would submit that the concept of “major adverse incidents” requires some degree of explanation. The SP Strategy provides no detail on the numbers of major adverse incidents that have taken place or what has caused this. The rise in such incidents has to be understood in context. Covid has without question been a major factor. However, it is also evident that the crisis in recruitment and retention of staff has been a significant contributory factor. We are deeply concerned that the staffing challenges being faced by SP providers could lead to avoidable major adverse incidents. It is right for SP to seek to reduce the number of such incidents, but it is important that this is not solely put down to Covid. The reality is more complex than that.

#### **4. Do you agree with the steps that we will take in order to address the challenges of Objective Two?**

We have three points to make regarding the second objective of the strategy.

Firstly, we welcome efforts focused on improving joined up working and reducing the administrative burden on services. However, the wording of the actions adopted here and the lack of detail on how it will be implemented has created some concern among providers as to what is envisaged.

We are aware from conversation with SP representatives that the intention of the action to “increase efficiency by reducing the number of providers by 10% by facilitating the current trend of provider mergers” was not intended to serve as a threat to providers. Rather, the intention of this action was to emphasise the encouragement of mergers which has a different connotation. We would submit that the wording of this action should be amended to make this clear. As we know SP are aware, it is not the place of SP to require providers to merge. As they are independent organisations with their own governance arrangements, if mergers are to take place they must be agreed to by the two or more organisations involved. Mergers can be beneficial but they must be taken forward with care and with a focus on what will generate the best outcomes for service users.

A similar issue arises over the action to “work with Providers to develop efficiencies from composite contracts. Target a 15% reduction in schemes by focusing on bundling numerous low cost, low support schemes.” It is not clear from the detail provided in the strategy as to how this would be implemented in practice or why the figure of 15% has been put in the strategy. Further detail will be needed for providers to be able to implement this and understand the implications of it.

Secondly, we note from conversation with SP representatives that the action to increase the number of individuals in receipt of an SP funded service by 1000 units is based on the idea of increasing supply by around 5% over the lifetime of this strategy. CRISPP understands that SP needs to be realistic about what it can and cannot do within the budget it has. However, it has to be acknowledged that even under the SNA in 2020 that the gap between need and supply stood at 14%. There may well be a larger gap today than when the SNA was conducted. A rise of 1000 units would be better than nothing, but it needs to be clear that it will not meet the demand for SP services. It is also not at all clear from the strategy how this will be achieved within the funding envelope in place.

Thirdly, we would also highlight a concern among some providers which arises from the lack of detail provided in the strategy. This is whether it is intended to reduce the number of accommodation units available so that the number of floating support places can be increased. It would be hoped that the intention is not to reduce the number of places for services which are already in high demand. Clarification on this question in the final strategy would be appreciated.

**5. Do you agree with the actions that we will take in order to address the challenges of Objective 3 (Investing in service innovation)?**

We have three points to make regarding the actions set out under Objective 3.

Firstly, CRISPP strongly believes in the critical importance of tenant and service user involvement in policy and service development. It is welcome to see the following action included in the SP strategy: “In year one we will work with providers to establish a framework for service users to be engaged in shaping services to reflect their needs. This may include annual surveys, representative forums or further development of service user outcomes.” The crucial question regarding such engagement is not the principle of it, but how it is practically implemented. If this action is to be effectively implemented, the engagement must be meaningful, substantive and properly funded. Tokenistic engagement will not only be ineffective, but it could prove counterproductive.

Secondly, the continuation of the innovation fund is welcome. We hope that while the ringfencing will take place on an annual basis, that the spending can take place over the life of the strategy. As the Housing Executive knows, it can be very difficult to effectively spend money provided in a single year budget. If this funding could be provided over a three-year period, it would be spent more efficiently and lead to better outcomes. It should be further noted that in so far as possible trying to reduce the administrative burden of schemes such as the innovation fund on providers would assist organisations who are already under enormous pressure.

Thirdly, we welcome the emphasis on greater collaboration in a number of the actions set out under Objective three. Effective collaboration is vital amongst SP providers. However, it is important that the purpose of the collaboration is to benefit tenants and service users. We submit this should be set out in the final strategy.

**6. Do you agree with the actions that we will take in order to address the challenges of Objective 4 (Strengthening relationships and greater collaboration)?**

CRISPP has two comments to make regarding the actions set out under Objective 4.

Firstly, we support the action to “work with DfC to review and rationalise Supporting People Governance and decision making arrangements.” It is true that the current structure is “characterised by a complex structure.” While SP providers and staff on the ground have a good understanding of the operational workings of SP, there can be confusion over issues of governance. We would ask for SP providers to be included in discussions over any changes which would be made to the governance and decision making arrangements.

Secondly, while we support the action to “make bids for additional funding including through monitoring rounds” we question why this should be limited to year one. It is evident that

securing additional funding will be crucial throughout the life of the strategy and not only in year 1.

### **7. Is there anything further you feel needs to be included in the strategy document?**

We have some further questions we believe should be considered in the development of the strategy. Firstly, where does regulation, standards and oversight lie now that there are private providers in the supported accommodation sector which are not registered Housing Association's in NI?

Secondly, where does that (health) model fit with current and planned SP structures?

Thirdly, would SP in future strategies be willing to consider a strategy lasting longer than three years? Other relevant strategies have a longer time arc (for example the Homelessness Strategy).

Fourthly and finally, how will SP ensure that smart technological changes introduced over the life of the strategy are sector wide rather than organisation by organisation (whether that be a housing association or otherwise?)

### **8. If you have any other comments regarding the strategy document, please detail these below.**

We have two additional comments.

It is unclear from the content of the strategy what the future of standardised rates will be. We would ask for further clarification on this question.

As SP will be aware, longer-term capital issues still remain. There is a need to reconfigure existing buildings as well addressing the need for new-build accommodation for older people. We would ask for the strategy to provide some further detail on how these capital issues will be addressed going forward.

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<sup>1</sup> "In Northern Ireland... Supporting People funding has remained ringfenced and has therefore been protected to some extent from the cuts which have been made by local authorities in England, in particular since that ring fence was removed. This is not, however, to say that Supporting People funding in Northern Ireland has not fallen in real terms. Core funding has remained static for the past 10 years. Although in some years this has been supplemented by additional discretionary funding, 2017/2018 research on cost pressures showed that over the previous nine years the capping of the Northern Ireland Supporting People core grant amounted to a real term cut of 27%." In 2018, the cut stood at 27%. With rising inflation since then, it is in the 30%+ range today. See Nicola McCrudden, Mark Goldup, Tim Gray, John Palmer, Annie Field, Mia Rafalowicz-Campbell and Divya Krishnaswamy, "Strategic Review of Temporary Accommodation", October, 2020, [https://www.nihe.gov.uk/Documents/Research/Homelessness/Strategic-Review-of-Temporary-Accommodation-2020.aspx?ext=para 3.6](https://www.nihe.gov.uk/Documents/Research/Homelessness/Strategic-Review-of-Temporary-Accommodation-2020.aspx?ext=para%203.6).

<sup>2</sup> Department of Finance, "2022-2025 Draft Budget", 2 February 2022, <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/Draft%20Budget%20document%202022-25%20accessible.pdf> 67

<sup>3</sup> Housing Executive, "Strategic Needs Assessment: Research and evidence-based assessment to inform future housing support needs," November 2020, pp74-75.