

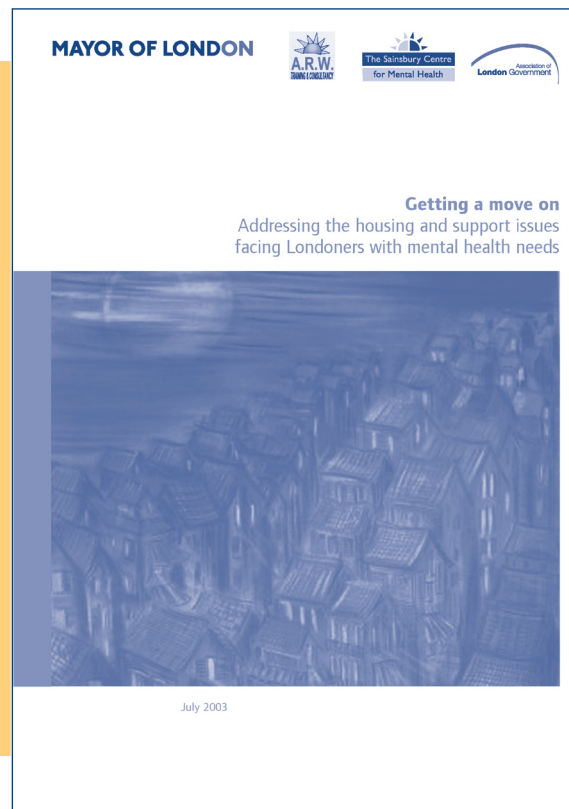


The Sainsbury Centre

for Mental Health

**BRIEFING 25**

An introduction to a topic of current importance or controversy, giving clear and independent comment and analysis of the issues that lie behind it.



## BRIEFING 25

**T**he Sainsbury Centre for Mental Health (SCMH) is a registered charity, working to improve the quality of life for people with severe mental health problems. It aims to influence national policy and encourage good practice in mental health services, through a co-ordinated programme of research, training and development. SCMH is affiliated to the Institute of Psychiatry, King's College London.

# Getting a move on: Addressing the housing and support issues facing people with mental health needs

## Introduction

Staff working in acute mental health inpatient units and supported housing projects often face difficulties in finding more suitable accommodation for their clients with mental health problems when the needs of these clients change. Service users stuck in inappropriate settings may be offered little choice of move-on housing, or may have to leave the area they come from to find something that meets their current needs. This briefing paper is the result of a recent study identifying a number of issues of concern in London, and suggesting strategies for tackling them.

It is widely acknowledged that London has a higher proportion of people who experience mental health problems at some time in their lives than is found elsewhere in the country. It is also clear that London has a severe lack of good quality affordable housing. Such factors mean that the findings of this study should be treated with caution when applied nationally. However, the study does contain a number of important lessons for the whole of the mental health sector.

## The study

In *Getting a move on* (Greater London Authority, 2003), the Association of London Government, the Greater London Authority (GLA), the Sainsbury Centre for Mental Health (SCMH) and Advocacy Really Works examined the problems associated with people moving from acute mental health provision to supported housing and on towards greater levels of independence.

The term 'move-on' describes a broad range of moves which can be faced by someone requiring mental health services, accommodation and support after leaving hospital. For the study, interviews were conducted with staff and residents in 18 housing projects, offering a range of support levels, and with local providers of health, housing and social services in each area, to obtain their views and experiences of the move-on process. The findings were examined in the context of the relevant legislation and guidance in order to identify useful strategies and make recommendations for further improvement.

## The social policy context

### The NHS and Community Care Act

The NHS and Community Care Act of 1990 introduced the concept of care management by a designated Care Manager or Co-ordinator usually, but not always, a social worker. It emphasised the separation of housing from support, in theory allowing a more individual care plan to be drawn up in which housing and support needs were separately assessed and, subsequently, met. In practice, however, housing needs were often neglected.

### Care Programme Approach

The Care Programme Approach (CPA) was introduced in 1991 as the framework for assessing needs and providing care for everyone in contact with specialist mental health services, putting the focus on tailoring support to meet individual assessed needs.

### An integrated system

The CPA was revised and integrated with local authority Care Management in 1999 to form a single care co-ordination approach for adults of working age with mental health needs (NHS Executive & Social Services Inspectorate, 1999).

It was also made clear that the CPA applied not only to the aftercare of service users in the community but also to those in residential facilities.

### Supporting People

From 1 April 2003, local authorities took on the responsibility for funding, planning and commissioning all housing-related support services which were formerly the remit of housing benefit and the Housing Corporation, and a single *Supporting People* grant replaced the various funding schemes (Department of the Environment, 1991). As a helpful preparation for this change, local authorities were required to map all the support services in their area. This was aimed at making it easier for referrers, including inpatient staff and Care Co-ordinators, to identify the appropriate housing and support for individual clients and also to allow for better planning of services to match local and regional needs.

### Choice Based Lettings

Choice Based Lettings Schemes have been developed by local authorities to meet the Government priority of making sure that social housing should provide choice for applicants wherever possible, while continuing to meet housing need. Choice Based Lettings Schemes are not a total shift from needs-orientated approaches to housing allocations based primarily on points. Instead they are designed to enable applicants to have a greater role in deciding where they wish to live and when they want to move whilst at the same time making sure that housing needs in the community are being appropriately met. Selection criteria and eligibility conditions are still incorporated into these schemes so as to make sure the most vulnerable people get the housing they need. However, all those accessing social housing need to be more pro-active than they were in the past.

It is hoped that Choice Based Lettings Schemes will reduce the number of voids and improve re-let times, promote social housing amongst groups who have not made sufficient use of it in the past and increase the likelihood that people will contribute to their local communities by giving them the chance to choose where they would like to live. It is also hoped that such schemes will provide planners with a clearer idea of what properties are popular with the communities they serve.

A further history of Choice Based Lettings and a description of the pilot schemes can be found at [www.choicemoves.org.uk](http://www.choicemoves.org.uk).

## Key findings

The study found that:

- ❖ There is an overall shortage of move-on accommodation in the capital, leading to delays in the system and services that do not adequately match the needs of clients.
- ❖ A number of projects believe that the dependency levels of those being referred to them are higher than previously and this means that there are some referrals that they feel unable to cater for.
- ❖ There is a particular lack of provision for certain groups, including those with complex needs such as a forensic history or a dual diagnosis. There is also a lack of resources for people from minority ethnic or religious groups and those requiring single sex accommodation.
- ❖ Some mental health projects are unable to offer trial periods to potential new residents. Trial visits are widely regarded as an important step in making a successful placement.
- ❖ Although most interviewees describe good working relationships with others in the mental health sector, there are examples of poor communication and delays in the exchange of key information.
- ❖ Most projects are experiencing problems recruiting suitably qualified staff and funding adequate training for existing workers.

The following sections discuss the main conclusions of the study that have national relevance, giving recommendations for action to tackle the problems that were identified.

## Communication, collaboration and co-ordination

Most of the residents interviewed in our study had previously been in a mental health hospital, and many of them had moved more than once since being discharged. In a number of cases the move to their current accommodation had involved a wait of several weeks, months or even years. Some of the delays found in the system are echoed in the findings from previous research by the King's Fund (Johnson *et al.*, 1997), SCMH (1997) and the Mental Health Act Commission (2001).

It is clear that a co-ordinated approach is needed if mental health service users' needs for housing and support are to be properly met. This means statutory and voluntary sector agencies

working together at all levels, regarding policy, organisational and operational working.

At the policy and organisational level, the network of Regional Development Centres for mental health (part of the National Institute for Mental Health in England) have a role to play in supporting Primary Care Trusts in taking a holistic approach to service users' needs that includes housing alongside health and social care. They in turn should work closely with individual local authorities and the regional and sub-regional bodies representing their interests such as the Association of London Government. It is also important that all those developing policy in this area consult widely with service users.

At the operational level, effective joint working procedures between providers and care managers should be established in order to minimise delays in making placements. Service users' needs should be regularly reviewed to make sure that current placements are appropriate and plans for moving on people whose needs have changed should be developed at the earliest possible stage.

Placements can be delayed by service providers receiving incomplete or inaccurate information about potential referrals. Some referrers are reluctant to provide full details on their clients, citing confidentiality or a reluctance to divulge 'negative' information such as a forensic history. A shared and agreed approach to defining needs would reduce the level of confusion around the needs of individual clients and make it easier for them to get access to appropriate accommodation and support. Local protocols on how information is to be shared between statutory agencies and with the voluntary and private sector should be developed. These should include appropriate arrangements to cover for staff absences and delays in completing relevant paperwork.

## Assessing local needs

Commissioners of housing and support services need a thorough understanding of the characteristics and needs of their local population in order to ensure that they fund the appropriate services. Accurate needs mapping, incorporating unmet needs, should take place regularly at a local, sub-regional and regional level in order to effectively plan services for all client groups. The shortfalls between supply and demand in the full range of services – everything from high care residential provision to day centres – should be accurately assessed, and regular reviews of the match between provision and needs should be undertaken.

## Knowing what's available

Service users coming out of hospital may have little choice of accommodation, and rarely have a full picture of what is available to them, because their Care Co-ordinators are themselves often unaware of all the local resources. This can result in delayed or inappropriate placements.

The National Service Framework Mapping Database (at [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php)) is a useful source, along with information collected as a result of the implementation of the *Supporting People* legislation. The leads of Local Implementation Teams (LITs) should ensure that they meet their responsibility to update the National Service Framework Mapping Database regularly, accurately and comprehensively.

## Meeting needs

Some groups of people find it particularly hard to find the right move-on accommodation and support. This includes those with complex needs, brain injury, a dual diagnosis (e.g. mental health problems plus drug, alcohol or other substance misuse problems, or learning difficulties), or a forensic history. People from minority ethnic or religious groups, and those requiring single sex accommodation, are also poorly served.

It is important that local requirements are reflected in the allocation of Central Government funds. The local authorities' Social Services and Housing formulae should be reviewed to make sure that they are fair. It is also crucial that the *Supporting People* programme receives adequate long-term funding. By providing a better assessment of needs and available provision, *Supporting People* is likely to highlight important areas of previous under-funding.

Expansion of the supply of affordable long-term independent housing for people with mental health needs must be prioritised to ensure appropriate housing opportunities for clients at the final stage in the move-on process, in both the social rented and private housing sectors.

Where a gap in provision has been identified, local authorities, health agencies, the Housing Corporation and voluntary and private sector providers should work closely together to identify how best to develop and fund new services. If a highly specialist service is required that is beyond the means of an individual council to develop, it is important that appropriate regional and sub-regional groupings work collaboratively. Opportunities to develop such arrangements should be maximised by all concerned as part of the move towards the full implementation of *Supporting People*.

## Keeping up with changing demands

A number of projects we surveyed felt they were getting referrals of people with higher levels of need than had previously been the case, and in some cases they planned to modify their service to meet these demands.

Commissioning approaches should encourage the market to offer a wider range of provision as closely matched to the needs of the community as possible. Those planning services on a regional/sub-regional/local level should closely monitor shifts in the market and make sure that important types of provision are not lost.

## Making the move – allocations and trial periods

All local authorities need robust procedures for allocating accommodation, using full information on referrals of people with mental health needs and up to date information on what housing and support services are available. The use of panels comprised of key personnel from all relevant agencies, meeting regularly to discuss all new referrals and matching them with current available provision seemed to work well in the areas surveyed.

The viability of providing an online database of housing provision for people with mental health problems, containing up to date information about vacancies and waiting lists, should be explored by local authorities and health services. The Hostels Online website (at [www.hostels.org.uk](http://www.hostels.org.uk)), which includes information about hostel vacancies for homeless people in London, could provide a useful model.

Trial periods in new accommodation were seen by many of our interviewees as an important step in making a successful placement. However, there was considerable financial pressure on those funding placements to keep trial periods to a minimum – because their cost needs to be met whilst at the same time maintaining the original placement in case the new one breaks down.

The value of trial periods in avoiding placement breakdowns in supported housing may need further investigation, but if, as seems likely, they do lead to more successful placements, further ways of funding them should be explored.

For trial periods not to cause delays in the system, a small, permanent surplus of places in all types of accommodation may need to be maintained. The sub-regional groups established as part of the *Supporting People* process could explore ways in which such a surplus might be maintained.

## Staff: recruiting, training and retaining

Most of the projects had encountered problems both with recruiting qualified staff and with funding adequate training for existing staff. The value of a skilled workforce in relation to facilitating the move-on process should not be underestimated. Staff working in projects have a key role to play in helping people with mental health needs move towards independence.

Both recruitment and training issues in the sector need to be explored at a regional/sub-regional level, and creative ways developed to attract staff and provide them with the incentives to remain in the service. Problems of staff recruitment may be especially severe in London, where the shortage of affordable housing is more acute and the cost of living is relatively high. Special attention should be paid to the needs of smaller providers so as to assist them in adopting a more professional approach to staff development.

## Challenging the status quo

Some interviewees suggested there was an overly cautious attitude inherent in the system, with statutory sector workers at times reluctant to place people in new situations, residents sometimes loath to move into less supportive settings, and project managers from time to time employing restrictive acceptance criteria to prevent the introduction of residents with complex needs. This tendency towards maintaining the status quo may have a negative impact on the move-on process.

Clients' long-term goals should remain of paramount importance. More checks may need to be built into the system in order to regularly review progress towards greater independence.

When a move is planned, there should be appropriate consideration of a resident's needs. Particular attention should be paid to understanding what might help to make each stage of their move less daunting, and how best to provide this help.

## Involving service users

A significant number of the residents interviewed identified things they were unhappy about in relation to their existing accommodation, such as noise levels and problems maintaining their privacy. People with mental health needs should be regularly consulted about the services they receive, and wherever possible their views should be taken into account

when making improvements in existing services or developing new ones. The User Focused Monitoring approach developed at SCMH could be effectively used to complement regular canvassing of residents' views at house meetings (Rose, 1999).

## Supporting People

Some interviewees in London expressed concern that the new *Supporting People* contracts may limit the referral routes into projects, thus making it more difficult for out of borough placements to take place. While an emphasis on local placements is welcomed it is important that people with mental health needs in areas with an inadequate supply of local provision are not penalised. There should not be a situation where projects have vacancies because they cannot accept referrals on behalf of those whom they would otherwise wish to accommodate.

Local authorities should carefully monitor the effect of new *Supporting People* contracts on the provision of housing and support services. This is particularly important over the next three years of protected funding and service reviews when there are unlikely to be major shifts in the supply of different types of accommodation in each area, but any changes in access arrangements could restrict new placements.

## Choice Based Lettings

Authorities that establish Choice Based Housing Lettings Schemes should pay close attention to the findings from the 27 pilot schemes funded by the Office of the Deputy Prime Minister, and their impact on people with mental health needs and other vulnerable groups. Newsletters on Choice Based Lettings are available at [www.odpm.gov.uk](http://www.odpm.gov.uk). They should also consult, and preferably involve, agencies working with people with mental health needs when developing and implementing such schemes.

People with mental health needs must be provided with the necessary support in relation to these schemes, both in terms of making applications and also in terms of maintaining tenancies once they are in their new homes.

Where Choice Based Letting is not seen as a viable option, individuals should be able to opt out and have alternative arrangements made on their behalf.

Mechanisms should be established to monitor the effects of all schemes. These should include regular consultation with disadvantaged groups to make sure that they understand the schemes and close scrutiny of their bidding activity.

## Key recommendations

1. Effective joint working arrangements between local authorities, health services and housing providers are vital to ensure that an individual's care and support is co-ordinated from admission to hospital onwards.
2. Accurate mapping of needs and available supplies of housing and support services for people with mental health needs must be carried out in each locality. This information should be regularly updated and made readily available to all those who might need it, notably those arranging placements and those planning new services.
3. An expansion in the supply, and diversity of supply, of move-on housing should be a priority where gaps are evident.
4. A permanent surplus of accommodation should be sought to allow people to have trial periods in new housing.
5. Regional or sub-regional support is vital if local authorities and housing providers are effectively to address shortages in specialist provision for which there is insufficient demand at a local level. It is also important in order to assist the development of shared approaches to assessing needs and collecting and sharing information, and to facilitate the development of strategies to attract staff and provide them with the appropriate skills to meet the demands of the sector.
6. The impact of the *Supporting People* scheme should be monitored closely in all areas of the country. Particular attention should be paid to checking that referral routes into projects do not become restricted as a result of new contractual arrangements.

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Copies of the full report, *Getting a move on: Addressing the housing and support issues facing Londoners with mental health needs*, can be obtained from the Public Liaison Unit at the GLA, tel: 020 7983 4100, or downloaded from their website at [www.london.gov.uk](http://www.london.gov.uk).

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