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WALES **AUDIT** OFFICE  
SWYDDFA **ARCHWILIO** CYMRU

# Housing services for adults with mental health needs



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In relation to the Welsh Assembly Government and NHS bodies, I have prepared this report for presentation to the National Assembly under the Government of Wales Acts 1998 and 2006. In relation to local government bodies, I have prepared and published it in accordance with the Public Audit (Wales) Act 2004.

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**Report presented by the Auditor General for Wales to the  
National Assembly for Wales on 23 November 2010**



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## Summary

- 1 Mental illness is common and disabling. One in four British adults experiences at least one diagnosable mental health problem in any one year, and one in six experiences a problem at any given time. There is a wide range of mental health problems, from common disorders of depression and anxiety, which affect between eight per cent and 12 per cent of the population in any year, to avoidant, schizoid, paranoid, borderline and antisocial personality disorders, which affect less than one per cent of the population<sup>1</sup>.
- 2 Access to housing of an appropriate quality and related care and support services is critical in ensuring the independence and social inclusion of people who have a mental illness. A lack of stable housing is one of the key factors that can exacerbate and perpetuate social exclusion and risky behaviour, and can precipitate a move on to more institutional forms of care and support.
- 3 In October 2005, we published a baseline review of adult mental health services in Wales. We concluded that, although there were some encouraging examples of good practice, the overall way in which adult mental health services were planned, organised and funded did not support delivery of the Assembly Government's 2002 National Service Framework<sup>2</sup>.
- 4 In respect of housing services, we found that, in most parts of Wales, effective strategic decision making and priority setting was being hampered by a lack of comprehensive assessments of the need for housing and related services. Very few local authorities had undertaken any detailed assessments of the needs of people with mental health issues to accurately establish the type and extent of accommodation and support services required.
- 5 The baseline review identified that a multi-agency mental health planning group existed in each local authority area in Wales. But the effectiveness of these groups varied and there was a need to improve the links between the mental health planning groups, local commissioning (such as through the Supporting People programme) and executive decision makers in relevant local agencies.
- 6 More work was also needed to ensure that all the relevant agencies participated fully in strategic planning for mental health services. The review highlighted housing agencies as key stakeholders that needed to be more closely involved in planning.
- 7 Finally, the 2005 review identified a number of specific issues in relation to the provision of housing for people with a mental health problem which needed to be addressed. These issues related to the high numbers of homeless people who had a mental illness,

<sup>1</sup> The Office for National Statistics, *Psychiatric Morbidity Report*, 2001

<sup>2</sup> Welsh Assembly Government, *Adult Mental Health National Service Framework*, 2002



the inadequate temporary accommodation for vulnerable people, difficulties in accessing social housing and a lack of effective joint working between statutory and non-statutory agencies to meet the accommodation and support needs of clients.

- 8 In response to our baseline review and some other reviews<sup>3</sup>, the Assembly Government:
- a published in 2005 *Raising the Standard*, the revised Adult Mental Health National Service Framework (the Framework)<sup>4</sup>;
  - b announced an additional £5 million of annual funding; and
  - c required each of the 22 local multi-agency mental health planning groups to produce action plans<sup>5</sup>.
- 9 *Raising the Standard* established 44 key actions to be delivered between 2005-06 and 2012-13. Key Action 9 related specifically to improving access to housing for people experiencing mental ill-health (Figure 1).

### Figure 1 - National Service Framework Action Plan – Key Action 9

Key Action 9: 'Each Local Authority area are to ensure there is a range of housing options with appropriate levels of support available for people with mental health problems by end 2009-10. They should work in tandem with Registered Social Landlords (RSLs) – Housing Associations – and the private (and private rented) sector to fulfil this aim.'

Key Action 9 sets nine housing targets for delivery between 2006 and 2010 (Appendix 1). Of these nine targets, three specifically relate to improving the strategic planning of new supported housing. The other six targets focus on improving access to services and creating more effective joint working between statutory and non-statutory agencies to deliver improvements on the ground.

- 10 In 2008-09, the Wales Audit Office initiated a follow-up of its 2005 baseline review, to assess the progress being made by the Assembly Government and its statutory partners in addressing the gaps and variations in service provision that were identified by the baseline review. A key focus of the follow-up has been an assessment of key service areas, including housing.
- 11 The findings from our follow-up review will be published in a national report. This report considers the specific question of whether the planning and delivery of housing services for adults with mental health needs has improved. We concluded that, despite the clear expectations set out in the National Service Framework, there has been little progress since the baseline review in improving the planning and delivery of housing services for adults with mental health needs. The report examines:
- a the progress that has been made in delivering the housing targets set out in *Raising the Standard* (part 1 of the report);
  - b whether the weaknesses identified by the 2005 baseline review in respect of assessing needs and joint planning between health, social care and housing authorities has improved (part 2); and
  - c how far housing services for people with mental health needs have improved on the ground (part 3).

3 Wales Collaboration for Mental Health, *Under Pressure*, 2004; and the Healthcare Inspectorate Wales (HIW)/Health Commission Wales (HCW), *Review of Adult Mental Health Medium Secure Units in Wales*, 2005

4 Welsh Assembly Government, *Raising the Standard – The Revised Adult Mental Health National Service Framework and Action Plan for Wales*, October 2005

5 Membership of multi-agency mental health planning groups includes local authorities, local health boards, NHS trusts, the National Probation Service, voluntary sector partners and service user and carer representatives.

**Despite the clear expectations set out in the National Service Framework, progress in delivering its housing targets has been poor**

- 12 The revised National Service Framework for adult mental health was clear in respect of the actions to be taken to improve access to housing for people with mental health needs. Key Action 9 set nine targets for local authorities to deliver in collaboration with local partner organisations, in particular local health boards and NHS trusts.
- 13 We found that across Wales, very limited progress had been made in delivering these targets. In only two local authority areas had more than half the targets been delivered, and in two areas none of the targets had been met. Only seven local authorities had produced action plans that captured all of the housing-related targets. The action plans of two authorities included none of the housing targets.
- 14 The Assembly Government did not produce any specific guidance for social housing and support providers about their role in delivering the Framework's housing targets, and the requirements of the Framework were not reflected in revised statutory housing guidance. And, although the Assembly Government initiated some activity aimed at raising local awareness of the Framework, it achieved little. As a result, awareness of the Framework and ownership of its housing targets amongst local housing agencies was low, and we found housing associations and local authorities continued to deliver services in ways that were inconsistent with the targets.

- 15 The National Service Framework identified local authorities, local health boards and the Assembly Government's three regional offices as being responsible for performance management of the Framework. However, the Framework was unclear about how progress would be reported, how often progress reports were to be produced, and what the lines of accountability were at a local and national level for delivering actions and assessing performance.
- 16 The Assembly Government's monitoring of performance has been ineffective. Although local authorities were required to submit quarterly self-assessment reports of progress against the targets, few did so. Where reports were submitted, the information contained in them was not comprehensive and did not link directly to the Framework's targets. The Assembly Government did not subject the reports it received to scrutiny or challenge, and we found no other evidence of the Assembly Government chasing local agencies to evaluate progress in delivering the targets relating to Key Action 9 of the Framework.

**Strategic planning of housing and support services for people with mental health needs has remained of poor quality, largely because of inadequate analyses of the need for services and ineffective joint planning between local partners**

- 17 The quality of the information, particularly on the nature and extent of the housing-related needs of people with mental health problems, used to plan and commission supported housing services has not improved much since the baseline review. Our review of Supporting People Operational Plans identified that in approximately three-quarters there were weaknesses in the quality of the



data on housing-related needs, and the Needs Mapping Exercise model used to assess needs, on its own, could not be relied upon as a basis for planning services.

- 18 The importance of multi-agency working to deliver improved services for citizens in Wales has been recognised with the introduction of local service boards. However, the nature, extent and effectiveness of multi-agency working to address the housing and support needs of people with a mental illness has continued to vary significantly across Wales. In particular, the effective engagement of health and social care agencies in planning housing and Supporting People services has remained a problem, and Supporting People planning groups in only a third of local authorities had representation from all key partners.
- 19 Some of the difficulties in multi-agency planning and commissioning have been exacerbated by organisational change following the reconfiguration of the NHS in Wales and the transfer of housing stock from local authorities to housing associations. We found that social housing and support providers were often peripheral in the framing of local policy and the health and social care led planning and commissioning of services for people with mental health needs.

**In many parts of Wales, some people with low-level mental health needs continued to face difficulties in accessing suitable housing and related services**

- 20 Following implementation of the Homelessness Act 2002, the level of homelessness in Wales has reduced in recent years, with the number of households accepted by local authorities as being homeless falling by around 40 per cent between 2004-05 and 2008-09. The number of households accepted as homeless that are classed as having a priority need due to mental illness or learning difficulties fell by about 50 per cent. However, services for all homeless people with mental health needs had not improved and, despite the provisions of the Homelessness (Suitability of Accommodation) (Wales) Order 2006, problems still remained in respect of temporary accommodation, risk management, discharge from institutions and services for people with a dual diagnosis.
- 21 People with mental health needs continued to encounter difficulties in accessing and being supported to maintain social housing. Our survey of mental health service users found that more than six per cent of respondents had been refused housing because of their mental health problems, and 23 per cent said they would have liked, but had not received, help from health and social services agencies in securing housing. No authority in Wales had formal policies in place on tailoring services to ensure vulnerable people, including people with a mental illness, were better able to access them. Eight authorities operated schemes that excluded vulnerable people from accessing housing.

**22** Although we identified continued weaknesses in the provision of housing and support services for people with a mental illness, it was not possible to determine the scale of problems experienced by such vulnerable people, or to determine whether housing services for them had improved since the baseline review. This is because very limited information is produced specifically on services for people with mental health needs, and there was no requirement for either local authorities or housing associations to measure and report their performance in respect of people with mental health problems. None of the core housing management data sets included specific measures relating to housing and mental health.

## Recommendations

- 1** The National Service Framework Mental Health Action Plan includes targets for delivery up to 2012-13. All but one of the targets in respect of housing should have been delivered by March 2008, with the final one to be delivered by April 2010, but progress has been poor. The Assembly Government did not issue any specific guidance for social housing providers about their role in delivering the National Service Framework's housing targets, and awareness of the Framework and ownership of its housing targets amongst local housing agencies has been low. **We recommend that the Assembly Government:**
  - a issues specific guidance to relevant local agencies that makes clear its current expectations of them to deliver the Framework's housing targets;**
  - b embeds the commitments of the National Service Framework within relevant local authority housing and housing association guidance;**
  - c makes and takes other opportunities to raise awareness amongst the relevant local agencies of its expectations of them in delivering the National Service Framework commitments; and**
  - d monitors delivery of National Service Framework targets by all the relevant agencies to realise the desired improvements for people with a mental illness.**
- 2** The effectiveness of local multi-agency working to address the housing and support needs of people with mental illness varies significantly across Wales. **We recommend that the Assembly Government ensures that guidance issued to health, housing and social care planners and providers of services for people with a mental illness encourages an approach that is coterminous, joined-up and mutually supportive.**
- 3** The number of statutory homeless people that local authorities have accepted they have a duty to assist has fallen. However, not all services for homeless people with mental health needs have improved. The Homelessness (Suitability of Accommodation) (Wales) Order 2006 has a number of limitations. In particular, it does not establish clear criteria for risk assessing client placements, and there are no systems in place to monitor compliance by local authorities that all temporary accommodation meets minimum standards. Possibly through revisions to the Homelessness (Suitability of Accommodation) (Wales) Order 2006,



**we recommend that the Assembly Government should:**

- a** require all proprietors of bed and breakfast temporary accommodation to have an up-to-date and positive Criminal Record Bureau check in place prior to their establishments being used for letting to homeless clients;
  - b** require that local agencies' client assessment systems include assessments of the temporary accommodation best suited to the needs of individual clients; and
  - c** create a means of monitoring that all temporary accommodation used by local authorities meets the minimum standards set down in the 2006 Homelessness Order.
- 4** Some people with mental health needs experience ongoing problems in accessing social housing and sustaining their tenancies. Some of the barriers faced may be a result of past actions, their challenging behaviour or perceived difficulties that will arise for landlords and neighbours. **We recommend that the Assembly Government:**
- a** sets minimum standards for the quality and coverage of public information on lettings and accessing housing to ensure that vulnerable people with mental illness are provided with the information they need to exercise their rights; and
  - b** ensures guidance for housing associations includes specific measurable standards for access to housing for vulnerable people, and to limit the use of exclusions from housing waiting lists instead of time-based suspensions.
- 5** The National Service Framework placed expectations on local authorities in respect of housing and support services, but many authorities are unable to deliver some of the Framework's commitments because they have transferred their housing stock to housing associations. **We recommend that the Assembly Government takes steps to ensure that its regulatory requirements of housing associations includes the requirement for associations to deliver, in collaboration with other local agencies, against the relevant Framework housing-related targets.**
- 6** There is a lack of comprehensive and reliable performance information, locally and nationally, to monitor the effectiveness of the National Service Framework and other measures to improve housing and support services for people with a mental illness. **We recommend that the Assembly Government:**
- a** defines its information requirements with respect to housing and mental health, to enable it to more effectively undertake its role in setting policy and assess the impact of policy instruments such as the National Service Framework; and
  - b** establishes a suite of key performance measures, to be used locally and nationally, of housing and related services for different client groups, including those with a mental illness and homeless people, to cover lettings, exclusions and suspensions, repeat homelessness, use of temporary accommodation and tenancy turnover.

- 7 We found weaknesses in the quality of the data on housing-related needs contained in local authority Supporting People Operational Plans. **We recommend that local authorities:**
- a **better integrate needs mapping systems for identifying the support needs of different groups of people with other relevant data relating to housing, health and social care;**
  - b **create information sharing protocols whereby relevant local agencies agree to participate in needs mapping exercises; and**
  - c **improve the robustness of data by avoiding double counting and data input backlogs.**
- 8 The systems for planning and delivering housing services to meet the needs of people who experience mental illness are complex and require effective joint working between the relevant local agencies. **We recommend that key local agencies together develop protocols for meeting the housing and support needs of people with a mental illness that cover the planning and commissioning of services, the tailoring of services to meet specific needs, referral systems to ensure the effective pre-planned discharge from institutions, and information sharing to support prompt and reliable decision making.**



## Part 1 – Despite the clear expectations set out in the National Service Framework, progress in delivering its housing targets has been poor

### The revised National Service Framework included targets for improving access to housing for people with mental health needs

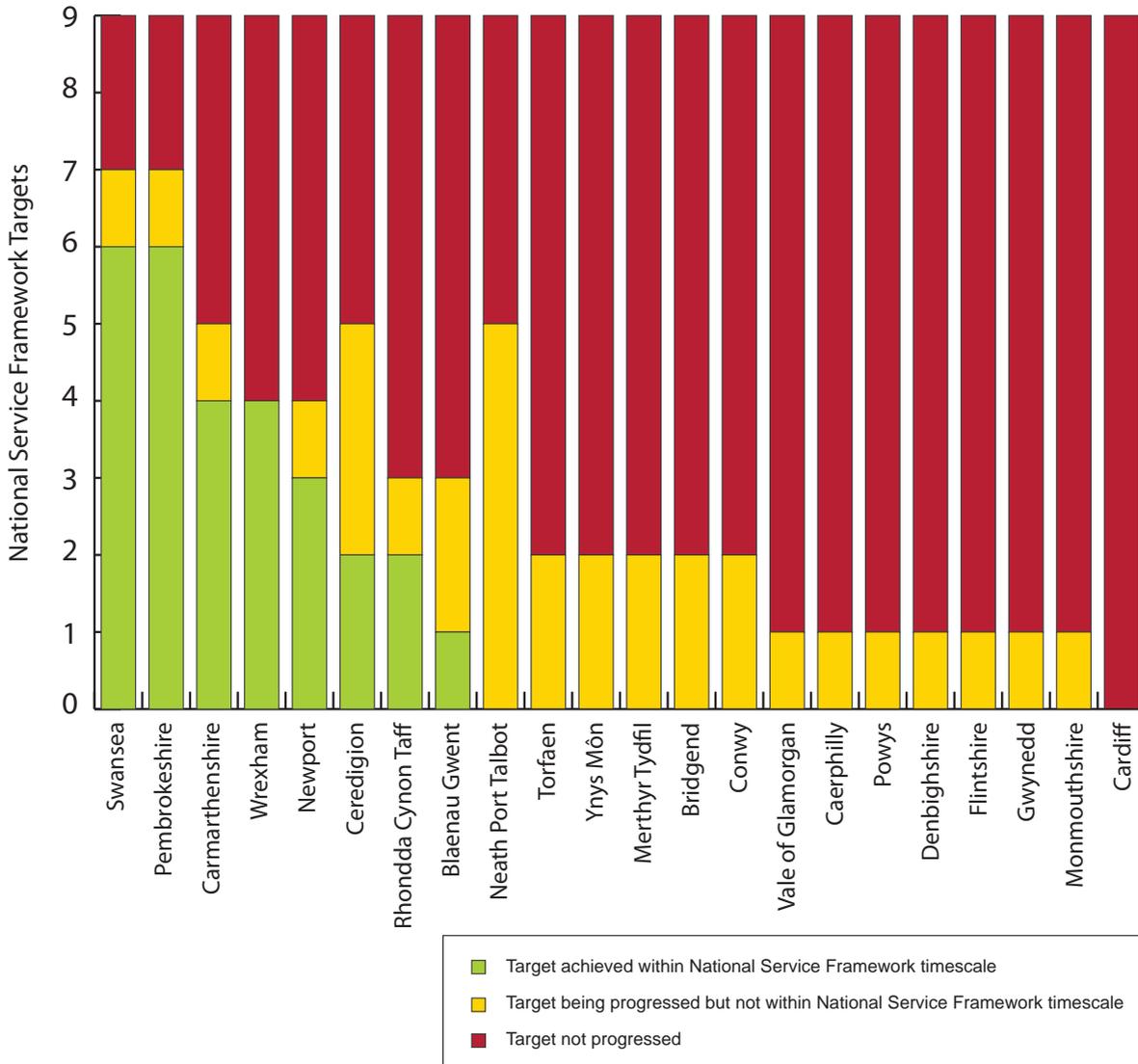
- 1.1 The Assembly Government revised its Adult Mental Health National Service Framework (the Framework) in 2005, following the Wales Audit Office baseline review<sup>6</sup>. The revised Framework aimed to set standards for services in Wales, drive up quality and reduce unacceptable variations in primarily health and social services provision. It established the practical guidelines needed to ensure the consistent and comprehensive implementation of the vision set out in the Assembly Government's Adult Mental Health Strategy, published in 2001.
- 1.2 A fundamental component of the revised Framework was an action plan that included 44 key actions to be delivered between 2005-06 and 2012-13. Key Action 9 related specifically to improving access to housing for people with mental health needs.
- 1.3 The Key Action 9 targets are set out in full in [Appendix 1](#). In summary, three targets related to improving the strategic planning of new supported housing, and the others were focused on improving access to services and creating more effective joint working between statutory and non-statutory agencies. All but one of the targets in respect of housing should have been delivered by March 2008, with the final one to be delivered by April 2010.

### Progress in delivering National Service Framework housing targets has been poor

- 1.4 In evaluating progress in delivering the Framework's housing targets, we interviewed key staff responsible for housing services in local authorities, and reviewed local National Service Framework action plans and supporting documentation. This supporting documentation included Supporting People operational plans and homelessness and housing strategies. Our assessments of progress were based on a number of factors. These included the comprehensiveness of plans, whether plans included all the targets and identified the actions required to deliver them, the frequency of updates to monitor and manage progress, and an assessment of the impact of the action plans.
- 1.5 Overall, we found that local authorities had made only limited progress in delivering Key Action 9 of the Framework. In only two authorities had more than half the targets been delivered, and in two authorities none of the targets had been progressed ([Figure 2](#)).
- 1.6 We also found that limited progress had been made against individual targets ([Figure 3](#)). For example, in only three authorities has there been a joint gap analysis of local mental health supported housing need (Key Action 9A2) and only two authorities had developed and adopted specific mental health accommodation plans (Key Action 9A3).

<sup>6</sup> *Adult mental health services in Wales: A baseline review of service provision, October 2005*

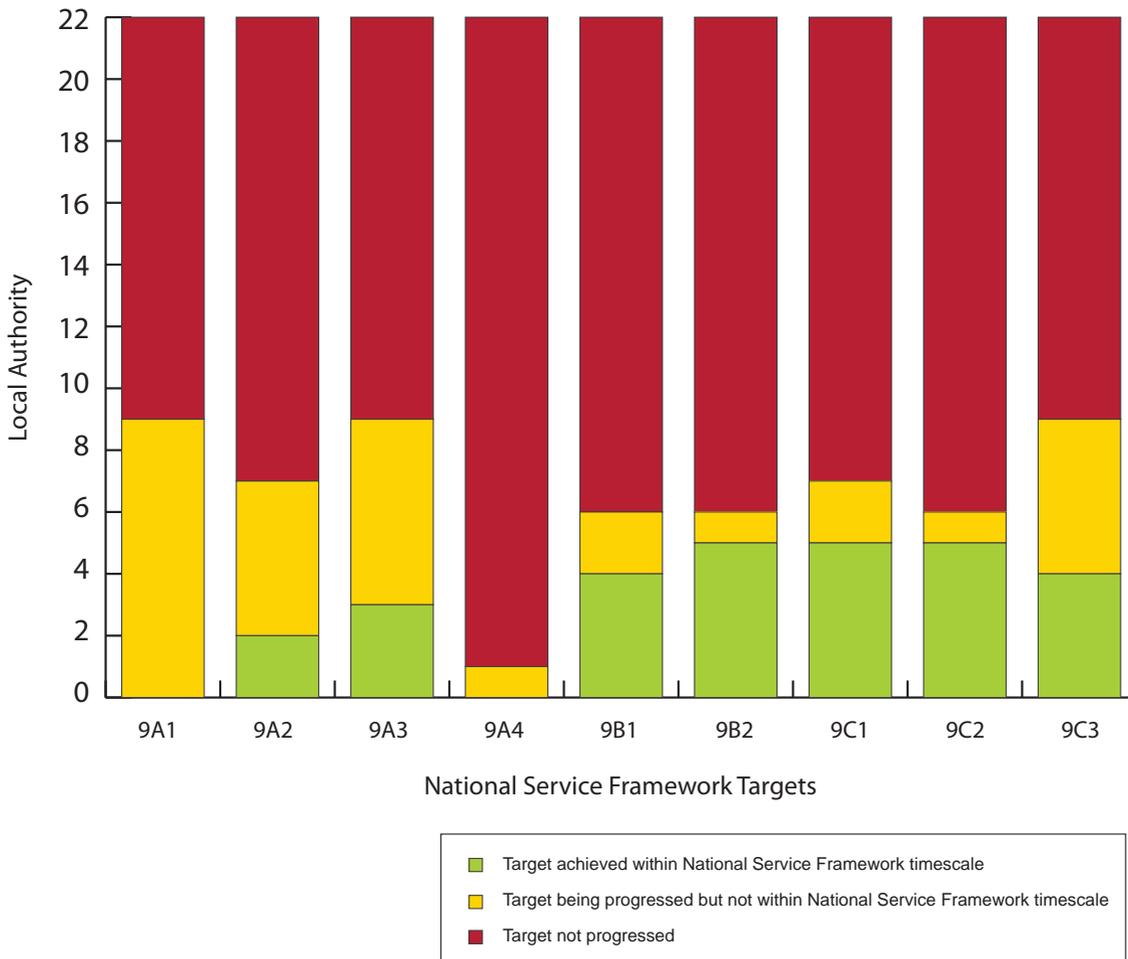
**Figure 2 - Progress on delivering the National Service Framework Key Action 9 targets in each local authority area**



Source: Wales Audit Office, Adult Mental Health Study Fieldwork, January – April 2009



**Figure 3 - Progress in delivering the National Service Framework Key Action 9 targets**



Source: Wales Audit Office, Adult Mental Health Study Fieldwork, January – April 2009

At the time of our fieldwork, only one authority was making any progress in delivering these plans, although the Framework’s deadline for this particular target (target Key Action 9A4) was April 2010.

**1.7** In only four authorities had mechanisms to deliver supportive outreach been developed (Key Action 9B1), and in only five authorities were there protocols in place with the former local authority aligned local health boards to ensure access to services for homeless people with mental health problems (Key Action 9B2).

**1.8** Just five local authorities had agreed with the ‘old’ NHS trusts to include tenancy maintenance issues in their Care Programme Approach guidance for hospital admission (Key Action 9C1). Similarly, in respect of only five local authorities had NHS trusts included a consideration of key housing need information as part of the inpatient assessment to aid future discharge planning (Key Action 9C2).

## Key policy guidance for housing and support agencies did not reflect the commitments set out in the National Service Framework, and awareness of the commitments amongst social housing providers was low

- 1.9** The Assembly Government did not produce any specific guidance for social housing providers about their role in delivering the Framework's housing targets, and the requirements of the Framework were not reflected in revised statutory housing guidance. For example, neither the Homelessness (Suitability of Accommodation) (Wales) Order 2006, the Code of Guidance for Local Authorities on Allocations and Homelessness or Guidance to Local Authorities on the Arrangements for the Implementation and Administration of Supporting People in Wales referred to the Framework's commitments. Although the most recent housing guidance from the Assembly Government on the production of local housing strategies<sup>7</sup> identified the importance of integrated planning between housing, health and social care, it made no reference to the Framework and its housing-specific targets.
- 1.10** The Assembly Government did initiate some activity aimed at raising local awareness of the National Service Framework, but with little success. The Mental Health Accommodation Network was set up in 2005 to bring together planners and practitioners, to promote good practice in joint working, but attendance at meetings has been variable. Three regional events on homelessness and mental health were held in 2008, but their impact in promoting and supporting delivery of the Framework's housing targets was limited. Also, Assembly Government officials visited local authorities to review commissioning of housing-related support, but this was related to local authorities taking on from the Assembly Government's responsibility for managing the Supporting People Revenue Grant.
- 1.11** More recently, in May 2009, the Assembly Government issued 'Health and Homelessness Standards' to improve access to health services, including mental health services, and outcomes for homeless people. These standards included the requirement to develop Homeless and Vulnerable Groups Health Action Plans, for which local health boards have lead responsibility. At the time of our fieldwork the plans were being developed and it was too early to determine what benefits, if any, had been delivered.
- 1.12** As a result, awareness of the Framework and ownership of its housing targets amongst local housing agencies was low. The officers we interviewed in local authorities, housing associations and voluntary sector agencies confirmed that the Assembly Government had not undertaken any activity to raise awareness about the role of housing organisations in delivering the Framework's commitments. Staff were unaware of the requirements and duties placed on housing services and, overall, they had very limited knowledge of the housing targets contained in the Framework's Action Plan.
- 1.13** The role of housing associations is becoming increasingly important as they increase both in number and size, and they now manage a significant proportion of the social rented housing stock in Wales. However, the Assembly Government's Regulatory Code

<sup>7</sup> Welsh Assembly Government, *Preparing Local Housing Strategies 2007 – Revised Guidance to Local Authorities in Wales from the Welsh Assembly Government*, October 2006



for Housing Associations made no reference to the National Service Framework, even though housing associations were specifically identified in the Framework as having responsibilities for delivering its commitments with their local authority partners. The Code simply required associations to make housing available for people who had support needs and to ensure people had access to appropriate services. It did not identify any of the Framework's targets as commitments that housing associations should be engaged in delivering.

## **The Assembly Government had been ineffective in monitoring the delivery of the National Service Framework's housing targets**

- 1.14** The Framework makes clear that the Assembly Government, NHS organisations, local authorities and the voluntary sector have responsibility directly, and in partnership, for delivering the targets. Some actions were to be included within established planning cycles. For example, Key Actions 9A and 9B suggested that local authority Supporting People Operational Plans and local Homelessness Strategies should include evidence of the incorporation of mental health needs into their broader assessments of housing and support priorities. Other actions were to be implemented through specific outputs, such as the production of protocols. Although the Framework was unclear about which agencies would have responsibility, it identified that this work would be conducted 'locally'.
- 1.15** We found that only seven local authorities had produced action plans that captured all of the Framework's housing-related targets. In two authorities, none of the housing targets were included in their action plans. The dates of the most recent updates of action plans ranged from April 2006 to March 2009, which suggested that implementation was not being actively managed in many local authority areas (Figure 4).
- 1.16** The National Service Framework identified that local authorities, local health boards and the three regional offices of the Assembly Government would be responsible for overseeing the performance management of the Framework. However, the Framework did not explain how this would work and it contained no reference to how the delivery of individual actions would be reported and to whom, how often progress reports were to be produced, or what the lines of reporting at a local and national level were to be to ensure clear accountability for delivering actions and assessing performance.
- 1.17** The Assembly Government's monitoring of performance has been ineffective. Local authorities were required to produce quarterly self-assessment reports of progress against the targets. However, we found only very limited evidence of agencies submitting reports and, where reports were submitted, it was only on an exception basis, where targets had not been met. The information contained in the reports we examined was not comprehensive in coverage and did not link directly to the Framework's targets, thereby making an assessment of progress against the targets difficult to determine. We also found that the reports received by the Assembly Government were not subject either to independent scrutiny to determine their

**Figure 4 - Summary of housing coverage in local National Service Framework action plans**

Local authority	Last update	Housing targets coverage
Blaenau Gwent	January 2008	Only eight of the nine targets were included
Bridgend	2008-09	Broad areas for action were included that relate to some of the specific targets
Caerphilly	June 2007	Only six of the nine targets were included
Carmarthenshire	March 2009	All nine targets were included
Ceredigion	December 2008	All nine targets were included
Flintshire	September 2008	All nine targets were included
Monmouthshire	Undated	Only seven of the nine targets were included
Neath Port Talbot	January 2007	Broad areas for action were included that relate to some of the specific targets
Newport	2006	Only two of the nine targets were included
Pembrokeshire	March 2008	All nine targets were included
Powys	April 2006	Only four of the nine targets were included
Swansea	July 2008	All nine targets were included
Torfaen	January 2009	None of the housing targets were included
Wrexham	2008-09	None of the housing targets were included
Joint action plan produced covering Isle of Anglesey and Gwynedd Councils	2006	Broad areas for action were included that relate to some of the specific targets
Joint action plan covering Conwy and Denbighshire	2006	Broad areas for action were included that relate to some of the specific targets
Joint action plan covering Cardiff and the Vale of Glamorgan	April 2006	All nine targets were included
Joint action plan covering Merthyr and Rhondda Cynon Taf	May 2007	Only two of the nine targets were included

Source: Wales Audit Office, Adult Mental Health Study Fieldwork, January – April 2009



reliability or to challenge, and we found no other evidence of the Assembly Government chasing local agencies to evaluate progress in delivering the targets relating to Key Action 9.

- 1.18** Local authorities submitted their progress reports to the Assembly Government's Department for Health and Social Services and not to its Housing Directorate. The Assembly Government's Housing Directorate was not actively monitoring delivery of the Framework. Officials in the Housing Directorate we interviewed considered the Framework to be a health document that contained health-specific targets, and consequently, it was not a priority for the Housing Directorate. As a result, the Housing Directorate had not taken any action to ensure local authorities and housing associations were held to account in delivering the Framework's housing targets.

## Part 2 – Strategic planning of housing and support services for people with mental health needs has remained of poor quality, largely because of inadequate analyses of the need for services and ineffective joint planning between local partners

### There were weaknesses in the information used to plan and commission supported housing services

**2.1** The Supporting People programme seeks to enable people to live independently, avoiding admission to institutional settings such as hospital or prison, or a life on the streets. It also helps people to move from institutions to more cost-effective, appropriate, safe and stable homes in the community through the provision of services such as:

- a** helping to set up a home and deal with landlords;
- b** managing finances and applying for benefits;
- c** developing independent living skills and offering emotional support;
- d** gaining access to other services such as health, social care, education and training; and
- e** helping to make homes safe and secure.

**2.2** Information on planning new supported housing for all vulnerable groups, including those with mental health needs, is set out in local authorities' Supporting People Operational Plans. The Assembly

Government's guidance<sup>8</sup> sets minimum requirements for local authorities to comply with, using a Needs Mapping Exercise model. The purpose of the model is to provide a broad picture of accommodation-related support needs. It is focused on aggregating individual needs, where those needs are determined by the individuals themselves, in a way that allows authorities to develop strategic and operational plans for supported housing.

**2.3** The information collated by the Needs Mapping Exercise was intended to be used by local statutory agencies and the Assembly Government:

- a** as a transparent system for revenue and related capital allocations;
- b** as a consistent approach which allows the comparison of data from all parts of Wales;
- c** to ensure equitable provision of services for service users; and
- d** to highlight unmet need.

**2.4** During the first half of 2009, we examined each local authority's Supporting People Operational Plan and interviewed staff responsible for coordinating and commissioning supported housing services. We identified weaknesses in the quality of data on needs in three-quarters of plans, and

<sup>8</sup> Welsh Assembly Government, *Guidance to Local Authorities on the Arrangements for the Implementation and Administration of Supporting People in Wales*, February 2003



concluded that the Needs Mapping Exercise model was not being used effectively to plan new supported housing services in Wales.

- 2.5** We found that the data on the need for services was not kept up to date and that data entry and/or assessment backlogs existed in a number of local authorities. Some authorities continued to operate manual systems for collecting and managing data on needs. Where IT systems were in place, we found that many were not integrated with social care and health systems, and there was limited linking of housing-related needs data to social care and health needs assessment approaches, such as unified care assessment and care patient assessment.
- 2.6** In addition, 11 of the 22 local authorities had not analysed whether returns were provided by all relevant agencies, such as mental health support providers or housing associations, to ensure that a full picture of support needs was captured. Also, there was no assessment in these 11 authorities of their needs data returns to ascertain if any client groups, including homeless people and those with mental health needs, were under-represented.
- 2.7** Many agencies refused to use the Needs Mapping Exercise process because they considered it to be too bureaucratic, particularly the requirement to complete detailed and often complex manual assessment forms. We identified examples of non-participation by probation, health and social services across Wales. Despite this, we also identified some examples of double counting of individuals with support needs, with some clients counted several times because they had been referred by different agencies. We did, however, identify some positive examples of effective joint working to assess needs (Case Study 1).

### Case Study 1 – Swansea City Council

Swansea City Council's OASIS project had an Accommodation Development Officer based in the NHS trust, funded by the local health board. The officer acted as a central referral point for care co-ordinators, mental health supported accommodation services, Supporting People services, and private sector residential care providers. The Oasis co-ordinator was responsible for matching specialist support and accommodation to service users' needs, and had a key strategic planning role in identifying levels of unmet need.

*Source: Swansea City Council*

- 2.8** In addition to shortcomings in the assessment of housing-related needs in Supporting People Operational Plans, four of the 22 local authorities were not updating their Plans on an annual basis, even though this was a requirement of the Assembly Government's guidance. Overall, therefore, the needs data were not robust and were not a reliable basis for allocating resources, at either a national or a local level.
- 2.9** Despite limitations in the quality of the data, local authorities provided a wealth of information to the Assembly Government through their Supporting People Operational Plans. However, we found that the Assembly Government had not undertaken any strategic assessment of the Plans, to identify the national picture of supported housing demand and supply in order to inform future policy decisions on national supported housing priorities. Such an assessment would also have helped the Assembly Government to identify areas for improvement in planning and commissioning new supported housing services by local authorities, and provided evidence to support the introduction of improved guidance to address these limitations. The Assembly Government told us that recent information from Supporting People Operational Plans and a wide range of

other information had informed an independent review of the Programme that was commissioned by the Assembly Government.

- 2.10** A consequence of these weaknesses was the risk of skewed planning priorities because some needs groups would have been identified as priorities, to the detriment of others, on the basis of flawed and inconsistent data. This was compounded by authorities not supplementing the Needs Mapping Exercise data with demographic, social or health data, which would have helped them to address gaps in the information required to establish a more comprehensive picture of needs.

## Joint planning of supported housing services between local health, social care and housing service providers was not always effective

- 2.11** The importance of effective inter-agency working in the provision of housing services, between health, social care and housing service providers, was recognised by the Assembly Government in a Welsh Health Circular in November 2007<sup>9</sup>. The circular acknowledged the essential role that housing services have in supporting the well-being and safety of vulnerable people, and the most effective inter-agency planning groups share knowledge and experience to support strategic decision making to deliver the best solutions for local people.

- 2.12** The number of vulnerable people needing to be housed has increased as the policy of care in the community has replaced institutional care, and as advances in medical science make it possible for people with complex social and medical needs to live in the community<sup>10</sup>. Even those with the most acute needs can now be provided with a care package to enable them to live in the community, but this often depends on them having a suitable home.

- 2.13** Many people with low level mental health needs are not entitled to specialist support from health or social services, but still rely on services provided by housing organisations and supporting people services. These include community-based landlord services, such as caretakers, wardens and tenancy support officers. For these services to be tailored effectively to clients' needs, health and social care considerations need to be fully integrated into the planning of housing and support services.

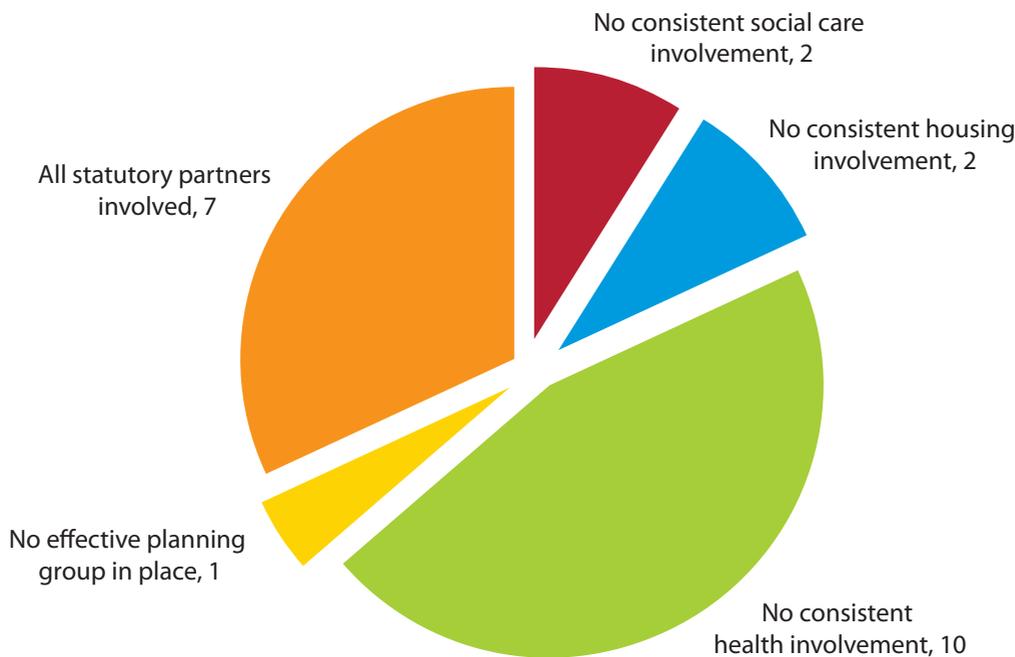
- 2.14** We found, through our interviews with local authority housing staff, that the nature and extent of multi-agency working to address the housing and support needs of people with mental illness varied significantly across Wales. Supporting People planning groups in only a third of local authorities had representation from health, housing and social care to support joint planning and commissioning. Planning groups in 10 local authorities had no effective input from local NHS bodies, and the planning groups in four local authorities either had no input from housing or no input from social care. In Powys, there was no joint commissioning or planning group in place (Figure 5).

<sup>9</sup> Welsh Assembly Government, *Circular WHC (07)067: Health, Social Care and Well-being – how housing contributes and the need for joint planning*, November 2007

<sup>10</sup> British Medical Association, *Housing and Health: building for the future*, May 2003



**Figure 5 - Extent of participation in Supporting People planning groups**



**Note**

By 'consistent' we mean ongoing and regular involvement from an agency/agencies in attending and contributing to decision making at a majority of Supporting People Planning Group meetings.

Source: Wales Audit Office, Adult Mental Health Study Fieldwork, January – April 2009

**2.15** The recent organisational restructuring within the NHS and the transfer of housing stock from local authorities to housing associations have exacerbated the difficulties in establishing effective joint planning. Also, many people working in health and many people working in housing did not have a good understanding of the constraints and challenges each other faced.

**2.16** Local authority housing staff we spoke to told us that housing services remained peripheral to both the framing of local policy and in joint working arrangements between health and social care, and were often overlooked in planning and commissioning discussions. In some instances, housing staff we

interviewed felt there was a lack of political or managerial priority given to making inter-agency working effective. For example, while a number recognised the importance of establishing links between health and housing, they felt that the lack of time and resources was an ongoing constraint.

**2.17** Other agencies, such as housing associations and support providers, also told us that their roles in delivering solutions were not being fully recognised by health and social care services. These other agencies had an inconsistent and varied involvement in commissioning and planning discussions across Wales.

**2.18** Different statutory agencies had different priorities. For example, the priority given to reducing waiting lists for acute health treatment potentially overrides longer-term commitments to improving community care, where housing and support providers have an involvement<sup>11</sup>. This was despite the recognition by the Assembly Government in its Circular WHC (07)067 of the importance of making the connections between housing and health nationally and locally to deliver joined-up solutions to meet the needs of vulnerable people with mental health needs<sup>12</sup>.

**2.19** These findings were echoed in a 2006 study on homelessness and health care in Wales which found that the strategic links between health bodies and the homelessness sector were poor in many areas<sup>13</sup>. The study showed that fewer than a quarter of local authorities had a local health board representative regularly attending their local homelessness forum, and in fewer cases still did a representative of the homelessness sector sit on the local health board. However, although joint working to plan and commission supporting housing services for people with mental health needs was ineffective in many areas, we did identify some effective joint planning approaches that were producing good outcomes for service users (Case Study 2).

### Case Study 2 – Pembrokeshire County Council

Pembrokeshire County Council's Supporting People and Social Services teams, in conjunction with the local health board, hold statistical data that evidences the positive impact over the last six years of the well-being agenda in reducing hospital admissions for adults with mental health needs. The agenda was focused on community provision of services using Supporting People funds, and the data was shaping the Council's Supporting People Operational Plan and the strategic direction of the provision of services for people with mental health needs in Pembrokeshire.

*Source: Pembrokeshire County Council*

<sup>11</sup> National Housing Federation, *Crossing the housing and care divide*, 2001

<sup>12</sup> Welsh Assembly Government, *Circular WHC (07)067: Health, Social Care and Well-being – how housing contributes and the need for joint planning*, November 2007

<sup>13</sup> Homeless Link Cymru, *Homeless people's healthcare needs and access to healthcare provision in Wales*, April 2006



## Part 3 – In many parts of Wales, some people with low-level mental health needs continued to face difficulties in accessing suitable housing and related services

### Following the implementation of the Homelessness Act 2002, the number of people accepted as homeless by local authorities has reduced in recent years

- 3.1** Our baseline review had identified a number of difficulties being experienced by people with mental health needs who were also homeless. Specific service initiatives targeted at homeless people with a mental health problem had been developed in very few parts of Wales, and a number of local authorities were using temporary bed and breakfast accommodation for people with emergency housing needs who were waiting for a mental health assessment.
- 3.2** We considered whether there had been an improvement in services for homeless people with a mental health need who were seeking accommodation. We found that, since the baseline review, local authority returns had shown a significant reduction in the number of people accepted by local authorities as homeless and to whom they owed a duty to secure permanent housing:
- a** the number of homeless acceptances had fallen from a high of 9,856 in 2004-05 to 5,866 in 2008-09;

- b** the number of homeless people with a mental illness accepted as eligible, in priority need and with a local connection had reduced from a high of 670 in 2004-05 to 339 in 2008-09;
- c** the number of homeless households placed by local authorities and living in temporary accommodation had fallen from a high of 4,054 in quarter two 2005-06 to 2,567 in quarter two 2009-10; and
- d** the number of households placed in bed and breakfast had fallen from a high of 879 in quarter two 2004-05 to 233 in quarter two 2009-10<sup>14</sup>.

- 3.3** These reductions were associated with the ongoing implementation of the Homelessness Act 2002, which required local authorities to prevent homelessness from occurring wherever possible. This often meant that some people did not present to a local authority as homeless because the authority had prevented homelessness by offering alternative solutions such as the provision of bonds<sup>15</sup>, use of tenancy support or mediation. The prevention of homelessness often resulted in a more beneficial outcome for the homeless person as it avoided the investigation process<sup>16</sup>, rehousing in temporary accommodation and having to wait for an offer of permanent housing.

<sup>14</sup> Local Government Data Unit, Local Authority Homelessness Performance Indicator Returns 2005-06 to 2009-10

<sup>15</sup> Bonds may be offered to a landlord by a local authority or voluntary sector agency and commonly cover damage, loss of rent or both to a maximum liability. The bond is a written guarantee, replacing the traditional cash payment for a deposit on a private tenancy. If, at the end of the tenancy, the tenant leaves having damaged the property or the fixtures and fittings, the landlord will be reimbursed up to the value of the bond.

<sup>16</sup> Homeless investigation is the process by which a local housing authority carries out its statutory duties to determine whether someone is homeless or threatened with becoming homeless by considering whether the person is eligible for assistance, in priority need, intentionally homeless and has a local connection with the local authority area.

## Some services for homeless people with mental health needs have not improved

**3.4** Although the number of homeless presentations and acceptances has reduced, we identified ongoing difficulties being experienced by some vulnerable homeless people that suggested that some services had not improved.

**3.5** A key issue of concern in our baseline review was the impact of poor quality temporary accommodation, especially bed and breakfast, on homeless people with mental health needs. Following our baseline review, the Assembly Government introduced the Homelessness (Suitability of Accommodation) (Wales) Order 2006. This set minimum quality and management standards for all temporary accommodation, including:

- a** a requirement that the proprietor and/or manager of a bed and breakfast establishment be a fit and proper person able to manage the property in line with the expectations of the 2006 order;
- b** minimum physical standards to be met in the provision of temporary bed and breakfast accommodation, including space standards for sleeping accommodation, heating, storage, preparation and cooking of food and toilet and washing facilities; and
- c** higher management standards that set out minimum health and safety requirements and information standards for proprietors and/or managers to comply with.

**3.6** We found that some local authorities had established systems to assess temporary accommodation, especially bed and breakfast, to ensure only establishments that met the minimum prescribed standards were being used. However, there was no requirement that these assessments should be subject to independent verification, their robustness varied and they could not be relied upon to ensure all establishments met the minimum standards.

**3.7** Half of local authorities were still regularly using out-of-county placements as temporary accommodation for some homeless people because of a lack of suitable accommodation within their areas. The full extent of the use of out-of-county placements remains unknown as authorities are not required to report on the numbers they place out of county. We found that the placements were frequently located far from a homeless person's social networks and familiar surroundings (**Case Study 3**).

### Case Study 3 – Blaenau Gwent County Borough Council

A young single man was discharged from prison and received support from the National Probation Service to present as homeless to a local authority. The client was accepted as homeless and in priority need, and was offered temporary accommodation. However, the local authority offered interim accommodation out of county. This was despite the probation service expressing serious misgivings because of the client's mental illness and history of self-harming, as well as alcohol and drug misuse in the past. The placement was also made without any risk assessment to identify the specific needs of the client. Shelter Cymru was engaged by the probation service and wrote to the client's doctor to gather detailed evidence of his medical problems and vulnerability. Concern was expressed at the accommodation offered but the local authority remained of the view that it was suitable for the individual. Eventually, Shelter Cymru threatened a judicial review and applied for legal aid, whereupon the local authority changed its decision and rehoused the client at its own hostel within the local authority area.

*Source: Wales Audit Office fieldwork 2009-10*



- 3.8** Lengthy stays in temporary accommodation can create problems that worsen the vulnerability of the people in question, and do not help them to make the transition from homelessness to normal day-to-day living. In one local authority, we found a homeless client with mental health needs who had been occupying temporary accommodation for three years, and more than 20 other cases where homeless people had been in occupation for more than a year.
- 3.9** The Homelessness (Suitability of Accommodation) (Wales) Order 2006 does not include any information to help local authorities to assess risk and manage high-risk clients. Client risk assessment and risk management should be at the core of decision making in allocating temporary accommodation to vulnerable homeless people. It enables local authority staff to make appropriate, safe and secure decisions in a structured and informed way that protects both the individual being placed and those who will live with and come into day-to-day contact with them.
- 3.10** We found that 13 of the 22 local authorities had no documented approaches to risk assessment to enable them to make consistent, informed and safe placements in temporary accommodation. However, some authorities, such as Cardiff City and County Council, had developed effective approaches to managing risk and prioritising client placements (**Case Study 4**).
- 3.11** In some local authorities, housing staff were still experiencing difficulties in accessing information held by other statutory agencies on the specific needs of homeless clients to enable the effective planning of housing

### Case Study 4 – Cardiff City and County Council

Cardiff Council has a specialist Housing Safety Unit to inform and carry out duties related to Exclusion, Multi-Agency Public Protection Arrangements and the housing element of resettling and managing offenders in the community.

This team worked closely with statutory partners and the voluntary sector and provided a focus in Cardiff for both providing services related to offenders and as a focus for policy and practice with all landlords and agencies. The Housing Safety Unit comprised of four officers. Two officers worked full-time on Exclusions and two officers were seconded to the Multi-Agency Public Protection Unit based with South Wales Police in Cardiff to assist in managing with high-risk offenders who fell within the ambit of the Multi-Agency Public Protection Arrangements.

*Source: Cardiff City and County Council*

services that took account of the clients' specific needs, including mental health needs. Common problems that arose as a result of this poor inter-agency working included unplanned discharge of patients from hospitals and ex-offenders from prisons, which was resulting in them having to present to a local authority as homeless and in acute need, with no pre-planning to accommodate their particular requirements.

- 3.12** In 2008-09, Shelter Cymru's Homelessness and Housing Advice service assisted a total of 6,785 households<sup>17</sup>. Of this figure, 1,490 households had identified that one or more members had a mental health problem, and there were 104 cases (seven per cent of all cases with a declared mental health need) where someone had left a hospital or a prison without adequate pre-planning (**Case Study 5**).

<sup>17</sup> Shelter Cymru, Homelessness and Housing Advice Casework Performance Information, 2008-09

## Case Study 5 – Cardiff City and County Council

A vulnerable tenant with mental health needs was sectioned in a hospital. The tenant's support worker assisted in providing the hospital with evidence of the client's poor living conditions to ensure hospital staff were aware of the tenant's circumstances and did not discharge back to the home.

The hospital subsequently discharged back to the home without first visiting the property or notifying the landlord or support agency. This placed the client at risk of further health and housing problems.

Source: *Cadwyn Housing Association*

- 3.13** Six out of the 14 local authorities for which we were able to obtain the relevant information had developed joint protocols with other statutory agencies on sharing data to ensure that homelessness staff had the right information coming through to enable quick and reliable decisions to be made. One authority had created specific posts to improve communication and liaison between agencies ([Case Study 6](#)).

## Case Study 6 – Rhondda Cynon Taf County Borough Council

Rhondda Cynon Taf County Borough Council has created, with the mental health charity, Gofal Cymru, two posts to assist the authority in managing its homelessness duties. One of the posts acts as the coordinating link between the local authority's homelessness service and local hospitals, whilst the other officer has responsibility to ensure effective joint working with the Community Mental Health Team. This has resulted in improved casework management, with the authority rarely having a problem of people being discharged without it being pre-planned, or of non-cooperation from community mental health teams in assessing clients. Both posts were co-located within the local authority's Housing Advice Centre, which also allowed for improved joint working through the integration of health and housing staff.

Source: *Wales Audit Office fieldwork 2009-10*

- 3.14** We examined how local authorities measured their performance in dealing with homelessness. We found that where performance information was collated, there were a number of concerns about its validity. For example, the Assembly Government required that homelessness returns identify the main reason for someone being assessed as having a priority need. However, as only one reason was recorded, there was no monitoring of the number of homeless people with multiple needs. This was despite our baseline study finding that people with a 'dual diagnosis' – for example, where a person was considered to have a mental illness and a substance misuse problem – faced significant difficulties accessing housing services. As a result, the returns did not identify all individuals with mental health needs.
- 3.15** National measures of repeat homelessness did not include incidence by client group or the reasons why someone was experiencing repeat homelessness. Consequently, the scale of repeat homelessness experienced by people with mental health needs was not being evaluated. The Assembly Government no longer collects data on repeat homelessness and the scale of repeat homelessness is unknown.
- 3.16** Performance information collated by Shelter Cymru<sup>18</sup> in respect of its homelessness and housing advice services in Wales suggests that there remained significant issues of repeat homelessness for people with mental health needs. In 2008-09, Shelter Cymru assisted a total of 6,785 households of which 16 per cent (1,109) had been homeless on more than one occasion in the last two years. For those with a mental health need, the figure was proportionally higher at 33 per cent (461 households).

<sup>18</sup> Shelter Cymru, Homelessness and Housing Advice Casework Performance Information, 2008-09



**3.17** We also found that some authorities were selecting priority need categories other than mental illness when determining a homelessness application in order to improve the chances of the homeless person being able to access specialist schemes, both in temporary accommodation and permanent supported housing. This is because, for example, in some authorities a homeless applicant classed as being vulnerable due to domestic violence or substance misuse would have a better chance of securing a place in a women's refuge or specialist treatment unit than if he or she had been classed as vulnerable due to mental illness. This had the effect of under counting the number of homeless people with a mental health need because it was easier to address their needs if they were classified as vulnerable on other grounds.

## People with mental health needs were still facing difficulties accessing and maintaining social housing

- 3.18** Social housing landlords have a central role to play in supporting vulnerable people to live independently in the community. It is important, therefore, that landlords ensure that policies and procedures are in place that support vulnerable people to access and maintain housing, and that services are tailored to someone's vulnerability and his or her particular needs.
- 3.19** We found that no local authority in Wales had formal policies on tailoring services to ensure vulnerable people were supported to utilise services and exercise their rights. This often resulted in some service users not being able to exercise their rights at all (**Case Study 7**). We also identified some local variations within

### Case Study 7 – Wrexham County Borough Council

A 50 year old deaf homeless lady with chronic depression, who was unable to read or speak and used sign language to converse, was not accepted as homeless by Wrexham County Borough Council. The Council did not recognise the huge ramifications of her not being able to read and speak and she was unable to convey her vulnerability to them. She required the assistance of an interpreter at all times, as she has to rely on sign language and could not deal with simple everyday tasks. No support was provided by Wrexham to assist her in either exercising her rights to apply as homeless or in securing appropriate housing to address her vulnerability. The homeless person was told to return to an authority in England where she previously lived to resolve her housing situation which resulted in her being placed in a neighbouring county. She was subsequently relocated to bed and breakfast accommodation within the Wrexham area but had still not secured permanent housing.

*Source: Wales Audit Office fieldwork 2009-10*

an authority in the services delivered by individual officers to address the specific needs and requirements of vulnerable people. These variations increased the risk of residents with similar needs receiving different standards of service from the same organisation because services were not standardised or applied consistently.

- 3.20** Our March 2009 report summarising the key findings from our inspections of housing associations<sup>19</sup> found that housing was not always made available to people with a support need, and the tailoring of services to particular needs was not always evident. Associations provided a wide range of specialist housing and some had effective approaches to meet the needs of vulnerable people. However, others did not have effective systems for identifying and assessing the needs of vulnerable tenants and providing effective support to them. The effective tailoring of services was further limited by the underdevelopment of tenant profiles.

<sup>19</sup> Wales Audit Office, *Lessons from Inspection Housing Association Inspection 2005-2008*, March 2009

**3.21** Our survey of mental health service users found that more than six per cent of respondents had been refused housing because of their mental health problems. Those saying they had been refused housing were relatively evenly spread across local authorities, housing associations and private rented sector homes. Their difficulties in accessing housing were confirmed by our fieldwork, which established that some social housing providers still excluded vulnerable people from permanent housing rather than using suspensions<sup>20</sup>. We found that eight local authorities operated exclusion schemes even though guidance from the Assembly Government recommends that suspensions should be used in place of exclusions<sup>21</sup>.

**3.22** The Regulatory Code for Housing Associations includes some standards for access to housing by, and tailoring services for, vulnerable people. However, these standards were insufficiently robust to safeguard vulnerable people. For example, under the lettings section of the code, landlords were required to achieve a balance between meeting needs, ensuring community sustainability and fairness in their allocation decisions. And, whilst housing associations were required to keep restrictions on access to their housing to a minimum by keeping waiting lists open, they also operated suspensions or exclusions schemes<sup>22</sup>. Research undertaken by the Chartered Institute of Housing<sup>23</sup> on the impact of exclusions has identified a number of examples where vulnerable people experienced difficulties when applying for housing. The research showed that people

with mental health problems, people with learning difficulties and young people were the groups with support needs most likely to be excluded from social housing waiting lists.

**3.23** The Regulatory Code for Housing Associations has recently been replaced by a new Regulatory Framework of which delivery outcomes are a core component. The Assembly Government is working with housing associations as they self-assess themselves against the outcomes. At this time there has been no assessment by the Assembly Government of the performance of housing associations against the new standards

**3.24** A vulnerable person's ability to secure social housing can be affected where a local authority has transferred its housing stock to a housing association. Research by the Scottish Council for Single Homeless<sup>24</sup> in 2008 found that in Scotland and England, tensions often emerged around the differences in arrangements for allocating housing. This research identified that in most local authority areas in Scotland and England, tensions were reported around the management of nominations<sup>25</sup> and referrals between local authorities and housing associations. These difficulties caused blockages in access to permanent housing for vulnerable homeless people, which consequently resulted in an increase in temporary accommodation usage and costs for local authorities. These concerns were echoed in a Shelter Cymru briefing paper<sup>26</sup>.

20 Suspension is the practice where an application for housing is held inactive until it is reactivated at a point time or for a specified reason. Exclusion is the practice where an applicant is automatically banned from the housing waiting list if they meet defined criteria. The exclusion is not time-based or subject to ongoing review and can last forever.

21 Welsh Assembly Government, *Code of Guidance for Local Authorities on Allocations and Homelessness*, April 2003

22 Welsh Assembly Government, *Regulatory Code for Housing Associations Registered in Wales*, March 2006

23 Chartered Institute of Housing Cymru, *Am I on the list? Exclusion from and reinclusion on social housing waiting lists*, May 2008

24 Scottish Council for Single Homeless, *Managing Homelessness Without Housing: Homelessness Services After Stock Transfer*, May 2008

25 A nomination is the practice whereby a local authority recommends applicants from its waiting list to be considered for rehousing to an empty housing association property.

26 Shelter Cymru, *Homelessness and Stock Transfer: A discussion briefing*, September 2005



**3.25** Interviews with local authority staff pointed to weaknesses in how agencies work together to ensure people with mental health needs accessed housing services. Housing staff in only two of the 22 authorities believed there was effective working between statutory sector organisations to plan and deliver joined-up services to meet the needs of vulnerable people. In 12 authorities, staff felt that there were both strengths and weaknesses in how agencies worked together, but in eight authorities it was felt that there was no effective joint working. Our survey of people with mental health needs found that 30 per cent said they had received sufficient help from health and social services with their housing and other accommodation needs; 36 per cent said they did not need help; and 23 per cent said they would have liked help but had received none. The importance of effective inter-agency working between health, social care and housing is also critical in enabling vulnerable people to maintain their tenancy and make the transition to normal living (**Case Study 8**).

### Case Study 8 – Carmarthenshire County Council

A homeless person with significant mental health needs was allocated a tenancy after being accepted as a person to whom the local authority owed a housing duty. Whilst there was recognition of the client's vulnerability, no tenancy support was organised and put in place despite housing officers being aware of the client's needs and the previous involvement of social workers in assisting the individual. The tenant subsequently experienced difficulties in managing the tenancy and was at risk of losing his home, but no referral to or liaison with social services took place to identify and address the tenant's support needs.

Source: Wales Audit Office fieldwork 2009-10

## The scale and extent of the housing difficulties experienced by vulnerable people with mental health needs is unknown

- 3.26** Nationally, there is a range of housing performance measures in place that broadly relates to:
- a** landlord performance in respect of tenant participation, repairs and maintenance, lettings and empty homes management in both the local authority and housing association sectors;
  - b** homelessness and housing advice;
  - c** private sector renewal activity;
  - d** new build, demolitions, right to buy and sales;
  - e** possessions and evictions; and
  - f** supporting people services.
- 3.27** We found, however, that none of the core housing management data sets included specific measures relating to housing and mental health, very limited information is produced specifically on services for people with mental health needs, and there was no requirement for either local authorities or housing associations to measure and report their performance in respect of people with mental health problems. For example, there was no information available on the number of people excluded by landlords from accessing social housing, the reasons for exclusion or the specific circumstances of those excluded, including whether the individual had a mental health problem.

We also found there was no information available on tenancy turnover by client group. The Assembly Government did collate data on possessions and evictions, but it was unable to identify whether the tenant being evicted or having his or her home repossessed was vulnerable or had particular support needs. It was not possible, therefore, to determine the scale of problems experienced by different groups of vulnerable people, including adults with mental health needs, and to determine whether housing services for them had improved since the baseline review.



## Appendix 1 – The Revised National Service Framework for Adult Mental Health (2005): housing targets

- 1** Key Action 9 sets nine specific housing targets for delivery by April 2010 and the systems to be used to monitor their progress and achievement. Key Action 9 says that:  
  
'Each Local Authority area are to ensure there is a range of housing options with appropriate levels of support available for people with mental health problems by end 2009/10. They should work in tandem with Registered Social Landlords (RSLs) – Housing Associations – and the private (and private rented) sector to fulfil this aim.'
- 2** Forming and delivering effective local housing strategies, local homelessness strategies and Supporting People operational plans requires effective joint working between health and housing and social care agencies. This will necessitate health representation on local housing strategy and homelessness strategy partnerships and on Supporting People planning groups. The strategic approach should then be reflected in the operational and business plans of local authority housing services and RSLs and local health bodies.
- 3** 9A – Housing options are to range from 24-hour staff support to floating and low-level support for individuals in the community with equality of access to mainstream housing opportunities. The housing options are to be provided in collaboration with the independent sector and other partners:
  - a** 9A1 – Peripatetic 'floating' housing support in place – March 2006.
  - b** 9A2 – LA/LHB to undertake gap analysis of local supported housing need – March 2007.
  - c** 9A3 – LA to develop a strategic plan – October 2007.
  - d** 9A4 – Complete supported housing developments in response to local plan – April 2010.
- 4** 9B – Services are to be provided for homeless people with mental health problems which identify and meet their care and support needs:
  - a** 9B1 – LA/LHB to develop mechanisms to deliver supportive outreach – March 2007.
  - b** 9B2 – LA/LHB to ensure access to services for homeless people with mental health problems – March 2008.
- 5** 9C – Teams admitting people to hospital are to work with housing agencies to ensure that people will not be homeless following discharge, and that their housing situation does not undermine their recovery:
  - a** 9C1 – LAs/LHB/NHS trusts to have included tenancy maintenance issues in its CPA guidance of during hospital admission – March 2006.
  - b** 9C2 – LAs/LHBs/NHS trusts to include housing need as part of inpatient assessments and discharge plans – March 2006.
  - c** 9C3 – LAs/LHBs/NHS trusts to develop joint working protocols – March 2007.

## Appendix 2 – Study methods

### Document review

- 1 We carried out an extensive review of documents related to housing and mental health, within each local authority and at a national level. We reviewed individual authority National Service Framework action plans to determine progress in delivering the Framework's targets. We also reviewed a range of local policy documents including local authority Supporting People Operational Plans, local Homelessness Strategies and local Housing Strategies. In addition, we reviewed the Assembly Government's national policy framework for mental health and housing matters and reports from research conducted both within Wales and across the United Kingdom. These included:
  - a Welsh Assembly Government, *Guidance to local authorities on the Arrangements for the Implementation and Administration of Supporting People in Wales*, February 2003
  - b Welsh Assembly Government, *Code of Guidance for Local Authorities on Allocations and Homelessness*, April 2003
  - c British Medical Association, *Housing and Health: building for the future*, May 2003
  - d Welsh Assembly Government, *Housing Research Report HRR 5/03: Homeless People's Access to Medical Care and Support Services. A Review of the Literature*, September 2003
  - e Welsh Assembly Government, *Raising the Standard – The Revised Adult Mental Health National Service Framework and Action Plan for Wales*, October 2005
  - f Homelessness (Suitability of Accommodation) (Wales) Order 2006
  - g Welsh Assembly Government, *Regulatory Code for Housing Associations Registered in Wales*, March 2006
  - h Welsh Assembly Government, *Circular WHC (07)067: Health, Social Care and Well-being – how housing contributes and the need for joint planning*, November 2007
  - i Welsh Assembly Government, *Homeless and Vulnerable Groups Health Action Plan*, February 2008
  - j Chartered institute of Housing Cymru, *Am I on the list? Exclusion from and reinclusion on social housing waiting lists*, May 2008

### Surveys

- 2 We conducted a survey of people with mental health needs asking them to provide their views on the health, social care and housing services they receive. The survey was conducted in the autumn of 2009 and we received 310 responses. We received responses from people living in each of the 22 local authority areas; the number of responses from each area ranged from three people living on the Isle of Anglesey to 41 people living in Rhondda Cynon Taf.



## Data analysis

- 3 We carried out a detailed analysis of the Assembly Government's housing performance data regarding homelessness and mental health. This included relevant performance indicators collated and reported by the Local Government Data Unit.

## Semi-structured interviews

- 4 We conducted detailed interviews with key stakeholders in each of the 22 local authorities in Wales including chief housing officers, Supporting People managers, homelessness staff, allocations staff, team managers in social services, commissioning managers and other local authority officials.
- 5 We also interviewed:
  - a officials from the Assembly Government Housing Directorate who have responsibility for homelessness, supporting people and housing management;
  - b officials from the Assembly Government Health and Social Care Department;
  - c the Chief Executive of Gofal Housing Cymru, a leading housing and support voluntary sector group for clients with mental health needs in Wales, which works in at least half of local authority areas;
  - d the Director, Head of Advice Services and Operations Manager of Shelter Cymru;
  - e staff from three housing associations, including a support worker, a Housing Manager, a Director of Support Services and a Chief Executive; and
  - f through local focus groups, a range of voluntary sector agencies drawn from across Wales.

## Shared learning and good practice

- 6 Throughout our work, we sought to identify examples of innovative practice. Case studies giving details of our findings are included on our Good Practice Exchange website ([www.wao.gov.uk/goodpracticeexchange.asp](http://www.wao.gov.uk/goodpracticeexchange.asp)).