



Housing Associations and Mental Health support to tenants in Wales

Overview of Current Practice

Introduction

The relationship between housing and mental health is one that has been shown, in numerous studies, to have several causal links.¹ It is a relationship which is of particular interest when considering social housing, where research has demonstrated that mental health problems are likely to be more prevalent amongst social housing tenants than amongst homeowners.² Related is the link between reliance on (diminishing) welfare payments and mental health, with Reeves et al recently demonstrating that cuts to housing benefit have directly increased the prevalence of the symptoms of depression.³ For context, the number of Registered Social Landlord (RSL) tenants on housing benefit in Wales as at May 2016 was 99,530⁴, within 139,940 units of housing stock.⁵

A recently released Shelter Cymru report 'Accessing and Sustaining Social Tenancies: Exploring Barriers to Homelessness Prevention', which examines both Local Authority and Housing Association practice, raises some concerns with practices relating to the mental health of social housing tenants in Wales, stating that, of their sample group: *"it is overwhelmingly evident that there is a significant proportion of tenants who are incredibly vulnerable due to mental health issues"*.⁶ The report noted that *"in some cases, mental health conditions were not recognised by frontline staff, and in others, they were recognised but nothing was done as a result."* The report makes a recommendation that: *"All frontline housing professionals should have training in how to identify potential mental health issues (and make referrals to a relevant healthcare professional) and work sensitively with people with mental health conditions. Even in the absence of an official diagnosis, frontline staff should be sensitive to the tenant's predicament and signpost, or refer, where unmet support needs are suspected. We recommend that all frontline housing teams have a named*

¹ http://www.cieh.org/jehr/housing_mental_health.html

² Johnson R, Griffiths C, Nottingham T (2006) At home? Mental health issues arising in social housing. National Institute for Mental Health in England.

³ Reeves, et al. 'Reductions in the United Kingdom's Government Housing Benefit and Symptoms of Depression in Low-Income Households'

<http://aje.oxfordjournals.org/content/early/2016/09/08/aje.kww055.full>

⁴ DWP Stat-xplore <https://sw.stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml>

⁵ <http://gov.wales/docs/statistics/2016/160810-social-housing-stock-and-rents-31-march-2016-en.pdf>



mental health professional contact, as is the case for local authority Housing Solutions teams under the Welsh Government Mental Health Delivery Plan.”⁷

The instances of current practice laid out below demonstrate housing association staff delivering the type of sensitive work noted in these recommendations and there are many examples of partnership working with mental health experts to ensure the best outcome for the tenant. The case studies demonstrate an openness to collaborative approaches to mental health and we warmly welcome further cooperation with the health sector.

This report highlights examples of recent practice among housing associations in Wales, which benefits the mental health of members of the communities in which they work. The case studies, below, also provide examples of the types of interaction that frontline housing staff have with mental health professionals, showcasing some excellent partnership working and also examples of gaps in the current system.

The purpose of this document is to exhibit a range of practice undertaken by Welsh housing associations to ensure that tenants affected by mental ill health are able to access as much support as they need, whether that is provided directly or via a referral route provided by a partner agency. Fundamentally, we present this document to demonstrate that housing associations take the issue of tenant wellbeing very seriously and are committed to providing appropriate support for those within their communities who suffer from poor mental health. It is not an exhaustive overview of mental health practice among landlords, but is designed to inspire good practice across the sector.

In order to produce this report, CHC surveyed its members on their practices in regard to mental health with regard to the following specific areas:

- examples of policies which govern how tenants’ mental health issues are approached by staff;
- the support or signposting offered to tenants experiencing mental health issues;
- work alongside mental health focussed organisations;
- tenancy sustainment and mental health;
- examples of training offered to staff on recognising and supporting those with mental health difficulties.



The data used in this report was principally collated in August 2016. 15 housing associations provided responses to the survey and the case study information they supplied provides insight into some of the proactive approaches taken by Welsh housing associations.

Policies

The survey of CHC's membership revealed a range of approaches to internal policies on mental health. Gwalia, part of the Pobl group, highlight how all their policies are designed to be sensitive to the needs of tenants:

All of our policies relating to housing management functions and other related functions are configured to be sensitive to the needs to all customers including people suffering mental health problems. We are also governed by statutory requirements, in particular, those relating to 'proportionality' in legal proceedings and pre-action protocols.

Some, such as Mid Wales Housing, Merthyr Tydfil Housing Association and Tai Calon, have, or are developing specific policies, to support vulnerable tenants. Tai Calon state:

We have a Protection of Vulnerable Persons Procedure and also have Support Guidance which encapsulates key themes around choice and control, enabling the service user to be in charge of their life and have the support to make decisions. The ethos is to work holistically with tenants and they are very much involved with their goal setting. We encourage good, healthy relationships and emphasize the importance of listening so that tenants' needs are understood. We will provide our tenants with the right information on what they need to enable them to make choices.

Tai Calon are also taking proactive steps to understand the impact of the support they provide on tenants' mental health:



With support provided we will also be introducing the Warwick-Edinburgh Mental 'Well-being Scale' (WEMWBS) with the tenants.⁸ The wellbeing survey encapsulates how they have been feeling about their life over the past two weeks and the same survey will be asked at mid-point/end of support provided and we will be able to see if there is an increase in their mental wellbeing.

Others operate no specific policies, instead offering a tailored approach to supporting each tenant with their own individual needs. Wales and West, for example, state:

Whilst we have no specific policy for dealing with people with mental health issues, we work closely with the individual and support providers to attempt to sustain their tenancies and come to a mutual understanding of their needs. We do not operate a blanket system, but tailor our services to the needs of the individual, doing what's right for them, in their particular circumstances.

Charter, another member of the Pobl group, operate under a policy framework, called Cause for Concern, which ensures that tenants at risk, including those suffering from mental ill health, are supported appropriately:

In particular, we have a Safeguarding Framework, which forms Charter's overarching document around all adults and children at risk, as well as domestic abuse. Linking in with this we have set up our own internal process for staff and contractors to report concerns about adults at risk, which might include issues around mental health. The process is known as Cause for Concern, and allows a named group of staff to offer advice and support, where issues about mental health have been raised. Details are logged on a data base, which has been designed internally to meet our needs. All staff have received the training on how to report a cause for concern, and this training is reviewed annually.

Welsh homelessness organisation, Llamau, provided a response to the survey which detailed practices which will be of interest to housing associations when working to determine whether an individual is suffering from poor mental health:

A Knowledge Transfer Partnership between Llamau and Cardiff University produced a report entitled 'A Study of the Experiences of Young Homeless People' which

⁸ The scale and further information on its use is available at:
<http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>



highlighted an extremely high correlation between being a young person who has experience of homelessness with mental health issues, when compared to young people who have no experience of homelessness i.e. those able to continue living safely at home with family / parents, and the level of support available to them because of this. We developed a Mental Health Toolkit (based on one previously implemented by the Youth Justice Board). Parts 1 & 2 of this are for staff to use with service users / those coming for a support assessment as part of referrals processes. Part 1 is a first stage assessment of how mental health issues might be affecting an individual, and a score can be added up on the basis of the answers / information given. This score will determine whether there are any ongoing / more serious concerns around the individual and their mental health at that point in time, if there are, staff are requested to completed Part 2 of the Toolkit with the individual, and record all of the responses. The Toolkit has proved useful when staff have needed to support individuals to access mental health services e.g. via GP's in the first instance, as the health professionals and staff are using the same language, thereby reducing miscommunication. Some young people have also found it really useful, because at the point at which they are in crisis / depressed / anxious enough to see doctors / mental health professionals, they are probably at their least able to remember all of the little things which have caused them concern, and having it all written down in front of them can act as a prompt to make sure all relevant information has been handed over to the mental health support services, in order that decisions can be made by them about any support which could be available.

Llamau have given their permission for this toolkit to be shared with CHC members and it has been uploaded onto the CHC website.⁹ They have asked that if anyone intends to use it, that they first make contact with Sam Austin, Llamau's Deputy Chief Executive, who will provide guidance on getting the most from it.¹⁰

Updated guidance as to the responsibilities of creditors regarding mental health was released jointly by the Royal College of Psychiatrists and Money Advice Trust in November 2014.¹¹ This provides information on both the formation of policies for creditors and their practical application, which may prove useful for housing associations, whose activities often put them in the position of acting as creditors (whether dealing with rent arrears or leasehold loans, for example). Similarly, the Money Advice Trust released guidance for advice agencies when working with

⁹ <http://chcymru.org.uk/en/publications/mental-health-and-housing/>

¹⁰ Sam can be contacted on 02920 239585 or samaustin@llamau.org.uk

¹¹ <http://www.arunchichestercab.org.uk/media/1287/12-steps-mental-health-nov-14.pdf>



vulnerable clients, which will be of similar value to housing associations.¹² Particularly valuable in this document is a section on how to comply with Financial Conduct Authority guidance, which states that any client with a mental capacity limitation may be particularly vulnerable to detriment and, therefore, the FCA requires any organisation which it regulates to establish clear and effective procedures to identify and support those with mental health/ capacity issues. While not all Housing Associations are FCA regulated, this guidance will prove useful for those who are, to ensure compliance.

Support and Signposting

All of CHC's members who responded to the survey offer some form of signposting for tenants experiencing mental health issues. In some cases this is to an internal service; Hafod Housing Association for example will refer inwards to their Hafod Care service, where appropriate. Respondents provided examples of external organisations to whom they will signpost, as well.

There are numerous examples of organisations treating the issue in the round, as part of a wider approach to ensuring tenants are happy, healthy and in a good position to sustain their tenancies. Newydd, for example, provide a preventative approach to mental health issues by minimising isolation and giving tenants the opportunity to improve their physical health, both of which have been proven to lead to improved mental health.¹³¹⁴

"We offer a wide range of activities which supports tenants who are experiencing mental health issues. This includes emotional wellbeing training, food initiatives including cooking, food banks etc. We also provide activities to reduce social isolation such as coffee mornings and parent and toddler groups. As well as this we offer a variety of physical activities, all of which are free to access. We also complete floating support referrals to supporting people where appropriate. We have established good links with mental health support teams such as Mind and the Amy Evans centre in Barry. Where appropriate we also make contact with social services and complete POVA referrals when necessary.

¹²<http://www.moneyadvicetrust.org/media/news/Documents/Vulnerability%20Guide%20for%20Advisers.pdf>

¹³ <https://www.rethink.org/about-us/health-professionals/physical-health-why-it-matters>

¹⁴ <http://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/>



Gwalia also consider the issue in a holistic fashion, as part of a wider wellbeing agenda:

Depending on the circumstances, we will engage with the health service, social services and specialist or non-specialist support agencies. The vast majority of this work has nothing to do with tenancy enforcement or legal proceedings. In fact, those issues are exceptions. We seek to identify and assist with mental health issues from application stage all the way through our interactions with our customers. It is our mission and business to ensure that wherever possible, we help people to lead happy fulfilling and successful lives. This includes helping people to address and overcome health issues. An important part of this is the way in which we set out to deliver housing management services and partnership working with support agencies.

Charter provided a detailed response as to their signposting practices:

All new tenancies are assessed for support needs, and mental health is one of the triggers for a referral to the settlement team.

Within the ASB team we have an Assertive Outreach Case Manager, who can offer support to perpetrators, or victims of ASB.

The Crisis team carry out detailed 2 page assessment on mental health and then use this to sign post to external agencies, as well as offering help and support during the period of their involvement. The crisis workers also act as advocates at GP appointments, attend Mental health assessments, and will write to GPs re concerns, if necessary. We also consider the '5 steps to take control of your life', signposting tenants to this.

The verification form used by our Lettings Team for new tenants covers aspects of mental health, which can then be used to sign post to internal or external agencies.

We are currently running a mental health project in partnership with Gofal, called the Pathways Project, which gives those suffering from mental health an opportunity for support and guidance if they wish to retrain or access work or education. We are



also running a project known as Employability to help people with mental health issues access work.¹⁵

Some noted in their responses difficulties with securing appropriate engagement from partners. Wales and West, for example, stated:

“More than simply signposting residents, we will help them to obtain support and will continue to work with them until we are sure they are able to live independently with the correct support in place.

Our experience is that the response from other agencies can be inconsistent. We find that departments of other agencies can sometimes appear to work in isolation, particularly health and social services. We find that positive outcomes can be achieved when we manage to get together with these other agencies, but this can often be very difficult to arrange.

We often receive contact from advocacy services working with residents. The support provided by these services varies considerably. We have worked well in partnership with advocates to resolve and manage situations. We have also had experience of representatives who champion a cause without a full understanding of the wider situation and raise expectations for residents which can be contrary to the facts and hinders positive outcomes.

We have seen instances where we make referrals to general support providers, who often class referrals as tenancy support, and if the rent is being paid, the resident is deemed as managing. The mental health issues presented are not supported or addressed.

Working with Community Mental Health Teams or Social Services can prove difficult and each local authority area work very differently. We regularly see a reluctance in social services to work with us, despite requests from the resident and their advocate requesting intervention, or a move to supported, or more appropriate accommodation.

We would welcome the opportunity to have early intervention processes in place with mental health teams to prevent the individual concerned coming into crisis and achieve a more holistic, consistent approach across Wales.

¹⁵ <http://www.charterhousing.co.uk/charter-teams-up-with-mental-health-charity-gofal/>



We often receive responses from referrals to mental health teams that where drug or alcohol is an issue, then the referral on the grounds of mental health will not be accepted. It does not appear to be accepted that substance misuse is often a symptom, or cause of mental health problems.

This experience of inconsistent response from other agencies was reported in an English NHS report, entitled 'AT HOME? A study of mental health issues arising in social housing'. The English report found that: *"Given their role in dealing with anti-social behaviour, and given their powers of tenancy enforcement, housing staff are often keenly aware that underneath neighbour complaints there may be un-met community care needs, and a punitive/confrontational approach on its own is insufficient. Nevertheless they often struggle to get mental health team staff involved early enough to identify the right course of action, or to jointly work to resolve issues ... in the best interests of the individual and the wider community."*¹⁶ Whilst the context is obviously different, the findings are of interest to this report, as similar experiences have been reported, so solutions found across the border may well be useful in Wales too. This document provides a number of examples, in its 'What Works' section, of practice which may be of value in a Welsh context.

Training

Housing Association employees across the sector undergo various training to ensure that they have the knowledge and skills to appropriately support and work with those suffering from poor mental health. Merthyr Tydfil Housing Association, for example, offers a range of training from Mental Health Awareness provided by MIND to Personality Disorder Training provided by Steps Training. Newydd ensure that their staff members are trained in mental health awareness. They state that this ensures that *"(mental health) is a consideration in most areas of operation including lettings and anti-social behaviour"*.

The level and number of staff trained in mental health specific support differs from organisation to organisation, as do the courses undertaken. Different organisations employ different methods, in terms of training staff: for example, NPT Homes' Support staff receive training in Mental Health First Aid and Applied Skills Training in Suicide (ASIST), while other front line staff, such as Community Housing Officers, receive training in mental health awareness; a different approach is taken by Monmouthshire Housing Association, where 5 members of staff have taken on the role of Mental Health Champions and have undertaken Mental Health First Aid and

¹⁶ <http://www.rjaconsultancy.org.uk/At%20Home%20Full%20Report%20v7.vi.pdf>



other courses to enable them to support colleagues that are either experiencing, or supporting others with, mental health issues.

Leading Welsh mental health and wellbeing charity Gofal provide housing associations with tailored mental health awareness training, which covers not only how mental ill health might affect their tenants, but also issues of mental health in the workplace. Organisations, such as United Welsh, have undertaken this training. On their experience of working with housing associations, Gofal state:

We can deliver mental health awareness training to housing association staff and usually have a chat with the organisation to try to tailor it for their needs. We can talk about mental health itself, how it might affect people within the workplace, how it might affect the tenants of housing associations, etc.

Community Housing Cymru also offer a range of training designed to ensure that housing staff are well equipped to work with those suffering from poor mental health. Relevant courses offered include: Hoarding and Cluttering Awareness; Protection of Vulnerable Adults; ASIST and Mental Health First Aid.¹⁷

One of the issues that the survey raised, however, is that there is a limit to how much should be expected of housing staff when working with people with mental health concerns; effective partnership working with those who provide professional mental health support is the most beneficial approach for the individual involved:

All our front line staff receive regular updated and refresher training on (mental health), however we do not have the skills and expertise to deal with complex cases and can only provide support with limited knowledge. It is frustrating when those professionals that do have the skills, refuse to assist the individuals concerned and ourselves, in an effort to achieve positive outcomes

Tenancy Sustainment and Mental Health

The tension between doing what is right for an individual experiencing mental health issues and estate management on a wider scale (perhaps including the management of the effects of that individual's behaviour on their neighbours), as well as the issue of what constitutes a sensitive way to deal with rent arrears accumulation by tenants with poor mental health are concerns that are uniquely faced by housing staff.

¹⁷ <http://chcymru.org.uk/en/events/training-courses/forthcoming-training>



Eviction is the ultimate sanction available to landlords and is one which is only resorted to in extreme circumstances; tenancy sustainment is the goal of any responsible landlord, and the practices outlined in this section highlight both how seriously Welsh housing associations consider this issue and their practices in this regard when working with people who suffer from poor mental health. Gwalia's response to this question on the survey was to articulate how important it is to identify tenants' issues to enable them to sustain their tenancies:

Accumulation of rent arrears leading to eviction is rare. If a tenant is suffering from mental health issues, we are committed (and legally obliged) to take full account of this and to have actively sought assistance for them for the eviction to be prevented. The focus of our work in this area is to prevent eviction and sustain the tenancy. Identification of underlying issues and support needs is an important part of this. Evicting people for rent arrears costs money and results in unsecured debts. Evictions for anybody are pursued absolutely as a last resort. Enforcement action on grounds other than arrears is also rare.

Respondents noted that organisational policies around arrears recovery include a requirement to consider mental health issues and bring in suitable partner agencies to ensure that the individual involved is treated sensitively and represented appropriately. The following example from Melin is thorough in this regard and has its basis in the Human Rights Act¹⁸:

Our income recovery policy includes a proportionality assessment which includes and takes into consideration:

Article 6 – The right to a fair trial (taking into consideration mental health requirements and representation)

Article 8 – The right to respect a private family life

All new tenants have a risk assessment completed that includes personal risks, vulnerabilities and a financial risk assessment. This helps profile tenants to offer the correct support to ensure tenancies are sustained.

If an allocated support provision is recognised, we work directly with that provision to provide a holistic approach.

¹⁸ <https://www.liberty-human-rights.org.uk/human-rights/what-are-human-rights/human-rights-act>



Article 1 – Protection of property

Our policy also has a section dedicated to vulnerable tenants and intervention and support requirements.

Charter demonstrated in their response how safeguards are put in place, which ensures that mental health concerns are taken into account before court action is pursued. They also demonstrated an approach which involves cross-team working in a bid to avoid evictions:

Our Income Team have started using the pre-court form, which specifically asks staff to consider if there are any mental health issues. The form is used prior to the Income team entering a case into court, and is reviewed prior to any eviction action.

The Income Team also make referrals to the Crisis Team, to help try and prevent the need to evict tenants, and there have been some notable successes in saving tenancies, where mental health has been a primary factor.

The following case study highlights how Melin staff worked with a tenant, who was suffering from poor mental health and in arrears, to enable him to clear his debts, secure his tenancy and improve his wellbeing.

Tenant A had accumulated a large amount of rent arrears and despite many visits, letters and texts being undertaken, he continuously failed to engage. Anti-social behaviour issues were prevalent, and the property was in poor condition. As a last resort, prior to a warrant of eviction being requested, one of our money advisors completed a joint visit with the income recovery officer. Tenant A was initially very angry to receive such a visit, and was on first appearance very aggressive. Our money advisor noted the presence of military memorabilia in the property and used this to start a conversation with the tenant.

Within an hour, Tenant A had calmed down and disclosed to our advisor that he suffered with PTSD after serving in the forces for over 15 years. He had become estranged from his wife and children, had no gas or electricity and was struggling to cope mentally.

The money advisor put in an enormous amount of work to develop engagement with Tenant A and over time achieved the following:

- Arrears were cleared using the Royal British legion Trust fund;



- Counselling was put in place with continued Cognitive Behavioural Therapy (CBT) provided through both primary care and Melin's own CBT programme;
- Electricity and gas supplies were reinstated;
- Food parcels were issued and delivered;
- ESA income related benefit was reinstated;
- Grants obtained for new electrical equipment including a fridge and cooker;
- PIP was granted;
- Common Financial Statement completed;
- Debts reassessed and grants obtained for write offs;
- The home was cleaned with the support of a direct community support;
- Eviction avoided and rent account cleared.

Eventually, Tenant A became well enough to move back in with his estranged wife and children, with continued support from Royal British Legion.

Rhondda Housing demonstrate a proactive, partnership approach to anti-social behaviour in the following case study:

T is suffering from Bi-Polar disorder which is characterised by periods of being unwell but also by periods approaching euphoria. She lives alone.

Both of these manifest themselves by marked changes in behaviour. In T's case she causes ASB to neighbours when she is in either phase. Generally by shouting things at them but, she also tends to form inappropriate attachments to them. She is generally mistrustful of people unless she gets to know them but, sometimes behaves inappropriately when she does.

T has suffered mental ill health all of her life and became a tenant with these issues already apparent. She is well supported by the Community Mental Health Team and communication is good between the Housing Association and the Social Worker which helps when trying to resolve issues.

This has meant when the tenant becomes unwell, issues are generally resolved quickly and if there is a necessity for a hospital admission then this happens quickly. In terms of time taken to resolve issues, this like the mental ill health is sporadic in nature and tends to take the form of intensive work for a period of a few hours but does not occur often (usually only once a quarter).

There are some issues caused by neighbours not understanding the problems and the NHO not being able to inform them.



More recently, the tenant has requested the installation of a bath which is therapeutic for her mental health issues and helps her to relax. The Association was happy to support this installation after consultation with the Community Mental Health Team. The tenant's mental health issues are not resolvable but, the above interactions have meant that the tenancy continues to be sustained with intervention from the housing association and the Community Mental Health Team.

Similarly, a pilot project funded by RCT's Supporting People Team and undertaken by Cynon Taf Housing Association is starting to demonstrate some excellent examples of cross-sectoral work. The Cynon Taf EIP pilot project, takes referrals from social services and provides low level support to service users, to arrest at an early stage symptoms which could lead to later mental ill health and tenancy sustainment issues. As well as linking up with social services, the landlord also works with health professionals from Cwm Taf Health Board, referring those with high needs to mental health specialists. The pilot was co-designed with Valley Steps, a third sector organisation which supports people to maintain emotional wellbeing.

The pilot incorporates a wellbeing resilience assessment which identifies tenants at risk to ensure the appropriate support is given to those in need far sooner than in traditional, community-based interventions. The assessment focuses on overall wellbeing with mental and emotional wellbeing being fundamental elements. For those identified as being in need of support, one to one support is provided using a strengths-based approach to improve overall wellbeing, mental health and resilience. The goals are set by tenants and the interventions and action plans are unique and varied. Early outcomes are showing positive engagement and that the project is effective in moving people away from crisis.

Outcomes are not available to be shared at this early stage, but CHC will ensure that information on how this project is working and what outcomes it is producing will be made available at the earliest opportunity.

Respondents to CHC's survey were not always so positive as to their ability to work in partnership with statutory agencies to achieve sustainable tenancies. High thresholds at which statutory support can be provided to those experiencing mental health issues, put in place to prevent over-spend on tight budgets, can mean that housing association staff are unsupported in dealing with difficult cases that fall just beneath the level at which statutory agencies can move in. The below example, from Wales and West, shows how a statutory agency recommended that an individual's tenancy was ended so that they would be sufficiently vulnerable to meet the threshold for support.



Unfortunately the majority of cases that come into crisis through their vulnerability often result in eviction proceedings due to lack of support from mental health services. There is a large loophole which they ultimately fall through, when they don't qualify for medical intervention or POVA. Their behaviour is then classed as lifestyle choice, which often is clearly not the case. It is extremely difficult for a housing professional to challenge decisions made by the "experts" in mental health, even though it is clear that if an intervention was to occur early in the process it would more likely to result in the resident keeping their home.

We have had a recent example where social services were reluctant to work with us to explore options to resolve an issue with a resident. They preferred us to take legal action to end the tenancy through eviction, and then the person would move into their field as a result of losing their accommodation.

Our main learning point from dealing with tenancy management issue with residents with mental health issues is how time consuming it can be. The initial engagement can be lengthy as a relationship with the resident is established. The referral process can then be slow as the appropriate avenue for referral is sought. It is then often the case that pressures on support providers mean that support can be delayed. We also find that in many cases the issues faced by the resident are complex, and multiple support avenues have to be identified, such drug, alcohol or mental health.

Partnership Working

A broad range of organisations were noted in responses to the survey as being effective partners in the provision of support to tenants with mental health needs. An appendix provides names and websites for all those organisations reported in response to this survey.

Rhondda Housing Association submitted, along with their response, a copy of a document, produced by RCT County Borough Council in 2012, entitled 'Housing & Mental Health: A Guide to Partnership Arrangements between Housing Providers and Mental Health Services', which refers to the Welsh Government's 2005 paper 'Raising the Standard, National Service Framework for Adult Mental Health',¹⁹ (subsequently replaced by 'Together for mental health - a strategy for mental health and wellbeing in Wales'²⁰) and provides comprehensive guidance for partnership arrangements between housing providers and mental health services in Rhondda

¹⁹ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=438>

²⁰ <http://gov.wales/topics/health/nhswales/mental-health-services/strategy/?lang=en>



Cynon Taff. This document appears to provide a useful overview of how work undertaken by both mental health and housing professionals should complement one another, crucially explaining the importance of housing in effective mental health practice. The document lays out, for example, the reasons for involving housing personnel in the issue:

They are often the first people to know if someone has stopped paying rent, which can obviously lead to eviction but more importantly may be an indication that someone's mental health is deteriorating.

They are often the first people to know if the service user is a victim or perpetrator of anti-social behaviour in their neighbourhood.

They are often the first people to be informed (usually by the neighbours) if a service user appears distressed in any way.

They will be able to offer comment on the service user's ability to manage the tenancy and the property and if there are any significant problems.

Housing & Mental Health: A Guide to Partnership Arrangements between Housing Providers and Mental Health Services is available via CHC's website.²¹

Challenges

As well as reporting a range of approaches to working with tenants who are suffering from poor mental health, CHC members also highlighted certain challenges they face which diminish their abilities to provide the best support for their tenants.

Cartrefi Cymunedol Gwynedd highlighted a lack of effective co-working with local statutory mental health teams as a concern:

"We have an in-house Welfare Team who strive to address the problems we are experiencing with regards to those suffering from mental health problems, but find it difficult to engage with our local mental health teams. We find that a lack of co-working and information sharing is having a negative effect on those suffering from mental health problems, e.g. we have examples of individuals that have been placed

²¹ INSERT URL



in totally inappropriate properties due to lack of vital information, this has then led to final warnings / injunctions / eviction. Unfortunately the lack of co-working and information sharing is at present setting up a lot of individuals to fail, unable to sustain their tenancies.”

Part of the difficulty with effective joint work can be put down to the way that mental health is defined and recorded by the numerous agencies involved, as well as an occasional reluctance from some to record issues appropriately due to the stigma attached. Bron Afon found this when commissioning a study into the prevalence of mental ill health, domestic abuse and substance abuse in Torfaen:

“Our key finding on mental health was that no one knew (how prevalent it is) because all the different agencies recorded it differently and people were reluctant to record that someone had a “mental health problem” because of stigma and few agencies could aggregate their data. For example the police recorded mental health issues on each case note but couldn’t tell you the total number because they didn’t count it”

It should be noted that there is much work underway to overcome some of these challenges. Notably, this includes a framework for cooperative work established between Cartrefi Cymunedol Gwynedd, Wales and West, Hafal, North Wales Housing Association and Betsi Cadwalader Health Board. The aims of this framework include a short term goal of improving information sharing and long term aims to engage with housing services as standard when planning and reviewing health board progress on mental health and to avoiding crisis intervention, where possible.

The Wellbeing of Future Generations Act and establishment of partnership boards will offer opportunities to further enhance partnership work between housing and health professionals, as will the ongoing work being undertaken by Public Health Wales and Community Housing Cymru.²²

Conclusion

Welsh housing associations are doing much to ensure that their tenants are provided with the support they need to manage mental health conditions and sustain their

²² <http://chcymru.org.uk/en/view-news/housing-and-health-unite-to-improve-the-wellbeing-of-welsh-communities>



tenancies. A number of new approaches to enhancing this work are in progress and CHC will share updates on their development and outcomes where possible.

Responses to CHC's survey have shown that some housing associations consider that partnership working with statutory mental health agencies, including both the direct work with individuals and the reporting of mental health issues, could be improved so it is heartening to see that this is being considered and actively worked on in some areas.

The responses to the survey also highlighted scope for greater examination of what happens to individuals who fall slightly below statutory thresholds for support and to what extent responsibility for the wellbeing of these individuals falls onto housing staff. As part of the aforementioned work that is being undertaken by CHC and Public Health Wales, a 'Don't Let Go' service is being preliminarily explored, which would consider how responsibility for addressing the underlying needs, potentially including mental health, of those who are vulnerable to homelessness is allotted.

For more information on the content of this briefing, please contact Hugh Russell, Policy Officer, Community Housing Cymru: hugh-russell@chcymru.org.uk

Ends:

October 2016



Appendix

List of agencies noted in responses as partners:

Gofal – www.gofal.org.uk

Veterans NHS Wales - www.veteranswales.co.uk/

CAIS - www.cais.co.uk/

Alabare - <http://www.alabare.co.uk/>

Gwalia Care and Support - <https://www.gwalia.wales/care-support>

Tenancy Support Unit (Swansea) <http://www.swansea.gov.uk/article/9304/The-Tenancy-Support-Unit-TSU>

Adref - <http://www.adref.org.uk/>

Alzheimer's Society - <https://www.alzheimers.org.uk/>

Phoenix Project - <http://www.goodpractice.wales/casestudy-3750>

Changing Minds - <http://changingmindsproject.org.uk/about-us/>

Mind - <http://www.mind.org.uk/>

Ponthafren - <http://www.ponthafren.org.uk/>

Compass Care and Support - <http://www.compass-uk.org/>

The Samaritans - <http://www.samaritans.org/>

Dementia Friends - <https://www.dementiafriends.org.uk/>

Men's Sheds - <http://menssheds.org.uk/>