Consultation findings about Mental Health Supported Accommodation in Brighton and Hove

By Mind in Brighton and Hove

March 2021

Date:	22 March 2021
Version:	Final
Name of originator/ author:	Jessica Bell, Employment Advisor, Mind in Brighton and Hove

Contents

1.0 Executive Summary

Mind in Brighton and Hove (MiBH) was appointed to conduct engagement work for Brighton and Hove Clinical Commissioning Group (CCG) and Brighton and Hove City Council, to inform the re-tendering of the current mental health supported accommodation provision.

The engagement work included semi-structured interviews with former and current residents of Shore House, Sanctuary Star and Route One; a survey for former and current residents and a survey for staff, referrers and practitioners. We wanted to find out what works well and what's important to people, particular challenges or problems people had encountered, and what could be improved for the future. We had good engagement from interviewees, who shared their experiences of living in mental health supported accommodation with us, and the contributions from the resident survey and the staff and practitioner survey were equally informative with many detailed comments. The uptake was in total:

- ✓ **22 interviews** of whom 4 were former residents and 18 were current residents.

- ✓ **19 respondents to the resident survey** of whom13 were former and15 were current residents. The higher total than 19, is reflective of the fact that some of the respondents were both former and current residents.

- ✓ **32 respondents to the staff, referrer and practitioner survey** of whom 19 were a key worker, 9 were referrers or practitioners and 10 classed as other.

There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. The overall experience of the support provided among residents, was largely a positive one. Residents felt well supported and they appreciated the flexible support that support workers were able to give them, guided by their needs and how much support they needed at various times. Staff, referrers and practitioners were also on the whole positive about the support being provided.

However, there were some challenges and issues highlighted by both residents and staff:

- the importance of maintenance and/or upkeep of properties and the impracticality of some of the flats/rooms
- some of the accommodation was considered unsuitable for certain groups of people, such as less mobile people, women, people with more complex support needs or for whom sharing accommodation is not ideal for their recovery
- there were reports of difficult interactions with other residents
- for some residents there were issues around isolation and difficulty breaking out of this
- noise from outside of the building or from other residents or thin internal walls was an issue
- cleanliness of shared spaces was important
- for some, the house rules were not strict enough and some people felt unsafe
- there were some concerns around staffing levels, particularly in higher and medium supported accommodation venues, and particularly at night
- the need for more staff training to enable them to support the more complex clients and the need for more therapeutic support for clients

Based on the challenges above and the improvements both staff and residents would like to see, we have been able to suggest five areas for further exploration by the CCG:

1. Explore options for how **support in supported accommodation could be better tailored to meet the needs of residents with more complex needs, including therapeutic needs.**

Tailored staff training may be an option and requested by some, or broadening the staff base to include a therapist. Therapy vouchers or offering a variety of learning methods to break out of isolation may be another consideration.

2. **Consider how prospective residents could be better prepared before moving in, including be briefed about the rules in shared houses**. Several residents mentioned feeling overwhelmed at first, particularly in shared accommodation venues. Some had also initially run in to difficult encounters with other residents, or feeling unsafe at night or unease at the use of substances on the premises.

3. Ensure that arrangements are in place to **keep on top of all maintenance issues and the general upkeep consistently** across all the different types of accommodation.

4. **Further exploration into how accommodation could be adapted to suit varied needs**, for instance access for less mobile people, creating more self-contained flats, addressing impractical or cramped rooms.

5. **Further engagement on how to encourage and help social interaction internally and externally** for people who struggle with this. Many mentioned social contacts as a key to wellbeing but often found this difficult with fellow residents. Contact with key workers and interaction with staff was positive, but insufficient to develop and maintain social interaction in the long-term.

2.0 Background

Brighton and Hove City Council (BHCC) in partnership with Brighton and Hove Clinical Commissioning Group (BHCCG) are currently evaluating the Mental Health Housing Pathway which consists of Shore House (high support), Sanctuary Star (medium support), and Route One (medium/low support). The current contracts are coming to an end and have been extended to allow adequate time for the re-procurement of services. As part of the re-procurement process BHCC and BHCCG made the decision to conduct engagement with service users and professional stakeholders to inform the future service model and specification.

The NHS has a statutory duty to engage with and involve the public in service design and redesign. The engagement process will enable commissioners to:

- understand experiences of mental health accommodation from current and ex-residents of the existing services
- explore the different priorities held by our service users when it comes to healthcare
- hear from Community Voluntary Sector (CVS) organisations and wider stakeholders who have direct contact with this cohort of service users and will have a good understanding of the needs and challenges they face
- encourage those getting involved to consider how services could be improved

3.0 Engagement Process

An Equalities Health Inequalities Impact Assessment (EHIA) was drafted by BHCC and BHCCG to identify any protected characteristic groups that should be considered as part of this engagement

work. This information was used to develop a specific engagement plan (including stakeholder mapping) for this project.

The engagement plan details a phased approach to engagement with Phase 1 seeking to gather views and experiences from current and former-residents of the existing services, as well as supporting staff, referrers and practitioners. Phase 1 of the engagement process is covered by this report and was carried out between 01 February 2021 and 01 March 2021.

Phase 1 engagement consisted of the following components:

- In depth interviews with current or ex-residents of the existing services
- Survey questionnaire for current or ex-residents of the existing services
- Survey questionnaire for staff, referrers, and practitioners that work with or in the existing services

In order to support the engagement work a Task and Finish Group was established with the following membership:

- Sussex CCG's Public Involvement and Communications team
- BHCCG Mental Health Commissioning Team
- BHCC Health & Adult Social Care Commissioning Team
- Healthwatch Brighton & Hove
- Local voluntary sector organisations which support people living with mental health conditions
- A Sussex Health and Care Partnership Community Ambassador volunteer
- Existing service providers; Brighton Housing Trust, Sanctuary Housing Association

The Task and Finish Group provided input into the engagement planning by review and comments on the following engagement documents and materials:

- EHIA
- Engagement and communications plan
- Frequently asked questions
- Survey questions for both staff and residents
- Engagement posters
- Stakeholder engagement methods and ways to reach former and current service users through local networks

Two existing service users also provided valuable input in the review and feedback on the following draft documents and materials:

- Frequently asked questions
- Current and ex-residents survey questions
- Engagement posters

In order to support the engagement work an expression of interest was released for a CVS organisation to conduct the in-depth interviews with current and former residents, as well as collate the engagement findings from both the interviews and surveys into this report. MiBH was appointed to carry out the engagement work.

A page on the EngageHQ website was dedicated to this engagement project and was used throughout the engagement process to hold information, provide links to surveys, and relevant document including the following:

- A core narrative about the engagement project
- A video describing the engagement work
- Links to online surveys
- Contact information for Brighton and Hove Mind for telephone interviews
- Frequently asked questions
- Contact details for questions and requests for materials in alternative formats

The engagement opportunity and materials were disseminated via the following communication channels:

- Existing service providers; Brighton Housing Trust, Sanctuary Housing Association
- BHCC Placement Allocation Team who disseminated to referring organisations and professionals
- The Public Involvement Team's stakeholder list of local organisations working across Brighton & Hove
- Community Roots provider organisations
- Community Works Email Forum, reaching out to the community and voluntary organisations working in Brighton & Hove
- Brighton & Hove Communications & Public Involvement Network, which includes communications and public involvement leads from across the Sussex Health and Care Partnership including the NHS, Healthwatch Brighton & Hove, BHCC, Public Health and VCS organisations

The CCG ran two weeks of Facebook advertising of the engagement opportunities for both residents and ex-residents and staff, referrers and practitioners. The following activity and reach from this advertising is a follows:

Week 1:

- Residents and ex-residents advert: 434 audience reach, 22 link clicks
- Staff, referrers and practitioners advert: 203 audience reach, 17 link clicks

Week 2:

- Residents and ex-residents advert: 445 audience reach, 9 link clicks
- Staff, referrers and practitioners advert: 354 audience reach, 4 link clicks

In addition to the Facebook advertising, the CCG also posted several organic social media posts during the same two-week period with the following activity and reach:

- Facebook posts: 1,180 audience reach
- Twitter posts: 3,026 audience reach

(N.B. Organic social media posts were also re-posted by B&H City Council but the activity and reach of these re-posts is not included in the above figures).

During the time the engagement opportunity was live there were 229 visits to the EngageHQ webpage which contained information on the engagement opportunity.

4.0 Methodology

MiBH was appointed to carry out engagement work for the CCG and BHCC to capture the views of people who live or have lived in mental health supported accommodation in Brighton and Hove to inform re-tendering of the current service offer. The aim was to find out what is/has worked well and what could be improved. The engagement work covered the current commissioned mental health supported accommodation venues:

- Shore House: High level support
- Sanctuary Star: Medium level support
- Route One: Low level support

The aim was to conduct up to 30 telephone interviews with current and former residents across the three supported accommodation venues. The interview questions were set by the CCG and consisted of five main questions in addition to a few warm up questions to find out whether interviewees were current or former residents, which of the three accommodation venues they were living/had lived at; their length of stay in that accommodation and their overall experience of mental health supported accommodation. The questions are included at Appendix A.

In addition, the engagement work also included a survey for current and former residents of the three venues and a survey for staff, referrers and practitioners. Copies of these surveys are at appendix B. The resident survey covered 13 questions and the uptake was 19 respondents, some of whom may also have taken part in the interviews. The staff, referrer and practitioner survey included 16 questions and was completed by 32 respondents.

Residents were also asked to complete a set of equality monitoring questions to inform commissioners understanding of the demographics of respondents. 29 former and current residents opted in to answer these. For a full list of the collected answers, please see the appendix C.

For the interviews, we used a grid to collate all answers under each conversational question. To show as clearly as possible what interviewees' overall experience was, what works well, what challenges they had encountered, what improvements they liked to see and what's important to keep them well, we used these as five main headings while presenting 2-3 main themes under each heading. The findings were analysed and checked for relationships and variables such as former or current resident, which accommodation venues and to some extent what type of accommodation, i.e., self-contained or shared, in order to establish relationship between experiences, where possible.

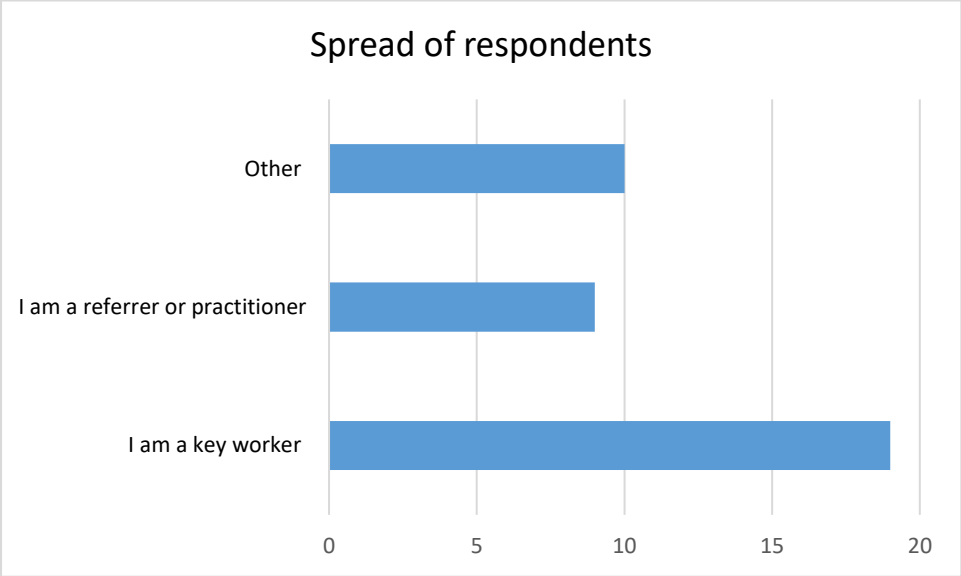
For the surveys, in agreement with the commissioner and given the timeline and scope agreed for the engagement work, we used the data where relevant and identified key themes from the free text responses. These were presented with a summary of key points, informed by quotes where appropriate.

Based on the findings of former and current residents' experiences of supported accommodation and from staff, referrers and other practitioners' experiences of working in or with supported accommodation providers, we have been able to suggest five recommendations for the commissioner to further explore.

5.0 Staff, Referrers and Practitioners Survey

5.1 Demographics

There were 32 respondents in total to the staff, referrer and practitioner survey, spread across three categories: keyworker, referrer/practitioner or other, as shown in the bar model below.



The spread across the three venues is not known from the survey, for the ten respondents who added any information 8 were support workers and 2 were managers.

5.2 Summary of Findings

To present the views from respondents in a concise way, we have collated the feedback into 4 areas: the referral process; how well services met support needs; specialised support for particularly vulnerable groups; and future service models.

1. The referral process

The survey asked respondents a number of questions about the arrangements for making a referral to each of the three supported accommodation venues.

Over half of the respondents that answered this question reported that their experience of making a referral had been excellent and only one person reported that their experience of making a referral had been poor. Generally, respondents reported that:

- they found the paperwork helpful
- there was good multi agency working when referrals were made
- the process felt client-centred
- the system was straight forward

One person fed back that they found the process repetitive and cumbersome.

When asked how the referral process could be improved the following feedback was provided:

- it would be helpful for Route One to be on the B Think system – it was felt that not being on this system slowed referrals down and made it harder to refer clients on to alternative support
- sometimes referrers did not provide enough or up to date information about prospective clients
- sometime the referral information does not marry up with the client whose needs can sometimes be more complex than those described in the referral paperwork
- it would be helpful to have more information about the individual services before making a referral
- one person thought it would be helpful if all referrals for supported accommodation could be sent to a central point

2. How well do services meet support needs?

In relation to how well respondents thought the three services met client needs, 76% thought Route One either met client needs or mostly met client needs, the figure for Shore House was 55% and for Sanctuary Star 30%. Similarly, when asked to rate the availability of staff to provide support to clients on a scale of 1-5 where, 5 is very much enough, 26% rated Sanctuary Star between 3-5, whereas the same rating for Shore House was 70% and for Route One 78%.

On the whole the services were considered to work well, with staff working well together and responding to clients' individual needs, and often working across the three venues following the mental health pathway. There were however issues reported, such as:

- unsuitable accommodation, for instance only shared houses in medium and high support accommodation
- inadequate staffing levels or staff training, in particular to meet an increase in residents with more complex needs, such as dual diagnoses, people with substance misuse and the need for night time support

"Because of the amount of chaotic clients at Shore House, many who have combined substance misuse/alcohol and mental health issues any vulnerable clients are at risk of exploitation particularly financial abuse. The staffing levels mean that they are unable to offer clients the amount of hours they are contracted to provide often leaving the less demanding clients without receiving the support that they require"

"Shore House is unsafe for women - the service is chaotic, and users of the service are often substance users. Despite several instances of women being sexually assaulted at the service the service doesn't seem to be able to keep women safe. In addition, the use of shared space is unwelcome to clients."

In terms of what respondents thought worked well, skilled and dedicated staff teams and being able to offer flexible support guided by individual clients' needs came out strongly.

"The service is able to provide a varied and flexible approach to support. Support hours can be increased or decreased according to need, support can be provided at the accommodation, in the community, at the office - whatever works best for the client. There is regular and efficient communication across the team meaning that we are quick to step in and offer responsive support on top of planned support sessions."

In terms of what could be improved, in addition to increased staff levels and further staff training, expanding the mix of skills and training among staff to incorporate more therapy and counselling was highlighted.

"Unfortunately, we often work with people with higher mental health support needs -people who would benefit from an intensive recovery focus, people who should be in therapeutic environments benefiting from nature, and various forms of therapies alongside their traditional treatments."

"Our all women house would probably work better if the women had a self-contained unit with cooking facilities as well as communal facilities. At the moment, they all just have a room and all other facilities are shared and as staff are not based their permanently, only occasionally, it is sometimes difficult to monitor and intervene immediately when conflict, ASB issues occur. This has left some clients feeling frustrated and unsafe at times."

In terms of how achievable the move-on timeframes of 18-24 months are, there was a broad consensus among respondents that they were fairly or largely achievable.

3. Specialised support for specific client groups

When asked to rate gaps in provisions for specific groups of people (e.g. women, people with learning disabilities, or people with physical health needs or other protected characteristics), on a scale of 1-5 where, 5 means No gaps, most respondents rated Shore House and Route One a 4 and Sanctuary Star a 3, suggesting the gaps were felt moderately less in the former two.

While a few respondents saw no gaps in the service provision for specific groups, most of the comments were focused on:

- restricted or limited access across the 3 sites to cater for people with impaired mobility.
- unsuitable provision for women. It was pointed out that although Route One offer women only accommodation, the women referred to this accommodation, often had high support needs and/or additional support needs, which didn't always suit a shared household. Some also commented that in the mixed accommodation, the majority were often made up of men and this sometimes left women feeling vulnerable.
- another gap that many could see was in the provision of support for people with dual diagnosis, people on the autistic spectrum, and young people.

"Route One has an all women's house but often referrals are for women with very high support needs, chaotic drug use etc and this means it is not an appropriate environment for other vulnerable women."

"None of the services are able to work well with people with dual diagnosis. Shore and Star do not offer physical environments that feel safe for women (lack of self-contained). Route One's accommodation offer is the best but cannot work with high need clients who need more support."

Most of the respondents thought that the services met the needs of people who are homeless or vulnerably housed, well or to some extent, although it was pointed out that Route One was not often the right service for this group of people initially, but usually further along the journey.

"I think the service meets the needs of most of these people. I think for those who come from homelessness it may be difficult to move straight into route one as we require participation in support as part of the tenancy and this may be too difficult for someone who has just come from being street homeless however I think that as a group of three services it seems to work well that people progress through the services from homelessness to housed. I also think that route one meets the needs of those with mental health support needs of a certain degree."

What could be an issue, was the long wait for moving-on accommodation for residents who were ready to do so, which in turn created a bottle neck for this group of people to access the supported accommodation.

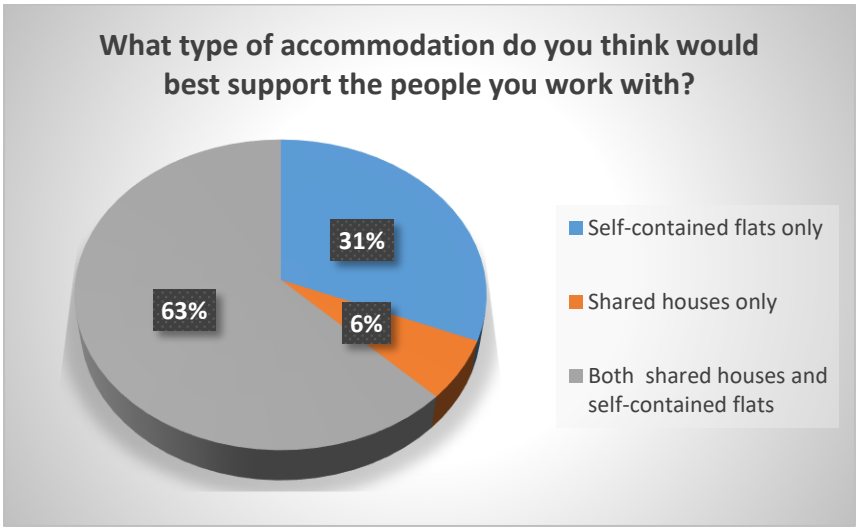
"The level of complexity for those who are homeless or vulnerably housed goes far beyond their mental health and more comprehensive, holistic support is needed at all levels. Services are divided by the area of need they meet (ie mental health) and therefore other needs are seen as being beyond the reach of the service or exceeding threshold"

Respondents were asked to what extent they considered the support provided was psychologically informed, using a PIE service model (Psychologically Informed Environment). For Shore House and Route One, most rated it 'very informed', whereas for Sanctuary Star more respondents rated it lower on the scale. Notably though, there was a disproportionately high share of respondents who answered N/A for Sanctuary Star compared to Shore House and Route One.

"At Sanctuary star the focus is the Recovery Model which is psychologically informed to a degree. Work is currently being undertaken to improve the physical space. The staff group have therapeutic/ psychological backgrounds but PIE is not explicitly referenced."

4. Future service models

The vast majority of respondents would like to see a mixture of both self-contained flats and shared houses being offered to suit residents' individual needs, and a minority would like shared houses only being offered. Some of the respondents who preferred self-contained flats, added that some communal space would also be beneficial.



61% of respondents would prefer a multiple service model that is based on needs, so that residents move to the right level of supported accommodation at the right time in their journey, compared to 39% who would prefer a multiple service model that is not based on need, instead residents are able to stay in their accommodation but receive a different level of support.

Many respondents reported that the ideal service would be:

- bright and welcoming houses
- flexible support and accommodation to meet individuals' various needs
- multi-agency working where needed
- comprehensive staffing levels to respond to more complex needs.

Below are some of respondents' comments:

"I think the key is high quality staff who are paid well, motivated, well trained and well supported. After that the accommodation needs to be spacious, well looked after and ideally have a quiet garden with space to grow flowers and vegetables."

"Increased therapeutic opportunities - groups and workshops and other positive engagement/activity."

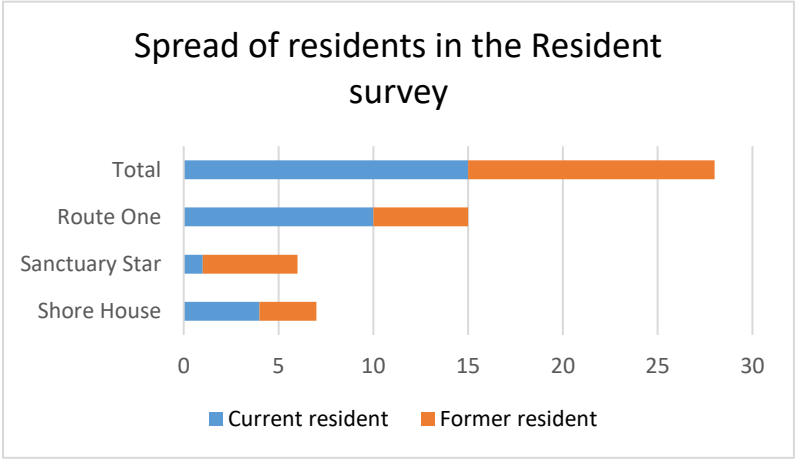
"Both staff and clients provided with psychological support from qualified counsellors/therapists/practitioners as part of the service model."

"I feel strongly that these accommodation-based support services need to be protected, with support continuing to be provided by trusted local teams who have a well-established connection to local CVS and statutory services."

6.0 Current and Previous Residents Survey

6.1 Demographics

There were 19 respondents in total to the resident survey. Some of the respondents were both former and current residents, for example a current resident of Route One and a former resident of Sanctuary Star. The spread of current and former residents across all three accommodation venues is presented below. The total is reflective of the fact that some respondents ticked that they were both a former and a current resident, bringing the total to above 19 respondents. (10 people answered the question of when they had moved in and it ranged from 2012 until 2020, five of whom were still living there at the time of the survey.)

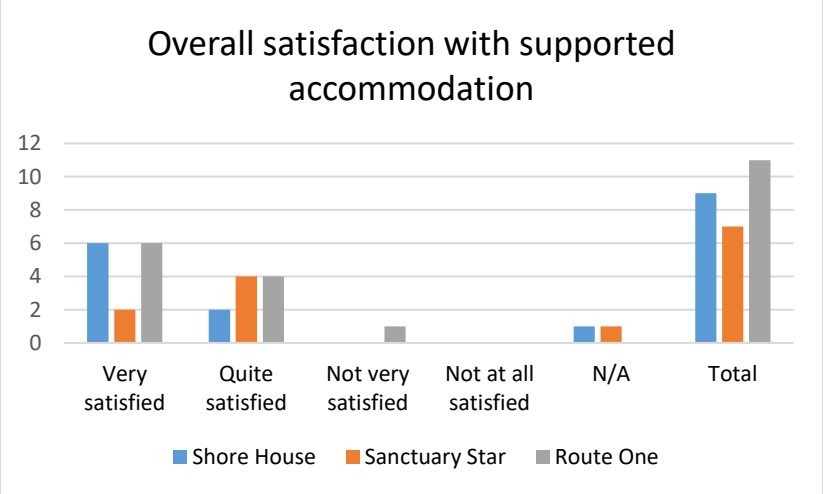


6.2 Summary of Findings

To present the views from respondents in a concise way, we gathered the answers to the 13 questions in to six headings: what people like about the current provision, problems and challenges, what's missing, type of accommodation, amount and length of support, and what a good service looks like.

1. **What people like about the current provision**

The vast majority of respondents were either very satisfied or quite satisfied with their supported accommodation. Again, some of the 19 respondents answered for more than one venue, as reflected in the bar model below.



Many of the respondents indicated having a good relationship with their key worker and feeling well supported, an overall positive experience.

"My relationship with staff and my key worker is very good. Living at Shore House has made my life so much better as I have support all day and most of all the support at night."

Some, while being happy about the support, had some reservations about the accommodation itself, to do with the upkeep and maintenance of the property, cleanliness of shared areas, or the standard of the rooms or flats.

"I have a good relationship with my key worker and feel supported by her. However, my accommodation is dire."

"The actual accommodation wasn't very nice, but the staff were amazing."

A few respondents, while similarly being happy with the support, pointed to stricter security rules in the building:

"I am quite happy about the support I get, but I think the accommodation should be more secure, e.g. use of a camera to see who is coming and going, and who is using drugs."

2. Problems, challenges, and what could be done to address these

13 respondents reported having experienced problems of some kind living in their accommodation, and 6 respondents reported having experienced none, as presented in percentages in this chart:

The most commonly reported problems had to do with:

- **The maintenance of the building, their flat/room or cleanliness of shared spaces**. Specific problems included cracks in the walls and ceiling, damp and lack of light and air or too much light, a cold flat and lack of space.

  "I could do with some more space. I am quite tall. My room is small. I have felt too confined in lockdown. This has had an impact on my mind and wellbeing."

  "The cleanliness of the top floor kitchen - it's always so dirty and not kept clean. I have to keep asking staff to clean it. Otherwise the house is kept nice and clean."

- Other issues reported by a few was **the level of noise**, in or around the accommodation, and the negative impact this had on people's mental health or sleep. This included noise from building works going on next door to the property, lack of sound-proofed internal walls which made noise from conversations or meetings coming through, or other residents being noisy.

  "I have a lot of noise problems as there is building work going on next door." "Housing for people with mental health difficulties or leaving Millview needs to consider problems of noise. I would like to see the law protect vulnerable people like me who can't tolerate noise."

- **Difficult interactions** with other residents was also reported to be an issue for some.

  "Difficult interactions with other clients when they have presented challenging behaviour. [It] can be stressful in such circumstances".

- Other problems reported by a few were **issues of safety**, as captured by this respondent:

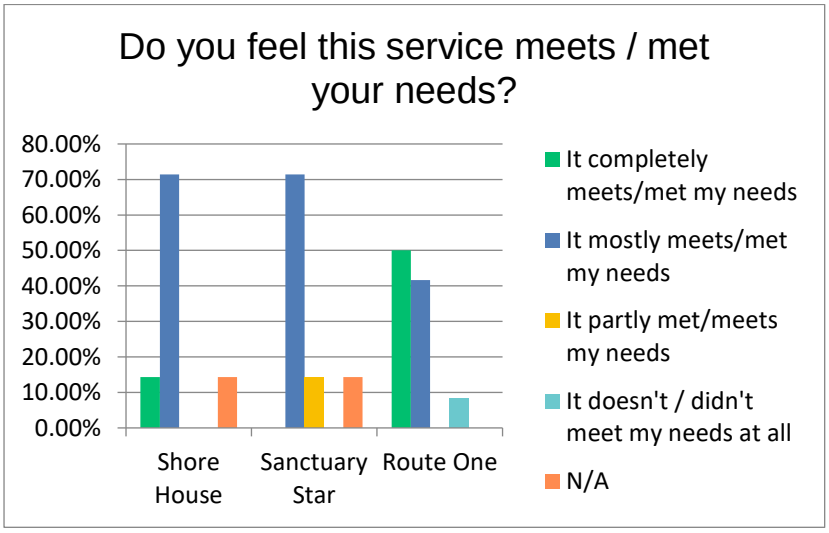
  "I don't always feel safe at night. I wish we had staff on hand at night."

- Less commonly reported issues were unclear staff rotas, deliveries to the building and spending too much money as shops are on their door step.

3. What's missing and what's important in supported accommodation?

Most respondents reported that the services mostly or completely meet/met their needs. One respondent thought it didn't meet/met their needs at all and one that it partly meet/met their needs.

Please see bar chart below for a breakdown of the three services:



Almost half of the respondents didn't think that anything is missing in their support. For the other half the most commonly reported wish was easier or more affordable access to counselling or therapy, especially to help combat isolation and getting out more:

"I found it hard to get this unless I paid for it myself. I wish I could have had a befriending and buddy support for help with going out, as I don't like going out alone and didn't know what I could access without spending a lot of money."

Related to this is the importance of assistance to break out of a cycle of isolation, more groups, a communal feel or more social interactions were also mentioned by a few:

"I would have liked more activities or group support outside of the housing. It was hard to find out what there was going on that could help with my recovery."

Having night staff on site and also feeling more protected was captured by this respondent:

"More protection at night, because there is no staff at hand and some of the other residents have psychiatric conditions. People who may try to harm us from the outside."

4. Views on the type of accommodation:

People who felt that they would have preferred a different type of accommodation to what they have or had, were exclusively from respondents in shared accommodation. They would have liked their own self-contained flat, as captured by this respondent:

"[The] quality of housing and life would be better if the accommodation was self-contained. Some people are unwell/disabled and can't/don't keep bathrooms clean."

Similarly, it was also more commonly reported by people in self-contained flats, but not exclusively, that they were happy in the type of accommodation they have or had.

"I value having a self-contained flat, as my aim is to live more independently in the future."

5. **Amount of support and the length of tenancy:**

Respondents were asked about how much support from staff they received whilst they were living in the different venues – it was acknowledged in the question that each site provided different levels of support[1] .

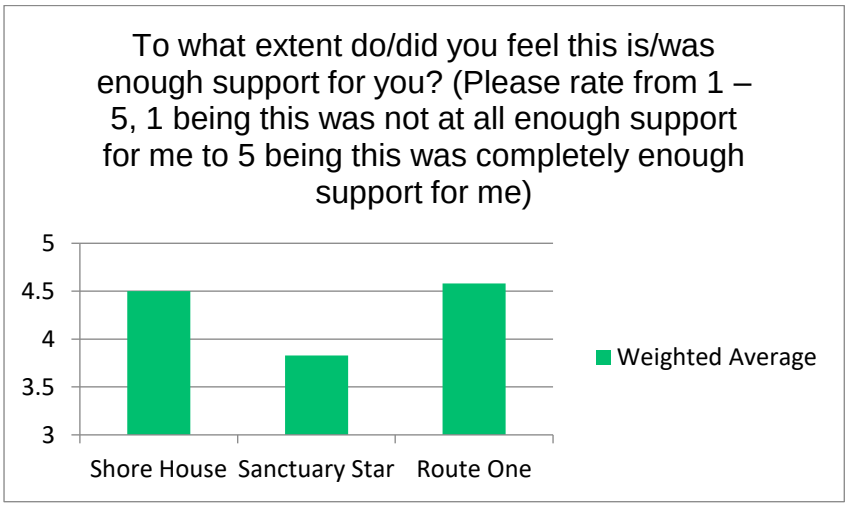
One respondent recorded 0 hours. Others answered in terms of enough or lots of support for their needs, varied hours week to week, with added support hours in times when they needed more support.

"When feeling more stable, I receive 1 hour a week. When I am struggling, I receive more."

One respondent expressed a shortage of staff:

"I believe Sanctuary Star are somewhat short staffed to provide the level of support described above", adding that *"I can only give this a 3 as my support worker isn't given the power she needs to really help me."*

The amount of support that respondents received across the three venues is captured in the bar graph below. Things mentioned that could be improved were more help with practical things like cleaning. One respondent suggested that there could be more help from support assistants, for example to help picking up medication or help cleaning when they are feeling particularly unwell.



With regards to people's views on the length of tenancy, it was either the right length or too short, with a slight variation across the three accommodation venues (More people from Route One and Shore House answered the right length for them in proportion to Sanctuary Star). Nobody answered that it was too long, a few answered that it was not applicable.

"When I first arrived, I had lots of complex issues going on so staying longer would have been helpful."

"It is really difficult to get housing, and the right type of housing, so I need more than 2 years for this."

[1] *Shore House has staff on site 24 hours a day, 7 days a week. Support will fluctuate based on individual need, however the average number of support hours is 20 hours per week per person. Sanctuary Star is staffed between 8am and 8pm 7 days a week. Support will fluctuate based on individual need, however the average number of support hours is 11 hours per week per person. Route One is staffed between 9am and 5pm Monday to Friday and 10am to 6pm on Saturday and Sunday. Support will fluctuate based on individual need, however the average number of support hours ranges between 2 and 8 hours per week per person*

6. What does a good service look like?

Many respondents thought that their supported accommodation was just right or came close to what a good mental health supported accommodation should look like, and added their thanks to the staff and support workers. Having the right people working in the service and feeling comfortable and confident to express your concerns to someone who understands and listens, were mentioned as example of what works well. A few would like to see more self-contained flats, stricter rules on who comes and goes, and substances being kept out, a mental health community garden or a place to work outside. Other suggestions are captured in these quotes:

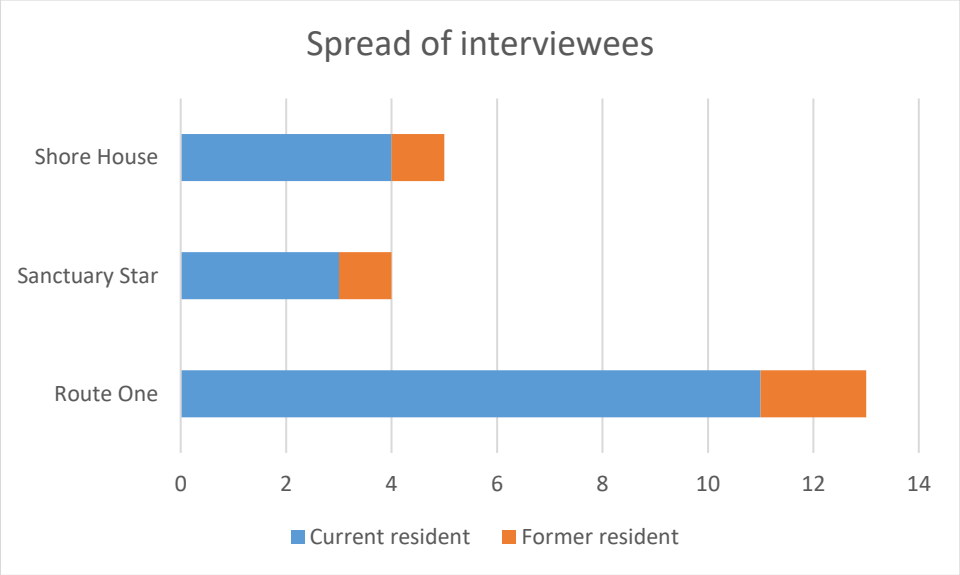
"Before someone comes into Shore House, they should be told what they can expect from other people in the house."

"It would be better if my case worker/lead practitioner stayed involved longer whilst I was at Route One. I was discharged when I didn't want to be. I would like the service to have more power to change things and help me"

7.0 Current and Previous Residents Interviews

7.1 Demographics

The aim was to conduct up to 30 telephone interviews with current and former residents across the three supported accommodation venues, Shore House, Sanctuary Star and Route One. 22 interviews were completed using nine structured and semi-structured questions to encourage conversation around what works well, what could be improved and any issues or problems encountered by residents. Of the total 22 interviews carried out, 4 were former residents and 18 current, divided as follow across the three accommodation venues.



Operational managers for all three accommodation venues were asked to gather consent forms for former and current residents who wished to take part and forward these to MiBH. Attempts were made throughout to gather further consent forms for former and current residents at Sanctuary Star and Shore House to address the imbalance across the accommodation venues, and this was to some extent achieved. However, there is a larger pool of residents to draw from for Route One compared to Sanctuary Star and Shore House. One interviewee was recruited via the

resident survey. Interviewees length of stay at their accommodation at the time of the interview ranged from 4 months to 5,5 years with most interviewees having lived at their accommodation between1-3 years.

7.2 Summary of Findings

Overall experience

The majority of interviewees told of a largely positive experience of living in supported accommodation, with committed and caring staff and with the right level of support in place. Many described it as an amazing or great experience, one interviewee commented that *"this is the happiest I've been in my life in the last two years*". Another interviewee similarly added that *"being here is the happiest I've been in many years".* For some it was a clear relief to come in to supported accommodation, and to have a place to live. People who expressed a relief at having been offered a place in supported accommodation had often come from a period of hospitalisation, having been sectioned under the Mental Health Act or from a hostel. Some were faced with potential homelessness at the point of being offered a place, and this was a major worry having been resolved.

Some spoke of an initial daunting phase of getting used to their accommodation and some difficulties this presented for them, especially in shared houses. The difficulty that interviewees had experienced had to do with other residents' mental health problems or other issues such as use of recreational drugs, and adjusting or getting used to the environment. An initially daunting or turbulent experience was particularly the case for people who had previously had their own home or had come from a self-contained flat. Most people now felt settled in their accommodation and initial issues had been dealt with or resolved and was no longer a problem or less of a problem. For some though, living in a place with other people whose mental health was precarious, remained a challenge.

For a minority of interviewees, theirs was an overall negative experience of living in their supported accommodation venues. For one former resident, living in a shared accommodation was too much for them and didn't suit their needs, with security guards checking in at the accommodation at night. *"It felt like an invasion of privacy".* The issue had, however, been resolved as they had been helped to transfer from medium to low supported housing, which worked better for them. A current resident, who had transferred from high to medium supported accommodation, had found the transition difficult and felt they generally didn't get the support they needed, especially when they just arrived, adding that there seemed to be *"no structure in place where residents and their safety comes first".*

What people like in their supported accommodation

<u>The relationship with support workers</u>

There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. Notably, this was also the case for the few who expressed an overall negative experience of living in supported accommodation. Some of the interviewees spoke of support workers or staff in general and others spoke more specifically about their key worker. Many described that they felt well-supported by

their key worker, and that they could raise any issues or concerns with them. Many felt that they were listened to and understood by their key worker, who responded to the stress a particular situation or concern may cause them. *"I liked how they paid attention when you brought something up. They would listen and make sure they had understood you and why something made you feel stressed."*

The trust that they had developed for their key worker was also highlighted by many, which allowed interviewees to feel safe. One interviewee, who prior to living in supported accommodation had been homeless, described how the support workers helped them feel safe from the start: *"I was frightened of anything because of the situation I came from. They really reassured me that I didn't have to be frightened. My key worker was such a blessing."* The staff allowed time for people to settle in and get used to things, and this was important in building trust for their key worker.

The regular contact with staff was appreciated, even if it was just to say hello and exchange some words, when staff were on site, for people who lived in self-contained flats. Many commented that staff were easy to get hold of, should any issues arise in between scheduled meetings with their key worker. One interviewee had however, noticed that since lockdown, staff seemed more busy and it had become harder to get hold of staff. Another interviewee in shared accommodation commented that the staff office operated a close-door policy in response to Covid-19, which had somewhat made it feel less natural to approach staff more spontaneously. For people in accommodation venues with staff around at all times or during the day, a nice feature mentioned by some was getting to know all the staff quite well and having spontaneous chats or exchanging a few words with them. Despite lockdowns during Covid-19, the majority of interviewees hadn't experienced that staff availability had been affected.

Some interviewees had had key workers in the past whom they didn't get on with so well or didn't connect with. In those instances, they had been supported to change key workers and this had been done swiftly and without any fuss.

<u>Flexible support guided by individual needs</u>

While most interviewees had weekly meetings with their key worker, there was flexibility in this, which many liked, depending on how much support they felt they needed. Some interviewees, who felt their support need wasn't that great, had arranged to have a shorter check-in or catch-up certain weeks when they felt no real need for a meeting or visit, although it was often encouraged to keep up regular visits. Adversely, some interviewees had in periods felt a greater need for increased support when they were feeling more unwell or their mental health was deteriorating, and support workers were good at accommodating this, by adding more frequent check-ins between scheduled visits. *"They work at your pace, the level of support that you want".* It was generally felt that the support was flexible enough to meet individual needs and importantly guided by this.

This was also true of the kind of support people felt they needed. For most it involved both practical and emotional support, depending on the kind of things the interviewee struggled most with. One-to-one support included badminton sessions, going for a coffee or walk on the beach or in the park, accompany to appointments, viewings of housing etc, in addition to meeting at the accommodation to talk or help responding to paperwork, help with digitalised administration etc. Lockdown periods had affected some of the outings temporarily.

For one interviewee the tailored support to accommodate individual circumstances offered by support workers had been crucial in their recovery. Coming out of hospital and with the prospect of not having a place to live, they were offered a place in a women only shared accommodation, last minute. The interviewee accepted the offer, however, the physical location of the house was in an area associated with a trauma for the interviewee. The interviewee felt that their key worker understood the barrier to recovery that remaining in the location would pose, and helped the interviewee to successfully transfer to another of the provider's supported accommodation venues. *"I couldn't have continued to live in that location."*

Another example was brought up by an interviewee who struggled with alcohol consumption initially. Their key worker was patient and allowed the interviewee time to come to terms with the fact that they needed a period of rehab. Their key worker kept up their support during periods in rehab and had successfully coordinated their joined-up support with their alcohol worker, their clinician and other external agencies. This holistic support around the different areas of their care needs, had greatly contributed to the turning point in their recovery that they had now reached. Another aspect that was brought up by a former interviewee, who was now living in their own permanent flat provided by the council, was the support from their key worker to be patient and wait for a sustainable housing option. The interviewee had at times felt disheartened by the process of bidding and waiting for a flat via the council, but was grateful that their circumstances were taken in to consideration and they were not pushed to find another, less permanent option.

Location and setting

Many interviewees liked the location of their accommodation, as they were located in quiet and residential areas, with little through traffic and noise around. There were nice walks nearby, like the seafront or parks and other green spaces, which for some interviewees was an important part of their wellbeing. One interviewee explained that being able to easily get down to the beach or walk in a park was part of their self-therapy. "*I use a walk down to the beach or a walk in the park as distraction, which is a part of my self-therapy".* Some, in self-contained flats, also found the residence itself peaceful most of the time, with other residents being quiet and respectful, with no screaming going on or police and ambulance being called to the building, or loud music being played. Some also had spacious rooms or flats, which they liked, and the fact that it was warm and dry.

Problems/challenges encountered

A third of the interviewees couldn't think of any problems they had had, in their supported accommodation. For those who did, three main areas could be identified.

Other residents' behaviour

The most prevalent problem or challenge interviewees had experienced in their supported accommodation had to do with other residents' behaviour. This was brought up by a few people in self-contained flats, but more commonly by people who lived in shared accommodation, i.e. having their own room but shared kitchen, bathrooms and where relevant other communal spaces. In some cases, this was an issue for people when they first moved in, that had since been resolved or largely resolved. Staff had often helped to resolve the situation by talking to the other resident in question. A few of the interviewees had experienced an intrusive neighbour. For instance, one

interviewee described when they first moved in, a neighbour would knock on their door repeatedly until 6am in the morning. They barricaded the door with the sofa, as they felt frightened. They contacted the staff who subsequently spoke to the person in question. The interviewee felt reassured and safe after that. *"They never knocked again after that."*

It was felt that staff had helped to resolve any incidents or issues promptly, by talking to the resident concerned, and it had been resolved quickly. A few said that even though it had been dealt with, they were unsure what had been said to the other resident and how it had been resolved.

Other encounters had to do with smoking coming through to their room or flat, and this felt depressing as the problem was continuous. Adversely, one interviewee felt threatened by another resident because they smoke tobacco, which was allowed under house rules. But this had caused some threatening behaviour towards them. The issue had partially been resolved but they still felt uncomfortable living in the same building.

For interviewees who brought up the behaviour of other residents as a challenge, there was an understanding that the reason for challenging behaviour was usually due to a deterioration of someone's mental health. "*This is mostly due to someone becoming less well, a reflection of their mental health struggle".* For a few this negatively impacted on their own mental health, even acting as a trigger for destabilization at those times when the place felt less harmonious and with higher stress levels, due to the selection of people in the building. This fluctuated over time, and was more steady than unsteady on the whole. A few interviewees had felt unprepared, or even shocked, for what it would be like moving in to a shared accommodation, living with other people with their own difficulties and problems or substances being used on the premises. One interviewee had been asked for money by fellow residents, when they first moved in, and had given some. Later they had had the opportunity to talk about his with staff, who had explained to them that they can say no. This hadn't been clear to the interviewee, but they had since learnt to say no when people asked, and hadn't had any further problems.

<u>Facilities and maintenance of residence</u>

Some interviewees complained of impractical facilities in their studio flats and cramped spaces. For example, a few didn't have adequate cooking facilities, or enough work top space to prepare their cooking. As a consequence, one interviewee ate all of their meals out or at friends'. The lack of space also made it feel unhygienic to cook and chop up food, there would be crumbs and bits on the bed, as there was no space for a table and chairs. This felt depressing to the interviewee. Another interviewee expressed a similar situation, where they were left with no cooking facilities for a year as the hob broke down, and their only option was to cook in a microwave. Their fridge had also broken down, and was initially replaced with a mini-bar type of fridge, in which it was hard to fit in a container of milk. This made shopping difficult especially during lockdown, as it was hard to stock up to avoid frequent visits to the shop. The fridge had now been replaced, but the episode also felt depressing to them.

For others in shared accommodation, the communal spaces like kitchens and bathrooms often didn't feel clean and some described these as messy. *"It just doesn't make you feel that positive about going home"* or *"I wouldn't want to invite anyone here, it's quite embarrassing".* Other issues some interviewees brought up included a shortage of toilet paper and hand washing soap.

General maintenance and upkeep of residences was also pointed out by some interviewees, particularly where it was pointed out that the building was old *"The building is falling down soon if nothing is done to it."* One interviewee described living with a hole in the ceiling, where on occasion water would come through from the outside wall. Although attempts had been made to try to fix problems when brought to the attention of staff, it was often felt that it was probably too much of an overall structural problem that couldn't easily be fixed without a more major renovation of the whole building.

Isolation

A few felt that isolation was a problem. This had to some extent to do with lockdowns during Covid-19, as there tended to be less interaction between residents and group activities had largely been suspended, but the issue was felt to be there also before Covid-19. Feeling isolated was mentioned by a few people, both from self-contained and shared accommodation venues. It was recognised that it could be difficult to join in with activities with other residents they often didn't know, sometimes because of more problematic feelings stemming from trauma, as was the case for one interviewee. They suggested that "*staff may be missing or not fully understanding why some people don't engage in activities, the barriers that make it difficult to do so."* For another interviewee, the difficulty to take part had to do with the activities were mainly offered outside of the accommodation, typically outings like cycling, walking or visits to places of interest. For them, if the activities were organised in-house, it would probably be less of a barrier for them to take part.

Improvements/changes

Half of the interviewees wouldn't want to change anything to the support they receive from the support workers. Among the other half three main areas of suggested improvements they would like to see could be identified.

A therapeutic approach to support

Some expressed a wish to incorporate more therapy in their support. One interviewee, in low support accommodation, would like to see staff challenging themselves more. The support seemed to an extent to be lacking in direction. Even if the goal is for residents to move on to living more independently, the structure of the support seemed somewhat unclear to the interviewee, and they had the feeling it was not entirely clear to the staff either. Although the practical and emotional support was appreciated, they'd like to see staff engaging more with residents' experiences of trauma. For the interviewee that could potentially help to break out of isolation, as trauma is often what was standing in the way. Another interviewee similarly felt a need to talk more about the "deeper thoughts" as part of the support, in addition to more practical help. In-house activities were also suggested in self-contained accommodation venues, like art or writing groups, as a way of help breaking out of isolation.

Further or additional training for staff was also suggested of how to work with people with mental health difficulties in a more informed way, a "good practice" approach. They recognised that it may be difficult to come in to someone's home and knowing how to approach that person and the difficulties they are experiencing. This would also help avoiding an infantilising approach. One interviewee said *"there has to be more recognition and treatment of people as intelligent adults."*

For yet another interviewee, a way to address their need for more therapy, would be the option of choosing therapy vouchers instead of having a key worker. This was because their general support need was now less than their need to address more deep-set struggles.

Stricter house rules

A few suggested there could be clearer or stricter rules in place to help maintain a more harmonious place to live. This was expressed by people who lived in shared accommodation. Some of the suggestions had to do with having stricter cleaning rules of the shared areas among residents, but also for staff to take a more active role in making sure cleaning standards are maintained and adhered to and help instil a sense of respect and understanding of shared spaces. This also applied to more social rules. For instance, one interviewee said they would like social interaction between residents to take place in the communal areas only. They felt that residents should not be allowed to go in to each other's rooms. For them, it would be reassuring to have staff available and around when social interaction took place between residents, to avoid substances being taken or parties to erupt in private rooms that could potentially go out of control or become messy.

Another suggestion, related to creating a more harmonious shared environment, was that some kind of preparation of how to live with others struggling with their different mental health and other difficulties would be helpful, before moving in. This may help people adapting better and be more prepared for how to handle situations that may arise between residents.
Clearer policies or plans in place, at management level, for all kinds of situations was also raised by one interviewee. An example where it appeared to be lacking was in the handling of Covid-19 in the beginning of the pandemic. They had the impression that staff hadn't had clear guidelines and therefore panicked when someone was coughing.

Practical improvements to the accommodation

Some of the suggestions for improvements had to do with practical improvements to the accommodation. These included bigger or more practical flats or rooms, a general overhaul of the whole property, repairing problems, updating furniture in communal areas and addressing shortages of supplies like toilet paper or hand wash. A more specific wish mentioned by a couple of interviewees would be to have a laundry facility in the house for the self-contained flats. It was recognised that space may be an issue, but it would be an improvement to their living, if it could be done. "In this type of accommodation, it would be ideal".

Key factors to keep well

Consistent support from support worker

This was what most interviewees pointed out as the key factor to keep well. It was felt that to have someone to engage with, to talk to, help with any practical issues and who was there with you and to rely upon was an essential part to keep well. For many interviewees this was provided by their key worker in their weekly regular support. *"Someone who is alongside you with it".* For some a key thing provided by their key worker was to help establish and maintain healthy routines and habits. For instance, for one interviewee it was very important to keep healthy and maintain a healthy diet. Their key worker was an essential part in helping them to monitor diet intake, making sure fresh fruit and vegetables where part of their diet and that they are drinking enough water. The consistent support from key workers was also to help people check that they had stuck to

routines and were on top of bills for instance or they attended appointments. For others the most important role of their key worker was the chance to talk through worries and the patience shown by their key worker, feeling understood and listened to. This allowed for trust to be developed over time which made people feel confident to raise and discuss any concerns.

Social interaction

Another key factor to keep well that was important to interviewees was engaging in social interaction with others, apart from the interaction with their key worker. *"It's what keeps you sane"* and what many felt they needed to keep moving on in a healthy way. For some interviewees this was difficult to achieve with fellow residents, as many felt that people tended to keep to themselves or other residents being too unwell, both in self-contained accommodation and sometimes in shared. For a few interviewees this was provided by family members or friends, outside of their supported accommodation.

For some, while social interaction was the key factor identified to keeping well, it was also their main struggle or part of their struggle. For a few interviewees group activities helped or could help. Opinions on group activities were divided, for many interviewees this was not an important part for them, as they tended to keep to themselves. Others had taken part prior to lockdown. A few felt isolated. One interviewee reported that they would have liked group activities in the house.

8.0 Conclusion and Recommendations

We had good engagement from interviewees, who shared their experiences of living in mental health supported accommodation with us, and the contributions from the resident survey and the staff and practitioner survey were equally informative with many detailed comments. There was overwhelming praise for the support workers, who were described by many as committed, compassionate, caring and concerned with the residents' wellbeing. The overall experience of the support provided among residents, was largely a positive one. Residents felt well-supported and they appreciated the flexible support that support workers were able to give them, guided by their needs and how much support they needed at various times. Staff, referrers and practitioners were also on the whole positive to the support being provided. However, there were some challenges and issues highlighted by residents and staff:

- the importance of maintenance and/or upkeep of properties and the impracticality of some of the flats/rooms
- some of the accommodation was considered unsuitable for certain groups of people, such as less mobile people, women, people with more complex support needs or for whom sharing accommodation is not ideal for their recovery
- there were reports of difficult interactions with other residents
- for some residents there were issues around isolation and difficulty breaking out of this
- noise from outside of the building or from other residents or thin internal walls was an issue
- cleanliness of shared spaces was important
- for some, the house rules were not strict enough and some people felt unsafe
- there were some concerns around staffing levels, particularly in higher and medium supported accommodation venues, and particularly at night
- the need for more staff training to enable them to support the more complex clients and the need for more therapeutic support for clients

Based on what both residents and staff and practitioners would like to see, we have been able to identify five areas of recommendations for the commissioner to look in to further:

1. Explore options for how **support in supported accommodation could be better tailored to meet the needs of residents with more complex needs, including therapeutic needs.** Tailored staff training may be an option and requested by some, or broadening the staff base to include a therapist. Therapy vouchers or offering a variety of learning methods to break out of isolation may be another.

2. **Consider how prospective residents could be better prepared before moving in, including be briefed about the rules in shared houses**. Several residents mentioned feeling overwhelmed at first, particularly in shared accommodation venues. Some had also initially run in to difficult encounters with other residents, or feeling unsafe at night or unease at the use of substances on the premises.

3. Ensure that arrangements are in place to **keep on top of all maintenance issues and the general upkeep consistently** across all the different types of accommodation.

4.**Further exploration into how accommodation could be adapted to suit varied needs**, for instance access for less mobile people, creating more self-contained flats, addressing impractical or cramped rooms.

5.**Further engagement on how to encourage and help social interaction internally and externally** for people who struggle with this. Many mentioned social contacts as a key to wellbeing but often found this difficult with fellow residents. Contact with key workers and interaction with staff was positive, but insufficient to develop and maintain social interaction in the long-term.

9.0 Appendices

Include here a list of the following appendices and embedded documents:

- Appendix A Interview questions
- Appendix B Residents survey and Staff/Practitioner and Referrer survey
- Appendix C Equalities monitoring questions and summary of responses

10.0 Acknowledgements

MiBH would like to thank all the interviewees and respondents to both surveys for taking the time to provide us with their experiences of either living in supported accommodation or working in or with the three venues. We would also like to thank the CCG for all their support, weekly catch-up meetings and timely provision of data. Our thanks also goes to the admin team at MiBH for their administrative contribution to this project and to the managers of Shore House, Sanctuary Star and Route One for encouraging people to take part.

Appendix A Interview Questions

[Warm up questions]

1. **Are you a current or ex-resident?**
2. **Which accommodation did / do you live at?** (Shore House, Sanctuary Star, and/or Route One)
3. **How long have you / did you live there for?**
4. **Can you tell me a little bit about your experience living there?**

[Main interview questions]

5. **What do you like / did you like about your accommodation and support?**

[Prompts: What was good / that you would like to stay the same? What was good about that? How did that help? Can you explain a bit more please?]

6. **Do / did you have any problems living in your accommodation?**

[Prompts: What was not so good / that you would like to be different? What was difficult about that? How did that make you feel? Can you explain a bit more please?]

7. **Is there anything you think could be changed or improved?**

[Prompts: What would a very good mental health supported housing service look like? What makes you say that? How would that make things better? Can you explain a bit more please?]

8. **What is the most important thing to help you feel as well as possible?**

[Prompts: Why is that important to you? Can you explain a bit more please?]

9. **Is there anything else you would like to tell us?**

[Prompts: Is there anything you would like to feedback that we have not asked you / covered already?]

Appendix B Resident and Former Resident Survey and Survey for Staff/Practitioners and Referrers

Mental Health
Supported Housing

Survey for Residents and Former Residents

Mental Health
Supported Housing

Survey for Staff/Practitioners and Referrers

Appendix C Summary of collected answers to the equality monitoring questions from former and current residents of mental health supported accommodation

A. Where do you live?
21 people responded to this question:
- 10 people lived in Hove
- 11 people lived in Brighton

B. What is your age?
32 people responded to this question:
- 10 were between the ages of 26-35
- 6 were between the ages of 36-45
- 12 were between the ages of 46-55
- 4 were between the ages of 56-65

C. What gender are you?
32 people responded to this question:
- Male 20
- Female 12

D. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.
31 people responded to this question:
- 30 Yes
- 1 No

E. How would you describe your ethnic origin?
34 people responded to this question:
- 20 White: English/Welsh/Scottish/ Northern Irish/British
- 2 Any other White background
- 1 Black or Black British: Caribbean
- 1 Mixed: Asian and White
- 1 Mixed: Black African & White
- 3 Mixed: Black Caribbean & White
- 1 Any other mixed background
- 5 Other

F. Which of the following best describes your sexual orientation?
32 people responded to this question:
- 26 Heterosexual/Straight
- 1 Gay man
- 1 Bisexual
- 2 Prefer not to say
- 2 Other

G. What is your religion or belief?
30 people responded to this question:
- 9 I have no particular religion or belief
- 3 Buddhist
- 8 Christian
- I Jewish
- 2 Atheist
- 4 Prefer not to say
- 3 Other (Taoism, Catholic, Spiritual Belief)

H. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
30 people responded to this question:

- 11 Yes a little
- 17 Yes a lot
- 3 No
- 1 Prefer not to say

I. Please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark ‘Other’ and write an answer:

- 11 Physical impairment
- 4 Sensory impairment
- 4 Learning disability/difficulty
- 5 Long standing illness
- 26 Mental health condition
- 4 Autistic spectrum
- 1 Other developmental condition

J. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.
32 people responded to this question:

- 3 Yes
- 27 No
- 2 Prefer not to say