

## **Social Work Practice Pioneer Project (SWPPP)**

Medway Council

### **Final report**

#### **Background**

On 30 September 2011, Medway Council applied to become a Social Work Practice Pioneer Project (SWPPP). Medway's proposal was to focus on developing better housing options for adults experiencing mental health problems, with the target of delivering better settled accommodation options.

Individuals living with severe mental health problems are at greater risk of homelessness because their social bonds are fragile if their housing needs are not understood and addressed. Over four times as many homeless people experience mental health problems compared to those in stable accommodation. Mental health and wellbeing is strongly linked to a safe and secure place to live – and a positive attachment to home. The implementation framework for the Mental Health Strategy, No Health Without Mental Health, makes clear '... for many people poor mental health is linked to insecure, poor quality and overcrowded housing and homelessness....'

A housing-related support needs analysis for Medway concluded that there were some important processes and resources already present that could be harnessed to improve the range and quality of housing options for people using mental health services. But there were also important gaps in terms of communication, coordination and shared understanding of housing needs and risks in the context of mental health. There was a lack of systemic planning, joint working or good service outcomes. This project set out to improve the quality of relationships and to enhance outcomes using social work intervention.

Social work knowledge, skills and values are highly relevant to the task of improving housing options for people experiencing severe mental health problems to achieve settled housing, sustain tenure in the community and avoid homelessness. But the social work contribution will only be realised if social workers practice beyond the narrow remit of a care management approach in addressing the problems and needs of people who use services. The common working assumption among social workers, that housing allocation and housing support is a highly technical arrangement for specialist housing teams and specialist providers, also needs to change. This project was an attempt to reflect on the social work task in the context of Medway and mental health, to promote social change, to build local problem-solving capacity and to directly involve people who use mental health services in defining the issues and co-producing solutions.

## **Context**

Medway is a unitary borough council within Kent, with a population of 254,800. Medway's direct dedicated spend on adult mental health is around £5 million annually. The level of local deprivation and mental health needs is comparable with London boroughs, rather than with most other areas of Kent. Mental health problems frequently exist alongside other social care needs and health conditions. For Medway, alcohol dependency and substance misuse are significant challenges across health and social care. Dual diagnosis of mental health and substance misuse is a key concern, with highly vulnerable clients at risk of homelessness and safeguarding issues in families.

Adult mental health social work services are essential for delivering the council's responsibilities for ensuring that adults experiencing mental health problems maintain safety, independence and wellbeing, and these are now directly provided by the council. Medway Council has statutory obligations to ensure the social care needs of adults who are vulnerable because of their mental health are met, effective safeguarding arrangements are in place and the council's legal duties are discharged. Social care needs are related to a number of specific outcomes on which the council's performance is measured, including:

- assistance with settled housing
- occupation (including employment)
- safeguarding vulnerable adults
- personalisation and self-directed support
- ensuring carers' needs are assessed in their own right.

## **Needs analysis**

The number of people receiving support from the Medway Mental Health Adult Social Work Service is currently around 450. On average 25 new referrals are received by the service every month. Around 85 individuals are currently in receipt of day services, with a further 100 clients receiving support from the community support outreach service, usually in their own home; 220 clients have been assessed for self-directed support and receive a direct payment to meet their eligible need.

Forty-four clients of working age are living in 24-hour staffed residential care. All residential care placements are provided by private/for-profit providers. Two providers are located in Medway and provide the majority of these placements. In addition they provide residential placements for non-Medway residents, so Medway is a 'net importer' of adults experiencing severe and long-term mental health problems. In contrast to other local authorities of similar size and deprivation, Medway uses a significantly higher number of costly residential care placements. Although potentially high levels of support are available in residential care settings, this was not found to be present in unannounced visits to residential care homes in Medway. These visits found basic care arrangements, a lack of daytime activity, minimum care planning and an absence of purposeful social rehabilitation.

Mental health-supported housing and floating support are poorly developed in Medway and provide a smaller number of places than residential care (36 units of supported housing and only generic floating support). Large cost reductions in the Supporting People budget in Medway has put these services at risk of closure. The level of hours of support per person through supported housing has been reduced, and currently averages five hours a week.

There is a gap between the 'high support' provided in residential care and much lower levels of housing-related support in supported housing. A mental health supported housing project that opened in July 2011 highlighted the challenges existing for clients to move on from residential care to supported housing, showing the relative inexperience in the mental health social work team in working with clients to support an effective move on from residential care.

## Actions following needs analysis

The needs analysis indicated a requirement to rebalance the current dysfunctional local arrangements that did not serve the interests of client's mental health and wellbeing.

The largest investment in mental health was in high-cost residential care of questionable quality and not sustainable over the long term. Unless this is addressed by creating new arrangements to develop a range of housing options in a model that recognises a fuller care and support pathway, there will be increasingly limited access to resources that will only reach those clients with very high levels of need in care homes settings. However, even such eligible clients risk being further disabled through institutionalisation because there will be very limited prospects of moving on to greater independence.

Medway Council is at risk of colluding with a containment model. Working with people experiencing mental health problems will become the province of health professionals and pseudo-healthcare homes. It underestimates the discipline of social work, including its contribution to problem-solving in human relationships; to user empowerment and the importance this plays in enhancing wellbeing; and potentially ignores the purpose and value of social work intervention at the key points of crisis and decision-making where the user's interaction with their environment may have a significant impact on their choices and self-determination. If the containment model operates, the social work task is instead reduced to reviews and investigating safeguarding alerts.

Following this analysis, the project focused on the following areas:

- engaging the mental health social work team manager, practitioners and students directly in the housing system across Medway about the contribution social work could make
- engaging people who use mental health services in clarifying the issues at work locally and their impact from a user perspective
- grounding social workers and students in remodelling a specific housing project
- initiating a local mental health housing options forum

- organising a Medway mental health housing options workshop to a wide audience of users and local professionals
- identifying next steps to rebalance and improve the local mental health housing and support pathway.

The actions used to make progress against these areas are described below.

## Changing focus of the Medway Health Accommodation Panel

The Medway Mental Health Accommodation Panel has been in place for several years. It considers requests for new placements of clients into residential care each month from social workers and mental health care coordinators. It also reviews current care home placements. It is held monthly, chaired by the mental health service manager, with the mental health social care commissioner and accountant in attendance.

At the start of the project, discussion took place in the panel with the project's social work lead about broadening its scope and terms of reference to consider mental health housing need more widely and no longer limited to approving residential care placements that are often provoked by the discharge of a patient from hospital.

It was agreed to change the panel's terms of reference to include authorisation and review of non-residential placements as part of step-down support plans, and to support social workers in the task of moving clients on from residential care to independence.

The panel also met local residential care providers to set out the direction of travel for the development of step-down and broader housing options, and indicated how it intends to invest resources in the future.

As a direct part of this development, the manager of the step-down service was invited to attend the panel meetings monthly, to identify potential applicants to move on from residential care and hospital rehabilitation settings.

The panel has been successful over the course of the project period in clarifying the step-down service as an alternative to residential care for eight people who use services to date. In addition it has promoted the move on from residential accommodation for a further seven people who use services to supported housing or sheltered housing. A larger group of potential candidates were also assessed through this process, and these assessments either confirmed the suitability of their current placement or indicated that they may be suitable for move-on at a later date.

The panel has played an important role in supporting social workers who have worked to move clients on from residential care. In one example this included working intensively with family members who were initially resistant to the prospect of a family member moving out of 24-hour residential care into a more independent living setting. The ambivalent messages from the family had a significant impact on the motivation of the client. However, the situation also afforded an opportunity to make a carer's assessment and consider carer's support, to introduce advocacy and to coordinate a family meeting. The work with the family will continue and family therapy has been considered in a recent panel discussion.

## **Bringing social work into remodelling the mental health-supported housing service into a step down from residential care**

Agreement was reached in March 2012 with a local specialist mental health housing provider to 'remodel' an existing, very limited, supporting housing service into a more intensively supported service, to enable individuals currently living in care homes to 'step down' from residential care and to move on to greater independence. This change also required nine current tenants to move on to more independent living so the service and the team could be remodelled.

This built on lessons learned in July 2011, when clients moved on to the new project previously referred to above. This experience has been directly available to this housing provider through the mental health commissioning manager and the supported housing commissioner. It also incorporated the experience of the care management assistant who supported clients to move on. The housing provider's local area manager also had direct access to her housing colleagues at the other housing project. This assisted in drawing up the new specification for the service.

The social worker leading this project was able to assist the housing manager to review the referral and assessment processes. In this he was joined and assisted by two social work students who took up particular tasks to support this project during their practice placements. One specific contribution made was to encourage the assessment of individuals in a wider context, with a focus on users alongside the management of risk. This was summarised in a new referral form, to which users actively contributed.

The remodelling of the service also had important implications for existing tenants of this supported housing service. The tenants were expecting to move on to their own council or housing association tenancies. The impact of social work changed the approach to working directly with those residents of the project who were identified as needing to move on to more independent living. Nine residents were supported through joint work between the housing project staff and the social workers to move on to more independent living options. The focus of this joint work meant this was achieved in a shorter timescale. The social worker leading this project and two social work students attended house meetings where the changes to the service were discussed with tenants. There was broad support for the proposed changes to the project from the tenants. This social work input was an important means of enabling positive change to happen.

Through these meetings and follow-up discussions with the social workers, tenants contributed ideas about how additional support hours envisaged in the step-down model could be used to help in the development of further skills for independence. These points were incorporated into the new service specification.

## **Establishing the Medway Mental Health Housing Forum**

In March 2012 the social work lead established the Medway Mental Health Housing Forum, to bring together local stakeholders to:

- improve communication between the council, the social work team and local housing providers on mental health support

- share knowledge about the changing landscape of mental health services and housing provision
- look at more flexible and innovative options for housing solutions in the local area
- consider issues in a group setting with the objective of improving housing and mental health while understanding the challenges
- foster collaborative work and to look for opportunities to work together.

The social work lead chaired eight meetings during the course of the project with a varied group of members, including:

- specialist mental health-supported housing managers
- supported housing workers
- local homeless hostel manager
- floating support team leader
- care home owner
- advocacy manager
- person who use services
- local workers from the recovery and acute service
- day services manager
- carer's support workers
- Accommodation Panel members
- social work students
- social workers
- council housing workers.

There was agreement in broadening local housing options for mental health. At the same time there were concerns about the current fast pace of change in local housing and mental health services, as well as anxiety about the uncertain impact of forthcoming changes to housing benefits and welfare benefits and the proposed 'bedroom tax' in relation to under-occupancy.

The forum wanted to engage many users directly in these discussions. It was suggested by people who use services in September 2012 that a workshop should be held devoted to local housing issues for people who use mental health services. The forum took on this suggestion and worked together to plan and deliver a mental health housing options workshop, aimed primarily at a large audience of people who use services and professional colleagues from across mental health and housing.

## **Medway Mental Health Housing Options Workshop**

This event took place on 24 January 2013 and was the largest mental health housing event ever held in Medway. Around 80 people attended; over 50 participants were people who use services. The professionals who attended included managers and workers from the local acute hospital wards.

The purpose of this workshop was to share information and to consult on how to improve the housing and support pathways for mental health in Medway. People using Medway mental health services and their carers were especially welcome. It was hoped to gain the participation of individuals living in care homes and their family carers as well as users living in supported housing and the community.

Stalls and information at the event were provided by local housing providers, community neighbourhood safety teams and other community resources. The workshop was designed to be interactive, with opportunities to contribute to identifying issues, their impact and ways forward.

Four task groups during the workshop event discussed issues around obtaining support to weather a housing crisis; the type of signposting and support that would help users navigate their way through processes around housing and accommodation; the types of support necessary to sustain housing and tenure; and where people who use mental health services with a housing need or crisis would want to go for help.

The event was opened by the council's principal officer for mental health. The social work lead for this project introduced the purpose of the day. A local user art group exhibited original art work commissioned for the event on the theme of 'the idea of home.'

Four social work students facilitated the work groups and presented themes from the group discussion to the plenary session.

Themes from the workshop:

- Users spoke of a lack of empathy and understanding about the link between mental health, housing and homelessness.
- The council housing team was experienced as very impersonal and procedurally driven, using complex processes that led to delays and frustration. It had lost touch with the person in the technical process. Users strongly expressed the view that no one was taking ownership of the problem.
- There was confusion because there were too many agencies, and they failed to communicate with each other.
- Users raised concerns about safety concerns about their housing and local community, but these concerns were not taken seriously by professionals. Users emphasised the importance of safety and security in and around their home.

- Users felt targeted within their own homes because of their mental illness. Neighbours were sometimes hostile.
- Professionals appeared to be 'in retreat' and there was less support from social workers and care coordinators. The experience of contacting professionals was very frustrating. If they had not been hospitalised, users didn't get a care coordinator or social worker, but still experienced significant mental health problems and difficulties.
- Users felt the government drive for people to become employed created anxiety. Some users were being told they were now fit to work under reassessment guidelines, but this wasn't necessarily the case.
- Users were concerned with policies affecting housing benefits, specifically proposals to increase the minimum age to receive housing benefit and the proposed 'bedroom tax' for under-occupied accommodation.
- Professionals struggled to know where to direct people who use services. They raised concerns about some users being classified by housing colleagues as 'intentionally homeless' which caused risks for users who became homeless without recourse to state support.

Users also came up with ways forward and potential solutions, including:

- The production of a flowchart and step-by-step guide so that professionals and users both understood the processes and where to go.
- Mental health awareness training for housing agencies and housing workers.
- Mental health awareness training for Neighbourhood and Tenants' Associations.
- Urgent improvement in the quality of communication between housing council staff and mental health staff.

## **Project outcomes**

The project delivered enhanced outcomes directly to 24 people who use services who moved on from residential care to step-down accommodation or who went on from supported housing to independent tenancies.

The workshop was the key focal point for the project, and reached around 50 people who use services. It brought together a large diverse group, but with the majority of participants being people who use mental health services. The themes emerging in the workshop were both very powerful and powerfully expressed. They amplified the concerns raised in the forum as well as the forum members' analysis of what needed to be done.

Users related the impact that housing-related issues had on their lives including frustration, increased anxiety, fear, disappointment, loneliness and isolation. One user said the confusion he had experienced had led him to “give up” seeking support. Feedback collected from participants showed that the art produced by users for the event and exhibited on the day had an important positive influence on stimulating discussion. The workshop also directly led to greater user involvement in the forum.

The forum was established as a direct result of the project and will continue. Participation at meetings has never fallen below 12 members; it is often considerably more.

The workshop enabled the forum to set a broader work plan to address the issues around the importance of mental health awareness and the urgent need to establish better communication between the housing teams at the council and local mental health services. The forum will also produce a booklet to guide users and mental health professionals about seeking housing-related support. It is considering how to tackle the impact of the proposed housing and welfare benefits changes – it is seeking to work with agencies with knowledge and different perspectives on how these may affect users. Local Shelter officers are shortly being met, and the forum intends to make contact with the local Credit Union.

### **Social work practice learning**

The project provided important opportunities to think about the particular contribution of social work practice in the context of mental health and housing.

The core group directly involved in the project consisted of the social work project lead, the mental health social work service manager, six social work students (all of whom took up direct involvement in key tasks during the project), the mental health social care commissioning manager and four other members of the social work team who also took part in the forum, the remodelling of the step-down service, and the workshop event. Other members of the social work team also contributed to the Accommodation Panel. The social work lead was able to update the whole mental health social work team on the project through briefings to the team’s monthly meetings. In addition the social work lead arranged for Topaz Social Work Community Interest Company (CIC) to make a presentation to the mental health social work team to stimulate thinking and discussion about the Medway team becoming a social enterprise.

The involvement of social work students was valuable in creatively thinking about the reform of social work, including the contribution social work could make to supporting change through the development of personal skills and empowerment with clients.

Four social work students were challenged to facilitate the task groups during the workshop event, and used this as an opportunity to apply group work skills. This was in contrast to the dominant care management/case management approach in mental health social work.

All six students involved over the course of the project have contributed to the forum’s work. It has enabled them to reflect on human systems, power relations and the layers and levels of intervention that are possible through social work practice.

The following feedback was provided by one of the social work students involved:

*'Involvement in this project presents a good opportunity to understand and influence service provision at different strategic levels, including local authority management, service provider operational arrangements and at a service user level, within a specific frame.'*

*'To my surprise, it is my feeling that the value of this experience for students is matched by the need to involve students to progress this project, so that strategic level perspectives and agenda drive success, without limiting the creative shaping of the service provision at service user level.'*

*'Student social workers offer the time and resources to reflect on the project and place it within the context of theory, legislation and government policy, while continually considering social work values, duties and responsibilities to the service user.'*

The social work students were supervised by their social work practice teacher. This provided a regular opportunity to gain support in carrying out the tasks related to this project as well as a space to reflect on the processes involved.

During the time of this project Medway mental health social work team was involved in a huge task of reallocating 'cases' between health and social care, and establishing the team in the council's performance and information management system and Fair Access to Care Services (FACS) eligibility rules. As the team moved from the mental health trust back to the council, it was at risk of becoming a 'bureau' rather than being recognised as a 'service' by clients. This project enabled the social work team to reflect on its primary tasks, including its important function of assisting vulnerable clients to achieve settled accommodation and long-term tenure in the community rather than to the default residential care setting.

Workshop discussion confirmed users' experiences of increasingly fragmented service delivery with the local presence of specialist teams with limited remits, alongside a feeling that 'professionals were in retreat'. This has led to confusion, with a negative impact on the motivation to seek help and the potential for further disempowerment of people who use services.

For housing providers, this fragmentation into specialism has also been disabling and is reflected in the forum discussion. Uncertainty about the future resource investment and the fast pace of change to mental health services, together with proposed housing and benefit reform, reduces confidence in the skills to meet user needs. The project has pointed to the important role social work can take up in using a systems approach to navigate across this fragmented service landscape and to enable different stakeholders to be brought together.

Housing providers noted the contribution social work colleagues could make to support the improvement of referral pathways, individual assessment and support planning and safeguarding processes. This is critical to ensuring clients do not risk eviction if their mental health deteriorates. Housing providers see their tasks and contributions as

distinct from social work, and that more can be achieved to support clients where collaboration happens and communication is improved.

The motivation to support clients to move on from residential care highlighted the value in considering family conferencing and family work as core social work skills.

Dick Frak

**On behalf of the Social Work Pioneer Practice Project Medway Council**

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Matthew Clemens-Lary

Social Worker

Medway Mental Health Social Work Team

**Tel: 01634 331 888**

[matthew.clemenslary@medway.gov.uk](mailto:matthew.clemenslary@medway.gov.uk)

Dick Frak

Mental Health Social Care Commissioning Manager

Medway Council

01634 334407

[dick.frak@medway.gov.uk](mailto:dick.frak@medway.gov.uk)

**Social Care Institute for Excellence**

Fifth Floor

2–4 Cockspur Street

London SW1Y 5BH

tel 020 7024 7650

fax 020 7024 7651

[www.scie.org.uk](http://www.scie.org.uk)

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