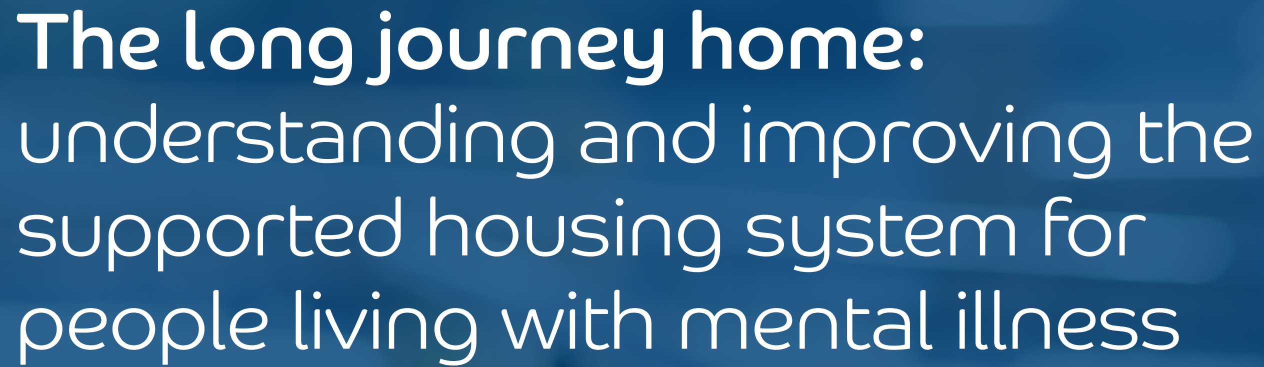

The long journey home:
understanding and improving the supported housing system for people living with mental illness

NPC

Rethink Mental Illness.

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Full supported housing system model

Want to work together to improve supported housing?

Get in touch with us via harvey.crawford@rethink.org.

By Mark Yates, Director of Operations at Rethink Mental Illness

At Rethink Mental Illness we work closely with people living with mental illness and their family and friends, and therefore are keenly aware of the need for more quality supported housing.

Like many providers, we at Rethink Mental Illness are often overwhelmed with referrals. We also understand the knock-on effects of this shortage elsewhere in the system. It is a major factor in delayed discharge – meaning too many patients are hospitalised for longer than is necessary because of a lack of suitable onward accommodation. This contributes towards high bed occupancy rates, meaning others needing inpatient care have to receive it far from friends, family, and community-based professionals involved in their care. This not only undermines care quality and effectiveness, but comes at great expense to the NHS.

Getting supported housing right is therefore crucial not only for the individual, or for social care, but for the whole system.

Following the passage of the Supported Housing (Regulatory Oversight) Act, there is increased attention on how we can ensure the provision of high-quality supported housing. Rethink Mental Illness believes a better system is possible, but we are not naive to the complexity of this challenge. Having identified the need, we wanted to thoroughly understand the problem so we could be part of the solution. Supported housing is inherently complex, and relies on complimentary policies and resources across housing, health, and care, both nationally and locally, to work well.

This is why the first phase of our partnership with New Philanthropy Capital (NPC) has sought to better understand the systemic factors that prevent people with severe mental illness from accessing the supported housing they need for recovery.

While those embedded in these systems may be unsurprised by our findings, we believe our system model sheds light on how these issues interconnect and mutually reinforce one another. We have also identified some enablers that we believe sit at the heart of a better system, but we recognise that we don't have all the answers yet. We want to get people who care about improving the supply of quality supported housing thinking and talking about possible further enablers and detailed policy solutions.

This is one of the reasons we are excited to embark on the next stage of this work, in partnership with NPC. This will involve working closely with local systems to understand their specific contexts and help develop solutions across all aspects of the system, from investment options to implementation.

Find out more about NPC via their website:
www.thinkNPC.org

By David Neaum, Senior Consultant in Impact Investing at New Philanthropy Capital

The ask is simple. How do we increase the amount and quality of supported accommodation for people with severe mental illness, so that they receive the care and support they need to improve their life outcomes? The solution is far from simple. When Rethink Mental Illness invited NPC to work with them on this challenge, we could see the potential for making a real difference in the lives of individuals, but also a real opportunity to rethink how to make that happen.

It has been heartening to work with Rethink Mental Illness and the more time we spend with the organisation the more we admire the work they do. They have a deep commitment to the front-line delivery of care and support that is responsive to the lived experience of the individuals they work with. But they also have a broad understanding of the complexities of mental health care provision and work tirelessly to increase and improve it.

Our work to date illustrates the complexity of the challenge, unpacking the interlocking systems that play a part in the experience of those living with mental illness who don't have access to suitable homes.

To give an example - one key component to increasing provision is financing. Currently, there are costs and risks associated with providing the right kind of housing with the right level of support. These are then amplified by the uncertainties and complexities of interrelated commissioning systems. Investors tend to reach for the lowest hanging fruit, and so the market is failing to meet the housing needs of people with severe mental illness. Our early research suggests that innovative approaches to co-financing could play a significant role in changing this, but greater access to affordable finance alone will not be sufficient to deliver the desired outcomes.

This is where the interwoven systems affecting the provision of supported accommodation and care are important. These systems need to work together to identify need, to commission suitable housing, to ensure the right standards of care and support, and to adapt and respond to changing circumstances and needs.

In the next phase of our partnership with Rethink Mental Illness, we will continue to build the case in terms of cost-effectiveness and impact to attract the right investment and deliver the right policy solutions in supported housing for those living with mental illness.

"As a service user of many years, housing has been a constant anxiety, fear and trigger for me... housing is just seen as a problem to solve with no understanding of how it supports my recovery."

Expert by Experience

Supported housing services offer a safe environment in which people can recover and build their confidence, helping them to feel more able to live independently in their local community.

The term supported housing is used to describe a range of different types of provision, with varying levels of, and approaches to, staffing and support.

Effective supported housing services provide residents with support to manage their mental and physical health needs. Individuals are encouraged to establish goals linked to independent living, including finding work or education opportunities, and learning household skills such as cooking or money management.

These services can generate hugely positive outcomes for both individuals and systems, playing a significant role in addressing some of society's biggest challenges.

For example, the National Housing Federation has explored the part that supported housing services play in addressing homelessness, estimating that **there would be an increase of around 41,000 people across all cohorts experiencing 'core homelessness', and a further 30,000 people at significant risk of future homelessness, without these services[1].**

Supported housing assists our health service by enabling discharge and enabling more individuals to recover in the community rather than spending unnecessary days, weeks or even months in hospital at significant public expense. Rethink Mental Illness analysis has found that **the cost per day of staying in even the most intensive supported housing setting is only around a third that of staying in a mental health inpatient setting.** Evidence provided to a recent Levelling Up, Housing and Communities Committee inquiry showed that **specialist housing for people with learning disabilities and mental health needs, including supported housing, saves around the public purse approximately £12-15k per person per year.[2]**

"I've now moved from the service into my own flat and am living more independently."

Service user

1 National Housing Federation (2023) Supported housing factsheet - The value of supported housing to homelessness prevention, health and wellbeing

2 House of Commons Levelling Up, Housing and Communities Committee (2022) Long-term funding of adult social care - Second Report of Session 2022–23

For many individuals, supported housing represents a safe, stable and affordable place to call home. This is fundamental to good mental health in and of itself, as well as being a stepping stone to other critical wellbeing factors, including stable meaningful work and getting involved in one's community.

Rethink Mental Illness provides approximately 500 units of accommodation across England, including supported housing. In summer 2023, the organisation's Evidence and Impact team began new data collection with current and former residents to better understand the difference that accommodation services are making to people's lives:

87%

said their quality of life has improved

83%

believe they are on track or have met goals including entering employment or education and developing new household skills

80%

feel more empowered to discuss their needs with health and social care professionals

90%

felt that they now had a home

> "The service has helped me to realise that it is plausible to navigate my own mental health care and manage my own home."
>
> Service user

> "The service provided me with a safe and secure place to live, and the staff are encouraging me to adopt independent practices for when I move on."
>
> Service user

However, the organisation is aware, through our policy and campaigning work and wider engagement with those who have lived experience of mental illness, that this is not the reality for all. Too many individuals are having poor experiences during, before and after their stay in supported housing settings, and that is if they are able to access the right accommodation in the first place. This often leads to individuals, their families, communities, and wider society, facing the implications of poorer mental health outcomes overall.

These experiences point to issues within our systems of housing, health and care. **This is why Rethink Mental Illness, working in partnership with NPC, has created a system model to fully get to grips with the challenges and barriers that people with severe mental illness face as they navigate these services and their causes.**

What is a system model?

System models can be a useful tool in helping those seeking to affect change in a particular system to better understand the factors and dynamics that are combining to produce particular outcomes, and the structures and behaviours that are maintaining those outcomes.

This 'whole system' view can support those trying to affect change to undertake effective strategic action across the system and prevent siloed interventions.

This analysis covers three systems linked to Rethink Mental Illness's sphere of influence. These are:

1. Investment and financing of supported housing stock (housing)
2. Commissioning and management of supported housing (social care)
3. Commissioning and delivery of mental health services (health)

The system model was informed by workshops involving staff working in Rethink Mental Illness's Operations directorate, as well as a range of external stakeholders including representatives from NHS Trusts, local authorities, housing associations and VCSE organisations. While effort was made to ensure a diversity of perspectives, limitations to both the number and range of stakeholders spoken to means that the resulting analysis is inevitably subjective. We have grounded the report in this experience while drawing on wider research, literature and data to mitigate this issue and to demonstrate the scale of particular problems.

"Where you live is as important as how you live."

Expert by Experience

A user's journey through the system

This section articulates the ways in which the system can fail from the perspective of an individual living with mental illness who is navigating that system. Not every individual experiences each and every one of these problems, and there are examples of excellent practice throughout the country. However, the reality is that every day, someone is coming up against one, some or many of these problems.

We present this user journey through the system in stages - from identification of need through to assessment, then access to, and then moving on from, supported housing.

Graphics from the full system model are used to help summarise the system and highlight dynamics and interdependencies within it.

Key figures

According to Shelter, more than **a million households in England are waiting for social housing.**[1]

Crisis has found that **45% of people experiencing homelessness** have been diagnosed with a **mental health issue**. This rises to **8 out of 10 people who are sleeping rough.**[2]

3 Shelter (2023) Social Housing Deficit
4 Crisis (2023) Mental health

Stage 1: A missed opportunity for prevention

You, as an individual living with mental ill health, find yourself, like all of us, in need of a safe place to call home.

The shortage in suitable social housing means you end up on a long waiting list.

You struggle to enter the private rental market, because you lack a renting history and cannot afford a deposit.

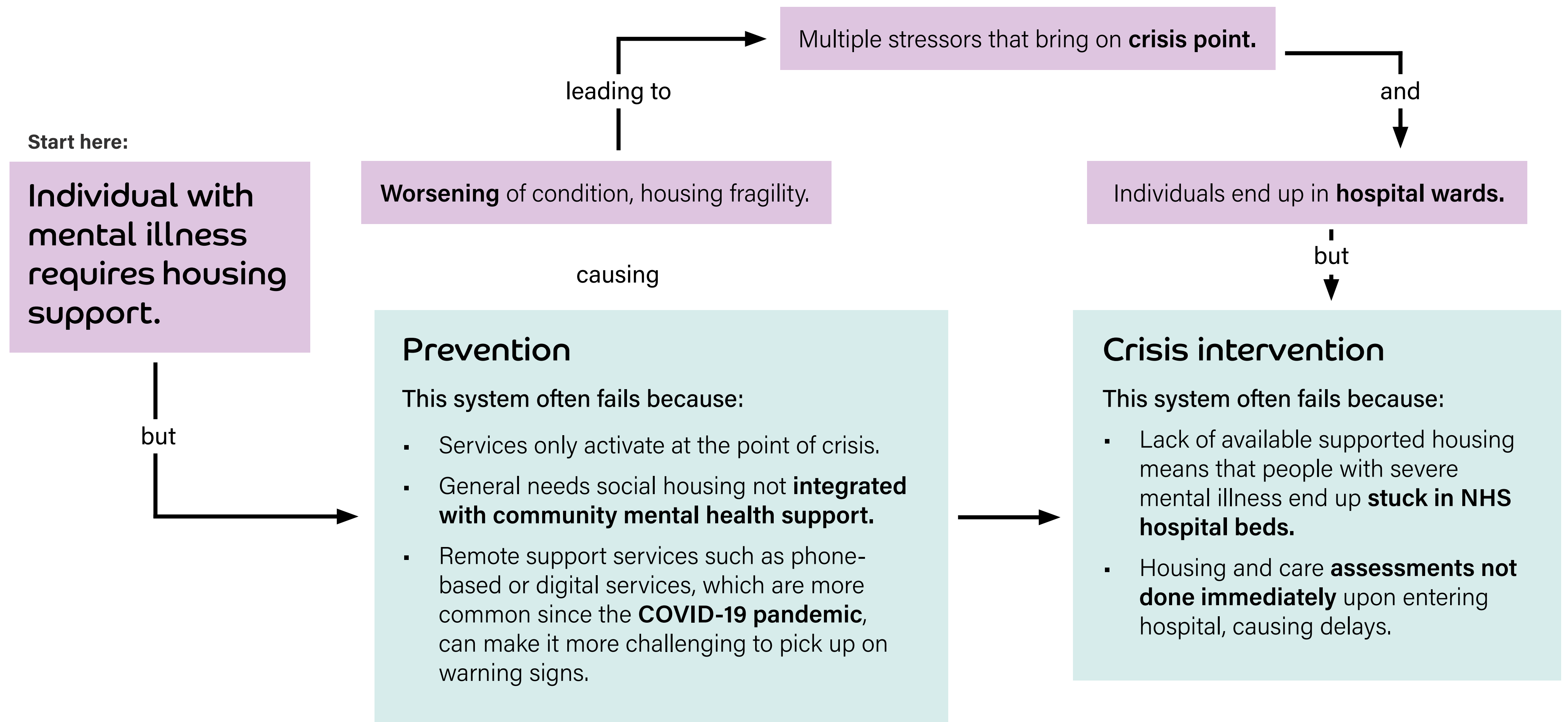
You are at risk of homelessness. You feel unstable and stressed.

When things get too much, you experience a mental health crisis – it is only now that you are able to access meaningful support for your mental health. This may be dedicated mental health crisis provision, or emergency services.

You might end up requiring a hospital stay, which could have been prevented if your housing and other needs had been met.

System model: Prevention and crisis intervention

(full system model is available in the annex)



Stage 2: Assessments and referrals

Whether in hospital or in the community, you now require assessment to determine your housing and care needs. With this comes a great deal of scrutiny, and what feels like jumping through hoops. This stressful process can make your condition worse.

You face multiple assessments. The lack of coordination between services can result in distress and duplication.

Even when the different parts of the system are communicating with one another, this is not always in the spirit of partnership.

You are unable to pay for housing yourself and need housing benefit support. Assessments of your eligibility threaten to send you back to square one. Budgets are tight across the board – social care budgets aren't enough to meet your needs.

You find yourself competing for housing places with others in need. There isn't enough supported housing for you and all of those who need it.

The wait for housing may mean you end up staying in hospital longer than you need to be.

All the stress and uncertainty has worsened your condition. And after all this, you might still not get the right housing or care that you need.

"There are a lot of unnecessary arguments about what budget is paying for the services."

"Competition for places means housing providers cherry pick. Those with more complex needs who really need it don't get selected."

Key figures

Almost half of Directors of Adult Social Services surveyed by ADASS said that **demand for support for mental health needs** had **increased by more than 10%** in the past year.[3]

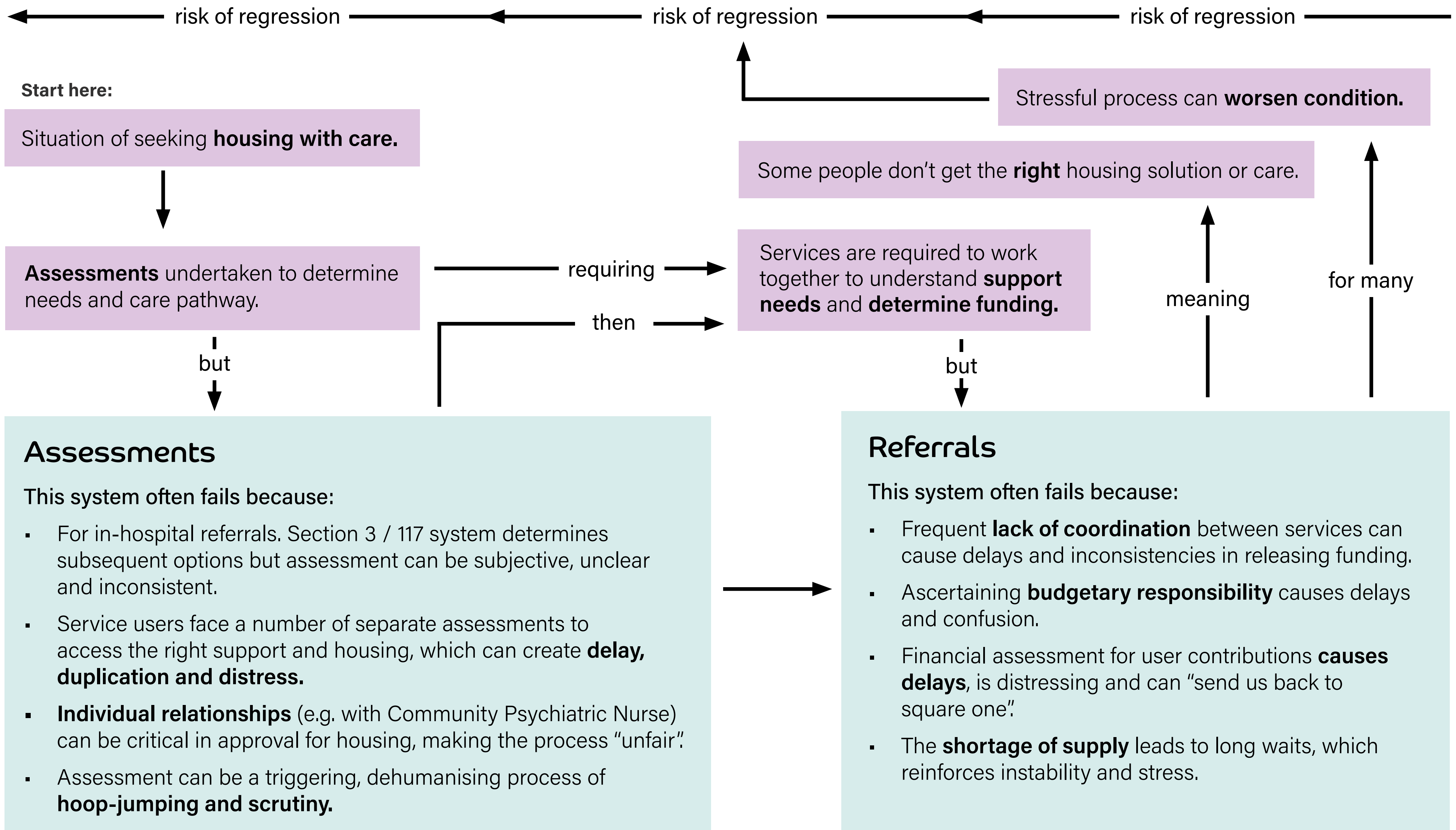
The National Housing Federation has identified a **210,000 shortfall** in necessary supported housing units across all cohorts, **set to rise to 350,000 by 2045.**[4]

NHS England statistics show that the number of days of delayed mental health hospital discharge attributed to a **lack of available supported accommodation** increased by **70% between August 2021 and July 2022.**[5]

3 ADASS (2023) ADASS Spring Survey 2023 – Final report
4 National Housing Federation (2023) The housing crisis: what will happen if we don't act? Research and analysis to support the case for a long-term plan for housing
5 NHS England (2022) Mental Health Services Statistics

System model: Assessments and referrals

(full system model is available in the annex)



Assessments

This system often fails because:

- For in-hospital referrals. Section 3 / 117 system determines subsequent options but assessment can be subjective, unclear and inconsistent.
- Service users face a number of separate assessments to access the right support and housing, which can create **delay, duplication and distress.**
- **Individual relationships** (e.g. with Community Psychiatric Nurse) can be critical in approval for housing, making the process "unfair".
- Assessment can be a triggering, dehumanising process of **hoop-jumping and scrutiny.**

Referrals

This system often fails because:

- Frequent **lack of coordination** between services can cause delays and inconsistencies in releasing funding.
- Ascertaining **budgetary responsibility** causes delays and confusion.
- Financial assessment for user contributions **causes delays**, is distressing and can "send us back to square one".
- The **shortage of supply** leads to long waits, which reinforces instability and stress.

Stage 3: Experiences in supported accommodation

It may be that you are eventually assigned a place in supported housing.

However, you find that the accommodation itself is of poor quality.

The space/support you receive lacks flexibility and understanding of your specific needs, particularly if you live with a disability or come from a minoritised racial or cultural background.

It's hard to build relationships with any of the staff, as they come and go frequently. Lack of investment in staff capacity means you receive inadequate care. You don't receive any support to develop skills that will help you to live independently after your stay.

You feel disempowered regarding your care – you haven't been involved in any decisions about the support you need, and the help you receive feels like a one-size-fits-all offer.

You experience challenges accessing support from mental health services. You are unaware if help is available from VCSE services in the area.

Problems mount - your accommodation is located in an unsafe environment in proximity to stressors and triggers such as drugs. It is targeted by criminals due to your vulnerability and that of other residents.

You feel unsafe, unsettled and isolated, but don't feel able to request a move because you could end up at the bottom of a waiting list.

Key figures

72,000 people living with mental ill health already live in supported accommodation, but a recent survey by the National Housing Federation suggests that less than a quarter are living in a specialist mental health scheme.[6]

43% of those with a diagnosed mental health condition who were surveyed by the National Housing Federation experienced challenges accessing support from mental health services.[7]

Skills for Care estimated that the **staff turnover rate** of directly employed staff **working in the adult social care sector was 29%** in 2021/22.[8]

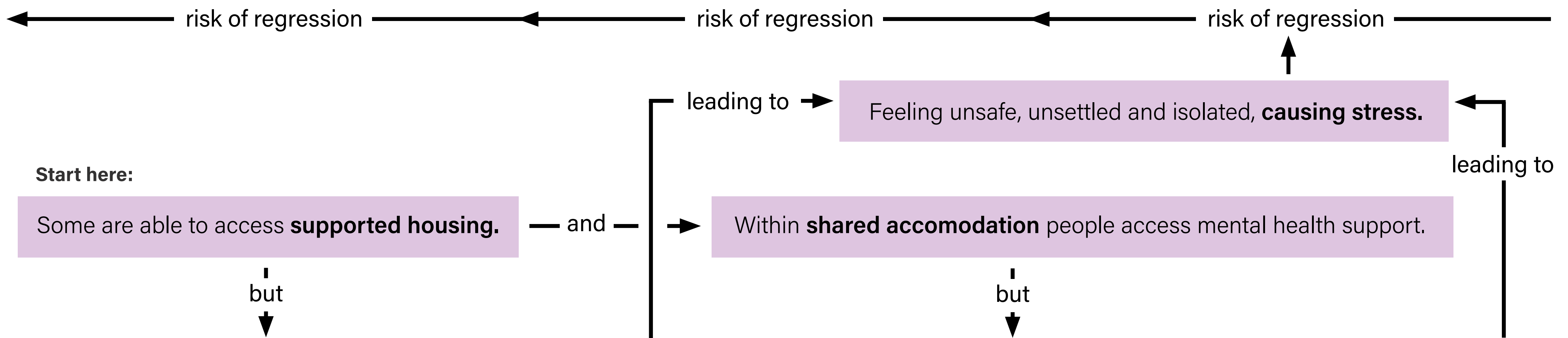
6 National Housing Federation, Imogen Blood and Associates and the University of York (2023) Research into the supported housing sector's impact on homelessness prevention, health and wellbeing

7 National Housing Federation, Imogen Blood and Associates and the University of York (2023) Research into the supported housing sector's impact on homelessness prevention, health and wellbeing

8 Skills for Care (2022) The state of the adult social care sector and workforce in England

System model: Supported accommodation and mental health support

(full system model is available in the annex)



Supported accommodation

This system often fails because:

- Some supported accommodation feels like a **dangerous environment.** Housing can be located in areas that reinforce stressors (e.g. drugs).
- **Properties can be poor quality,** lacking space, disabled access or the consideration of needs and safety of people with protected characteristics.
- **Housing staff** may lack understanding of residents' needs, and communication between staff and residents can also be poor.
- **Mandated number of mental health support hours** can put people off - lack of agency.
- Supported accommodation is sometimes targeted by criminals due to vulnerability of residents, presenting **safeguarding risk.**
- Support within accommodation fails to assist residents to **establish independence** and **develop life skills.**

Mental health support

This system often fails because:

- **Staff can lack training in person-centred care and cultural competencies** - to understand background, context and specific cultural or linguistic barriers.
- **Staff turnover** disrupts relationships and causes delays in coordination and support.
- Needs can change during an individual's time in supported accommodation but the support **might lack flexibility.**
- Residents don't always know what Voluntary, Community and Social Enterprise (VCSE) support is available in their area and face barriers to access.

Stage 4: Moving on

If you were able to get one, your placement in supported housing is now coming to an end. Two years is the maximum time period for most supported accommodation, including most Rethink Mental Illness supported housing services.

During that stay, you were aware that your time in supported accommodation is limited, making it difficult to feel settled and establish local connections.

Your housing provider needs to move you on, but there is difficulty in finding suitable options that would continue to support your recovery. Your future is unclear.

You leave the supported housing system. As the support you were receiving in the service is withdrawn, your mental health suffers, destabilising your recovery. However, having left supported housing, it is not possible for you to re-access the service.

For too many, this means the entire process starts again.

Key figures

In the National Housing Federation's recent survey, over half (53%) of respondents deemed ready to move on were not able to because finding a suitable **move-on option was difficult**.[9]

OHID data shows that among those currently in contact with secondary mental health services across England, **only 58% live in stable and appropriate accommodation,** with this figure **as low as 5% in some parts of the country.**[10]

9 National Housing Federation, Imogen Blood and Associates and the University of York (2023) Research into the supported housing sector's impact on homelessness prevention, health and wellbeing

10 Office of Health Improvement and Disparities (2021) Adults in contact with secondary mental health services who live in stable and appropriate accommodation

System model: Exit and transition

(full system model is available in the annex)

Start here:

Residents must **exit** their supported accommodation.

but

Possible **destabilisation** of recovery.

risking

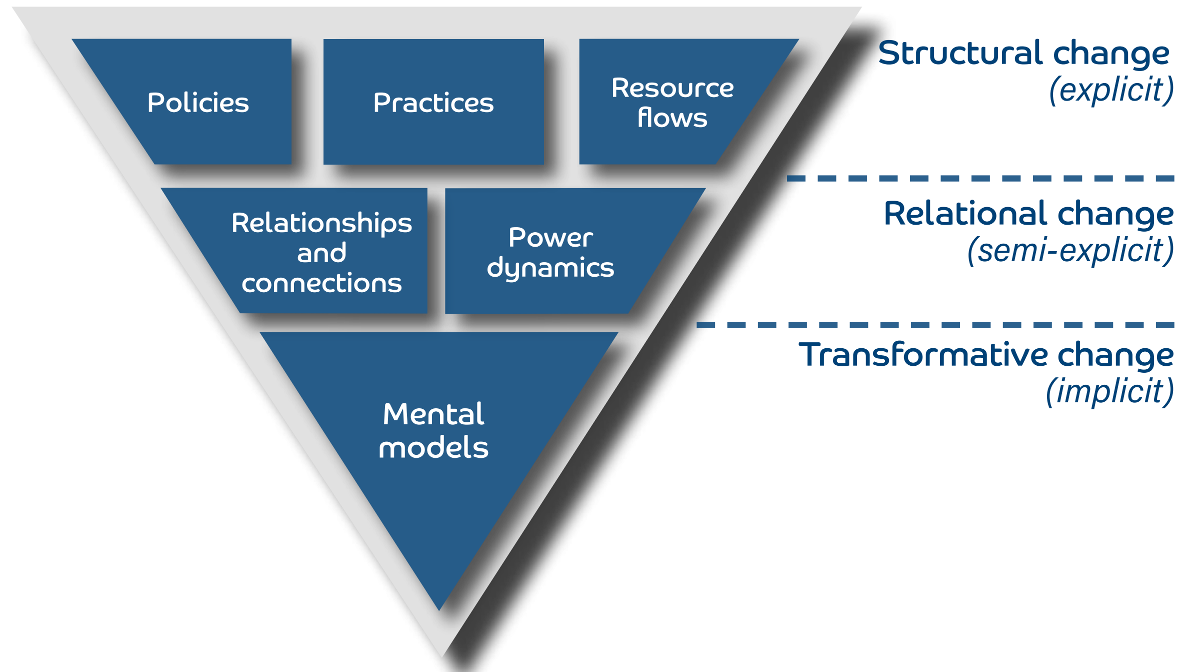
Exit and transition

This system often fails because: If issues arise with housing, people are reluctant to request a move as they would go to the bottom of the list.

- The short-term nature of supported accommodation makes it difficult to **establish vital community connections.**
- Limited move on options are available, meaning next housing steps can be unknown, unclear and unstable.
- Providers face pressure to ensure residents move on following the usual maximum stay allowed for the service. The maximum stay in supported housing settings is often **two years.**
- It is hard to access supported housing again after having exited.
- There can be a sharp withdrawal of support following exit from supported housing, regardless of need.

Underlying beliefs and their effects on the system

In creating the system model, we were influenced by two popular systems thinking models – the 'Iceberg model'[11] and FSG's Conditions of System Change.[12] Both of these models articulate that it is shared mindsets, beliefs and attitudes (described as "mental models") that give rise to the systems we have.



Model: FSG's Conditions of System Change

This is no different in housing, in health and in care. To bring about the required change, we must identify these beliefs, discuss the ways in which they impact decision-making, and contest them.

This section highlights each of these beliefs, and suggests how they can be, and in some cases already are being, challenged by alternative thinking and decisive, forward-looking action.

11 M. Goodman (2002) Systems thinking: what, why, when, where, and how?
12 FSG (2018) The Water of Systems Change

Belief 1: Inpatient care is the best way to treat mental illness

Inpatient settings have been historically dominant in the treatment of mental illness. The mass establishment of community mental health services took place more than three decades ago, but in that time have lacked a positive public profile and struggled with chronic underinvestment. It is arguably only more recently with the introduction of the Community Mental Health Framework and accompanying landmark investment that we have seen truly ambitious policy action in community mental health and care.

However, provision of more inpatient beds is still too frequently discussed as the primary solution to challenges such as high bed occupancy in hospitals. This ignores the role of community mental health provision in preventing crisis in the first place, as well as the high number of beds currently occupied by those who are ready for discharge.

A lack of available social care is cited as a factor in almost 40% of delayed discharges.[13] The focus on clinical, and particularly inpatient care, can correspond to an undervaluing of the social model of mental health. The lower profile of social care arguably results in this becoming less of a public and political priority for spending, particularly in difficult financial environments. This creates an uncertain commissioning environment for providers who may want to invest in supported housing, as well as generating challenges in recruitment and retention of staff. For individuals, this impacts access to and experiences of care, including that which takes place in supported housing settings.

The social care sector is invaluable in supporting individuals not only to recover but live sustainably in their local communities. In an effective and modern health and care system, this must be regarded by all as equally important work, reflected in how we fund and discuss social care.

> “Provision of more inpatient beds is still too frequently discussed as the primary solution to challenges such as high bed occupancy in hospitals”

13 NHS England (2023) Mental Health Services Monthly Statistics

Belief 2: The system should primarily treat needs as they emerge, rather than prevent them

People who live with a mental illness frequently tell us that it often feels as though the system only leaps into action when they are in a crisis. This demonstrates the extent to which the system is still oriented towards treating illness rather than preventing it. This escalation results in poorer outcomes – creating distress for individuals and their families, requiring more expensive interventions from public services, and potentially limiting an individual's ability to participate in their local community, wider society and the economy for a period of time.

This prioritisation is also reflected in spending decisions, with cuts tending to fall more readily on preventative functions such as public health, than on clinical interventions.[14][15] Public spending on housing and community amenities has been climbing in recent years, but only after decreasing by almost half between 2009/10 and 2015/16.[16] While it can be challenging to move money upstream in difficult spending environments, it is also true that clinical interventions (such as medications and access to psychological therapies) can only go so far if other needs remain unmet.

The importance of prevention, particularly in offering value for public money in the longer term, is increasingly recognised. This is evidenced by the recommendations made within Patricia Hewitt's review of Integrated Care Systems.[17] However, this acknowledgement of the importance of prevention must translate into investment being transitioned into prevention in a significant way to achieve the change we need.

Belief 3: Housing is not a legitimate area of spend for healthcare

Public services have traditionally addressed different human needs through different government agencies, and thus, separate administrative and budgetary systems. Agencies, particularly those under pressure, can end up working in silos. At its worst, the system can feel chronically fragmented. Disjointed commissioning and delivery can lead service users to experience support that is impersonal and inefficient. Supported housing, which relies so heavily on various parts of the system working in an efficient and complimentary way, particularly suffers under this approach.

Recent years have seen greater recognition of the benefits of whole-person approaches and the importance of addressing needs holistically, but this is challenging with the system organised around the architecture of years gone by. Different parts of the system still spend significant time settling matters of budgetary responsibility, resulting in individuals left waiting for support.

Recognition of the need for greater integration has led to the establishment of Integrated Care Systems in 2022, although Section 75 Agreements (under the NHS Act 2006)[18] have been providing the opportunity to approach budgeting differently for over 15 years prior to this.

Strategic and partnership-focused approaches that include the health service and attempt as much as is possible to organise policy, funding and services around people rather than branches of government are essential to embrace the complexity of people's lives.

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14 Health Foundation (2023) Public health grant – what it is and why greater investment is needed
18 Statista (2023) Public sector expenditure on health in the United Kingdom from 1999/00 to 2022/23
16 Statista (2023) Public sector expenditure on housing and community amenities in the United Kingdom from 1999/00 to 2022/23
17 GOV.UK (2023) The Hewitt Review: an independent review of integrated care systems
18 SCIE (2019) Pooling budgets and agreeing risk share to develop coordinated care

Belief 4: Market forces alone are sufficient to meet society's housing needs

In recent decades, successive governments have favoured an approach to conceives of housing as a matter for individuals and the private market. This has been particularly focused on promoting home ownership, by individuals for their own occupation or as a business. In either case, this is seen as an investment, which in turn has driven up costs. While home ownership is the right solution for some, it is and will always be inaccessible for many, including some of the most vulnerable in our society. These individuals are increasingly reliant on the private rental market[19], particularly as the amount of social housing available has declined relative to need[20]. Government has arguably stepped back from its role as a large-scale provider of housing, which has likely been exacerbated by the escalating costs.

Supported housing supply is also impacted by the high cost of property. This, combined with the management expenses and lack of sustainable investment models for supported housing dissuades VCSE organisations and housing associations from involvement in offering provision due to the lack of financial viability. Where there is investment, this is perhaps more likely to be driven by the cost of property in a geographical area than by need. The lack of recognition for housing as a vital public service potentially also contributes towards the lack of clear data regarding supported housing need.

A better future undoubtedly demands reconnection with the social purpose and value of housing. This is not to the exclusion of private sector actors, but rather, the acceptance of the principle that all sectors have an equally important role to play in its provision.

Belief 5: Treating physical health is more of a priority than supporting mental health

Historically, the way that society has regarded and dealt with mental health issues has fallen far behind our treatment of physical health issues. We have also arguably more readily implemented measures designed to prevent physical ill-health, such as PE lessons in schools and health and safety measures in public spaces, than those designed to prevent poor mental health.

Significant strides have been made more recently through developments such as the Mental Health Investment Standard[21], a mechanism that requires systems to increase their spending on mental health at a greater rate than the overall increase to their budget. Most recently, the government affirmed its commitment to parity of esteem within the case for change and strategic framework that will form the upcoming Major Conditions Strategy.

Although progress has been made, more work must be done to achieve full parity and to address the legacy of this disparity. One key area where this disparity pervades is in social care and supported housing, where mental health is too rarely centred in key decisions regarding policy. True parity requires much greater recognition for mental health social care as a key component of the social care system.

"All sectors have an equally important role to play in [supported housing] provision."

19 Office of National Statistics (2019) UK private rented sector: 2018
20 Shelter (2021) One step forward, two steps back: A decade of social housing decline
21 NHS England (2022) Mental Health Investment Standard (MHIS): Categories of Mental Health expenditure

Doing things differently – five enablers of a better system

We do not believe the system is too entrenched or complex to change.

In this section, we identify five potential enablers of a better system. In many cases these are already being used to some extent, whether that be in some local areas, or in other parts of national government. There is a clear role for key stakeholders across the system, and particularly in national government, in developing and expanding these conditions for success.

These suggestions have been drawn from our research thus far, as well as our organisations' prior experiences of supporting system change. They are by no means exhaustive, and are designed as a starting point on our journey towards potential solutions. Moving forward, we plan to continue speaking with those who care about getting supported housing right, both locally and nationally, to pinpoint further enablers and develop workable and effective policy interventions.

Our five enablers

1. Flexible and innovative uses of capital funding for supported housing
2. Partnership approaches to housing, health and care
3. Modern and joined-up community mental health services
4. Adequate, sustainable and long-term revenue funding for health and social care
5. Pioneering new approaches to improve access to mainstream housing

1. Flexible and innovative uses of capital funding for supported housing

There is a clear need to increase supply of supported housing. The scale of the challenge in supported housing is such that the cost is prohibitively high for government to address alone.

Strategic provision of funding for capital projects can aid the development of new properties or the redevelopment and modernisation of existing properties to enable their use for supported housing. This, in turn, has the potential to save public money in the short and longer term by enabling hospital discharge and preventing the escalation of mental health problems.

Various government funding pots have played this role in recent years, including the now-discontinued Care and Support Specialised Housing Fund and the Affordable Homes Programme led by Homes England. Supported housing is supposed to represent 10% of the accommodation delivered through the Affordable Homes Programme – however, our experience suggests that the funding is under-utilised for this purpose.

There are a number of reasons for this. A significant factor are the challenges that prevail around funding of adult social care, and the uncertainty this creates around the sustainability of development and delivery of supported housing services. Later in this section, we discuss in more detail how adequate, long-term funding for adult social care would promote long-term sustainability in the sector.

Additionally, conditions attached to the Affordable Homes Programme can create barriers for certain types of organisations to apply. Registered charities, whether or not they have a track record of providing quality supported housing, are currently unable to apply to the Affordable Homes Programme without the involvement of a Registered Provider (e.g. a Housing Association).

These kinds of projects also tend to generate initial value that is weighted toward social, rather than financial impact. This means that for these organisations, investment in new, quality supported housing currently involves taking on considerably more risk and debt than is desirable – creating a viability gap for this kind of investment.

Introducing greater flexibility into funding such as the Affordable Homes Programme could help to unlock multi-sector action and unlock new supply of supported housing. Utilising something like a Blended Finance approach, already used across government departments to promote investment into areas such as sport, art, culture and enterprise[22], would also particularly help support innovative and socially-minded organisations, such as charities, through the difficult early stages of projects.

The prospect of greater flexibility could generate concerns about quality – the proceedings surrounding the recently passed Supported Housing (Regulatory Oversight) Act have put a spotlight on what can happen when unchecked investors and/or providers get involved in this space. However, this legislation offers mechanisms that can be embedded in funding conditions to ensure quality. This includes an option for government to require providers to register with new local regulatory schemes for supported housing, and to comply with forthcoming National Supported Housing Standards as prerequisites to application. Conditions of grant funding could also incentivise alignment of any prospective provision with local housing, health and care strategy, informed by local need.

22 NPC (2022) Review of grant subsidy for blended finance to support civil society

2. Adequate, sustainable and long-term revenue funding for health and social care

Local authorities have traditionally been the primary commissioners of care and support in supported housing settings. However, councils increasingly also pool budgets with the NHS to jointly commission these services under section 117 of the Mental Health Act and section 75 of the NHS Act 2006[26].

Key policy and spending decisions over the past fifteen years have undeniably impacted the supply of quality supported housing. In 2009, the removal of the ringfence around the funding attached to the Supporting People programme, previously one of the most significant sources of revenue funding for housing-based care and support. Between 2011, when this funding was rolled into local authorities' formula grant, and 2016/17, spending on the services provided by Supporting People fell by 69%[27].

This is related to the significant cuts made to local authority funding during the same period, which councils are arguably still recovering from today.

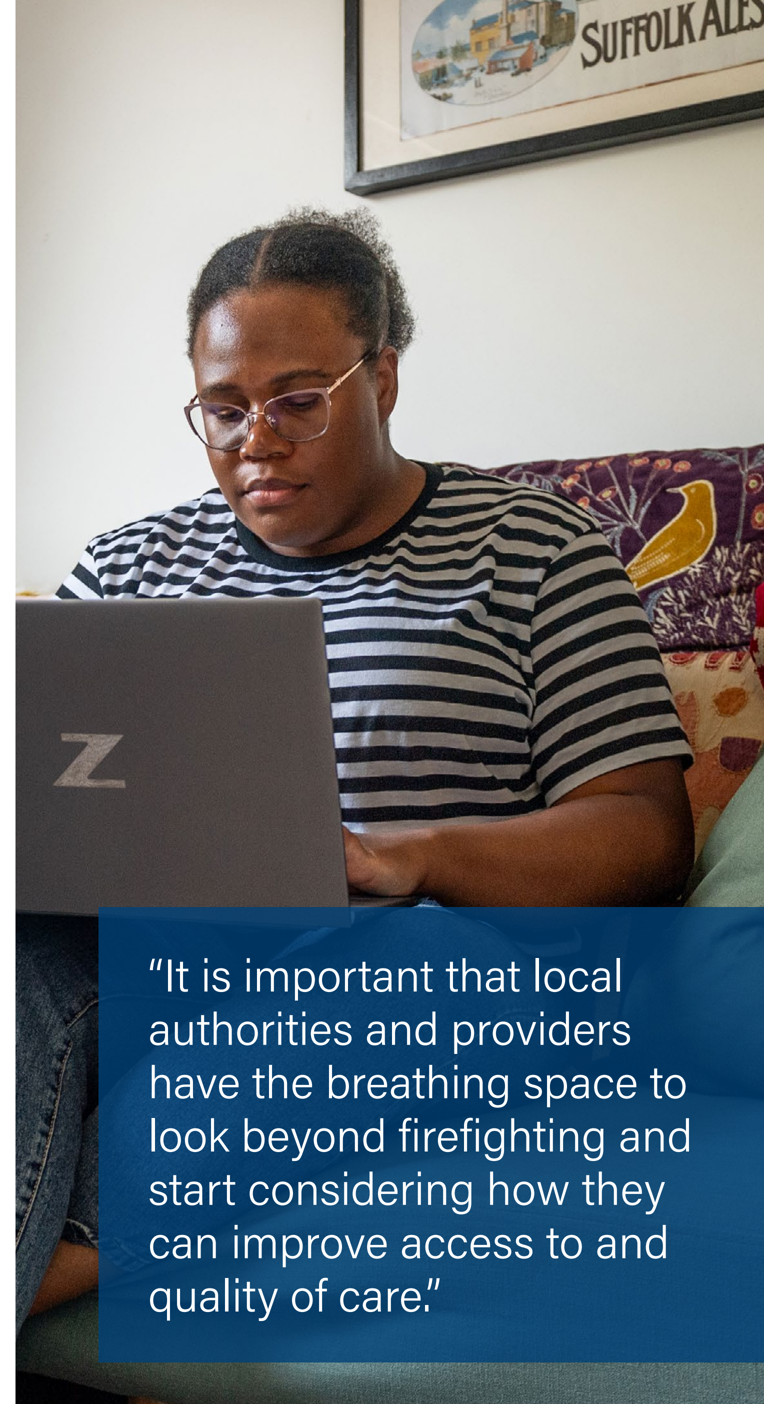
Bringing things up to the present day, the government announced a substantial injection of funding for local authorities to tackle the immediate crisis in social care. This is a step in the right direction, but some have suggested that the stated uplift is overly dependent on local authority revenue-raising mechanisms (such as the Council Tax social care precept), which generate inherent disparities in spending power between local authorities that are unaligned with levels of need. This investment also fails to provide local authorities with the breathing space to improve access to and quality of care – the Health Foundation estimates that social care funding requires a real terms annual increase of 4.1% between now and 2032/33 to achieve this[28].

While there are notable exceptions, such as the Better Care Fund, boosts of funding for focus areas such as winter pressures and enabling hospital discharge have been notably short-term. Both focus areas that lend themselves to investment in supported housing and these announcements have been broadly welcomed by supported housing providers. However, short-term funding can make it challenging to invest in new, quality supported housing provision.

Adequate, sustainable and long-term revenue funding for health and social care delivers benefits for individuals and across the whole system.

The right funding can generate a confident commissioning environment in the longer term. This in turn helps to create the conditions for capital investment in supported housing, by offering providers the reassurance afforded by longer-term contracts for the provision of care and support within any new or redeveloped property. This also provides individuals with stability regarding their tenure, removing the fear that they may be abruptly moved from their housing, which can in turn promote recovery.

26 SCIE (2019) Pooling budgets and agreeing risk share to develop coordinated care
27 National Audit Office (2018) Financial sustainability of local authorities
28 Health Foundation (2023) Adult social care funding pressures – estimated costs to meet growing demand and improve services in England



3. Partnership approaches to housing, health and care

Increasing local supply of quality supported housing can only go so far without a strategic, partnership-led approach.

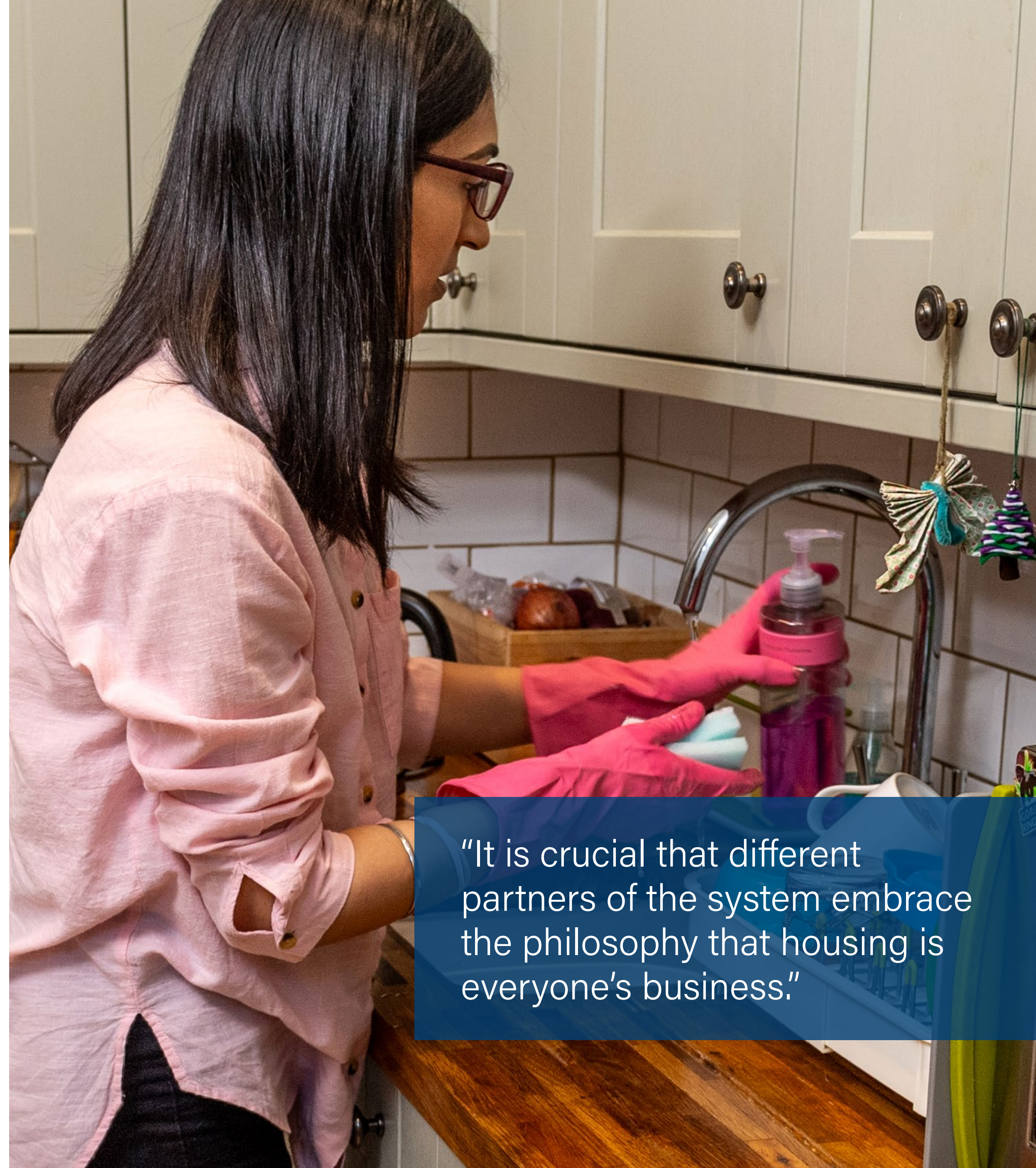
To achieve this, it is crucial that different partners of the system embrace the philosophy that housing is everyone's business, developing a shared understanding of each agency's respective responsibilities. Operationally, this is already a crucial success factor in the delivery of existing statutory duties, such as the provision of S117 aftercare under the Mental Health Act. This represents just one way in which the NHS is already invested in the provision of quality supported housing.

With that said, our experience suggests that NHS involvement in local housing strategy appears to vary across the country, although numerous examples are emerging of the health service embracing its role.

A 2022 report by NHS Confederation and the Housing Associations Charitable Trust, provides numerous examples, including the Sussex Health and Care Partnership, where HACT were commissioned to support development of the area's first mental health and housing strategy (see case study on the next page).

With the introduction of Integrated Care Systems, the lapse of the government's previous pledge to support systems to integrate housing into local health and care strategies is a lost opportunity to scale up this kind of activity.

The establishment of ICSs represents a key 'fork in the road' with regards to the alignment of strategy and practice in housing with consideration for wider population health. Housing is named as a key component for Integrated Care Strategies, and housing providers as key partners at system and place-level within the ICS Design Framework and related guidance [23] to systems.



"It is crucial that different partners of the system embrace the philosophy that housing is everyone's business."

23 NHS England and the Local Government Association (2021) Thriving places: guidance on the development of place-based partnerships as part of statutory integrated care systems

Case study: **Sussex Health and Care Partnership's mental health and housing strategy [From HACT and the NHS Confederation Mental Health Network (2022) Healthy Foundations: Integrating housing as part of the mental health pathway]**

Sussex Health and Care Partnership is a multi-agency partnership that serves a large and varied population of 1.7 million people. It is responsible for £4 billion of health and care spending and delivers on the local health and wellbeing priorities of people living across East Sussex, West Sussex and Brighton and Hove. To enable the partnership to move forward with housing, health and social care integration, it commissioned HACT to support development of its first mental health and housing strategy.

The strategy was agreed in July 2020 by the newly formed Sussex Mental Health Collaborative, led by Sussex Partnership NHS Foundation Trust (SPFT). From the outset, partners in the collaborative wanted to see the strategy translated into a specific workstream, driving forward integration alongside other priorities such as the transformation of community mental health services, urgent and emergency care, and support for children and young people.

The shared ambition for the Sussex Health and Care Partnership is to ensure that housing is a cornerstone for delivering positive mental health outcomes for adults across Sussex. As partners across the NHS, social care, housing and community sectors, they are committed to working together to take a more strategic and integrated approach to housing and mental health. They recognise that addressing housing issues for specialist mental health service users can be a key enabler in their recovery. A key driver for the collaborative is to ensure that mental health care, treatment and support are delivered in the least restrictive environment possible. The home environment has a key role to play in providing recovery and reablement support for many people.

The strategy outlined a range of objectives, including creating mental health and housing plans for each place in East Sussex, West Sussex and Brighton and Hove; ensuring housing expertise is embedded in community mental health services; piloting and extending discharge to assess; delivering new integrated models of supported housing for people with multiple and complex needs; and supporting SPFT to develop strategic and operational partnerships with housing to improve quality and reduce unwarranted variation.

The housing workstream is steered by a multi-agency group drawn from key stakeholders across Sussex. During its first two years of operation, the group has not only supported the delivery of the strategy and the development of local place-based plans, but also supported the system and the trust to address some of the more challenging impacts of Covid-19 on demand for urgent and emergency care. It is clear that a focus on housing enhances both pathway flow and improving performance around discharge.

The collaborative has appointed an associate director of housing to provide leadership across the partnership and within the trust for the delivery of the strategy and the integration of housing within the care pathways.

4. Modern and joined-up community mental health services

Improving the experience of those who use supported housing services is impossible without access to joined-up community mental health support.

Recent record investment, alongside the policy ambitions of the NHS Long Term Plan and Community Mental Health Framework, have represented a once-in a generation opportunity to change community mental health care for the better. The latter document set out an ambitious vision for the future, requiring the NHS to work in partnership with and draw on the strength and diversity of other sectors, including VCSE organisations, with a focus on developing new and holistic models of care designed to address clinical alongside social needs. Housing expertise should be embedded throughout an individual's journey through health and care services, and communication mental health transformation has perhaps brought us closer than ever to delivering this ideal. As demonstrated in our case study (see right), housing professionals and agencies are playing a key role in delivering person-centred, joined-up support.

Systems that have had sufficient time and fully embraced the person-centred, partnership-focused ethos set out by the Community Mental Health Framework are now starting to see positive outcomes for services and individuals. Between April 2019 and June 2022, Somerset ICS has seen an approx 15% decrease in Emergency Department presentations and an approx 10% reduction in admissions for adults presenting with a mental health need[24]. A 2022 evaluation[25] found that the new model had helped to ensure that every person expressing a need for mental health support was offered a service.

Models such as Somerset ICS's Open Mental Health represent a great deal that modern healthcare systems should be doing to meet current need and ensure systems that are fit for the future. Amid challenging financial circumstances for ICSs and the removal of the ringfence around funding allocated towards community mental health transformation, there is a risk that funding will be drawn away from these preventative services, and towards the 'sharp end' of urgent and emergency care. ICSs should be strongly encouraged to back emerging or successful models of community mental health care, retaining services demonstrating effectiveness and/or positive progress. This is not only crucial to ensure that need continues to be met, but is likely to save money in the longer term by preventing mental health crises.

24 Data provided by Somerset NHS Foundation Trust
25 University of Plymouth, McPin Foundation, NHS England and Somerset NHS Foundation Trust (2022) Somerset Community Mental Health Transformation Evaluation

Case study: Joining up practice in housing, health and care in Coventry

In Coventry, community mental health transformation has enabled the establishment of a cross sector multi-disciplinary team, which includes housing professionals alongside a broad range of other local stakeholders. This includes GPs, social prescribers and other primary care staff, social care staff, police, psychologists, a pharmacist, as well as a range of VCSE organisations and community groups supporting people with a range of social needs. Each involves primary care staff bringing complex cases for discussion, with organisations working together to agree a package of support. The multi-discipinary teams have allowed housing staff to become more mental health literate and develop their abilities to address complex needs.

"This has enabled the most effective partnership working in my eighteen years of practice."

Tenancy Sustainment Worker

5. Pioneering new approaches to improve access to mainstream housing

When it comes to accommodation, supported housing is only one, albeit critical, part of the picture. As our user journey demonstrates, access to mainstream housing is crucial in the prevention of mental health crises and in allowing individuals to move on from supported housing and into a longer-term home within their local community when they are ready.

There have already been some positive steps taken to improve experiences of renting. The recent Professionalisation Review[29] of social housing has taken action to reduce stigma experienced by those living with a mental illness in social housing settings, while the Renters Reform Bill could help to improve the quality and safety of private rented properties for all tenants. These initiatives do not, however, address the barriers to social and private rented housing that many people living with a mental illness experience in the first place.

Demand for social housing across all client groups far outstrips supply and key organisations in housing sector, such as Shelter, the Chartered Institute of Housing and National Housing Federation, have said that more must be done to improve supply. Cost-related barriers to private renting have been exacerbated by disparities between the Local Housing Allowance and rent levels in recent years – it is clear that greater alignment in future, following on from the recent uplift[30], is likely to help more individuals into the market.

Partnerships between the VCSE, public, private and social housing sectors have embraced innovation to tackle the challenge at a local level. For example, in Coventry and Warwickshire, the Let's Rent Scheme can help individuals who may otherwise struggle to secure private rented accommodation to do so on an affordable rent. Coventry and Warwickshire Council works with certain private landlords, providing these landlords with incentives to take on and maintain tenancies, including the council acting as the guarantor. In other cases, these initiatives are explicitly designed to support the move-on process from supported housing settings. Rethink Mental Illness is already spearheading innovative approaches in partnership with the social housing sector within one of our existing services (see case study). An expansion of these approaches could play a significant role in improving access to mainstream housing for those living with a mental illness.

29 GOV.UK (2022) Government to drive up standards in social housing
30 Local Government Chronicle (2023) Local Housing Allowance rates to rise from April 2024

Case study: Rowan House – the Wiltshire supported housing service with move-on built in

Rowan House is an intensive support service based in Wiltshire and run by Rethink Mental Illness. The service is designed to promote recovery and improve social inclusion for adults with mental illness by supporting people to transition from inpatient to community living.

The service is tied in with homes4wiltshire, a scheme that guarantees tenants a one-bedroom flat in Wiltshire if they can demonstrate within two years that they can run a tenancy, pay their bills, keep their property in order and be a good neighbour.

The service is commissioned and regulated by Wiltshire Council. Wiltshire Council's Mental Health Social Work team refer service users over to Rethink Mental Illness having completed a Care Act assessment to determine their suitability for the service. The team at Rethink Mental Illness review the referral and pass the details to the property owner, Selwood Housing.

Service users may come to the service from a variety of contexts, including following hospital discharge, following a placement breakdown, from their family home or from having become homeless.

As well as housing, this service provides an innovative approach to delivering time-limited, outcome-focused care and support tailored to each person's needs. Each service user learns how to run a tenancy and gains independence skills as they are responsible for their own bills while staying at the property. Tenants are also supported to develop skills such as cooking, cleaning and shopping for groceries. They are initially signed up to a GP and, when they are ready, they can access external volunteering, further education and training schemes.

Next steps for Rethink Mental Illness and NPC

A core principle of our partnership is that we don't want to merely identify problems, but want to ourselves be part of the solution.

The second phase of our work will involve designing and testing new models and processes for unlocking and delivering new high quality supported housing in four local places. Working together with local people and agencies, we will seek to understand the specific challenges and needs in the area, and explore what optimum conditions, including investment options, would look like in each system.

The learning from this work will continue to inform our activity and engagement with key stakeholders at a national level.

Acknowledgements

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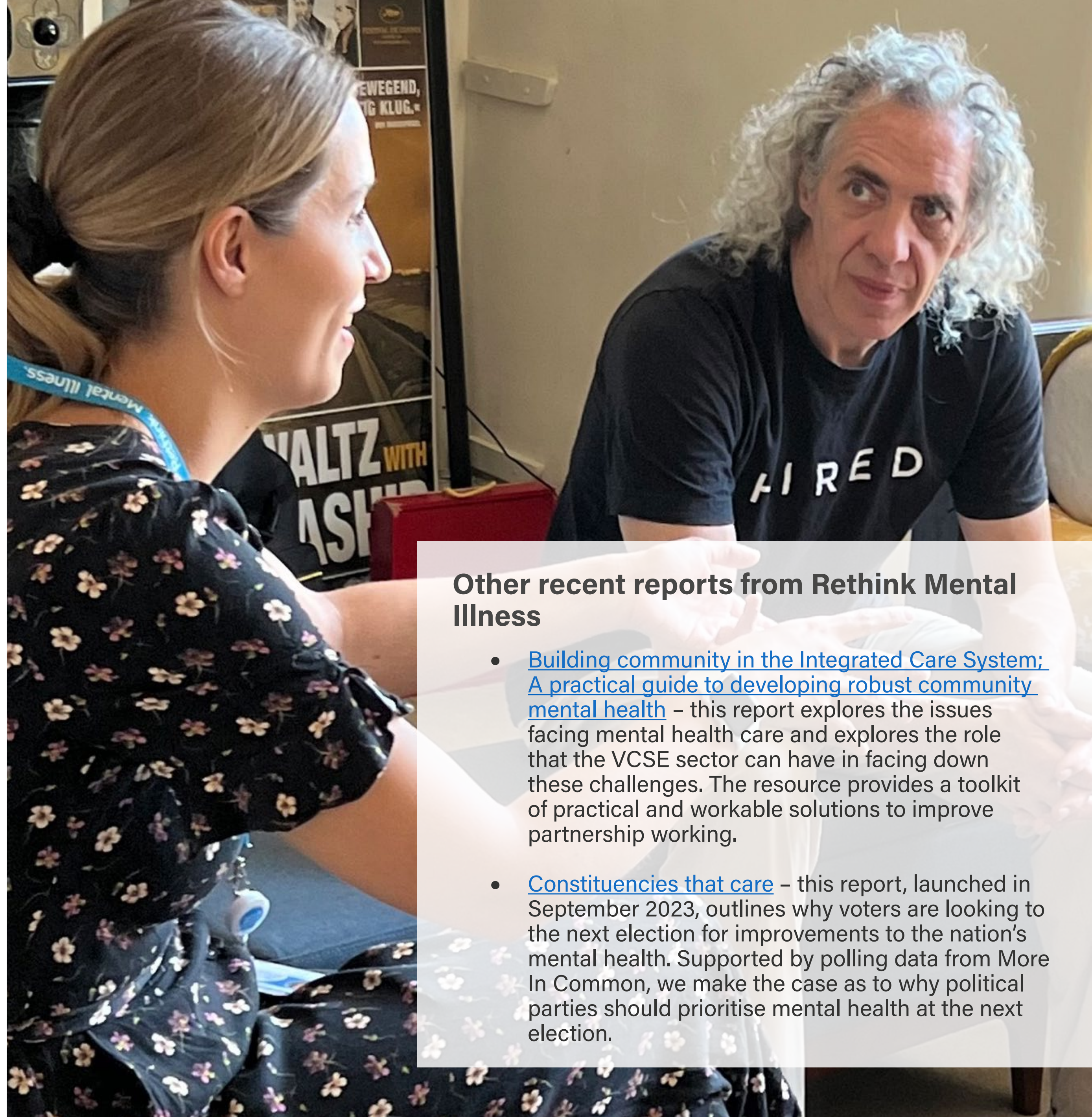

Other recent reports from Rethink Mental Illness

- Building community in the Integrated Care System; A practical guide to developing robust community mental health – this report explores the issues facing mental health care and explores the role that the VCSE sector can have in facing down these challenges. The resource provides a toolkit of practical and workable solutions to improve partnership working.
- Constituencies that care – this report, launched in September 2023, outlines why voters are looking to the next election for improvements to the nation's mental health. Supported by polling data from More In Common, we make the case as to why political parties should prioritise mental health at the next election.

The complete supported housing system model

Based on work done by NPC

risk of regression · risk of regression · risk of regression · risk of regression · risk of regression · risk of regression · risk of regression · risk of regression · risk of regression · risk of regression

leading to · Multiple stressors that bring on **crisis point.** · and · increasing risk of · Situation of **homelessness.**

Worsening of condition, housing fragility. · causing

Individuals end up in **hospital wards.** · but · then

Assessments undertaken to determine needs and care pathway. · but

requiring · then · Services are required to work together to understand **support needs** and **determine funding.** · but

Some people don't get the **right** housing solution or care. · meaning · for many · and finally

Stressful process can **worsen condition.** · however · Some are able to access **supported housing.** · but

and · leading to · Feeling unsafe, unsettled and isolated, **causing stress.** · Within **shared accomodation** people access mental health support. · but

leading to · after which · Residents must **exit** their supported accommodation. · but · risking · Possible **destabilisation** of recovery.

Individual with mental illness requires housing support. · but

Prevention

This system often fails because:

- Services only activate at the point of crisis.
- General needs social housing not **integrated with community mental health support.**
- Remote support services such as phone-based or digital services, which are more common since the **COVID-19 pandemic**, can make it more challenging to pick up on warning signs.

Crisis intervention

This system often fails because:

- Lack of available supported housing means that people with severe mental illness end up **stuck in NHS hospital beds.**
- Housing and care **assessments not done immediately** upon entering hospital, causing delays.

Assessments

This system often fails because:

- For in-hospital referrals. Section 3 / 117 system determines subsequent options but assessment can be subjective, unclear and inconsistent.
- Service users face a number of separate assessments to access the right support and housing, which can create **delay, duplication and distress.**
- **Individual relationships** (e.g. with Community Psychiatric Nurse) can be critical in approval for housing, making the process "unfair".
- Assessment can be a triggering, dehumanising process of **hoop-jumping and scrutiny.**

"Two decision parts don't talk to one another - hospital decides what happens next without talking to the other gate you go through." - User voice

Referrals

This system often fails because:

- Frequent **lack of coordination** between services can cause delays and inconsistencies in releasing funding.
- Ascertaining **budgetary responsibility** causes delays and confusion.
- Financial assessment for user contributions **causes delays**, is distressing and can "send us back to square one".
- The **shortage of supply** leads to long waits, which reinforces instability and stress.

"There's a lot of unnecessary arguments about what budget is paying for the services, causing delays and confusion." - User voice

Supported accommodation

This system often fails because:

- Some supported accommodation feels like a **dangerous environment.** Housing can be located in areas that reinforce stressors (e.g. drugs).
- **Properties can be poor quality,** lacking space, disabled access or the consideration of needs and safety of people with protected characteristics.
- **Housing staff** may lack understanding of residents' needs, and communication between staff and residents can also be poor.
- **Mandated number of mental health support hours** can put people off - lack of agency.
- Supported accommodation is sometimes targeted by criminals due to vulnerability of residents, presenting **safeguarding risk.**
- Support within accommodation fails to assist residents to **establish independence** and **develop life skills.**

"Competition for places means housing providers cherry pick. Those with more complex needs who really need it don't get selected." - User voice

Mental health support

This system often fails because:

- **Staff can lack training in person-centred care and cultural competencies** - to understand background, context and specific cultural or linguistic barriers.
- **Staff turnover** disrupts relationships and causes delays in coordination and support.
- Needs can change during an individual's time in supported accommodation but the support **might lack flexibility.**
- Residents don't always know what Voluntary, Community and Social Enterprise (VCSE) support is available in their area and face barriers to access

Exit and transition

This system often fails because:

- If issues arise with housing, people are reluctant to request a move as they would go to the bottom of the list.
- The short-term nature of supported accommodation makes it difficult to **establish vital community connections.**
- Limited move on options are available, meaning next housing steps can be unknown, unclear and unstable.
- Providers face pressure to ensure residents move on following the usual maximum stay allowed for the service. The maximum stay in supported housing settings is often **two years.**
- It is hard to access supported housing again after having exited.
- There can be a sharp withdrawal of support following exit from supported housing, regardless of need.