



making the difference

Reducing the social exclusion of older people
with mental health problems

By understanding multiple needs,
increasing resources and raising awareness,
organisations can pioneer housing services
for older people with mental health problems.



Housing plays a critical role in tackling mental health problems. Poor, unsuitable housing conditions undermine self-esteem, resulting in health, tenancy and financial problems. A failure to address these problems – whether because of a lack of responsibility, failure to understand the need or reluctance to resolve cases perceived as being ‘difficult’ – only serves to further exacerbate a downward spiral.

There are currently over 2.3 million older people who have been diagnosed with depression severe enough to affect the quality of their lives. In the next 15 years, this is expected to rise to over 3 million – over one in four of the total older population. However, instead of tackling the problem, mental health

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The Older People's Programme

The Third Sector has always played a critical role in developing ideas and practical solutions, but this ingenuity is often compromised by a lack of the requisite resources needed to develop ideas into sustainable solutions.

In 2003, using funding from the Henry Smith Charity and the Housing Corporation, hact launched its Older People's Programme, in order to pioneer housing solutions for older people.

In partnership with the LintelTrust in Scotland, NIHACT in Northern Ireland and Community Housing Cymru in Wales, hact invited voluntary and community groups to apply for grants for projects that would develop and test practical solutions to issues affecting older people. In total, 19 projects from England, Scotland, Wales and Northern Ireland were given funds totaling £1 million.

The criteria for choosing the projects included ideas that could address gaps in services affecting marginalised older people, including those with mental health problems, older people in rural areas and BME and refugee elders.

All of the projects worked with, as well as for, the benefit of older people. Hact encouraged all the projects to consult with older people, to develop partnerships with other organisations and to share their experiences with other projects on the programme. To ensure that insights from the programme were captured, hact employed Moyra Riseborough and Peter Fletcher Associates to evaluate the project. Finally, an Advisory Group was convened, composed of experts in older people's housing and this met regularly over four years.

Many of the projects worked with older people with mental health problems, some diagnosed, others undiagnosed. Five developed projects specifically for them, focusing on ways of reducing their social exclusion. Some had to be flexible and fill the gaps that were identified during the initial scoping phase of the project with a specifically designed service. Others found that adapting existing services to meet the needs of older people with mental health problems took time, flexibility and patience.

All reported that services for older people with mental health problems were generally underdeveloped and woefully resourced. All reflected on the importance of raising awareness of the often multiple needs of this group with statutory agencies, housing providers, voluntary sector organisations and private contractors. Critically, many were shocked by the physical disrepair of the housing of many older people with mental health problems, while simultaneously recognising the impact that, often small, improvements can have on their physical and mental wellbeing.

Project information

Westminster Advocacy Service for Senior Residents – *housing advocacy for BME elders with mental health problems*

Westminster (London)

www.wassr.org

PROJECT AIM

- to provide independent advocacy for bme elders with housing problems, particularly those with dementia or other mental health problems.

ACHIEVEMENTS

- trained older people to become volunteer advocates and raised the profile of BME elders with local agencies;
- gathered detailed evidence about the need for advocacy services for BME elders with mental health problems, and presented this to LB Westminster's Review and Scrutiny Committee.

Cambridge Cyrenians – *support for older homeless people*

Cambridge

www.cambridgecyrenians.org.uk

PROJECT AIM

- to provide support to older homeless people resettled from a Cyrenian hostel, and identifying their support needs.

ACHIEVEMENTS

- provided direct support to homeless older people being resettled into sheltered housing, because no-one else was prepared to provide the service;
- successfully supported 13 people per year, stopping them become homeless again;
- developed strong working partnerships with local statutory and voluntary agencies;
- achieved awareness and inclusion of older homeless people's needs in local strategy, including Supporting People.

The Lorrimore – *home improvement and advocacy*

Lambeth, Southwark (London)

www.lorrimore.org.uk

PROJECT AIM

- to help BME elders with mental health problems to continue living in the community, through a mix of home improvement and advocacy services

ACHIEVEMENTS

- successfully extended their Home and Dry model to older people;
- supported 41 older people to improve their living conditions and access support and advocacy;
- demonstrated that BME elders with mental health problems are living in some of the worst housing despite being in regular contact with care or health workers.

Sefton Pensioners' Advocacy Centre – *advocacy for older people with mental health problems*

Sefton (North West)

www.spac-advocacy.org.uk

PROJECT AIM

- to develop a supported tenancy and advocacy project to assist older people with mental health problems to maintain their tenancies in rented accommodation, and improve their quality of life.

ACHIEVEMENTS

- improved the life chances of over 200 people, far more than the original target;
- identified current barriers to service provision for older people with mental health problems;
- built partnerships with local service providers to improve access to services.

Borders Independent Advocacy Service – *citizen advocates*

Borders

PROJECT AIM

- to establish an advocacy service for older people in very rural areas, particularly those suffering from dementia, with little formal or informal support.

ACHIEVEMENTS

- established an advocacy service in its first year in operation;
- despite a general shortage of volunteers, by January 2006, the project was providing advocacy services in six rural residential care homes.

Filling the gap?

For older homeless people, resettlement is a huge challenge. Many have lived chaotic lives as a result of unresolved earlier trauma and alcohol abuse. Others have mental health problems.

Many have spent years living in hostels.

Cambridge Cyrenians, which provides a range of accommodation for homeless people, wanted to change this.

Using a grant from hact, and building on hact's previous work from its Older Homeless People's Programme, Cambridge Cyrenians researched and identified the support needs of older homeless people when they are resettled. They quickly discovered that these needs were not being met. So they took the decision to set up a bespoke service themselves.

Traditionally, resettlement is seen as a

short-term process where support is given to help people prepare for, and then actually move into a home. This support might extend to assistance in obtaining furniture or carpets, managing budgets and familiarising people with their new locality. The service developed by Cambridge Cyrenians had to go one step further.

Direct support is part of the package, for example, helping with shopping and ensuring that tv licences are paid. In addition, every person who used the service had a unique support plan, which included in-built routines that went beyond occasional support. These included routines to encourage the individual to self-care and involved regular visits to check that people were eating. These routines for self-care and support were highly effective and maintained people's health.

The support service also incorporated an element of citizen advocacy, and encouraged self-advocacy. Most of the service users were illiterate or had literacy problems, and some behaved aggressively as a consequence of a mental health problem exacerbated by years of heavy drinking. So the support service had to be tailored accordingly. Support workers would help to maintain and establish relationships with relevant social care or health departments, and to develop these relationships so that the individual was able to advocate on behalf of themselves, thereby increasing their sense of value and dignity. The project also partnered with the local council, providing training and guidance to sheltered housing wardens to enable them to support resettled older homeless people.

The Cambridge Cyrenians project was clearly successful. Over three years, 18 temporary beds were effectively unblocked, some of which had been occupied for over seven years. Well-supported, secure sheltered accommodation has now been provided to some of the organisation's most vulnerable clients, and it is now looking to extend the service to older existing council tenants at risk of losing their tenancies.

The service developed by Cambridge Cyrenians is a modern, housing-related support service that has broken the traditional resettlement mould. The project has highlighted the limited choices older people who live in homelessness accommodation actually have, but the success of the project has enabled the organisation to advocate and make a positive impact on the local housing strategy. The hope is that it won't just be older homeless people in Cambridge who will benefit in the long term, because the service provides a replicable model that could benefit thousands of older homeless people – and stop them from falling through existing gaps in provision.

Small is beautiful

Small repairs can have a big impact for older people with mental health problems. That was the key finding from the project run by Lorrimore Home and Dry, which was established in 1996 to provide services to people who fall between the gaps in community care provision. It used its funding and support from hact to extend its services to older people with mental health problems.

It soon became apparent the housing needs of this client group were not being met. Referrals were difficult to establish, primarily because many health or social care professionals – who were the only points of contact – were either unaware of the terrible conditions in which many older people with mental health problems were living, or were choosing to ignore these conditions.

When Lorrimore attempted to conduct home surveys with potential service users, it was much more difficult to make arrangements with them, because they experienced more illnesses and were often unable to plan or keep appointments. These delays meant that the homes of older people with mental health problems were often neglected and in poorer states of repair than Lorrimore's traditional client groups.

In addition, many potential service users, including BME elders, were perceived as being more demanding. Their frustration with the lack of services sometimes resulted in behaviour that was viewed as threatening by housing staff or contractors. So, instead of being prioritised, their multiple needs resulted in a lower level of service delivery. And their poor, unsuitable housing conditions only further undermined their self-esteem, resulting in further health, tenancy and financial problems.

The service provided by the Lorrimore Home and Dry helped to redress this downward spiral. Unlike some of their other client groups, there was a higher demand from older people with

mental health problems for a wider range of small jobs. For some this involved a small repair or a bit of decorating. For others it was the fitting of a security lock or a smoke alarm. Others required help to obtain basic furniture and carpets, to help turn their accommodation into a home.

These demands stretched the skills of the trades team in the Home and Dry project, who were used to delivering large jobs, but the project adapted to meet the differing needs of this client group. Low-level support is clearly inappropriate for this client group – most of the people Lorrimore worked with required intensive support. Home Improvement Agencies seem to be expected to cope with these demands without any extra resources. Consequently, the multiple needs of many older people with mental health problems are not being addressed.

Like the Lorrimore, the project run by Westminster Advocacy Service for Senior Residents demonstrated the importance of improving the housing conditions of older people with mental health problems. The project found that people's problems are often complex and can take time to resolve. Many clients appeared neglected by mainstream advice services, perhaps because they needed more support and assistance than other clients. Yet, poor housing conditions do not just seriously affect older people's mental health, but also their physical health.

Since the end of the hact funding, Lorrimore has extended its services into Lambeth, thanks to a Big Lottery grant. Despite the fact that the project found that this client group live in some of the worst housing, the long-term future of the project is still in doubt. Although their practical needs are relatively small, the intensity of provision is perceived by some to be too resource-intensive. The reality, though, is that the small changes can have a hugely positive impact on the well-being of older people with mental health problems.

Spreading the word

Advocating on behalf of, and in partnership with, older people with mental health problems was a critical part of many projects. Cambridge Cyrenians used the experience from their resettlement of older homeless people to lobby, and influence, the local council's housing strategy. Westminster Advocacy Service for Senior Residents gathered detailed evidence about the need for advocacy services for BME elders with mental health problems, and presented this to LB Westminster's Review and Scrutiny Committee.

In the North West of England, Sefton Pensioners' Advocacy Centre (SPAC) used its existing networks as the starting point for its project, a housing advocacy service for older people with mental health problems. It promoted the new service through letters and presentations to local statutory and voluntary agencies. It made arrangements to include the project in hospital discharge procedures. It continually raised awareness by, for example, participating in a borough-wide event to mark World Mental Health Day, and joining the local Mental Health Working Group, a cross-disciplinary group involving housing, health and care professionals.

Part-way through the project, it discovered there were problems with a choice based lettings scheme operated by the council, which discriminated against vulnerable older people, placing them at a disadvantage in the competitive bidding process. Consequently, older people kept on missing out on housing opportunities. So the project targeted the council's housing team responsible for running the allocations and made sure it was aware of the problems and the specific needs of older people with mental health problems. By the end of its second year, the project had assisted over 115 people, having initially targeted a caseload of just 20 people a year.

The Lorrimore's Home and Dry project also found there was a need for awareness raising, specifically with contractors and trades people, who needed to understand and empathise with service users' difficulties, and treat them with respect and not disdain. Contractors employed by housing associations were not exempt from this – Lorrimore discovered that some older people had been ignored by contractors employed by social landlords. Many contractors didn't feel comfortable, had no inkling that a customer had a mental health problem or were simply put off because, in their eyes, it complicated the job which would, as a result, take longer to complete.

For Westminster Advocacy Service for Senior Residents (WASSR), the critical information flow was internal, within the team. While it was important that the worker employed by WASSR had experience of working with older people with mental health problems, as well as knowledge of housing issues, the multi-disciplinary nature of the team was critical. It included the housing advocacy worker, a BME outreach worker and a mental health worker. All were specialists. All shared information with each other. Consequently, they were able to make links across the issues and fewer clients fell between the gaps.

In the north of Scotland, the project run by the Borders Independent Advocacy Service (BIAS) showed the difference advocates can make for older people with mental health problems. Much of the organisation's work is funded through health or social care money. The funds from hact and the LintelTrust enabled the organisation to extend its services to older people.

The project involved citizen advocates providing older people with mental health problems access to previously hidden information and services. They attended case meetings, reviews and tribunals to support individuals. They wrote letters, made phone calls and organised meetings on their behalf. The project also contributed to

emerging practice on citizen advocacy for older people with mental health needs, reinforcing the critical role organisations working with older people with mental health problems have to play in raising awareness of their often multiple needs.

Listen and learn

As part of its project, SPAC organised two listening events for older people, enabling them to raise issues which, while not new in terms of national research, were novel for the local area.

Critically, the events gave older people the opportunity to share their views and be heard directly by decision-makers.

These were the key concerns they raised:

- 1** We want to be listened to, and respected, and want our views taken seriously by those making decisions that will affect our lives – for example, when designing houses.
- 2** We want easier access to advice and information so we can make informed choices.
- 3** We want to have real choices available to us when we retire.
- 4** We want aids and adaptations to be freely available as soon as they are needed, and free of charge.
- 5** We want to be able to access shops, GPS, social activities easily – transport is crucial.
- 6** We want specialised housing to be large enough to accommodate guests, hobbies and possessions.
- 7** We want reasonably priced and reliable services to help us with cleaning, gardening, repairs, maintenance, etc.
- 8** We want security – it's very important.

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and well being in later life has all too often been neglected.

While many of the projects provided services to older people with mental health problems, five focused on pioneering solutions. Recognising that there was a gap in service provision, Cambridge Cyrenians developed a unique resettlement scheme for older homeless people, many of whom experienced mental health issues. The Lorrimore expanded its Home and Dry project to include older people with mental health problems and, in the process, discovered that, while it might be more resource intensive, an apparently small improvement made a huge impact on the wellbeing of people.

Both also recognised the importance of raising awareness, whether in influencing local housing strategy or in breaking down barriers with local contractors. Westminster Advocacy Service for Senior Residents demonstrated the importance of building internal expertise, by placing their housing specialist in a team alongside a BME specialist and a mental health specialist. Sefton Pensioners' Advocacy Centre used its existing local networks to raise awareness of the unique needs of its newest client group, through a mix of personal contacts, mass mailings and listening events. Finally, the Borders Independent Advocacy Service highlighted the importance of citizen advocates in improving the lives of older people with mental health problems.



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Hact is the housing associations' charitable trust.
This document was funded by the Housing Corporation.

Recommendations

- Local authorities, housing organisations and other statutory agencies need to monitor whether some older people are being routinely excluded from having the same access to good housing and support services as other groups, especially those with mental health problems.
- Further research is needed into the support services older people with mental health problems require, to inform the strategic development of housing, health and care agencies in preparation of a growing older population, including people with mental health problems from all community groups.
- The funding arrangements and design of home improvement services need to take into account the higher demands that some older people with mental health problems will place on services, the expertise needed to respond and the subsequent higher associated costs.
- In order to prove there is a demand for services, projects should be resourced for an adequate period to become established and collect evidence about local need.
- Care and assessment approaches need to be revised to address the needs of BME elders with mental health problems, to unravel the impact of poor, unsuitable housing on them.
- Service providers need to consider how they can genuinely shift the ethos of support services to reflect modern service ideals and expectations, taking on board the importance of, and need to resource, advocacy when rethinking service outcomes and delivery methods.
- The complex and multiple needs of older homeless people remain hidden in both policy and planning, and should be addressed through older people's and homelessness strategies and services.