



***Own Home:
An Evaluation of
Advance's
Home Ownership Scheme***

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Dedication

The Own Home pilot was based on the belief that people who use mental health services should be in charge of designing them, and that such an approach helps reduce the possibility of despair.

This report is dedicated, with love, to the memory of William McCrae, born in Kampala 1966, died in Oxford 2003.

Hilary Caldicott
Own Home Project Manager

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Executive Summary

Housing is a significant dimension of social exclusion. *'People with mental health problems are particularly likely to have vulnerable housing. Compared with the general population, they are: **one and half times** more likely to live in rented housing, with higher uncertainty about how long they can remain in their current home; **twice** as likely to say that they are very dissatisfied with their accommodation or the state of repair is poor; and **four times** more likely to say that their health has been made worse by their housing.'* (SEU 2004:85)

Advance has extensive experience of providing housing and support to vulnerable people, including shared ownership to people with learning disabilities. The Own Home scheme was established to give people with mental health problems security of tenure, choice and support in housing options via shared ownership.

This study focuses on the experience and views of people involved in the 'Own Home' pilot scheme of shared home ownership for people with mental health needs. We interviewed nine of the twelve people involved in the pilot. The age of interviewees ranged between 35 and 60; five were male and four female. Three of the participants were Black British and the remainder were White British. Two of the shared homeowners had children living with them. All the interviewees were entitled to Disability Living Allowance (DLA).

People were moving from a range of accommodation – including group homes, rehabilitation units and supported accommodation. They had to move for a range of reasons that clustered around potential homelessness and their mental health needs.

'My life would be in a mess now, if I hadn't have moved. I'd be on higher medication levels and life would be extremely difficult because of the restrictions of where I was living. The environment was causing me severe problems...it was increasingly difficult for me: it was setting off alarm bells for me, anxiety, and panic attacks.'

Own Home offered these people a level of choice of accommodation and housing location that, in their experience, was not available from other social housing providers. Demand for the scheme was widespread but it was only available where the Housing Corporation had allocated funds to the scheme – mainly in the cities in the Midlands. People on low incomes but not on benefits were unable to access the scheme.

Individuals were given a high level of support from Advance at all stages of the application and in their move to a new home. Advance staff were available and helpful; the application process was clear and not too onerous. Part of the process included being asked questions about their mental health and they appreciated the sensitivity and respect with which this was done.

Many people experienced minor problems in finding and buying their house, but they saw these problems as only to be expected during the purchase of a house. The experience was stressful — one person found it very stressful — but was, for most people, manageable. The flexibility, 'know-how' and support people received from the Own Home team throughout the process was widely appreciated.

The continuing role of the Own Home team was greatly valued not only in terms of its responsibility for the maintenance of the property but also for its pastoral role in providing continuing support and advice, e.g. in relation to benefits and support services.

'When I ring Advance there's always someone. I don't feel there's a barrier; they don't seem defensive. They are open and answer questions. It's easy to get in touch with them.'

The scheme usually involves a combination of Housing Benefit with Income Support. For most people this involved a change in the way in which the benefits were paid. Most people experienced problems in setting up the Income Support and/or Housing Benefits to fund shared ownership and a small group had to struggle to get the benefits to which they were entitled.

Many people talked about their expectations of home ownership in terms of a new start (in a new place or new area), having their own home, providing a sense of purpose or status. All those who were accepted on to the scheme were able to improve their housing conditions and make a choice about their preferred locations.

All the people we spoke to said that their new home was better than their old accommodation and most also commented on the benefits of living in a better area. People also talked about the improvement in their quality of life, motivation and sense of well-being.

'I like being on my own, it's nice to have my own space. I don't have to worry about other people's mess, I can have my own music, I can talk without whispering, have my own phone and have friends round.'

The study did not examine the value for money provided by the scheme, which will be significant in considering how to develop and extend the scheme. However, the findings point to the ethical argument that there is a place for shared ownership in providing a range of housing options for people with mental health needs.

People talked about some of the difficulties of the transition to home ownership but overwhelmingly in terms of how much better things were now:

'This is what I have dreamt about. I feel more of a person, more normal, a chance to have a better quality of life.'

'I do like it better now. At first it was a bit frantic – everything seemed to go wrong – but now it is great.'

The vast majority of people talked about quality of life not just in relation to the property itself but also in terms of their connections, wider support and expectations of building links within the community.

'I go to the [name] – a local cafe run by and for users – it's 35 minutes away and one of the reasons I wanted to live in this area. I go there 4 times a week. I go into town or into [name of neighbourhood]. And friends live locally too.'

Interviewees' accounts of support suggest that the nature and extent of support from Health and Social Services varied between areas. People who had moved to a new area faced delays before new services were in place. Those individuals with a network of local family and friends were better supported than those who moved to an area where they knew no one. One person, who had no informal support, felt very isolated in her new home, unsupported by statutory services, and unable to build an informal network.

Recommendations

To develop the inclusiveness of Own Home we recommend that:

- The Housing Corporation should ensure that people from all areas have equal access to Own Home. [Rec. 1]
- Advance should explore the possibility of using Shari'a mortgages and also providing shared ownership to people not receiving benefits but on low incomes. [Rec. 2]
- Advance should consider the expectation that people are able to provide start-up costs. [Rec. 3]
- Advance should consider how it can use translation services to support the provision of shared ownership to people with mental health needs from all communities. [Rec 6]

To build on the strengths of the Own Home service we recommend that:

- The new Advance Housing Management Officers working to provide continuing support to homeowners need to have the skills – reflected in the approach of the Own Home Team – to work with people with mental health needs. [Rec. 4]
- Local Housing Management Officers should be able to use the Own Home Team in a 'consultancy' role where necessary. [Rec. 5]

To ensure that shared owners receive the benefits and support they are entitled to we recommend that:

- The Benefits Agency should reissue clear guidance to local offices about benefit entitlements in relation to mortgage interest payment and shared ownership. [Rec 7]
- Advance should seek permission from shared owners to facilitate a community care assessment. Under the Carers and Disabled Children's Act 2000 Social Services should also carry out an assessment of informal carers (involved in supporting shared owners). [Rec 12]

To ensure that Own Home is evaluated and developed on a basis of firm evidence we recommend that :

- Further research explores the relationship between home ownership (and type of accommodation and location) and recovery and social inclusion for people

with mental health needs. Research should also look at the importance of not only family support but also individuals' roles in supporting their families. [Rec9]

- The economic effectiveness of Own Home should also be examined and this evaluation should be located within the broad context of community care provision [Rec 10], including the contribution of Supporting People services. [Rec 11]

To protect the interests of shared owners we recommend that:

- Advance should keep a 'weather eye' on the arrangement for mortgage support for people on benefits and lobby on behalf of shared owners if any changes appear detrimental to their interests.

1 Introduction

*People with mental health problems are particularly likely to have vulnerable housing. Compared with the general population, they are: **one and half times** more likely to live in rented housing, with higher uncertainty about how long they can remain in their current home; **twice** as likely to say that they are very dissatisfied with their accommodation or the state of repair is poor; and **four times** more likely to say that their health has been made worse by their housing.* (SEU 2004:85)

This Introduction sets out the policy background to the shared ownership scheme for people with mental health needs, outlines the operation of the pilot scheme and sketches the context of related community support services. Finally it describes the way in which we conducted the evaluation of the project focusing on the views and experiences of the shared owners.

Background

Public housing for people with mental health needs is limited and accommodation, particularly short-term provision, can be inappropriate. Longer-term accommodation is frequently limited, causing delays in settling people into established accommodation (SEU 2004).

The message that emerges from key studies is that people with mental health problems want real housing choice. Hatfield et al (1992), for instance, looked at the accommodation circumstances of 120 mental health service users and found that while a majority expressed satisfaction with current accommodation, a sizeable minority were not satisfied and expressed concern about their lack of housing options. Sayce and Meaey (1999) also highlight problems with housing choice, pointing out that people with mental health problems experience difficulties accessing housing in the community of their choice.

The issue of choice is not just a question of types of housing: it is also a question of location. Anecdotal evidence from street-level workers points to a process of ghettoization in some areas: *'...with people with mental health problems ending up in the same few local neighbourhoods and estates, placing pressure on local services and isolating communities.'* (SEU 2004:87). A particular concern here is the experience of mental health service users from black communities, who have, for instance, experienced racist abuse from neighbours to the point where they are fearful of going out and feel trapped in their own homes (Radia 1996).

Access to stable and secure accommodation is central to a decent quality of life for us all; for people with mental health problems it is also a significant factor in maintaining their mental health (SEU 2004: 85). Proper housing is also key to recognising the individuality of people with mental health needs: *'In terms of patient choice, self-determination, empowerment...ordinary, mainstream housing is ideal for most patients'* (Burns & Firn 2002: 216).

People with mental health problems constitute a diverse group with a range of different skills, aspirations and abilities as well as some common needs. Advance has worked with people with special needs in the south and midlands of England for more than thirty years and currently provides accommodation, care or support to more than 1,200 people.

Advance's 'Own Home' project is a new response to the problems of providing housing choice and security to people with long-term mental health needs which draws on the association's experience of providing shared ownership to people with learning disabilities.

Shared ownership has been an option in public housing provision since the 1980s. Under this arrangement an individual buys a proportion of a property and a housing association buys the rest; the association then rents its share of the property back to the individual part-buyer. Advance's scheme for people with learning disabilities ('SOLD') demonstrated that shared ownership was a practical proposition for people with significant disabilities. SOLD showed that it was possible to find a way through the public housing and benefits maze to make links between housing, legal and benefits rules, and independent finance and appropriate care which can support shared ownership for people with learning disabilities. The SOLD pilot was completed in 2001 and the review study found that:

'Those who have become homeowners have been in a position to express a positive will to live more independently and thus it has contributed to achieving their own personal goals. What is valued, as in most independent living schemes, is the independence and freedom that goes with having your own home...More subtly shared ownership, as compared to the rented alternative, can contribute:

- *A feeling of positive self-esteem and status as an 'owner'*
- *A pride in ownership*
- *Offers greater choice of non-estate property and thus can make the person less vulnerable*
- *A choice of type of property that is most suitable, in the best location for the individual'*

(The Housing Corporation undated)

More than 80 people with learning disabilities have now become shared owners with Advance (Advance 2003).

Advance commissioned research to look at the possibility of the development of shared ownership scheme for people with mental health problems. The report, 'Mental Health and Home Ownership', concluded that: *'Ownership – particularly shared ownership – could have a role in assisting a limited number of people with mental health needs...and could offer a more affordable way of providing suitable secure ordinary housing for some people recovering from mental illness...'* (King 1998:56)

Advance's organisational experience in setting up and supporting shared owners (policies, a model lease and leasehold management procedures), and their expertise in working with people to put together the public and private finance (mortgages, insurance and benefits) to make shared ownership work, provides a useful structure for the development of a scheme for people with mental health needs.

Own Home, like SOLD, is funded by a mix of public and private capital. Advance buy the property and the shared owner then buys part of the property, usually with a mortgage, and rents the remaining portion.

Own Home is geared towards people who tend to have long-term mental health needs and are likely to be entitled to higher benefits (receiving Income Support with disability premiums). Accordingly most people on the scheme will be entitled to benefits. Their mortgage interest will be paid via Income Support, and the rent by Housing Benefit.

Two significant characteristics of the scheme follow from this. Alongside the process of finding and buying a property, shared owners have to obtain a mortgage and apply to the Benefits Agency and Housing Benefit for a novel project. The second characteristic is that Advance has a continuing landlord role and responsibility for property repair and maintenance. (This is an aspect of shared ownership that is particularly suited to supporting community care as the responsibility for repairs and maintenance can be a significant source of stress, especially for people on low incomes (McDonald 1999: 202)).

Own Home, however, raises different issues and works with a different group of people from those involved in SOLD. While issues such as capacity, the relatively stable nature of learning disabilities and the role of families have a central role in the learning disabilities scheme, notions such as capacity and carer involvement are significantly different issues within the context of mental health. In relation to a mental health scheme the feasibility research focused on the dynamic nature of mental illness and recovery, and the issues this raises for a social landlord. In particular it considered the episodic nature of some mental health problems and how this might relate to the stresses of homeownership exacerbating mental health problems; the ability of a shared owner to maintain a property/mortgage; and 'insight' and refusal of support and help. [King 1998:55]

In recognition of the need for someone with expertise in mental health to develop the pilot scheme, Advance appointed Hilary Caldicott as Project Manager for Own Home in February 2003. Hilary is an experienced mental health worker who has worked in both the public and not-for-profit sectors. An external steering group was also established to provide support and guidance on the implementation of the Own Home pilot.

Operation of the Own Home Pilot Scheme

The Own Home pilot scheme made use of grant allocation from the Housing Corporation. This allocation was tied to areas and resulted in the following distribution of places: 5 places in the East Midlands; 5 in the West Midlands; and 3 in the South East. 8 of these places were in two large cities and the remainder were in shire counties.

A small group of people with mental health problems had heard of the Learning Disabilities scheme and asked about shared ownership. When the pilot scheme was launched it was published with flyers and sent to organisations such as MIND, NSF and Supporting People Teams. Advance also presented the scheme at open meetings. There had been widespread interest across the areas and there has been a steady and continuing interest in the scheme.

There were 67 serious enquiries about joining the pilot scheme in the first year - excluding enquiries from people who were clearly not eligible (e.g. people who did not have a mental health problem). At this stage the Project Manager explained the scheme and the application process and then sent out an application form and a

short guide about shared ownership. People were also advised that as part of the process of property purchase individuals would be asked to contribute towards the start-up costs - survey costs, legal fees, stamp duty and mortgage arrangement fees. (If this proves impossible Advance can provide help.) These start-up costs were estimated to be around £3,000. This requirement was not only practical but was also seen by Advance as a way of identifying the applicant's commitment to homeownership: *'There should be some sort of contribution - it shows motivation, demonstrates money management skills and gives the person a stake in/commitment to the scheme and process (their bit of taking control). You may not have the money when you start but you can build up some funds while you're on the waiting list.'* (Advance)

The enquiries resulted in 46 completed application forms, which then had to be separated according to the applicants' areas. An applicant living in an area with no Housing Corporation allocation or where allocations had already been taken up was put on a waiting list.

Applicants in areas where funding was available were then asked to complete a mental health assessment. The assessment had to be countersigned by a professional involved in the person's care and within Advance was only available to the Project Manager. This process was designed to assess risk in relation to home ownership, and involved: identifying any help the person might need to support home ownership/tenancy; identifying signs and symptoms of their mental health problem to get a sense of their needs, their strategies for staying well and their approach to seeking help; and identifying any significant alcohol/drug use and associated chaotic behaviour. The application form also asked for permission to contact a mental health worker, if necessary, for further information.

'In relation to mental health assessment - hardly any issues arose, and if there were any concerns the form allowed me to check...people don't seem to find the questions offensive.' (Advance) One person's application did not go ahead because of the assessment. The issue that arose from the assessment focused on the nondisclosure of a significant mental health problem and related behavioural difficulties.

The process of finding and buying a property can be stressful and it is part of the Own Home Team's role to support applicants – in terms of emotional support, information and practical assistance.

Own Home gave applicants a limit to the level of funding they could provide and also provided people with a property purchase checklist to help them make their choice. The checklist provides guidelines, reflecting Housing Corporation requirements about property size, location etc. and outlining what Housing Benefit will consider when making a decision about paying the rent. The checklist also reflects the view of Advance that applicants are social individuals and that the property should have at least 2 bedrooms to enable family and friends to visit and provide accommodation for overnight care if necessary. Most people used the check list to identify a suitable property; in only one case, where a person identified a property that was too small, did Advance have to refuse to purchase it (she went on to become a shared owner of another property).

A mortgage consultant who had extensive experience of working with Advance prospective shared owners arranged the interest-only mortgage. Applicants had to find their own solicitors to ensure they received independent legal advice. If they did not have a solicitor Advance could provide names of solicitors who had experience of shared ownership schemes.

Once applicants have found a property and decide to go ahead with shared ownership they have to inform Advance. Applicants cannot make direct offers for the property. Advance has to approve the purchase and make the offer in line with Housing Corporation rules.

The context of related community support services

Social Services and Health are the key public providers of care and support to vulnerable people, but historically Housing has also played a significant role through housing benefit—to support a person maintain their tenancy as well as just pay for the accommodation.

However, the tenancy support element of housing benefit stopped in April 2003 and has been incorporated into the Supporting People Initiative. This brings a range of government grant previously made to several agencies together into one budget, which is managed by each local authority. The authority co-ordinates the commissioning strategy to provide local support services for people from a wide range of vulnerable groups to: develop or sustain their capacity to live independently; widen tenure choice; and provide refuge (Office of the Deputy Prime Minister 2002).

The effect of Supporting People is to separate ‘bricks and mortar’ funding (which stays with housing) from funding for support to live independently, so that this can be offered to vulnerable people in a range of housing settings, including shared owner-occupiers. (In light of these changes Advance itself has separated its housing and support activities.) In relation to Own Home, Supporting People offers the potential to fund necessary services for shared owners which Social Services can no longer support (because of narrowing eligibility criteria), particularly low level assistance and crisis prevention work and support to develop links in the community.

A recent national study by the Joseph Rowntree Foundation (2003) looks at how Supporting People may affect services for vulnerable groups. The findings of the study suggest that the delivery of services for shared owners could be patchy, reflecting different local priorities and that even in areas where there is a commitment to provide support services for vulnerable homeowners, developing new services might be difficult.

Supporting People brings together funding for a range of marginalised, hard-to-reach and high-risk groups. The study found that the definitions of these groups differed significantly. In the absence of a common framework within which to prioritise needs, this suggests that local commissioning of services may involve a highly political process of local conflict (and compromises?). For instance, for the researchers themselves: *‘The involvement of social services and health agencies at commissioning level could lead to resources being diverted to boost community care and community health programmes, to the detriment of support for those who come into Supporting People by a homelessness or probation route.’* (Joseph Rowntree Foundation 2003:2)

The study also found mixed views about the development of new ways of providing support to members of vulnerable groups in the community – in theory yes, but:

'Respondents agreed that support provided on a flexible basis to people living in independent housing (often referred to as 'floating support') can offer intensive assistance and should meet the fluctuating needs of individuals. They indicated that in practice, however, it can be difficult to obtain funding for a high level of support, particularly for making social contacts and addressing isolation. There was also some concern that floating support, as a soft option in political terms and the current 'blueprint model', is expected to cater for too wide a range of needs.'

(Joseph Rowntree Foundation 2003:4)

Furthermore, even where there was a commitment to the development of services such as floating support, this could take some time: *'Most respondents, although not all, anticipated problems in terms of the scope they would have to extend, adapt and improve services in the short to medium term. This was based on the dual concerns that local budgets will not stretch to meet the extra costs and that there is little flexibility to release funds through reshaping current services.'* (Joseph Rowntree Foundation 2003:2)

During the development and implementation of the Own Home pilot Advance were involved with Supporting People Teams (SPTs) in six areas – four shire counties and two urban authorities. The level of interest and practical support from these teams for the pilot ranged from enthusiasm and a flexible and pragmatic approach to little interest and problematic support.

At the strategic level the SPTs in most of the shire counties were enthusiastic about Shared Ownership and worked with Advance to provide support to homeowners. One county team, however, adopted a less flexible approach and would not, for instance, allow one home-owner to move the available support from Advance rented accommodation to Advance shared ownership accommodation.

Advance faced major problems in linking shared owners with Supporting People's services in the urban authorities. One authority's initial commitment to supporting shared ownership was in contrast to its lack of delivery in practice. The other urban authority showed little interest in the shared ownership pilot, and generally Supporting People services in these areas have been unhelpful. However, in one case, which proved to be the exception, a local voluntary organisation (funded by the SPT) stepped in at the last moment to provide some support to one shared owner.

Methodology

This evaluation focuses on the experience of the shared owners who were involved in the Own Home pilot scheme in order to give an insight into their sense of whether their participation in the scheme contributed to a sense of social inclusion and improved quality of life. It looked at their experiences of housing before they became shared owners and of the process of becoming a shared owner. We also looked at people's views about the support that the individuals thought they needed to continue to live independently and whether that support was available. It also seemed important to see if there were common areas of difficulty from which lessons could be learnt from the pilot group.

The first of the twelve 'Own Home' owners involved in the pilot moved into their new

properties between the summer of 2003 and early 2004. Advance made the initial enquiry of these 12 individuals to ask whether they were prepared to be interviewed about their experiences of the 'Own Home' scheme for the purpose of evaluating the project. Ten people agreed to talk to us but one person subsequently withdrew before being interviewed. The method of information gathering was through face-to-face interviews with individuals. We had hoped to interview everyone shortly after they had moved and again six months later. In fact at the start of the project two of the group did not feel able to meet and one of these asked a partner to give a telephone interview. Of the remainder, four had not actually moved into their new home but were in the process of buying a property. In these cases individuals were interviewed before their move and four months later when they had moved. In the event this proved to be remarkably illuminating as it gave an opportunity to compare individuals' expectations before the move and their experience after the move. The group that had moved were interviewed as planned with some of the second interviews done by telephone.

The interviews were semi-structured. We used broad themes to ask the homeowners about a range of their experiences of the whole process: the application, the financial and legal arrangements, finding a property and the costs of the move. We also asked about the reasons they wanted to move and what alternatives there might have been for them. The support required, and whether this was available was explored and perhaps most importantly, now that the move is over, what is life really like. We took contemporaneous notes of the interviews.

This is a user-focused evaluation of a small pilot project. A study this size cannot examine the value for money of shared ownership. Selection for the project was not random and the numbers involved are very small. It is not possible to draw any general conclusions about shared ownership and people with mental health problems from such a study. However, the approach we have taken is to focus on the lived experience of the people involved, and as such the study provides rich data about personal experience that can inform the development of the scheme. We have sought to anonymise data from interviewees. We have hidden people's identity and have sometimes changed their gender in quotations to protect anonymity.

The scheme is designed for those with significant and long-lasting mental health difficulties. It was apparent from those participants interviewed that this was the case. Most had one or more lengthy admissions to psychiatric hospital and had been for some years in supported housing or rehabilitation units. One had been having psychotherapy for eight years on a weekly basis. Mental health difficulties also dictated employment difficulties. Of those interviewed one had never worked in paid employment whereas the rest had been unable to work for at least eight years. All appeared unlikely to be able to return to work. This is important because candidates should be in receipt of benefit for the scheme to work financially unless the individual has some capital to put into the scheme. In this case Advance's role as landlord was of particular importance. (A criterion for acceptance onto the pilot is that candidates should have been unemployed for reasons of health for a considerable time.) Advance does not consider young adults for 'Own Home' who may be well enough to work at a later stage. The interview group were all more than 35 years old and five were men and four were women. Three people were British Black and the rest were British White. Most people lived alone but one shared the new property with a partner and two had children living with them.

2 Housing Need and 'Own Home' Participants

Finding out about 'Own Home'

The majority of those interviewed had heard about the home ownership scheme through word of mouth. This was often through formal or informal networks after they had exhausted other sources of housing support (see below). In some cases the information was from people working for Advance housing support schemes, or from support workers in rehabilitation schemes, or Mind. In one instance it was through the CPN and another through the 'National Schizophrenia Foundation' [Rethink], which had been approached for help and advice on housing.

Many people were positively surprised by the scheme and saw it as a great opportunity. One person, wary, because of his negative experience of public provision, initially felt suspicious of the scheme but was won around:

'...I thought it might be a scam. I was in two minds. They wanted you to come up with £3K up front to cover costs, what if they'd taken the money and run? I checked them out on the web and checked that they were a registered body. It was manna from Heaven. You get your own home; they do the upgrades and repairs before you move in. You have an extended lease and ownership/investment in 67% of the property.'

Reasons for moving

A criterion of acceptance on the Advance scheme is that a candidate's mental health should be adversely affected by their present accommodation or they should be facing homelessness. As most individuals will rely on benefits to make the payments they must be eligible for these benefits. The test for eligibility for Income Support payments on an interest-only mortgage is that the new accommodation is better suited to the disabled person's needs, and this must be demonstrated to Income Support.

Unsuitable accommodation

Half of those in the scheme were seeking to find new accommodation because they had no alternatives. Two were living in short term rehabilitation units where their tenancy was running out or had run out. One was living in an institution that was being closed, and another had to leave his sheltered accommodation due to a relationship breakdown related to his mental health problems.

For the others the need to move was a combination of the limitation of their current accommodation and the area in which they were living contributing to their mental health problems.

People were looking for accommodation that was better suited to their mental health needs. One person, for instance, talked about moving from:

'A disgusting place, there was damp running down the walls, rats in the street and in the house sometimes and bad neighbours'

Another person, looking back on where he had lived before he moved to his new home explained the impact of unsuitable accommodation on his mental health:

'My life would be in a mess now, if I hadn't have moved. I'd be on higher medication levels and life would be extremely difficult because of the restrictions of where I was living. The environment was causing me severe problems...it was increasingly difficult for me: it was setting off alarm bells for me, anxiety, and panic attacks.'

Moving to more suitable accommodation was also important for another person to facilitate her care needs:

'I need two bedrooms so that I can have a carer overnight when I need to. It's important to know someone can be with me, it makes me less panicky.'

Family responsibilities

Within the small pilot study there were two people who had young children living with them and two others had contact arrangements with children. Looking forward to the move, one person explained:

'Our son is practically trapped in the flat – he can only play and run around safely inside, and the neighbours complain about the noise. But he can't use the common areas because they're not safe and there's nowhere to play outside because of the gangs of local youths. They're [social workers] concerned about his development and he's now going to a family centre so that he can have more structure and stimulation.'

The move to suitable and safe accommodation can also be seen in the light of legislation regarding children (Children Act 1989 s17 [1(b)] and Schedule 2.10), which supports and promotes the upbringing of children in need by their families. Advance encourages shared owners to have space for overnight visitors mainly as a safety valve, in case individuals need a carer to stay, but this space also allows parents to fulfil their family responsibilities by making suitable provision for their children.

'My son's been able to make friends and go into their houses and his friend have come in here. He's started the local school where the neighbours go. The school is just down the road and we now take it in turns to take him there and back. As a parent things are much more positive – lots of meeting other kids and being active – but in the flat he didn't really meet anyone and there were racist attitudes...he's able to play and run around in the garden. He's happy and is picking up more English from the next door neighbour's kids, and his social skills are much better.'

Unsuitable location

Another problem that was mentioned by several people was living in an unsuitable area, where they felt vulnerable or threatened to the point where their mental health was compromised. One person, for instance, talked about feeling imprisoned:

'It's not possible to get away from people, except by hiding in the flat. The [name] Club across the road is a wet centre for alcoholics - I've been accosted so many times, begging etc. I've been threatened physically - someone who'd seen me going in and out of the flat had threatened to come and get me. There's also been fights in the street below and I've had to call the police out. A man was murdered in the front of the flats recently.'

And another person talked about living in:

'...a flat run by council and housing association. It was in a very rough area. Everyone there had a mental health problem. It was very noisy with people coming and going all times of the night. One night the tenant below stabbed his girl friend. I began to dream of having a place of my own. I am very vulnerable as I always take on other people's problems when I can't even manage my own.'

Some people were also having to cope with the stress of racial harassment:

'...this is primarily a white community and we are frightened to go out at night because of gangs of youths hanging around the streets.'

What alternatives were there to Advance?

The stark reality for most of the people we talked to was that alternatives were severely restricted. Single men felt very vulnerable. One man summarised his view of the support available:

'I would end up homeless and would be at the bottom of the pile. The council don't help single men.'

A common experience mentioned by most of the people was being offered housing that did not fit their needs.

One person, for instance, who needed to move from a tower block, had sought help from the Council:

'I'd been told I'm a single man and would only get a single flat in a tower block...' [However, because he was in his late 50s]...they could possibly offer me a pensioner's bungalow or sheltered accommodation. But I don't need that. When I do that would be OK, but I want to get on with my life; it felt like they were trying to put a square peg into a round hole – if that was all that was available I would have had to take it – but I wouldn't have had any quality of life.'

Many people also talked of their need not to be socially excluded, to be close to basic amenities and existing support networks. One person encapsulated this view when she told us: *'It is very important to me to feel safe and to have amenities close by'*. The key issue was the problem finding accommodation in safe and supportive settings. *'I was on the council scheme...most of the accommodation was out of town and away from family or in a bad area...not a good choice.'*

Another concern about location was the stress of living in a 'bad' area. One person who had *'...been offered housing in bad areas — gang warfare and drug traffic...'* explained why 'bad areas' were a problem for him:

'Location is very important to me and relates to me and relates to my mental health needs. It's about people to me – the worst thing, I think, about prison is not being locked up but the people you're locked up with. I want an area where people are less likely to cause you hassle and will leave you alone. I've had previous experience of living in a bad area. The general atmosphere gets you down and the crime rate is worrying – I lived in one area where you were constantly frightened of being mugged. Luckily I wasn't mugged but I knew some people who had been. You just don't feel safe. It's about a basic sense of security.'

He contrasted this with another area where he had felt safe:

'What I noticed there though was that the conditions just made me more positive, more optimistic, and I wanted to do things and get involved in activities.'

3 Role of the 'Own Home' Team

Finding a property

Advance staff were widely praised by interviewees for the way in which they operated the process of applying for the scheme. People commented on the clarity and depth of the information they received and the respectful way in which sensitive information was sought. One person summarised these views in his account of the application process:

'...[She] was very helpful. The process was very simple, and easy to follow; it wasn't stressful. I had to fill in a questionnaire, which was informal and simple and allowed you to give a fair picture of your psychological state. She came out to discuss the scheme – what it is; what you'd have. [She] asked about medical background and asked for documents – which I had at hand because of my DLA reapplication; if not I would have given permission to contact my GP. I felt it worked well.'

In one or two instances Advance had been asked to approve a house that did not meet the criteria and had to refuse to purchase the property. *'The first flat I saw - I fell in love with it but Advance said it wasn't suitable ... [after considering the situation] I could see this was right, it was too small and I could not have had anyone to stay if I needed to'*

Generally the applicants found the Advance's property buying checklist helpful and saw them as reasonable:

'...when you are taking a big step on your own there is lots to think about and it is good to take advice about the sensible way to do it. It is better for me to be near to shops and buses. At times I can't go out or if I do go out I find it difficult to go far.'

When a person was accepted on the scheme Advance allocated them funding for the purchase according to a formula prescribed by the Housing Corporation that was designed to reflect the cost of housing in the local area. Generally people felt that the level of funding was adequate to find a suitable property. However in a couple of cases the initial budget was too low and had to be increased to reflect the conditions of the local housing market. Here the approach of the 'Own Home' team was felt to be flexible and realistic:

'Advance agreed that I could look for anything up to £106K. Originally this was £90k but in this area property is so expensive I couldn't get anything [it would have been in the wrong area or would need a lot of work and money spent on it]. But this had to be increased because of the cost of local properties - the estate agent provided evidence of this to Advance.'

The people involved in the scheme had different experiences of buying a property. In some cases the process went smoothly, but in most cases people experienced problems - worrying surveyors' reports, need for building works, delays etc. -but people felt these were only to be expected *'you hit the same pitfalls as everyone'*. One person, who experienced severe problems in his attempt to buy a property – three vendors withdrawing at short notice for a range of reasons before finding his

current property – mentioned the practical and responsive approach Advance staff took to minimise the problems he faced:

'I've had a lot of bad luck. I've now found a place in the area I was first looking at. Advance worked very quickly to make it work. I viewed it last Thursday am; phoned Advance who told the agents at 12 and they got a surveyor in that afternoon. They're helping me push for a quick completion.'

Only one person mentioned that he found the process of house hunting noticeably stressful [he received support through the process from his family and professional workers]. The other people we interviewed did not described adverse effects on their mental health at this stage and nearly all described a high level of support from Advance:

'When I ring Advance there's always someone. I don't feel there's a barrier; they don't seem defensive. They are open and answer questions. It's easy to get in touch with them.'

The Own Home team were not involved in the process of viewing properties (although they did see the property to be bought before purchase). Most people were supported through this by family, friends or support workers. One prospective purchaser described how he could not have managed the search without considerable help:

'My carer came with me to view properties, she has a car. It would have been impossible for me on my own. I didn't know this area and would not have known how to start looking.'

Where there was no support available in one instance an Advance worker, not from the 'Own Home team' helped out by taking the person to view possible accommodation.

Legal and financial process

As mentioned in the first chapter, shared ownership entails a split ownership between buyer and landlord. The property is purchased by Advance, the housing association, which then sells a proportion to the shared owner, who takes out a mortgage with the building society. Legally the shared owner can purchase between 25% and 75%. Some shared owners have capital they can commit to the scheme. This is likely to come from the sale of a previous property, from inheritance or through a Trust fund. There are, then, three parties to this transaction: Advance as landlord, the individual purchaser and the building society as lender. The costs are met for the interest to the building society by the Benefits Agency and by Housing Benefits for the rent to the Housing Association. The mortgages negotiated by the mortgage consultant match the Income Support Mortgage Interest rate to avoid shared owners getting into arrears. There are also other costs and fees related to the house move — the purchase of furniture, curtains, carpets etc. and moving itself, as well as mortgage consultants' and solicitors' fees. The individual applicant generally met these costs (sometimes with the help of the community care grant).

All the people we interviewed understood this somewhat complicated scheme - their understanding ranged from those who were clearly comfortable with the intricacies of the scheme to those for whom it was enough to have a basic working knowledge of

the arrangements and know the scheme works. They also said they had been well advised by people who *'knew what they were about'*—Advance staff, the mortgage consultant and solicitors.

Because of the specialist nature of the mortgage arrangements Advance made arrangements for people to receive advice from a mortgage consultant. The consultant was seen as very helpful:

'...he explained everything in detail and was very clear, he didn't just know his stuff he also had very good communication skills, went out of his way to take away the stress and the strain.'

Solicitors were another source of independent advice and again the general impression was of helpful and clear professional support. Some people went to a firm of solicitors who they already knew, others were given the names of firms, who had dealt with the scheme and understood it, by Advance; although Advance cannot recommend and the decision about whom to use rests with the shared owner.

There were inevitably other costs to the move such as surveyors' fees, moving costs and start up money. One of the people we interviewed was selling a house and another had some capital to put into the scheme and money to pay professional fees and buy furniture. Most of the other people, however, either saved money from their benefits or had help from relatives.

People who applied for a community grant often had to struggle to get any help, for instance:

'I'm claiming a community care grant for furniture – the CAB helped with this (they were very helpful). I made an application and got £440, some items were not awarded. So the CAB bloke offered to speak to the officer, with me present, and got some more items agreed. I also applied for some money for carpets and curtains and got £500 for these.'

'I put in an application for a grant to help with the move. The community care grant was refused - not a high enough priority. The application had been for essentials – carpets, curtains etc.'

This person went on to challenge the decision:

'I asked for reasons for the rejection but I didn't get any information. But we put in an appeal and to our surprise we got £1000.'

Some people had some capital that they could use, while others used savings, applied for grants or received help from family and friends. One person's experience illustrates the range of skills many people drew on to make the move work:

'I had my own savings to cover some costs - if not I would have been entitled because of IS to apply for community care grant. I also had a loan from the bank for £1,000...I've negotiated that the carpets and curtains will stay in the house. I have my own stuff to take there too - beds, white goods; bedding and so on. And I can use local recycling furniture projects – if you know what you're looking for you can get some good stuff.'

And another said:

'I'm good at saving; I expect it's the way I was brought up when we never had much, so when the move came I did have some money. Of course you can only have £3000 in savings or they deduct your benefits, but I used the money for things that I needed.'

In a small number of cases people were not able to find the set-up costs for the property purchase and the move. Where there was a shortfall Advance had been able to assist to make up the difference. One woman had little money of her own and was isolated with no family or friends to provide support. In this case Advance paid towards basic furnishings and necessities to enable her to move.

The actual move on the day could be problematic especially as people couldn't afford to hire professional movers and so relied on networks to help. Most people relied on the help of families or friends, and ingenuity:

'I have two brothers and they helped with the actual move.'

'Two lads who lived opposite, both mental health patients helped, I asked them to help. They jumped at the chance; I paid them a little and they did the carrying up and down stairs (cost of removals was too much, I got a quote of £1800, because of having to go up and down stairs to the flat etc.).'

'The actual move was hard. We tried to hire a van, but in the end we had to do it by car.'

But a small number of people didn't have any help on the day.

'The move was difficult. I couldn't get the keys to the property until the afternoon and I mainly moved the stuff myself. It was very stressful as I was worrying about getting benefits sorted too. I was glad I wasn't ill at the time, I don't think I would have been able to do it.'

Benefits

A significant problem for those who had moved was sorting out their benefits payments and the stress this caused. One new buyer for instance said: *'My main problem is that I can't manage money'* but then went on to explain that it had been two months since the move and her benefits had not yet been sorted out!

Shared ownership for people with mental health problems is not yet a mainstream scheme and getting the benefits changed and the 'System' to accept claims was time-consuming and raised anxiety levels for some. Here the continuing support of the 'Own Home' team was valued:

'Housing Benefit to cover the rent is still in the pipeline -apparently it will take some time to work its way through. Advance is sorting this out. The council is not yet geared up to deal with shared ownership...The Dept of Work and Pensions are now dealing with mortgage— Advance has put in the paper work. I just had to sign the stuff – the mortgage broker drafted the letters etc. This is all very good because it relieves one level of pressure.'

A less frequent but extremely distressing problem experienced by one person was that the Benefits Agency denied responsibility for funding the interest-only mortgage and she had to struggle to receive what she was entitled to:

'The Benefits Agency [sic] got mixed up and said they would not pay the interest and housing benefits got involved. It was a nightmare and I thought it was all going to fall through. Advance sorted it out for me.'

Advance's continuing responsibility

The people we spoke to understood the continuing role of Advance as their landlord in relation to the property of which they were now shared owners and this seems to be a key element in their satisfaction with the scheme: *'...being somewhere I want to be **and without worries.***' Not only do the participants have the advantages of choice and autonomy but they also have the support of the landlord/tenant relationship.

There were two elements to how people understood Advance's landlord role. There was a clear recognition of the practical role of Advance in relation to the property as bricks and mortar - this related to its responsibility for structural maintenance of the property and was seen in the context of their own responsibility as part tenants in terms of the day-to-day upkeep of the property and interior decoration. They pointed to the lease as the place where this was all set out.

Alongside this formal legal relationship, there was a widespread sense that Advance, as a social landlord, had other responsibilities towards them:

'They are more responsible than a private landlord – I had a friend and the landlord came around with a dog and threatened him because the housing benefit was late. Advance has ethical considerations, they fulfil their contract with me in the lease, they will do that. And the people at Advance have a good understanding of mental health. And they can advise me on care and support if necessary.'

'As a social landlord they don't need to but they do provide support over and beyond just looking after the property – for instance isolation, harassment etc. You know you could contact Advance for support. It's very reassuring that it has that social element too, it gives you peace of mind: that continuing sense of responsibility and concern for your well-being.'

4 'Own Home' and Quality of Life

At the start of the evaluation process just over half of the participants in the pilot had actually moved. The remainder were waiting to move and moved a few months later. We spoke to four people before they moved and nine people after they moved (including these four). We asked these four people about their hopes for home ownership.

Expectations

When we asked about what would be different after they moved the picture that emerged was one of hope mixed with a practical sense of what was involved. One person captured this sense in his description of the move as being - a new start. It allowed him to move away from a community that had very painful memories for him and was inimical to his mental well being:

'For me, for once it's to help me and it will help me. It's so unbelievable that Advance have this scheme because to my way of thinking I don't have that stroke of luck – it's a light at the end of the tunnel...starting a new life from afresh, not stuck in the past – being somewhere I want to be and without worries.'

Another person talked about being a homeowner as something that gave him a greater sense of purpose and a status in his family he had previously lacked.

People also talked about the practical advantages of the move for them. These included being closer to family, accessible local facilities and having a space where they would feel safer and less stressed. One person, who was a parent with a young child was also looking forward to having a garden for his child to play and being close to his child's school so that he could take him to and collect him from school.

When we spoke to people following the move it was clear that these aspirations and goals had been met for the vast majority of people involved in the Own Home pilot.

People had experienced teething problems with the move – delays in building works, and problems sorting out benefits – but these were vastly outweighed by benefits:

'This is what I have dreamt about. I feel more of a person, more normal, a chance to have a better quality of life'.

'I like being on my own, it's nice to have my own space. I don't have to worry about other people's mess, I can have my own music, I can talk without whispering, have my own phone and have friends round'.

These two comments encapsulate the sense that for the people involved in the pilot having their own home was more than just about bricks and mortar. Although the new accommodation was welcomed by everyone and the quality of the property seen as a great improvement on where they had lived, it was about a range of feelings and ideas about motivation, choice and security, and personal achievement. (Others also illustrated the poor quality of previous housing.)

Motivation

'It's making me mentally more positive. All I could see before was losing my accommodation and ending up homeless.'

'Here I've noticed the contrast with [name of hostel]; there I wouldn't get up until noon – what was the point? But here I get up about 7am and I go about doing things. It makes you realise – so much mental health stuff emphasises the person. It doesn't take into account the environment, how the situation can improve how you feel and want to behave. (And it's interesting to think about why they don't – it's too complex, can't just give some one a pill; and it costs too much.) I now clean my fridge. I noticed yesterday how dirty it was and spent the day cleaning it out. When I was in the group home I wouldn't have bothered; what was the point? You just put up with the dirt. But it's worth putting the effort in here and I can keep it up to a standard I'd be happy with. That may seem a small thing but its important to be able to live how you want'.

'My son's been able to make friends and go into their houses and his friends have come in here. He's started the local school where the neighbours' children are. The school is just down the road and we now take it in turns to take him there and back. As a parent things are much more positive – a lot of informal contact and being active – but in the flat there was very limited social contact and racist attitudes. In contrast here we are amazed, every one is really friendly....It's like being the King of the castle, I'm chuffed...I've bought garden tools and been out in the front garden planting. I enjoy the garden and passing the time, occupying myself. I'm thinking about doing some work if I can – within the therapeutic limit.'

Choice and Security

'One of the brilliant things about having your own place is you have some choice about how you want to live. I really wanted a place with a garden because I wanted a dog and this [ground floor flat] is perfect. Advance are going to mend the fence to keep the dog in. But it is really great to have a dog, I have always wanted one since I was a child.'

'This place gives me peace of mind: it's permanent; it's mine; it gives me a quality of life I didn't have in the flat – it's got space, the garden as a project. It makes me feel more comfortable and at ease, it helps me to cope: my emotional problems haven't gone away but it's something positive – I can now focus on my emotional needs. I also feel more of the community here – people pass by and pass the time of day with you.'

Achievement

The majority of participants who we spoke to soon after they had moved also talked about their pride and satisfaction in the fact that they had managed to achieve their own home. There was also a feeling of achievement and of taking control of their lives.

One homeowner, for instance, described this very clearly when she talked about what she had done towards the move:

'I can plan and I can save so I had the money and I paid for it myself. I like to do that. There are various grants and I applied for anything I was eligible for. Also my family helped.'

And another person described the importance of doing things for himself:

'I had to find out what was what, to make things work, to make do. You can do it yourself, you can do things, you count, you're not necessarily the burden everyone says you are, that's self-worth, that's self-esteem.'

However, another side to this idea of personal achievement can be seen in a sense of guilt that some people felt, because they felt that they hadn't done enough to justify their own good fortune. For one person this was expressed in personal terms:

'I worked hard in my life, I loved my work, it was my vocation. I haven't worked for a number of years, and I feel guilty, I get depressed and feel I do not deserve this (the new home). I would like to pay off some of the mortgage. I would like to have made more of a contribution.'

Another owner reflected on a sense of vulnerability because of his good fortune—he was fearful that other would see him as not deserving to be an owner occupier because he is receiving benefits:

'I have fears - the way the Sun portrays people with problems. There was a recent article in the Sun - an attack on a lady on benefits, saying she was lazy. If the Sun found out that some 'nutter' was living in a nice house in suburbia paid for by benefits how would it react?'

Another concern that some people felt was that this was the first time they had lived alone, as prior to the move they had been in supported housing or hostels. Some felt vulnerable about a break in. In these homes, security was evident. One new homeowner said:

'I recently changed the door lock; it would be good to have a chain on the door. I do have a 'peep hole' but I cannot always see who is there.'

Another person felt unable to go out:

'I feel fearful of going out so I can stay in for days at a time and 90% of the time I am on my own' and 'it is very difficult to go out for me. I have an appointment to see a psychiatrist meanwhile I'm existing'.

For one woman going out in the dark was an issue that contributed to her sense of isolation:

'I can go for a long time without seeing anyone, especially in the winter. I was a bit scared at first. I have to do everything, shop, cook, bills. I have never had to do this before. It's not that it's difficult, it's just all new.'

When we spoke again to those who had moved to their new home several months ago they looked back on a transition that was sometimes difficult (particularly sorting out benefits payments) but that had resulted in a very positive change in their life: *'I do like it better now. At first it was a bit frantic – everything seemed to go wrong – but now it is great'*. These teething problems and concerns were clearly set within the broader context of the positive becoming a shared homeowner (outlined above).

However, for one person the experience of being a shared owner was difficult - and increasingly so. She had moved from a town where she had an established system of professional support to a large city where she had limited support and felt unable to take up opportunities to build social support networks:

'This present accommodation is far better, but the trouble is that I am very isolated. When I lived at [name of place] there was a worker on the premises and so there was someone there every day...I have depression and anxiety attacks. It does feel like a safe place for me now and that helps...I feel really badly that I have this lovely place but I can't enjoy it more. I do feel guilty.'

5 Community Support

The accounts in the last chapter illustrate the complex interrelationship between housing and mental health: decent housing can be an important contributor to recovery but it's not a straightforward relationship. Feeling supported and connected is also an important factor for most people.

The last comment in the preceding chapter about feeling isolated not only reflects this person's sense of vulnerability and need but also the difficulty she felt in making links in a new community. She moved from a small town where she had an established support network (regular visits by a CPN and frequent contact with a housing support worker) to a large city where she had to start from scratch. She was making the effort to make links but found it very difficult.

'I'm going to three classes - painting, pottery and jewellery. They are very interesting and I enjoy them. But the people have their own lives and don't understand me. I don't know what I shall do in the summer when they finish. But mostly I spend time in bed and watch television or read...I don't feel I have enough support...I don't feel the GP is interested. No one is interested when you have a chronic problem. I am very fragile and at present I really am struggling. I have been referred to the CMHT but it is in a bad area and I don't think I can get there...I would like someone I could get to know that visited me at home. It makes me feel more worthwhile that way. I have no family – no one at all I can ask to help or rely on. Isolation is a major problem.'

This is an extreme example but reflected a struggle experienced by a few others when it came to making contacts with new people, such as neighbours, because of concerns about people's lack of understanding or a sense of wariness about others.

'Very nice neighbours on both sides. Two women on the left and two blokes on the right. I think one of the women has had her own problems and I think she works as a nurse now, or with children. She asked me how I was and I said I was 'struggling' and she said 'what, still!' so I don't think she understands my problem. On the other side they smile at me sometimes and they are quite quiet. I don't talk to them.'

However, keeping a distance from neighbours was a positive choice for one person who did not want them meddling in his business:

'I don't have much contact with the neighbours – just saying hello. That's all I want. I'll be friendly, pass a few words, but I don't want any further involvement.'

[He already had friends locally.]

Other people felt more positive about making new contacts.

'The neighbours have gone out of their way to make us feel welcome. Very positive experience. When we first moved in next door they came to introduce themselves to us.'

'The next-door neighbours seem sociable – they say hello, but not said that much. They seem to be considerate, they have children and you expect some noise, but they stop at a reasonable time. On the other side – again just said hello. The area generally seems friendly – people passing have a chat, look over the hedge when you're gardening and talk to you...It's a pleasant change from how it was in the city centre – people would walk past you as if you weren't there.'

If people were moving area (sometimes only a few miles) they tended to experience problems with setting up new health and social care support. One homeowner said that the services in the new area were only for acute cases and they were not very helpful — *'it feels like there is no support at all'*. Another person described the passive approach of statutory services to setting up new supports:

'I moved in on the 8th March. I told the previous CMHT I was moving way before March. On the 12 May I received details of a new mental health centre and appointments to see a new psychiatrist - on the 1st July (They sent me a map of how to get there - black blobs, blurred and on yellow paper!).'

Some people had chosen to move area so that they could access the support they valued with more ease.

'I go to the [name] –a local cafe run by and for users – it's 35 minutes away and one of the reasons I wanted to live in this area. I go there 4 times a week. I go into town or into [name of neighbourhood]. And friends live locally too.'

'A good thing about living here [which was one of the reasons I wanted this area] is that the CMHT area office is just over the road from here.'

Staying in the same area and working with the same people seemed to be the key in maintaining good quality support.

'The rehab unit where I used to live is only 20 minutes walk away and I can visit. I had been there for two years and I had been happy there. There was lots of support. Now I see a CPN and a support worker from [name] each week. And I have a social worker. I would like more support. I see my family each weekend, I usually stay with my Mum overnight on Fridays and my sister visits with her partner most weeks.'

And

'I'm not far from the hostel. My social worker visits each week and I see my GP each week - medication and blood tests and things. Someone from [name of organisation] takes me shopping every 2 weeks. And I am able to go out sometimes, but not much. I also have a few friends who visit and I have a large supportive family who live in [name of place] – they visit, but it's too far for me to travel.'

Another person was a client of the Assertive Outreach Team, which continued to work with him after he moved:

'If the Assertive Outreach was not involved I would need support in doing the paperwork involved with the property, getting things connected etc. [name] comes in at least once a week. And [name] works as translator for my wife if we need to get things sorted. If [name] was not involved translation would have been a real problem.'

These comments also point to the support many (but not all) of the people we talked to received from families or friends. One man, when we saw him, relied very much on his ex-partner for practical support, as he had not yet been assessed by health or social services after he had moved home. But people also alluded to the complex nature of this informal support: *'Mum thought it was disastrous for me to buy a flat. She said I would never manage, but she is now very supportive'*; another person only told one friend that she was buying a house as she felt guilty; the friend she chose to tell also wanted to better his lifestyle and he understood.

Statutory support was patchy, and the quality varied. In this context the Own Home Team was drawn into providing a high level of support for some people – sometimes to sort out local support but also occasionally providing direct support.

'The 'Own Home' team, along with me arranged 2 hours of support a week from [name] Home Support Team (for social support – a meal and a chat – but the remit also includes forms, but I can do them, it's someone to use as a sounding board). I'm not being looked after. Every one with mental health problems has diverse needs, must deal with each person on their merits. I like the person who comes in, I trust her. If she goes I don't think I'd continue with [name] – [name] are paid to do it by local government, it stipulated the criteria that people who use it have to fulfil.'

'Advance have been very good – [name] visits, she really understands and has been helpful...but there are other houses and I expect in the future I will be left behind.'

When we first visited two people were not in contact with the specialist mental health services. This situation though changed for one person: *'...My problems have been getting worse again over the last 7 to 8 months and they [health and social services] now feel they need to review my support level.'* He linked this deterioration in his mental health with major events in his personal life and saw his move to a new home as a positive base on which to build.

The other person was not in being seen by specialist mental health services but he talked about his continuing need for support, especially if his mood goes down. He used to receive monthly visits in the past from a housing support worker – someone to talk to about his concerns – but this service was cut. (He is still visited by a social care agency, but less frequently.)

6 Summary and Recommendations

Housing is a significant dimension of social exclusion. A recent report by the Social Exclusion Unit underlines the role of housing problems in the social exclusion of people with mental health problems. Advance has extensive experience of providing housing and support to vulnerable people, including shared ownership to people with learning disabilities. The Own Home scheme was established to give people with mental health problems security of tenure, choice and support in housing options via shared ownership.

This study focuses on the experience and views of people involved in the 'Own Home' pilot scheme of shared home ownership for people with mental health needs. We interviewed nine of the twelve people involved in the pilot. The age of interviewees ranged between 35 and 60; five were male and four female. Three of the participants were Black British and the remainder were White British. Two of the shared homeowners had children living with them. All the interviewees were entitled to Disability Living Allowance.

People were moving from a range of accommodation – including group homes, rehabilitation units and supported accommodation. They had to move for a range of reasons that clustered around potential homelessness and their mental health needs.

Own Home offered these people a level of choice of accommodation and housing location that, in their experience, was not available from other social housing providers. Demand for the scheme was widespread but it was only available where the Housing Corporation had allocated funds to the scheme – mainly in the cities in the Midlands. People on low incomes but not on benefits were unable to access the scheme.

Recommendation 1

- *A major limitation to the development of this scheme is the geographical coverage of the Housing Corporation Grant. As the scheme expands, the Housing Corporation should ensure that people from all areas have equal access to Own Home.*

Recommendation 2

- *Individual participation in Own Home depends on having the capital to pay the purchase element of the property, or sufficient benefits to fund an interest-only mortgage. Advance should explore ways of further promoting social inclusion through the scheme – for instance, exploring the possibility of using Shari'a mortgages and also providing shared ownership to people not receiving benefits but on low incomes.*

Participants understood the financial and legal organisation of shared ownership. Some participants were able to save the £3000 'Start up costs' (or had capital to cover this); other people did not and received help from Advance.

Recommendation 3

- *Advance should consider the expectation that people are able to provide start-up costs. Motivation to become a shared owner and money management skills may be reflected in willingness to save, but this is not necessarily the case. Furthermore, people on benefits who have managed to save money are often faced, after the*

property purchase, with additional expenses associated with moving into a new home but lack the buffer of savings to help them or are left with savings, potentially creating anxiety at a time when they may feel particularly vulnerable.

Individuals were given a high level of support from Advance at all stages of the application and in their move to a new home. Advance staff were easily available and helpful. Interviewees felt that the application process was clear and not too onerous. Part of the process included being asked questions about their mental health and they appreciated the sensitivity and respect with which this was done.

Many people experienced minor problems in finding and buying their house, but they saw these problems as only to be expected when you buy a house. The experience was stressful — one person found it very stressful — but was, for most people, manageable. The flexibility, ‘know-how’ and support people received from the Own Home team throughout the process was widely appreciated.

The continuing role of the Own Home team was greatly valued not only in terms of its responsibility for the maintenance of the property but also for its pastoral role in providing continuing support and advice, e.g. in relation to benefits and support services. Members of the team had a good understanding of mental health problems and expertise in the area of shared ownership and benefits. They acted as brokers in accessing support and where that was not available were ready and willing to fill the gaps.

Another aspect of support from the Own Home team was the sensitive approach taken to meeting people’s emotional needs throughout the process. The work of the Own Home team in this pilot project has been exemplary. However, as the scheme expands this level and quality of service cannot be sustained without additional resources. The responsibility of the Own Home Team will focus on the application process and short-term support of new home-owners (as of 1st October 2004 local Housing Management Officers will be responsible for the landlord side of shared ownership once they have moved in to their new home.) However, there will probably still be a need to ensure that staff are able to make a full handover to a long-term support team.

Recommendation 4

- *Shared owners reflect an expectation that Advance as a social landlord will not only be responsible for the property but also have a continuing role in terms of care and support. Staff working in this role need to have the skills – reflected in the approach of the Own Home Team – to work with people with mental health needs.*

Recommendation 5

- *As a pilot project Own Home has had to provide a lot of support to shared owners who live at some distance. Advance needs to consider ways of providing continuing support locally, in terms of both property maintenance and its more general care role. Local Housing Management Officers should be able to use the Own Home Team in a ‘consultancy’ role where necessary.*

One participant had a non-English-speaking carer and Advance had to rely on a professional worker to act as translator.

Recommendation 6

- *Advance should consider how it can use translation services to support the provision of shared ownership to people with mental health needs from all communities.*

The scheme usually involves a combination of Housing Benefit with Income Support. For most people this involved a change in the way in which the benefits were paid. It is not a widely used or understood combination and in some cases there was delay or even resistance from the agencies involved. Most people experienced problems in setting up the Income Support and/or Housing Benefits to fund shared ownership. For many the problem was mainly the bureaucracy and time-consuming nature of the process. However, a small group had to struggle to get the benefits to which they were entitled.

Recommendation 7

- *The Benefits Agency should issue clear guidance to local offices about benefit entitlements in relation to mortgage interest payment and shared ownership.*

Recommendation 8

- *Shared owners have taken on a long-term commitment and they need to have confidence in the permanence of the financial arrangements. Given the dynamic nature of government policy it is important for Advance to keep a 'weather eye' on the arrangement for mortgage support for people on benefits and to lobby on behalf of shared owners if any changes appear detrimental to their interests.*

Many people talked about their expectations of home ownership in terms of a new start (in a new place or new area), having their own home, providing a sense of purpose or status. All those who were accepted on to the scheme were able to improve their housing conditions and make a choice about their preferred locations.

All the people we spoke to said that their new home was better than their old accommodation and most also commented on the benefits of living in a better area. People also talked about the improvement in their quality of life, motivation and sense of well-being.

Recommendation 9

- *The overall impression gleaned from participants is that shared ownership has contributed to improving their quality of life. Further research is, however, necessary to explore the relationship between home ownership (and type of accommodation and location) and recovery and social inclusion for people with mental health needs. Research could also look at the importance of not only family support but also individuals' roles in supporting their families. This research could involve regular follow ups of shared owners willing to participate and more intensive examination of key issues.*

The study did not examine the value for money provided by the scheme, which will be significant in considering how to develop and extend the scheme. However, the findings point to the ethical argument that there is a place for shared ownership in providing a range of housing options for people with mental health needs.

Recommendation 10

- *Further research should also look at the economic effectiveness of shared ownership for this group of people, and look at this in the broad context of community care provision.*

The vast majority of people talked about quality of life not just in relation to the property itself but also in terms of their connections, wider support and expectations of building links within the community. Interviewees' accounts of support suggest that the nature and extent of support from Health and Social Services varied between areas. People who had moved to a new area faced delays before new services were in place. Those individuals with a network of local family and friends were better supported than those who moved to an area where they knew no one. One person, who had no informal support felt very isolated in her new home, unsupported by statutory services, and unable to build an informal network.

Recommendation 11

- *Social support also seems to be a significant factor in the success of Own Home and requires further investigation. This investigation needs to consider the whole mosaic of community care services, including the contribution of Supporting People.*

Recommendation 12

- *Public services to support shared owners are largely provided by Health and Social Care. Section 47 of the NHS & Community Care Act places a responsibility on local authorities to assess the need of people who appear to be in need of community care services, and to assess 'disabled people' for specific support services. The Department of Health's policy guidance requires Social Services to give priority to helping people continue to live in their own home. Advance should seek permission from shared owners to secure Social Services involvement in undertaking assessments. Under the Carers and Disabled Children's Act 2000 Social Services should also carry out an assessment of informal carers (involved in supporting shared owners).*

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