Can I bring my cat? *

Meeting the needs and aspirations of people using mental health housing services

A collaborative project by the University of Auckland, Positive Thinking Ltd, Pathways, and Pact

* Please see the last page for the answer
Citation

“I wouldn’t have come if I couldn’t bring my cats.
Nothing comes between me and my cats.”

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Definitions

Service User

The term ‘service user’ is used to refer to people who use housing services funded to support mental health and addiction recovery.

Supported Housing

The term ‘supported housing’ refers to both residential recovery services (where housing and support is combined) and support for people living in their own homes.

The context for our project

This was our starting place in terms of who was at the table and the two basic questions that we all had:

How can we work well together?

The desire to work as partners and collaborators was at the heart of this project. Academics, service users and service providers were all around the table from the first day, talking about the important questions and ways we might answer them together.

What role does housing play in people’s wellbeing and recovery?

This arose from the housing service providers who were responding to changes to government policy and wanted to investigate how to assess good service provision from the service user, staff and organizational perspectives.
What do we already know about supported housing?

There is a great deal of existing research about supported housing from researchers and sector organisations. This section provides a brief overview of what is already known:

- Housing and mental health problems are clearly linked. It is very difficult to maintain good mental health without safe, affordable and stable housing (Kyle & Dunn, 2008; Liddell & Guiney, 2015)
- Finding a house can be difficult, and can include experiences of discrimination (Peterson, Pere, Sheehan, & Surgenor, 2004; 2007)
- The cost of housing, ‘toxic’ neighbourhoods, and the high number of damp and substandard homes on the rental market are issues that need to be addressed (Burgoyne, 2014; Colwell, 2009)
- Housing support services need to find a balance between support and independence. Too much support can interfere with people’s recovery, and too little can leave people vulnerable (Peace, Kell, Pere, Marshall, & Ballantyne, 2002)
- Support and advocacy to deal with the official aspects of applying for housing and organising the financial aspects of moving is one role for housing support services (Peace et al., 2002)
- A collaborative approach including mental health, social agencies and families is the best way to deliver housing support services (Ministry of Health, 2012)
- The environment of the house, including neighbours, flatmates, family, transport, and access to shops and activities are just as important as the house itself (Bengtsson-Tops, Ericsson, & Ehliasson, 2014; Pleace & Wallace, 2011)
- Privacy in the home, and choice about the home and what happens there are important features of housing support services (Owczarzak, Dickson-Gomez, Convey, & Weeks, 2013)

Along with published research there is important situational knowledge about supported housing in New Zealand that covers:

- The debate about whether the state should invest in housing and if so where and how that debate has shifted since the project started (approx. 2009) when the state was pulling out of social housing.
- A roughly ten year trend shift has occurred moving from residential based services to supporting people in their own home. This is witnessed in the rise of mobile and home-based support approaches to service delivery. It has seen
residential bed numbers stabilise while resources invested in community support models has increased significantly.

- One implication has been that mental health sector capability at supporting people to find, get and keep good sustainable housing, has needed to increase.

- Providers are starting to see the benefits in splitting the provision of accommodation from the provision of support needs that someone has concerning their home and accommodations. This trend is occurring more regularly.

- Social housing stock in the lower South Island is of low quality and this has resulted in an avoidable demand for hospital and NGO residential beds.

- Increasing sector scrutiny around compliance against different requirements (i.e. Health and Safety in the Workplace Act) has made it more challenging to create home-like environments within residential settings.
What is co-produced research?

Co-produced research is based on the idea that many heads are better than one. Or rather, many perspectives are better than one (Panther & Hardy, 2015). People from different groups bring different ideas on what needs to be researched, how to go about it and why the research is needed. Having people with different perspectives actively involved allows for each group to shape the research from start to finish. This includes things like what questions get asked, how they get asked and how the answers are interpreted.

Co-production is about working in effective ways to achieve a practical purpose.

Co-produced research is about shifting from research that is ‘done on’ a topic to research that is ‘done with’ all the people who the research is for, known as stakeholders. In a mental health research setting, it means academics, service staff and service users all becoming partners in designing and implementing projects together. This is different from more traditional approaches to mental health research where one group, often academics, decides on what research is needed and how it should be carried out. It is both participatory and emancipatory in its intent.

Traditional research that is 'done on' a topic

- Solely or mainly academic led
- Seeks to increase theory or conceptual knowledge
- Focus on publication and further research

Co-produced research that is 'done with' stakeholders

- Partnership of academics, service providers and users
- Seeks to increase applied knowledge
- Focus on improving services and outcomes
Our approach to co-production

Co-production helps to ground research in the needs of the people who are most likely to use the research findings. It has the potential to foster new lines of enquiry, and deliver different insights into the findings (Durose et al 2011).

Our project team reflects ‘many perspectives’ with diverse experiences:

Each team member in our project aligns with more than one area of interest. Our ‘many heads’ have ‘many hats’! This is described as co-production’s greatest strength because it allows team members to participate fully, regardless of their official or usual roles. It opens up new ways of speaking, listening, thinking, and learning about mental health (Panther & Hardy, 2015).
What did we actually do?

Our project had two main phases:

**Phase 1 – Evaluation Tool**

We started with a goal of developing and testing and an evaluation tool.

- The drive for this direction came from our housing service provider partners who identified lack of evaluation of supported housing services in New Zealand.

We selected an evaluation approach called a rubric, which is a scoring tool that sets up different grades of how good a service is.

- The choice of this tool came from our research partners who saw it as a practical way of doing co-production as setting up the levels can be done with stakeholders with different perspectives.

The project team gathered together in a facilitated Hui or workshop and discussed how mental health housing does, and could, meet people’s needs and aspirations. We developed an over-arching sentence that supported housing was about the right services, delivered well, supporting recovery. We then developed descriptions for each of these three parts across a range.

We tested this rubric with service users and staff at Pact housing services in Dunedin by asking people to select a grade and then reflect on the process they went through in making that selection.

An example page from the rubric is on the next page.
An example from the rubric:

<table>
<thead>
<tr>
<th>Grade</th>
<th>The right services</th>
<th>Delivered well</th>
<th>Supporting Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Person-centred services that are tailored to individual needs.</td>
<td>Virtually all processes are transparent and timely.</td>
<td>A home Accommodation is mainly contributing to and/or not hindering people’s recovery and resilience</td>
</tr>
<tr>
<td>Good</td>
<td>Recovery-oriented services, helping clients build skills and resilience.</td>
<td>The vast majority of processes are transparent and timely.</td>
<td>A house Accommodation is mainly contributing and/or not hindering people’s recovery and resilience</td>
</tr>
<tr>
<td>Acceptable</td>
<td>Service delivery attempts to meet individual need.</td>
<td>The majority of processes are transparent and timely.</td>
<td>A place to live Accommodation is mainly contributing and/or not hindering people’s recovery and resilience</td>
</tr>
<tr>
<td>Poor</td>
<td>Service-centred services, geared to convenient service delivery rather than individual need.</td>
<td>The majority of processes are not transparent and timely.</td>
<td>Not homeless Accommodation is not contributing to, or is hindering people’s recovery and resilience</td>
</tr>
</tbody>
</table>

**Phase 2 – Exploratory Research**

Following field-testing of the rubric we decided to shift from more rubric testing to an explorative research approach of people’s experiences, perspectives and stories and how this could inform the rubric.

The main reason for this decision was that the participants who tested it had mixed understandings of the rubric:

- Over a third of service users were not able to understand how the rubric worked and often responded to the grade labels (excellent, good, acceptable, poor) rather than the descriptions of these labels.
- Over a third of services users found it difficult to follow the rubric process, for example finding it too long and complicated with unfamiliar language.
- All staff and one quarter of service users were able to participate but most noted concerns that it may not be understandable for many service users.
There was also concern that the rubric was too simplistic and that it left out some key areas, such as:

- A difference between the accommodation itself and the services provided.
- A difference between community based accommodation (where a ‘home’ might be the goal) and residential (where a ‘home’ might not be the goal as it is temporary).
- No consideration of people involved such as staff, peers, family and personal factors like pets.

These kinds of findings are valid and useful for the rubric refinement process; however because of the mixed understandings we decided to change our approach to an exploration of people’s experiences, perspectives and stories about support housing. We then used this information to revisit the rubric collaboratively to explore how well it aligned with what we were trying to achieve, and to decide if the rubric has the potential for future development.

This is a great example of the value of a co-produced research approach – instead of continuing on with the original research intent we were collectively influenced to change the approach on the basis of a stakeholders’ experience of the process.

In phase two we ran semi-structured focus groups and interviews with staff and service users at Pathways housing services in Hamilton and Auckland. This qualitative data was combined with the reflections from people in Dunedin on the rubric process and thematically analysed.
### Who did we talk with?

We talked with a total 70 people in Dunedin, Hamilton and Auckland:

<table>
<thead>
<tr>
<th></th>
<th>Service Users</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>42</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gender:</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ethnicity (may be more than one):</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maori</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>European</td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td>Pacific Island</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Role:</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Support Worker Role</td>
<td>NA</td>
<td>18</td>
</tr>
<tr>
<td>Coach &amp; Above</td>
<td>NA</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Age:</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>30-39</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>50-59</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>70-79</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Type of accommodation:</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>19</td>
<td>NA</td>
</tr>
<tr>
<td>Community</td>
<td>18</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>
What did we find?

Supported housing works

Most people felt supported housing was meeting their needs and satisfaction was high, particularly with the staff and the services they provided.

Comments like this were common:

*I’ve got the support and the communication is good with the staff, I feel I can talk to staff about how I’m feeling. They surround us, my key worker is wonderful.*

*If it weren’t for mental health I’d be lost. I can’t thank this service enough, they’ve showed me how to live my life as best I can, they saved my life when I tried to commit suicide.*

People identified positive and pragmatic ways staff provided support that helped:

*The best thing is the stability and consistency of staff. They give me validation and reassurance and reminders of my personal achievement.*

*They treat me like a person and help with things that are confusing, and that’s pretty much life for me (laughs), life is confusing!* 

*I had a total breakdown and they helped me get independence and confidence, helped get me a support group, they drive me out for coffee, call in and visit as I live by myself, they’re very good.*

*This service helped me get my place and help out with transport, like to the doctors and even moving home. They check in now and again to see I’m ok.*

*They help to motivate me, like with programmes, going to the gym, working on my self-esteem, giving me reassurance, getting me out and about. They help me to narrow down my tasks and access resources in the community, like WINZ or the Salvation Army for food grants.*

*I find the service really effective. They help with the med checks and transport, and it’s a good scaffold for when I came out of hospital and helps me moving toward independent living.*
It was notable how little mention was made of support that was directly mental health related such as symptom management or medication – there was more mention of cats!

*I wouldn’t have come if I couldn’t bring my cats. Nothing comes between me and my cats.*

*One thing I do like is I get have my cats – I’ve had three since I moved there.*

**Areas for improvement**

There were few areas for service improvement suggested and mostly represented individual experiences rather than systemic issues.

For example:

- One person wanted to be phoned rather than contacted by text as they didn’t have the credit to reply, and although they’d asked for this they were still being texted.
- One person had a routine report written that wasn’t grammatically correct and found this unprofessional

In one focus group a person voiced an experience that others agreed with about the need for home visits to be scheduled:

*One thing I don’t like is they cold call without making an appointment and I could be out or have a visitor, and I might be having a drink and I’m like “oh no, sprung!” and I get the stern look, like ‘what have you been up to?” but I’m allowed to drink. I also like to gather my thoughts and be prepared, like if I need to go shopping, so they should have it in the diary so I’m prepared.*

Two areas that people identified as important to wellbeing were raised, though it was not clear that people saw these as solely service-related.

The first was addressing isolation and loneliness:

*It would help if services had more money and could assist more, like more outings and social activities and more time with support workers – they do alternate shifts so when they’re on evenings they can’t do things with us.*
It can be lonely and isolating sitting in the flat all day and I've thought about this, it's my choice how I perceive and respond to what's going on because nothing's perfect.

In hospital it’s good, there’s occupational therapy with walks or art, music and writing and then you get here and it’s like ‘what do I do? It’d be good to have more activities in-house because there’s nothing to do.

The second area was the accommodation itself, particularly rent, size and location:

The rent could be cheaper – it’s not fair rent for the amount of space we get. It’s better than being homeless though.

I don’t like the area I live in, I feel cut off and that’s not conducive to recovery. But if I didn’t take it I would have nowhere and now I feel trapped because I can’t afford to move. I also have a piano but I can’t afford to move it.

It’s a fantastic location but I would have preferred a two bedroom place though so I have space for my grandkids.

Journeys to and from supported housing

There are similarities in people’s paths to supported housing, including:

- Trauma and abuse in childhood, including family/whānau and in care
- Detachment from family/whānau – through rejection and/or losing contact
- Institutional experiences of foster care, prison and asylum/inpatient
- Transient accommodation including homelessness and temporary housing like boarding houses and staying with friends

For most people their entry into supported housing came from the combination of crisis and having no other options, for example on discharge from inpatient wards or prison. Many were not new to supported housing or mental health services and had been ‘in mental health’ for many years.

Looking towards the future, there were concerns about how to make the next step:

It’s good when you need it but it is a bit of a trap. I pay $90 and that includes bills. The cheapest I’ll be able to find is $170 or $190 for a crap bedsit and then I’ll lose personal income to pay for it and then there're bills on top of that.
Despite the challenges ahead most people expressed a common dream:

*My dream is to share my life with my kids, be employed, have money and a place to live. I want to live the kiwi dream. I'd like to own my own home and correct the things I've done, give something back.*

Some people thought this could be difficult in a mental health setting:

*I don't want to live alone but you can’t trust people in mental health, they bludge and steal. I'm having a hard time finding a good friend or a partner but I would like this.*

*I kept getting knocked back from places and was advised not to divulge where I was (the residential service). It's a part of the stigma you have to live with, so I'm always trying to make a good impression.*

Others thought the setting could be helpful. For example one person explained the balancing act of holding on to their personal integrity whilst dealing others’ perceptions:

*It's not necessary to be normal. We have a different way of going about things and we have to hold back while holding on to our sense of identity.*

One person had set up a shared housing situation with other service users that was now in its twelfth year. A room was becoming available and they were advertising specifically in mental health services because “the way we live might not be normal to other people so I want someone who understands that”.

**Working within and beyond the limits**

For people working in supported housing services there was a strong sense of the need to do ‘whatever it takes’ and navigate internal and external constraints.

For example when asked to describe what they do, one person simply answered

*What don’t we do?*

This reflected the diverse range of activities people were involved in, described in one focus group as:

- Transport and support for medical and mental health appointments, shopping and social appointments,
• Help to find accommodation and negotiating all the elements of that, including noticing when their accommodation will need to change, staying ahead of the curve in finding other accommodation, preparing people when tenancies are due to end, helping people to cope in their accommodation and stepping in when things are getting too much.

• Helping people acquire or reacquire skills in related to self-care, self-management, and managing the environment – budgeting, shopping, cooking etc.

• Co-ordination and coaching role and some triage aspect, for example making sure that people with the most urgent need are supported

• Negotiating with agencies and landlords to get in ahead of others who have a lower level of need

Staff appeared to balance the specifics of the job description and the needs and aspirations of people using the service:

*We understand what our jobs are written down on paper, but we go outside that. We do more.*

*We do ‘whatever it takes’, that’s what the staff do. So we work longer hours when it’s needed, like for a whānau meeting. You don’t work for an NGO for the money.*

*I do what it takes. Some people might say that’s overboard, but I don’t think so. For me it’s not around the support worker, it’s around the client. I’ll take calls or help outside the shift times*

Some talked about paying for things themselves or spending time outside of work doing their job with concerns about burn out, and over-involvement reducing the independence of the person they are supporting.

Most staff talked about the challenges and difficulties of working with other agencies such as WORK AND INCOME and Housing New Zealand and the need for change:

*The way people are treated at WINZ needs to be improved, they are so rude, they put people down, and bully them, they’re intimidating. It’s humiliating to have to ask for money, and it’s their right to have that money but the staff act like it’s their own money and won’t tell people what they’re entitled to.*

*Housing New Zealand needs a really good insight into the needs of mental health clients – it’s not just a tick box process, they need to understand*
people’s needs and have some training around mental health and addictions.

MSD should be standing up for our clients and not treating them like everyone else. When we help people get into emergency housing they get dropped to the bottom of the MSD list, which isn’t fair.

There were also internal challenges and difficulties noted:

We have to jump through hoops . . . for example, shifting furniture – there’s no storage or trucks available, and we’re doing it in our little cars, four cars in a row, and it can take a long time and we don’t get paid overtime.

Staff were aware of the difficulties people faced moving on from supported housing, both individually and systemically

Some people are so well supported in every way, financially, emotionally, and socially that the service sets up an unrealistic expectation of what life is like. It makes it really stressful for them to move on, and they want to stay. It becomes a lifestyle as it provides a readymade community and it takes a lot of effort to create a sense of belonging in an outside community.

Reputation and history can be a huge barrier for some people as they often can’t escape their past, even if they were unwell at the time.

Finding affordable, sustainable housing in the right area with access to services in a safe and healthy environment is too hard.

Service users generally don’t expect market rentals and rent rises and accommodation supplements don’t keep pace with rents. It can be a huge shock, and they quite reasonably don’t want to leave residential care but at the same time we’re trying to convince them that this is a good move.

The financial and emotional risks involved in moving can send people back to hospital and then they need to start all over again and they can actually end up with more debt.
What does it mean?

In a nutshell our research has found that people using supported housing find it helpful in their journey, particularly the emotional and practical support provided by staff, who work effectively despite internal and external systemic constraints.

Through our research three main areas of interesting discussion have emerged; housing and citizenship, ‘the loops’, and what we should do differently.

Housing and Citizenship

In a country that focuses on housing as a symbol of wellbeing and prosperity, there are some important considerations in relation to supported housing:

- For many people, supported housing is a definitive turning point in their lives.
- For many people the decision to use supported housing is a single take-it-or-leave-it ‘option’ taken at a challenging time in their lives when alternatives are unavailable.
- The ‘support’ in supported housing along with the realities of finding a home can create barriers to ‘normal’ housing.

It was clear from talking with people living in supported housing that they were satisfied with the support they were receiving and in many cases expressed profound gratitude for the role services played in addressing crisis and facilitating wellbeing.

The context for this however comes with a set of parameters that raises questions about human aspirations and citizenship.

Throughout the research we have talked about the varying concepts and connotations of ‘home’. There’s a fundamental level of home as a basic human need along the lines of ‘shelter’ in Maslow’s hierarchy of needs – as human beings we firstly need to be protected from being cold, be able to get adequate sleep, water and food. Then we need to feel safe in our immediate environment, including our physical, emotional, financial and social contexts. (For more about Maslow, see [http://www.simplypsychology.org/maslow.html](http://www.simplypsychology.org/maslow.html))

People using supported housing have to grapple with ‘the reality’ of their situation. For example, choices in supported housing are limited, and need to be made at difficult times – when people are experiencing crisis and distress and are either living in unstable housing (such as in boarding houses or sofa-surfing with friends) or in temporary situations like prison or an inpatient unit.
Our question from these findings is whether the people who are happy with their supported housing are experiencing this primarily at the level of gratitude for having the absolute fundamentals of life taken care of?

Being in a mouldy home with little furniture and scary neighbours might be better than living on someone’s couch, but is that all we can aspire to?

As people progress through the supported housing process and are facing discharge to a ‘normal’ housing situation they can experience difficulties. For some people a supported housing situation, especially residential, offers a range of emotional and financial supports that would disappear in ‘normal’ housing. This needs to be considered in light of long term wellbeing.

There are also the practicalities of finding housing, and ideally a ‘home’, that is affordable and conducive to continuing wellbeing. While embracing the kiwi dream of home ownership, most people in this study felt it was an unrealistic goal for them.

**The loops**

Through talking with people about their life journey a common pattern emerged in the relationship between mental health and housing.

There is a negative housing loop where poor housing and mental ill health exacerbate each other:

1. Poor housing (damp, cold, isolated, unsafe, without social connections) can contribute to or exacerbate mental illness

2. Mental illness, particularly crisis, can contribute to a housing crisis such as losing your home, taking temporary accommodation, or being homeless

3. A housing crisis can lower a person’s ‘housing efficacy’ – i.e. the power and the ability to get the housing you want. This could include factors like increased debt, poor rental history, or reduced state resources like prioritisation or allowances

4. Lower housing efficacy can reduce the available housing options, and increases the likelihood of poor housing.

One way of breaking this moving from the negative loop to the positive loop is to connect to a housing support service.

5. Well-functioning supported housing provides good accommodation (safe, secure, dry, and in a connected environment) and access to respectful staff giving emotional and practical support.
6. Good accommodation and respectful staff can contribute to or facilitate recovery and wellbeing through providing housing and financial stability, personal support, access to other services and activities, advocacy, and potential for better relationships and connection to community.

7. Recovery and wellbeing can contribute to increased ‘housing efficacy’ – i.e. the power and the ability to get housing you want. Though it’s important to recognise that this housing efficacy often operates within ‘established parameters’ – such as the amount of affordable and suitable housing.

8. Increased housing efficacy can increase options and the likelihood of good, or at least better, housing.

The diagram on the next page shows these negative and positive loops, and illustrates how the involvement of housing support services can help people move from a difficult and deteriorating situation to a more positive, empowering one.
Supported Housing can work in two ways. On a basic level it works directly by providing good, or at least better, housing. It can also work on increasing housing efficacy through addressing issues like access to resources. Both of these can improve mental health and housing options.
What should we do differently?

The following points emerged from the team’s final consideration of the research findings combined with their situated knowledge:

- More housing stock to provide genuine choices
- Increased efforts to separate the provision of accommodation from the provision of support services
- Different funding models for:
  - Mental Health and Addiction services that are attached to the person not the service. This would enable people to stay with their chosen service to access the support they need even when their physical environment changes.
  - Accommodation benefits that don’t disincentivise ‘normal’ living by reducing personal income to poverty levels.
  - Making living in the community affordable for all, especially those marginalised by poverty.
- Recognition that housing support is a social intervention that is paradoxically funded and measured by health outcomes.
- Need for better cross sector (MSD – Health) policy interventions targeted at assisting people with lived experiences of mental illness to get and keep their housing.
- Increased responsiveness from housing and income support agencies towards the needs of people with lived experience.
- Increased understanding from service providers and commissioners of the resource and workforce development requirements to enable staff to “do” the job of housing support.
References


Durose, C., Beebeejaun, Y., Rees, J., Richardson, J., and Richardson, L., 2011, Towards Co-Production in Research with Communities, Swindon, AHRC

Jung, T., Harrow, J., Pharoah, C., 2012, Co-producing research: working together or falling apart?, CGAP Briefing Note 8, January 2012. Available from cgap.org.uk


Can I Bring My Cat?

Yes.

Or at least we think you should be able to.