PSA 16 (Socially Excluded Adults) qualitative research on settled accommodation
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The findings in this report are those of the authors and do not necessarily represent the views of the Department for Communities and Local Government.
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Chapter 1: Introduction

Background
The 2007 Comprehensive Spending Review included a Public Service Agreement (PSA 16) aimed at reducing social exclusion among the most vulnerable adults. It recognises that some people suffer from a combination of problems which make it very difficult for them to participate in society. PSA 16 aims to ensure that the most socially excluded adults aged from 19 to 69 are offered the chance to get back on a path to a more successful life, by increasing the proportion of at-risk individuals in settled accommodation and employment, education or training. PSA 16 focuses on four client groups who are particularly vulnerable to multiple forms of disadvantage. The four groups are:

- Adult offenders under probation supervision
- Adults with moderate to severe learning disabilities
- Care leavers at age 19
- Adults in contact with secondary mental health services

At the time this research was carried out data was not available for all groups but data that does exist highlights that some client groups are more likely to be in settled and suitable accommodation than others. The percentage of clients who are in settled and suitable accommodation is:

- Adult offenders under probation supervision in settled and suitable accommodation – 77%
- Adults with moderate to severe learning disabilities in settled accommodation – 65%
- Care leavers at age 19 in suitable accommodation – 88%
- Adults in contact with secondary mental health services in settled accommodation – data was not available at the time this research was carried out

The definitions of what constitutes settled and suitable accommodation varies with each client group. A full description of the types of accommodation which is included under the definitions for each client group can be found in appendix 1.

About this research
Communities and Local Government (CLG), is working with other government departments to drive delivery over the remaining period of PSA 16 focussing on increasing the proportion of socially excluded adults in settled accommodation. As this is the first cross government PSA to focus on socially excluded adults the evidence base for the delivery plan is limited. Research was commissioned to widen the evidence base on settled accommodation

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1 For PSA 16 data see: www.cabinet-office.gov.uk/social-exclusion-task-force/psa/indicators-data.aspx
indicators for PSA 16. The research also aimed to explore some preliminary research conducted by the Social Exclusion Task Force (SETF) at the Cabinet Office. The fieldwork for this research was carried out during December 2008- March 2009.

The outputs from the research will help to shape how CLG and SETF work with other government departments to deliver the PSA and to increase the proportion of socially excluded adults in settled accommodation.

Research objectives
The overall aim of the research was to develop the evidence base for the current practices in assisting clients accessing settled and suitable accommodation and identify why some clients remain outside settled and suitable accommodation. Specifically the research was intended to develop the evidence base around:

- the differences in characteristics and experiences within groups, who is most likely to secure settled accommodation, who is not, and overlaps between the groups;
- whether the attitudes, skills, and availability of Lead Professionals affects accommodation outcomes;
- whether there are significant differences in the relative housing mix between those areas with good and poor performance;
- whether there are significant differences in allocations and housing related support services between those areas with good and poor performance; and
- what information needs to be shared between key players

Approach
The research adopted an entirely qualitative approach and included: regional workshops with housing and other stakeholders working with the PSA 16 client groups, discussion groups and interviews with clients and in-depth telephone interviews with Lead Professionals. The research was conducted in phases with findings from one phase informing the design of the next. The overall approach is described in the diagram below. Additional detail about the composition of the research and approach can be found in the appendix 2. The fieldwork for this research was carried out during December 2008 – March 2009.
About this report
This research is based on a qualitative approach. Qualitative research is explorative in nature and not intended to be statistically representative of the different populations included in the research; it provides in-depth insights into the attitudes and experiences of those who took part. Throughout the report verbatim comments are used to illustrate the views of groups of individuals, these do not necessarily reflect the opinion of everyone who participated.

To avoid repetition, the term ‘practitioner’ is used to describe the views of a range of stakeholders attending the workshops. Housing professionals and Lead Professionals are referred to specifically where appropriate.

Overall themes
There are a number of overall themes which are common to several of the client groups. These themes are discussed below.

**Issues relating to the client group**

**Client characteristics**
There are some characteristics which are common to many of those who are in unsettled accommodation in the client groups:

*Multiple issues:* Practitioners identified that those who are in unsettled accommodation are more likely to have multiple and/or chronic issues such as alcohol and/or drug misuse or challenging behaviour which make it more difficult for them to access and maintain settled accommodation. Having
multiple and/or chronic issues limits clients' ability to engage with support services. The additional issues faced by clients also result in them requiring supported accommodation which is in limited supply in many of the areas where the research took place.

**Unwilling or unable to engage with support:** Some of those in unsettled accommodation are unwilling to engage with some of the support services available. Being unwilling to engage with services is often due to having negative experiences of services in the past. Some clients do not necessarily want to change their lifestyle, for example they may want to continue with ‘chaotic’ lifestyles leading them to resist support services. Some clients are unable to engage with support because their behaviour is not perceived by the professionals working with them to be appropriate, for example exhibiting violence or using abusive language. This limits the extent to which the help offered results in being able to access and maintain settled accommodation.

**Housing issues**
This research has highlighted that clients’ abilities to remain in settled accommodation is a greater issue than getting access to settled accommodation. However, there are also a number of issues which are perceived by practitioners and clients to make it difficult to access settled accommodation.

*Barriers to remaining in settled accommodation:* Many clients currently in unsettled accommodation have been in settled accommodation in the past and have lost this due to being evicted for non-payment of rent or breaking the terms of the tenancy. The triggers to losing tenancies are perceived by practitioners to include: lack of pre-tenancy training, lack of early intervention schemes, and placement in accommodation considered to be unsuitable by clients and practitioners and a lack of ongoing support.

*Barriers to accessing settled accommodation:* There are a variety of limitations in terms of housing options available to people currently in unsettled accommodation. The most important of which are outlined below.

*Lack of accommodation which meets the needs of clients:* Some practitioners believe there is a lack of suitable accommodation available for clients during crisis points. Suitable crisis accommodation could include for example accommodation with intensive one to one support delivered by highly qualified and experienced staff. A lack of accommodation during crisis points can lead some clients to be housed in unsettled and/or unsuitable accommodation. Some of the accommodation available is considered by clients and practitioners to be of a poor quality and in areas which are unsuitable, often because they are likely to be exposed to negative influences e.g. drugs and high rates of crime or are at greater risk of exploitation.

*Difficulties accessing settled accommodation:* Some landlords, private sector and Registered Social Landlords (RSL), are reluctant to house those in unsettled accommodation due to the stigma associated with the client groups and the lack of support available. Access to the private rented sector is further
limited by difficulties in accessing rent deposits. The rent deposit schemes are perceived by many practitioners to be time consuming, complex to apply for and in short supply. Some clients are classed as being 'intentionally homeless' which results in housing departments not having a statutory duty to provide settled and suitable accommodation for them.

Preference for social housing: Clients and practitioners express a preference for social housing which can lead to them rejecting or not considering other providers. Social housing is generally perceived by clients and practitioners to be higher quality, lower cost, more lenient and is easier to provide support in than private accommodation available to the client group. Social housing providers are also perceived to be more likely to have protocols to protect vulnerable clients from being evicted than private landlords.

Private sector housing for vulnerable clients was perceived as having issues which could make it difficult for PSA 16 clients to move into settled accommodation. There is an issue with the perceived affordability and sustainability of private sector tenancies. Rent-deposit schemes go some way to help address financial barriers to private sector tenancies; however, they have little overall impact on the wider attitudinal barriers to private housing. While there were no examples of promising practice regarding private sector housing provision mentioned in this research this does not mean that the private sector does not have the potential to be part of the solution to the difficulties faced by PSA 16 clients in accessing accommodation.

The availability of suitable social housing is an issue across the regions, with most practitioners voicing particular concerns about the lack of supported accommodation in their areas. Practitioners also reported that in addition to overall availability of social housing, access was an issue. They believed that most local authorities did not prioritise PSA 16 clients above other groups.

Lead Professional role

Impact of Lead Professional role
The Lead Professional’s role is considered by PSA16 to be very important in helping to secure settled accommodation for clients. However, there are a number of issues which limit the effectiveness of Lead Professionals in helping clients access settled accommodation:

Lead professionals are often unaware of the term 'Lead Professional' in the context of PSA 16. Despite this, many Lead Professionals believe that they perform the role of a Lead Professional although there are differences in

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2 The Housing Act 1996 s191 states: ‘A person becomes homeless intentionally if he deliberately does or fails to do anything in consequence of which he ceases to occupy accommodation which is available for his occupation and which it would have been reasonable for him to continue to occupy.’

3 For more on the Lead Professional role: [http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa/supporting_delivery/lead-professionals.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa/supporting_delivery/lead-professionals.aspx)
perceptions about the extent of their responsibility for helping the client to get accommodation. All Lead Professionals believe that getting settled accommodation is key for their clients since it provides a stable background from which they can become more independent. However, many have heavy case loads which limit the amount of time they can devote to arranging accommodation.

Lead professionals do not always believe that they have the necessary understanding of how to best access settled accommodation for their client and do not always have good relationships with housing or support providers.

Clients do not always know who their Lead Professional is and what they are responsible for. As such, clients do not always feel it is appropriate or helpful to discuss their housing needs with them.

**Awareness of PSA16 among Lead Professionals**
At the time the fieldwork for this research was carried out there was low awareness of PSA 16 among Lead Professionals and other stakeholders working with the client group. However, senior professionals were more likely to be aware of PSA16 than frontline practitioners. There is little evidence from this research to suggest that practitioners have looked at their practices and service delivery in an effort to respond to the PSA directly.

In addition, there is a lack of agreement with the technical definitions of unsettled and settled accommodation for PSA cohorts⁴. Some of the definitions of settled/unsettled are not deemed to be appropriate by practitioners.

**Service gaps**
This research has sought to explore the extent to which existing services meet the needs of PSA16 cohorts. Based on the evidence overall the research highlighted a number of issues where services were not fully responding to the clients’ circumstances.

Many of the services available to help support people and find them accommodation require a degree of engagement and basic skills which the client may not be able to demonstrate. For example, there is a perception that choice based lettings require clients to use the internet⁵ to bid for properties, which is a barrier for many people in unsettled accommodation who may not be IT literate or may find it difficult to access a computer.

Those who are in unsettled accommodation are likely to require higher levels of support due to having multiple, chronic or complex needs and many need supported accommodation. There is a lack of supported accommodation available to help all clients in need. This leads to some people not receiving

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⁴ The technical definitions can be found in the indicators for the socially excluded adults PSA: [http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/psa/guidance_psa_indicators_032808.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/psa/guidance_psa_indicators_032808.pdf)

⁵ Bids for choice based lettings can also be conducted via telephone or in person at a housing office.
the required support and hence results in them not being able to hold down a tenancy.

It was perceived that services do not meet the chronic/complex needs of the client especially during transitions/crisis periods. For example, there is limited 'out of hours' emergency support available to help people who experience a crisis which sometimes results in the problem becoming exacerbated and can lead to them losing their tenancy.

**Joint working/information sharing**

Lead professionals believe that joint working is effective where there are statutory responsibilities to do so e.g. MAPPA cases or joint responsibilities for care leavers. Lead professionals also believe that joint working improves the outcomes for the client since the client is more likely to receive a housing and support package which meets their needs. Joint working also works well where professionals have developed good personal relationships with the agencies with which they work closely.

Joint working is perceived by practitioners to be lacking where there are no statutory obligations to do so. A lack of joint working can result in people being placed in accommodation which is unsuitable to their needs and people not being given an appropriate support package because their individual circumstances and needs are not taken into account.

**Wider issues**

**Impact of the economic climate**

In the workshops stakeholders and housing professionals were asked what impact they believed the current and future economic climate would have on achieving the PSA. There were mixed responses from practitioners with many believing that it would make it more difficult for clients to access settled accommodation and support.

*Negative impact on clients’ abilities to access settled accommodation:* The expected increase in repossessions was perceived by many practitioners to increase the demand for private rented properties which could reduce private landlords' willingness to house PSA16 clients. Many practitioners believe that the recession will lead to longer social housing waiting lists which will limit the social housing available to clients.

*Impact on services:* Some practitioners also believe that support services will face funding cut backs if local authority budgets are cut and charitable donations are reduced.

*Positive impact on clients’ abilities to access settled accommodation:* A few practitioners believe the cost of mortgage payments will result in lower rents, enabling more clients to afford private sector rents. A few practitioners also
believe that private landlords will be less discerning about whom their tenants are and be more willing to house people in the PSA16 cohort.

In summary
There are a number of findings which apply to more than one client group across client, housing and service delivery issues. These include: client characteristics, housing issues, the lead professional, service gaps and joint working/information sharing and the impact of the current economic climate. These provide the ‘backdrop’ to findings documented in the subsequent chapters in which more client specific detail is provided.

Key findings for each client group

**Adult offenders under probation supervision**
The timing of release and offender movements prior to release may inhibit offenders from achieving settled status. Some practitioners said that if offenders are released early their accommodation needs may not be fully assessed. This finding was supported by some of the clients interviewed. Prisoner transfer may mean that arrangements for support prior to release are disrupted and can cause crisis interventions to be put in place.

In some cases, offenders do not actually wish to reach a settled state. Chaotic lifestyles characterised by drug/alcohol misuse figure heavily here with offending behaviour a consequence of the lifestyle. The research identifies a circular path for some offenders between jail and chaotic lifestyles.

While there are clearly a number of issues which reside with clients themselves which contribute to an unsettled accommodation outcome, availability of suitable accommodation is a major problem for this group. Some offenders, notably those who are single or childless are not deemed ‘priority need’ for accommodation by the local authority. Similarly some may fall between being too high risk for the private rented sector or supported accommodation but too low risk for specific support services or arrangements such as Multi-Agency Public Protection Arrangements (MAPPA).

The research highlights a range of issues in relation to the support provided by the probation service. Offenders tend to see their Lead Professional as someone to report to, rather than as a professional who can help to arrange accommodation and help with a range of other needs. Many of those interviewed did not feel appropriately supported by their Lead Professional.

**Adults with moderate to severe learning disabilities**
A number of barriers were identified which prevented adults with learning disabilities from accessing settled accommodation. Adults with learning disabilities are a very diverse group encompassing different physical, behavioural and support needs associated with their diagnoses, as well as including clients across all life stages.
Many of the barriers preventing adults with learning disabilities from living in settled accommodation were attitudinal – whether the individuals’ own attitude towards living in settled accommodation or their family’s reluctance to let them live independently. The attitude of housing providers can also be a significant barrier both in terms of prejudice about how the client is going to be able to hold down the tenancy, lack of interest in accommodating challenging behaviour, and unwillingness to make any adaptations that may be necessary to meet physical or behavioural needs. Adults with learning disabilities also often needed to acquire independent living skills before moving into settled accommodation. While other PSA16 client groups also experienced difficulties with independent living skills there was less onus on these client groups to prove that they could live independently than adults with learning disabilities.

Availability of accommodation, although an issue common to all PSA16 client groups, can be a particular issue for many adults with learning disabilities as their needs can be very specific in terms of the type of housing, the adaptations needed and the area it has to be in, in order to give the client the best chance of succeeding in holding down their tenancy. Adults with learning disabilities may therefore wait some time for suitable accommodation to come up.

Systemic housing issues that impact specifically on this client group were identified by practitioners, for example commissioning happening speculatively rather than following a plan, and failure of housing departments (and indeed housing policy more generally) to respond to the specific and individualised needs of this client group.

Care leavers at 19
There are a number of factors, both circumstantial and attitudinal, that can combine to contribute to an unsuitable accommodation outcome. Key driving factors associated with care leavers in unsuitable accommodation, based on qualitative evidence, include recent turmoil/trauma, late entry to the care system, poor engagement with support services and destructive behaviour. It appears that attitudinal factors of care leavers have a particularly large bearing on being in unsuitable accommodation, as evidenced from the interviews with both those in unsuitable and suitable accommodation.

Clients in suitable accommodation often stated that their turning point had been a shift in attitude. Particular attitude changes that appeared to be beneficial included becoming willing to engage with support services, which made it more likely that people would get out of unsuitable accommodation, and ceasing the destructive behaviours that made it more likely they would lose suitable accommodation and re-enter the homelessness cycle.

Practitioners feel that other attitudinal factors also have a major role to play in terms of influencing both this client group’s chances of moving into suitable accommodation and their chances of remaining in it once obtained. Care leavers high expectations of the type of accommodation can often lead to clients rejecting what practitioners deem to be suitable offers. While this is an
issue across PSA 16 client groups, care leavers especially feel more entitled to a place they are happy to stay longer-term (e.g. their own flat in an area they like), as they can see it as their "last move".

**Adults in contact with secondary mental health services**

Substance misuse, whether of illegal drugs or alcohol or both, emerged as a major reason why clients were not in settled/suitable accommodation. There appears to be a clear link between the extent of substance misuse and mental health issues and ability to maintain settled accommodation. Street homelessness was seen as a common outcome for those with particularly severe mental health and substance misuse issues.

Poor levels of engagement with mental health services also emerged as a reason for becoming unsettled. Of necessity health services are somewhat regimented while the needs and behaviour of clients may be somewhat erratic. Furthermore, poor levels of trust emerged as a reason for poor quality engagement with health services. Once removed, trust is particularly hard to rebuild.

Furthermore, this cohort is more likely than other groups to require supported accommodation. Client access to supported accommodation appears to be time limited; they may have to move out of supported accommodation before they are ready. They may require ongoing support while living independently, without which they may not be able to maintain their settled status.

**Implications for policy and practice**

There are a number of key implications for policy and practice which have emerged from the findings, these include:

- The need to embed PSA16 within the roles of practitioners and Lead Professionals
- Communicating with Lead Professionals about the role of the Lead Professionals in the context of PSA16
- Developing joined up working practices to ensure that agencies work together and share information to secure settled accommodation and appropriate support for PSA16 clients
- Caseload guidance to ensure that Lead Professionals have sufficient time to be able to help clients secure and maintain settled/suitable accommodation
- Appropriate and ongoing support services for those clients who feel they need this to help maintain people in settled accommodation
- Improving access to social housing and private sector housing
- Managing client expectations of accommodation options to be more inline with the reality of available housing options be it social housing or the private rented sector or other housing options.
Report outline
The report is structured around the following headings:

**Chapter 2: Awareness and attitudes towards PSA 16**
This chapter discusses the extent to which PSA 16 is embedded among practitioners working with the four client groups.

**Chapter 3: Adult offenders under probation supervision**
This chapter focuses on adult ex adult offenders under probation supervision serving community sentences or who have served a custodial sentence in unsettled accommodation.

**Chapter 4: Adults with moderate to severe learning disabilities**
This chapter focuses on adults with moderate to severe learning disabilities in unsettled accommodation.

**Chapter 5: Care leavers at 19**
This chapter focuses on young adults at 19 who were in care or looked after at their 16th birthday.

**Chapter 6: Adults in contact with secondary mental health services**
This chapter focuses on adults in contact with secondary mental health services who are on the care programme approach.

**Chapter 7: Systemic housing considerations**
This chapter looks at the general housing system related issues raised by clients and practitioners and explores the extent to which they contribute to an unsettled accommodation outcome.

**Chapter 8: Conclusions**
This chapter outlines the overarching conclusions.

**Chapter 9: Implications for policy and practice**
This chapter outlines the implications of the findings outlined in the above chapters for policy and practice.
Chapter 2: Awareness and understanding of PSA 16

Introduction

This chapter focuses on practitioners’ and Lead Professionals’ awareness of, and initial reactions to, PSA 16. Practitioners and Lead Professionals needed to have no prior awareness of PSA 16 in order to take part in the workshops and telephone interviews. We explored initial awareness and understanding of PSA 16 with all practitioners and Lead Professionals as we believed it was important to understand the context that would frame their subsequent responses.

Overall awareness of PSA 16

At the time this research was conducted overall awareness of PSA 16 was relatively low among our sample of both practitioners and Lead Professionals. Approximately three-quarters of practitioners reported that they had not heard of PSA 16. Several Lead Professionals believed that any information about PSA 16 would have been overshadowed by other impending changes affecting their organisation. For example, some practitioners reported that their councils were in the midst of restructuring.

“I heard nothing about it until I received your email”
Lead Professional, Probation Officer

“I mean there is a lot of change going on within our organisation at the moment and the focus I think of our organisational discussions are about issues such as the personalisation agenda and also the transformation agenda within the council for the restructuring. It’s not been something that’s been on the agenda with us at the moment.”
Lead Professional, Learning Disabilities

Reactions to PSA 16

Practitioners and Lead Professionals had a range of reactions to PSA 16. On a broad and positive note, some reported being encouraged by the fact that PSA16 was a cross departmental commitment. Some hoped this high level

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6PSA16 defines the Lead Professional as “This person would provide a central point of contact and act for and work with the individual to identify, coordinate and deliver the services that best meet their needs… The role can be taken on by a wide range of people and should be determined on a case-by-case basis in consultation with the individual”
commitment would promote closer working relationships between the different practitioners working with clients and ultimately improve outcomes for clients.

Furthermore, some practitioners believed that by focusing on excluded groups, PSA 16 would ensure that these groups would be given the priority they deserved. In particular, practitioners working with offenders expressed this view and reported feeling that the needs of offenders do not get sufficient policy attention. In turn, some practitioners hoped that giving priority to excluded groups would help leverage funds for offenders.

However, while many appreciated specific aspects of PSA 16, a high number of practitioners and Lead Professionals voiced two key concerns relating to PSA 16:

- The definition of settled and suitable accommodation (See appendix 1 for definitions)
- The usefulness and appropriateness of identifying four separate client groups

Practitioners and Lead Professionals explained that in reality it was not so easy to offer clear cut examples of settled accommodation. For example, a number of practitioners working with clients with learning disabilities and/or mental health issues felt that it was naive to assume that living with family was more settled than living in a residential care home or a mental health registered care home. They felt that family life could be chaotic and could lead to frequent upheaval and that in some cases residential care homes could offer individual clients greater stability.

“It says an example of non settled accommodation is residential accommodation [residential care home], well I can think of a whole number of people who have been very well settled for maybe 30 years in a residential home, very happy to be there, we’ve reviewed them every year and see that as their home, they like living there, it suits them, you know... it’s patently settled in the fact they’ve been there for a long period of time, now I know technically the security of tenure isn’t there...”

Lead Professional, Learning Disabilities

Mental health practitioners also expressed surprise that supported accommodation was regarded as settled accommodation. Several explained that they could only offer clients two year placements in supported care because funding for support was only available for a two year period and accommodation was linked to the provision of funding for support. Finally, practitioners working with offenders believed that probation hostels should not be classed as settled accommodation as they did not offer clients any long term stability and they were required to move on after a set period of time.

Another key concern for practitioners and Lead Professionals is that PSA 16 identifies four distinct client groups. A number of practitioners and Lead Professionals in the sample believed this categorisation of client groups threatened to overlook the complex reality that many ‘unsettled’ clients were
unsettled because they had multiple needs. For example, offenders with secondary mental health issues, care leavers with learning disabilities.

“There is no recognition that people have multiple needs”
Practitioner, Mental Health

Both practitioners and Lead Professionals felt that there was a need to understand better the overlap between the client groups and wanted the PSA 16 to help achieve this understanding, rather than reinforce a ‘siloed’ mentality.

Finally, a number of practitioners taking part in the workshops remained sceptical about PSA 16. They explained that it could be viewed as another target and another statistic to monitor, rather than an impetus to change how they worked with clients.

Working towards achieving PSA 16
Most of the practitioners and Lead Professionals in our sample claimed that they were carrying out their role as they always had before the introduction of PSA 16. However, some of the general principles encompassed in PSA16 were in line with Lead Professionals views and practices for example the importance of getting settled accommodation for clients.

Furthermore, the ability of Lead Professionals to make progress against PSA 16 may be impeded by two factors:
- The identification of Lead Professionals
- Lead professionals not recognising housing as a key part of their role and/or having the appropriate skill set to deal with housing issues

Firstly, Lead Professionals do not always recognise themselves as a Lead Professional and therefore they are not visible to other professionals working with the same client. The extent to which Lead Professionals in each of the client groups recognise themselves as such varies both across and within client groups. Personal advisors working with care leavers and care managers working with people with learning disabilities are the most likely to perceive themselves as the Lead Professional. Offender Managers and CPN’s are less likely to perceive themselves to be the Lead Professional. Some practitioners even suggested that the more complex a client’s needs the more difficult it was to identify a Lead Professional. Secondly, some Lead Professionals do not see housing as a key part of their role and/or dealing with housing issues is not necessarily part of their skill set. Furthermore, some believed that their already heavy case load meant that they had little time to resolve clients’ accommodation issues.

“I have really very little knowledge of the housing situation. I’ve picked things up as we’ve gone along but it’s not my area of kind of expertise.”
Lead Professional, Offender Manager
Conclusion

While PSA 16 is broadly welcomed for the most part, there are a few critical voices. These are largely concerned with the inherent definitions and with the focus on clients as discrete groups. Awareness among frontline professionals working with the client groups is extremely low, with the majority learning about PSA 16 for the first time as a consequence of taking part in the research.
Chapter 3: Adult offenders under probation supervision

Introduction
Existing data indicates that around 23%\(^7\) of adult offenders under probation supervision are not in settled/suitable accommodation, based on the PSA definition [see Appendix 1]. This figure is made up of both offenders serving a community sentence and offenders on licence\(^8\). This chapter aims to contribute to existing understanding of why some adult offenders under probation supervision are not in settled and suitable accommodation. It also makes qualitative judgements about the differences between the characteristics and experiences of unsettled offenders and where there are commonalities across the group.

The findings in this chapter are based on qualitative evidence. They are illustrative of how an unsettled/unsuitable accommodation outcome is reached by some adult offenders under probation supervision. It is not possible to say the extent to which characteristics and experiences exist within the wider client group population.

Considerable challenges were faced in identifying offenders on probation supervision who were in unsettled/unsuitable accommodation based on the PSA 16 definition. Although the sample is small a high proportion of offenders were in supported accommodation (which is unrepresentative of the PSA 16 cohort) having previously been in unsettled/unsuitable accommodation. This was a pragmatic sample choice made to facilitate the exploration of unsettled experiences, albeit retrospectively. This allowed us to explore how a settled/suitable accommodation outcome was achieved.

Client characteristics and experiences
This section looks at the characteristics and experiences observed to be associated with offenders not in settled/suitable accommodation. These fall into two related categories: ‘objective’ and ‘subjective’ factors. The objective

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\(^7\) According to data collected on the proportion of adult offenders under probation supervision living in settled and suitable accommodation as the end of their order or licence. See PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training, Cabinet Office 2007 (http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/chronic_exclusion/psa_da_16.pdf)

\(^8\) Licence is the term to describe the agreed conditions and restrictions with which a released prisoner must comply when they are first returning to the community at the end of the custodial element of their sentence.
factors relate to circumstance and the subjective factors relate to perceptions and outlook. Within the objective factors, the experiences of offenders on licence are dealt with separately. This is partly reflective of the data, which suggests that it might not necessarily be a difference in the characteristics between offenders in settled and those not in settled/suitable accommodation which is the primary contributing factor to accommodation outcome; rather it is differential experience of services. The findings from the qualitative research indicated that offenders’ experiences of services aimed at getting them into settled accommodation varied dramatically depending on the geographical area where they were located. Organising the findings by separating the ‘objective’ and ‘subjective’ factors also reflects the volume of data gathered concerning prison release⁹.

**Objective factors across offenders on licence and those on community order**

**Chaotic lifestyles and multiple needs**
Drug and alcohol misuse and generally chaotic lifestyles are common among offenders. It is perceived by Lead Professionals and practitioners that a high proportion of offenders were in local authority care as children, that many have no qualifications and lack basic skills. In addition, many offenders are thought to have mental health issues, both diagnosed and undiagnosed.

All of the above characteristics were common among the sample. It is not possible to say from the qualitative work whether these issues are more prevalent or more acute among offenders in unsettled/unsuitable accommodation. However, offenders who reported a period of being in unsettled/unsuitable accommodation while under probation supervision also reported particularly chaotic lifestyles during this period.

At the workshops with practitioners working with offenders, there was general agreement that those in unsettled/unsuitable accommodation have usually been on a “path of self destruction” for a number of years and that unsettled status is a consequence of this. In some instances, offending is thought to be a result of an unsettled/unsuitable accommodation situation and following a period in prison or being given a community sentence the ongoing accommodation issues then becomes the problem of the probation service.

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⁹ It is acknowledged that this chapter, and this section in particular, is more concerned with the experiences of offenders on licence. This reflects the data gathered. It should be noted that no quotas were applied to the sample for representation of offenders on licence and offenders on community order. This should not be taken to mean that offenders not in settled accommodation are primarily those on licence. This merely reflects a limitation in the research design. It should be noted however, that there is more to say about offenders on licence because they have interaction with more service touch points and that their journey into unsettled accommodation is therefore necessarily more complicated (whereas the route into unsettled accommodation for offenders on community order is, based on the experience of those interviewed in the small sample, usually a relationship breakdown and/or persistent anti-social and/or destructive behaviour).
“The people on community orders, they are very much more chaotic, their life is breaking down, a whole range of issues come to impact on their life at that time so they’re basically unsettled.”

Lead Professional

Some practitioners felt that unsettled offenders sometimes resist settled/suitable accommodation, or indeed anything that would put them on a course away from their offending and chaotic lifestyle. There was also a strong feeling among practitioners that unsettled offenders often also have an underlying mental health issue, though they may not necessarily be a mental health service user. They reported that this makes the group more challenging to work with and to identify suitable accommodation for. Practitioners want to place these offenders in accommodation which can offer a high level of support and/or into an environment which is least likely to aggravate their condition. This accommodation, as noted in Chapter 6, is often not available.

“There is a lack of variety of housing, lack of private landlords wanting to deal with offenders, and a large number with mental health and drug and alcohol problems that affect where they move to and their ability to cope when they get in properties.”

Practitioner

As a consequence of the characteristics outlined above, the majority of offenders in the sample who reported having been in unsettled/unsuitable accommodation while under probation supervision reported having been in this situation on more than one occasion. In a few cases, this scenario had gone on for more than five years.

“It goes from homeless to crime and from there to jail and then you are going back in a circle again.”

Offender

The vignette below outlines an example of an offender cycling between settled/suitable and unsettled/unsuitable accommodation.

Terry was released from prison on licence. Terry went straight to a direct access hostel and then spent some time at friends’ houses. Terry quickly found himself using drugs again and committing crime. He returned to prison having been found to breach the term of his licence. On leaving prison the second time, Terry entered approved premises. On leaving approved premises, Terry failed to maintain his move on accommodation and found himself ‘street homeless’ once again and moving between friends’ houses and hostels. He was convicted again for drug related offences and was given the option of a Drug Rehabilitation Requirement or a return to prison. Terry has been doing well on his DRR and has gained access to supported accommodation on the recommendation of a friend.

Practitioners did not feel that offenders on a community order were any different from offenders on licence in terms of their level of need and
propensity to chaotic lifestyles. There was a suggestion that those on community order will eventually go on to serve a prison sentence if their mental health/ drug/ alcohol/ lifestyle issue is not addressed.

**No priority need for accommodation**
Under the homelessness legislation, local housing authorities in England must secure suitable accommodation for applicants who are eligible, unintentionally homeless and who fall within a priority need group. On finding themselves in an unsettled accommodation state, offenders in the sample almost without exception sought housing assistance from their local authority housing options service as ‘homeless’ regardless of whether they were under supervision. Only in a couple of cases did offenders report going first to their Lead Professional. This point is covered in more detail later in this chapter.

Almost all of the offenders taking part in the research were single and without dependents. As such, many reported being told by local housing authorities that they did not have ‘a priority need for accommodation’. This generally came as a surprise to them: for some the decision to leave their partner/ family was in part driven by the assumption that they would receive help to access independent settled housing.

“I went down there I cried my eyes out and said, ‘Please, I am homeless. I have got drink and drugs problems’ but I am not a priority. You have to be pregnant or mentally ill to get somewhere to live.”
Offender

Practitioners reported that offenders were less likely than any of the other PSA 16 groups to be accepted as having priority need for the purpose of the homelessness legislation or to receive support from local authority housing professionals and were most likely to be advised to make their own arrangements to seek private rented accommodation.

“It is fine finding accommodation for people with mental health issues or over retirement age. The problem is for healthy adult males.”
Housing professional

**Relationship breakdown**
Relationship breakdown was the most commonly cited reason for offenders on community order being in an unsettled/ unsuitable accommodation situation. In almost all cases within the sample, these offenders were living in settled/ suitable accommodation at the point at which they were convicted and sentenced. However, the conviction led to the collapse of relationships, usually through continuing offending/ antisocial or destructive behaviour. In most cases in the sample, offenders on community orders were under 30 and were living with their parent(s). These clients generally reported being asked to leave or being ‘thrown out’.

“Just basically made homeless through splitting up with my family and everything – you know. Nowhere to live – ended up in a hostel.”
Offender
Where relationships have broken down at home, clients find themselves unexpectedly homeless or ‘sofa-surfing’. These clients reported going directly to their local authority housing options service, rather than to their Lead Professional, to seek help with housing. This may be as the role of the Lead Professional is deemed to deal with the macro issues such as risk and safety and not practical and pastoral issues [this is discussed in greater detail below].

Chris received a community order. He was living with his partner and children at the time but relationships at home became strained as a result of his conviction. He moved into a privately rented flat but was forced to leave this as he hadn’t paid his rent. He approached the housing options service at his local authority but was told he did not have a priority need for accommodation and was ‘intentionally homeless’. Chris spent around six months moving between friends’ houses. Chris didn’t think to speak to his probation officer for housing support. Chris was eventually accepted into a supported accommodation scheme.

It is worth noting that some practitioners reported that receiving a community sentence can leave some minority ethnic clients excluded from their extended family and community.

**Lack of independent living skills**

Perhaps unsurprisingly, many of the offenders in the sample reported poor life-skills in one way or another. Practitioners too suggested that many of those not in settled/suitable accommodation are those who have either lost accommodation because they have struggled to maintain tenancies or who are difficult to place because they have support needs.

Offenders in supported accommodation within the sample reported being comfortable with their current housing arrangement as they did not have to cope with managing a budget and looking after themselves.

> “I like living at the moment, because everything’s easy - everything gets done for me, and all that.”
> Offender

Coping with money and budgeting is a particular issue for this client group. For many, and particularly for those who have been in prison, their lifestyle was so chaotic prior to going into prison that it has been a long time since they last used money to pay bills and buy food. A period of time in prison was considered by practitioners to create a culture of dependency and result in a loss of life-skills.

> “Some are getting used to budgeting and paying bills; their life was so chaotic before they haven’t done this for a long time, then they had a stint in prison where they depended on others and didn’t need to budget.”
> Practitioner
Offenders on licence in the sample acknowledged that leaving prison represented a major step in terms of their independence. In a couple of cases in the sample, clients were learning these skills for the first time as they had been entirely outside of their adult life experience.

“Sometimes you feel like going back to them gates and saying like “let me back in”… You just, you know, it’s supposed to be a good thing getting out of prison but sometimes that’s when all your problems are about to start. You’ve got to find a gaff to stay in. You’ve got to find money for your rent, you’ve got to find your food, clothing, you know, it’s a reality check.”

Offender

While some offenders are apprehensive about taking responsibility for themselves, practitioners reported that some offenders are so keen for a ‘new start’ when they leave prison that, upon securing independent accommodation and employment, they struggle to cope. It was suggested that this was a route into unsettled/ unsuitable accommodation for clients who might not first appear to have support needs.

“It is a challenge in terms of people running before they can walk – maintaining a tenancy plus getting a job is too much for some people.”

Practitioner

Some practitioners also reported having worked with offenders who lacked fear of losing their accommodation. They reported that some offenders, in their view, have become accustomed to living precariously and without attachment and therefore continually fail to maintain tenancies.

“If they have history of chaotic lifestyle and homelessness, they are not scared of losing accommodation. The same thing applies to going to prison. They don’t fear custodial sentences and are in cycle of a chaotic life.”

Lead Professional

Objective factors relating to offenders on licence

Neither high nor low risk offenders

Offenders who have been convicted of serious offences are more likely to be placed in approved premises10, because of the risk they pose to the

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10 ‘Approved premises’ are accommodation in the community for convicted prisoners or those on bail, who would not be suitable to live elsewhere. They are settled/ suitable accommodation within the PSA 16 definition. They provide an enhanced level of supervision to reduce the risk of harm to the public. There are 104 approved premises in England and Wales. Residents may have committed a range of offences, including some serious offences. Placement in approved premises is designed to minimise risks to the public and to victims. See http://www.noms.justice.gov.uk/protecting-the-public/supervision/approved-premises/ for more information.
community and/or, fall under Multi Agency Public Protection Arrangements (MAPPA)\textsuperscript{11}. Clients in approved premises are considered to be in settled/suitable accommodation for the purposes of PSA 16.

As such, based on both preliminary research by SETF and the provision of settled/suitable accommodation to serious offenders by MAPPA, offenders not in settled/suitable accommodation are most likely to be those who have committed a relatively serious offence but who are not deemed to be high risk enough to fall under MAPPA. The qualitative work both with clients and offenders indicates that unsettled offenders often fall between high and low risk considerations. They might not be given access to approved premises but can be considered too high risk for some supported accommodations.

\begin{quote}
"People fall in the middle of organisations’ remits, either too low risk for probation hostels, too high risk for supported accommodation." \\
Practitioner
\end{quote}

Clearly, offenders on a community order will by default have committed a relatively less serious offence. Preliminary research conducted by the Social Exclusion Taskforce suggested that offenders serving a community sentence might make up the majority of those in unsettled/unsuitable accommodation. Furthermore, the qualitative work is not able to say whether this is the case, due to the small sample size. However, while the qualitative work did identify cases of unsettled offenders on community orders, there were also cases of offenders leaving prison on licence and entering unsettled/unsuitable accommodation.

**Leaving prison to unsettled/unsuitable accommodation**

Despite prisons offering accommodation advice and information, some offenders reported leaving prison with nowhere to live. Some offenders (though not the majority within the sample) reported receiving little to no housing advice or support prior to leaving prison and, in a few instances, leaving to an unsettled circumstance despite their probation officer knowing about this.

\begin{quote}
"Respondent: I just basically come out [of prison] and that was it; just get on with it. \\
Interviewer: So what did they tell you would happen when you came out? \\
Respondent: Well they showed me the gate."
\end{quote}

Practitioner

Offender

While some offenders reported not receiving any housing intervention prior to release, some reported actively avoiding intervention. Some offenders believe that they will be placed in accommodation which, though suitable within the PSA 16 definition, is not suitable in their view. As noted below (see section on perceptions of suitability), some fear living in close proximity to negative

\textsuperscript{11} The MAPPA began operating in April 2001. This body places a duty on the police and the National Probation Service to assess and manage risks posed by offenders in every community in England and Wales. See [http://www.probation.homeoffice.gov.uk/output/page4.asp](http://www.probation.homeoffice.gov.uk/output/page4.asp) for more information.
influences and are keen to ‘break away’ from other offenders and environments which might lead them back into offending or the addictions which were the cause of their offending. One recurring story within the sample of offenders on licence was to lie to or mislead the prison about post release accommodation plans in order to avoid being placed in a hostel which they imagined would be unsuitable, based on their own definition.

“They don’t admit to not having accommodation as [they] don’t want to go into hostels.”
Lead Professional

However, it is possible that some offenders are not sufficiently informed about pre-release housing support. During the workshops, some practitioners reported feeling that some offenders simply do not discuss their lack of accommodation or housing issues in prison because they are simply unaware that any help is available. Furthermore, some practitioners suggested that offenders do not always admit to a housing problem until just before their release, at which point only crisis accommodation (such as direct access short term hostel or B&B) can be arranged.

**Subjective factors**

**Perceptions of suitability**
Many offenders in the sample, and especially those who had spent time in prison, reported a strong desire for a new beginning. This tended to mean moving away from negative influences, either in the shape of ‘friendships’, or easy access to drugs. Many expressed an appetite for ‘peace’; for them this meant independent accommodation in a relatively quiet area with low crime rates. As such, many are disappointed with the accommodation options they are offered. Offenders leaving prison (who are not referred to approved premises) reported that hostel accommodation is their only option and is exactly the kind of accommodation they wanted to avoid. It is generally perceived to be located in deprived areas and to be populated with drug misusers and alcoholics. In some cases, offenders give an address which they know they will not be able to stay at in order to avoid being given hostel accommodation before leaving prison (see section above).

“I told probation I wanted to come out of the area because of my history in [name of area] and that and I wanted to come out of the area and make a fresh start and that and basically they have just put me in the hottest place you could put someone in [name of area].”
Offender

**Isolation, boredom and destructive behaviour**
While many offenders want to move away from areas they associate with antisocial or offending behaviours, some find that being on their own presents a new set of issues which can also contribute to an unsettled/ unsuitable accommodation outcome. Where offenders, either independently or with support, have found accommodation of their own, they can become isolated and/ or bored. The ‘new start’ can become fraught with difficulties, most
especially with finding work which can leave offenders with nothing to occupy their time and feelings of low self worth. Some offenders in the sample reported that being on their own led to them taking up drugs and/ or alcohol (and sometimes returning to drug misuse or alcoholism). In a few cases, clients lost their accommodation after breaking their tenancy as a result of this. As well as being a catalyst to drug/ alcohol misuse, boredom and isolation can also draw some clients back into the friendship groups and offending behaviours they had been so keen to avoid.

Typical routes into unsettled/ unsuitable accommodation within the sample

- Rough sleeping/ chaotic lifestyle pre prison
  Came out to unsettled/ unsuitable accommodation state and returned to rough sleeping

- Left prison and referred to hostel/ B&B/ supported accommodation
  Did not like accommodation/ felt it to be unsuitable and so left

- Misinformed prison officers about where they would be living on leaving prison
  Left prison to rough sleeping/ 'sofa surfing'/ direct access hostel

- In relationship/ in family home
  Was given a community order and relationships broke down at home and so became homeless

- In relationship/ in family home
  Offending behaviour/ chaotic lifestyle led them into unsettled/ unsuitable accommodation ('sofa surfing'/ rough sleeping)

- In relationship/ in family home
  Returned to family home on leaving prison and experienced relationship breakdown and became homeless

- In own accommodation
  Behaviour/ lifestyle became more erratic or continued to be erratic and lost tenancy

Impact of services
There are a number of service side issues which play a role in whether settled/ suitable accommodation outcomes are achieved and maintained. In this section, we explore:

Service challenges

Early release
It was a widely held view among practitioners and Lead Professionals working with offenders that early release from prison is a key contributor to an unsettled/unsuitable accommodation outcome. It can result in offenders being placed in emergency or crisis accommodation, which would not be considered to be settled/suitable within the definition of PSA 16. It can also mean that offenders are able to give addresses which are not checked by the probation/prison as there is insufficient time to investigate and confirm their suitability.

**Prison transfers**
Prison transfers are also thought to be a factor contributing to an unsettled/unsuitable accommodation outcome at release from prison. The movement between prisons can mean that plans for accommodation on release are disrupted or fail to take place. Practitioners and Lead Professionals also report that it creates an unhelpful ‘ownership’ issue. For instance, offenders in custody outside of their local area can experience difficulty in accessing advice and support to obtain accommodation. Prison transfers can also result in some offenders either being placed in accommodation close to the prison they have just left, regardless of any association with the area, or having to travel a long distance on release to return to the area which has responsibility to provide accommodation.

**Planning settled/suitable accommodation in prison**
Where accommodation planning pre release does take place, both practitioners and offenders identified a range of issues with availability of settled/suitable accommodation. A key issue appears to be holding places in approved premises and supported accommodations. There seems to be a limit to how far ahead plans can be made and, in some instances, despite having had dialogue with prison and probation service for an extended period of time during custody, offenders can find that settled/suitable accommodation is not available for them when it comes to their release.

“I said I needed accommodation and that was my main issue right the way through me sentence. All the time I spoke to the Probation Officers and the accommodation [prison advice]. They kept saying to me ‘yes when the time comes we’ll sort it out’ but it was like ‘they’ve got a housing place there, but you can’t come to us unless you’ve got six weeks left’. So I had to be six weeks and under and by that time it was like ‘there’s no way in this world you’re going to get a place within six weeks’. Offender

**Accommodation support for offenders serving short custodial sentences**
The majority of the offenders in the sample who reported experiencing unsettled/unsuitable accommodation during probation served reasonably short custodial sentence (but more than 12 month sentences). Many of these reported receiving little to no housing advice/support prior to release. Lead Professionals too identified that there was a service ‘gap’ in terms of the housing support given to offenders serving short term sentences. Some noted that short term offenders who had settled/suitable accommodation prior to being taken into custody lost their accommodation but were not in custody
long enough to receive help to plan an alternative for their release. In these cases there is a service gap between offenders being made aware that they will not be able to return to their previous accommodation and organising support to help coordinate settled / suitable accommodation for their release.

**Relationship with Lead Professional**

Unlike the other PSA client groups, the explicit public service responsibility of the Lead Professional is both to the offender and to society. The role of the offender manager (Lead Professional for this client group) is therefore to: protect society through preventing repeat offending; to protect victims, neighbourhoods and communities. Perhaps unsurprisingly, offenders generally reported, with only a couple of exceptions, poor relationships with their Lead Professional. In most cases, offenders did not perceive that their offender manager existed to support them in anyway but rather to oversee them. Offender managers are perceived as an official figure whom offenders report to; they are not perceived to play a supportive or pastoral role. As such, offenders in the sample reported not going to offender managers for support with accommodation in the first instance. Generally, they went unaccompanied to local authority housing options departments, or, in some cases, sought the help of the third sector without being referred from the local authority. Commonly cited complaints, from offenders who took part in the research, of offender managers primarily include: being impersonal and lacking “social skills”, ‘going through the motions’ and not listening. Many offenders reported being treated “like a number” and feeling like their offender manager saw them only as an offender and not as a person.

“No one helped me with nothing, it was just like there is the door, see you later and don’t come back… You are never in there for more than five minutes and I don’t know what help you can get in five minutes.

Offender

A number of offenders in the sample reported they received no help from their offender manager despite being referred to a third sector provider by them. However, a couple of offenders reported that their offender manager had been instrumental in supporting them.

“The fella I’ve got done more for me in like three or four weeks than I’ve had done for me all my life. Everything he said he’d do for me he done. The others it was ‘yes, we’ll sort this the next time you come’ and then a few months down the line…”

Offender

Lead professionals also reported that they felt that their role was more focused on monitoring and managing the level of risk that an offender posed to society rather than assessing their personal accommodation issues. Lead Professionals remarked that they would often signpost offenders to specific services rather than attempt to solve the problem themselves.

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12 With the exception of some secondary mental health service users.
Caseload size
Like Lead Professionals in other client groups, they reported having a large volume of clients to support. However, while this is the case, offender manager caseloads would appear to be (based on the reports given in the Lead Professional interviews) significantly higher than those of other Lead Professionals.

“I'm running with about 42. I've had 96 in the past, this is light at the moment.”
Lead Professional

In addition and perhaps reflecting the view of offenders that their offender manager is 'process driven', Lead Professionals reported that their role has become more administrative driven in recent years.

“Yeah, the focus of work has changed over the years. Now we have so much more to do with an admin side of our job that contact with the offender is diminishing, which is an issue regarding your research I guess really.”
Lead Professional

Impact of third sector support
As noted earlier, many offenders in the sample were in supported accommodation at the time of the research but had previously been in unsettled/ unsuitable accommodation during their period on probation. Without exception, these clients spoke highly of the supported accommodation they were in. Though many wanted to leave to independent settled accommodation, overall it was generally perceived to be of reasonable quality.

A key driver of their satisfaction level would appear to be the support available to them. Many felt that, once in supported accommodation, they were able to access the kind of support they were missing previously. In particular, the key worker role was highly praised. The key worker was generally described as an advocate and someone who could offer ‘informal’ support, such as reminders to attend appointments, a chat, a birthday card, among other things. They are perceived to have both the time and 'social skills' that offenders found to be lacking in their Lead Professional.

“I always goes 'oh [name of key worker]!' and I always scream at her but she brings me up toilet rolls and washing up liquid and she is good and they are all lovely down here.”
Offender

In addition, some offenders reported that their key worker had been in a similar position to them, either an ex-offender themselves or having had a previous drug/ alcohol and/ or housing issue. This adds to their credibility and makes them a trusted confidant as well as a reliable source of advice.
These services are viewed as independent and distinct from the Probation Service, regardless of any contractual relationship with the statutory sector. From the clients' perspective, this would seem to be central to their trust in key workers and confidence in the ability of key workers to deliver on their role as an advocate. Clients reported that their key worker was both helping them to navigate their ‘move on’ housing options and advocate on their behalf with statutory housing professionals.

Conclusions

Offenders in unsettled accommodation are likely to present a combination of one or more characteristics that may prevent or hinder them from accessing settled/ suitable accommodation. Some of these relate to circumstances relating to their offence, sentence and release, others relate to their lifestyle, attitudes, social network (or lack of) and support. In particular, timing of release and offender movements prior to release may help inhibit offenders from achieving settled status.

Chaotic lifestyles, characterised by drug/alcohol misuse figure heavily in this client group with offending behaviour a consequence of the lifestyle. The research identifies a circular path for some offenders between jail and chaotic lifestyles.

The research also highlights a range of issues in relation to the support provided by the Lead Professional. Offenders tend to see their Lead Professional as people to report to, rather than as a professional there to refer and signpost them to other support services. Many of those interviewed did not feel appropriately supported by their Lead Professional.
Chapter 4: Adults with moderate to severe learning disabilities

Introduction
This chapter focuses on adults with learning disabilities\textsuperscript{13}, which encompasses adults with moderate to severe learning disabilities\textsuperscript{14} known to CASSRs (Councils with Adult Social Services responsibilities): adults with learning disabilities aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. In practice, this is an extremely wide group with differing levels of need for support to live independently, and includes some groups of people with particularly complex needs, e.g. those with challenging behaviour, or those whose learning disability is associated with a physical disability.

Two factors in the policy background to this research are particularly relevant to improving housing outcomes for adults with learning disabilities as a client group: the drive towards independent living and the increasing emphasis on person-centred planning.

In 2006 the Independent Living Review was set up in order to develop a five-year independent living strategy\textsuperscript{15}, in order to realise the Government’s aim that “\textit{all disabled people (including older disabled people) should be able to live autonomous lives, and should have the same choice, freedom, dignity and control over their lives as non-disabled people.}\textsuperscript{16}”

The aim of the resultant Independent Living Strategy is that disabled people who need support in their daily lives will have greater choice and control over how support is provided, and that disabled people will have greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

In January 2009, the Government published \textit{Valuing People Now: a new three-year strategy for people with learning disabilities}. This strategy reiterates the vision first set out in \textit{Valuing People} in 2001, that people with learning disabilities are entitled to the same aspirations and life chances as other people, and set outs what needs to be done at all levels to deliver that vision of equality and transformed lives for everyone.

\textit{Valuing People Now} sets a clear policy objective that all adults with learning disabilities and their families have the opportunity to make an informed choice

\textsuperscript{13} See National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions

\textsuperscript{14} Throughout this chapter when referring to adults with learning disabilities this refers to adults with moderate to severe learning disabilities

\textsuperscript{15} http://www.officefordisability.gov.uk/working/independent-living(strategy.php

\textsuperscript{16} Ibid.
about where, and with whom, they live. This builds on work to close NHS residential campuses for people with learning disabilities and support people to move into appropriate accommodation in the community.

Personalisation of services, as exemplified in *Putting People First*\(^{17}\)-centred planning similarly aims to put people in control of their own lives, with input from family or friends where necessary. Services are expected to reflect this, and the approach is underpinned by a number of specific actions designed to increase the amount of control the individual is able to exert over their own circumstances. For example, personalised budgets allocate a certain amount of money for each person's care, and the individual is able to exercise some control over elements of their care package within the overall budget.

Indicative data\(^{18}\) indicated that 35% of adults with moderate to severe learning disabilities are not in settled accommodation. The full definitions of what is deemed to be settled accommodation can be found in appendix 1.

The following chapter provides a more general exploration of adults with learning disabilities and of the factors that encourage people into, or prevent them from accessing, settled accommodation. It is structured around the following section headings: objective factors relating to individual circumstances, subjective factors relating to individuals' perceptions and outlook, and the impact of services, including service challenges. The research that informs this chapter, as with the rest of the study, was entirely qualitative in nature. Therefore it is not possible to place any figures on the extent to which the factors identified in this report exist among the wider client group population.

Adults with learning disabilities and their Lead Professionals, as flagged up in Chapter 2, did not necessarily agree with the PSA16 definitions of "settled" and "unsettled" accommodation. For example, both adults with learning disabilities and Lead Professionals felt that adult homestay\(^{19}\) plans and residential care settings, where they worked well and the individual was happy, could be the most appropriate setting. “Settled” and “unsettled” accommodation in the following chapter refers to the PSA16 definitions, which are concerned with technical security of tenure, and not necessarily to either individuals’ or Lead Professionals’ view of the emotional security of the housing situation. In practice, clients were able to feel emotionally settled in an "unsettled" situation and unsettled in a "settled" one.

It should be noted that it was difficult to identify those with learning disabilities who were in unsettled accommodation. The research took a pragmatic approach and a mixture of adults with learning disabilities who were in settled and unsettled accommodation were interviewed. Three adults with learning

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\(^{18}\) Figures provided by preliminary regression analysis from the Social Exclusion Task Force, Cabinet Office

\(^{19}\) Accommodation within a family home where the client rents a room
disabilities in unsettled and five in settled accommodation were interviewed: the settled adults with learning disabilities, however, included one adult who was about to move from settled into unsettled accommodation and two who were in settled accommodation with their families but wanted independence and were actively seeking alternative accommodation.

Client characteristics and experiences
This section describes the characteristics and experiences of adults with learning disabilities, who took part in this research, who are not currently in settled accommodation, or who have been in unsettled accommodation. These have been divided into two categories: ‘objective’ factors, which are those to do with individuals’ circumstances, and ‘subjective’ factors, which are those relating to individuals’ perceptions and outlook.

Objective factors

Awareness of and ability to access housing options
In some cases adults with learning disabilities were not aware of the range of housing options available, and therefore found it difficult to make an informed choice about the most suitable option for them.

“It can be hard for people to make informed choices because they’re not aware of the range of opportunities because they have had often limited life experience. … So they sometimes go with either what they know already or what they know their friend down the road has got.”
Lead Professional

Lead Professionals said that adults with learning disabilities could find the housing system (and in particular choice-based lettings) difficult to navigate, which acts as a barrier to accessing settled housing. (Those adults with learning disabilities who were asked appeared happy with their ability to use the service, however: it is not clear whether this reflects differential abilities or amount of help received.)

“In a number of authorities now, there is a bidding system within… so rather than people going on a list and waiting they have to bid for properties and that is really hard for a lot of people we work with to understand. … the people who do best out of it are people who can get on the computer every day and follow… what is going on and make quite calculated bids.”
Lead Professional

This issue is revisited in Chapter 7, which discusses systemic housing considerations.

Lack of independent living skills
Lack of independent living skills was felt to be a key barrier to adults with learning disabilities accessing settled accommodation, especially where they had either lived in an institution or in a living situation with their parents where they had not been expected or allowed to help around the house. This barrier is shared with other PSA16 groups however; it is more marked and has a slightly different emphasis in this group: for offenders and care leavers the issue is simply learning these skills. For adults with learning disabilities there is the additional issue, in some cases, of the capacity to learn/practise these skills. There is also the additional issue of parental opposition to learning/practising these skills.

Learning these skills was therefore felt to be a prerequisite for moving into settled accommodation.

“I did say to my mum, I would like her to show me how to use the washing machine and things like that, to build my confidence up and help her in the kitchen. She keeps saying no, you’ll burn yourself one day. I said how am I going to learn?”

Adult with learning disability

Paying bills and budgeting was identified by Lead Professionals as an issue which had a particularly strong impact on adults with learning disabilities’ ability to maintain housing once accessed. Lead Professionals often said that adults with learning disabilities could fall into arrears and therefore leave themselves open to sanctions from their housing provider. This was felt to be a reasonably common difficulty among this group, being identified both as part of a general lack of independent skills and also as part of a pattern of risk taking and inability to engage with services that was associated with specific learning disabilities, or other conditions such as autism or a mental health condition.

“Sometimes it's about other complexities. We have people who have behavioural problems, alcohol related or drug use, risk takers who don't manage money. Especially when you get people with learning disability and borderline personality disorder, you get a group of people who will not, cannot due to their… condition, take responsibility for the things that are happening in their life. So you'll often get people who can't pay their bills, [have] spent everything, and then the local authority will now very much say well we're not going to give you that money, so people end up facing eviction.”

Lead Professional

Adequate support – by which Lead Professionals meant skilled, experienced support workers with knowledge and experience of adults with learning disabilities – was said to be needed to make sure the individual did not breach any of the conditions of their tenancy, and was also felt to be key in making individuals more psychologically equipped to live alone (see next section on subjective factors).
“And obviously there are rules and regulations there in life and I say to people all the time, you know, people need to be supported to follow tenancy agreements and so [on]”

Lead Professional

Perceptions of family attitudes
A factor frequently identified by both Lead Professionals and by individuals themselves was the attitude of families towards the adult with learning disabilities living independently. Lead Professionals reported families, and in particular parents, as being unconvinced that the individual would be able to live apart from them, feeling that their support needs were too great. While in itself not a reason for people being in unsettled accommodation (as living long-term with friends or family is defined as “settled” under PSA16), where people wanted to live independently, this does present an obvious conflict with policy, and was a factor which made both adults with learning disabilities and Lead Professionals perceive housing as unsuitable in these situations even if it was in theory “settled”.

Lead Professionals reported often experiencing a high degree of resistance on the part of the parent to the idea of an adult with a learning disability living independently in many cases. In some cases Lead Professionals reported that a “mutual dependency” appeared to have developed, whereby the parent found the benefits associated with living with their child useful to the household income, and therefore believed that the arrangement was working best for all concerned. Lead Professionals reported that they therefore had to address such situations sensitively, as parents could assume the social worker or other professional was arrogant for suggesting the living arrangement be broken up. Likewise, adults with learning disabilities sometimes reported that their parents were unsupportive and wanted to keep them at home.

“I’ve tried talking to my mum, but she wants me around her all the time, she doesn’t want me to part.”

Adult with learning disability

Additionally, where the parent was ageing, Lead Professionals identified that the individual’s housing situation might be more precarious and perhaps prone to becoming unsettled. They were therefore keen to establish a plan for when the parent died or became unable to look after the adult with a learning disability, in order to mitigate against the possibility of the individual’s living situation becoming unsettled.

It was stressed by Lead Professionals that overcoming the barrier of resistance on the part of families needed to be a long-term process if the adult with a learning disability were to be able to maintain their independence and not be pressed to move back home at the first sign of any difficulty. They said it was not simply a matter of finding the accommodation and then moving the individual, but that they needed to work with parents to create an attitudinal shift and make them view the prospect of the family member’s independence in a positive light.
“You see you can get people out, if you really push hard you might get them into a flat, but... that family is just waiting for something to go wrong, and Johnny will be back home and they'll be on the phone saying we told you this would happen. You don't want that, because invariably something will happen.

Lead Professional

Attitude of professionals
There was also thought to be a fear on behalf of other service professionals, such as care managers, that the adult with learning disabilities would potentially harm themselves while living independently (and sometimes that this would result in the professional being blamed). This was said to be more common where adults with learning disabilities had another need (such as epilepsy) as well as their learning disability. Lead Professionals felt this could be a reason preventing people accessing independent living arrangements.

“I have a guy who, okay his support levels are mostly two to one and he lives independently in a three bedroom house and there are risks. I mean he could fall down the stairs but by the same token he never has and I suppose the risk, you know, I could fall down the stairs. … It's real risks and people's imaginary ones.”

Lead Professional

Behavioural needs
Lead Professionals said that some adults with learning disabilities have conditions that are associated with challenging or unconventional behaviour (including violence) that may impact on others in shared housing, or neighbours in independent housing. Behavioural needs were identified both as a reason for having to leave settled accommodation and a barrier which prevented individuals accessing further settled accommodation, as housing providers were reluctant to house them.

“And I was [asked to leave because I was] accused of effing and blinding – swearing at people. And swearing at the staff. Two against three. And I got accused of hitting somebody.”

Adult with learning disabilities

Availability of accommodation
Accommodation generally, and across all the client groups, was said to be in short supply, an issue which is discussed in more depth in Chapter 7. However, there were some factors specific to the learning disabilities client group which acted as barriers by making the criteria for the desired/needed accommodation very specific. This often increased the waiting time.

Availability of accommodation: area needs
Needing to live in a specific area was something that both adults with learning disabilities and Lead Professionals often said increased waiting times for both social and supported housing. As has been discussed, the need to place individuals where they were perceived to be less likely to be vulnerable to
harassment was often a primary consideration. This led Lead Professionals and adults with learning disabilities to reject what they describe as “worse” (meaning more deprived) areas. Adults with learning disabilities might also have to wait for either social or supported housing in a specific area in order to be near the services they needed to access their employment.

“Up here actually there is no… lack of properties. [There are] vacant properties but it is about where they are, often the areas that they might be in… might be areas where they wouldn't, certainly wouldn't get a lot of support within their own community. They may be stigmatised and harassed.”
Lead Professional

It was felt that the accommodation, whether social or supported, also needed to be accessible to parents. Lead Professionals and adults with learning disabilities felt this was important to mitigate against both parental separation anxiety and potential loneliness of the individual once in their own accommodation, especially given the likelihood of community integration difficulties.

Adult with learning disability: “[I didn’t like the potential flat because] it is on a bus route but the bus wouldn’t go up there it is … the town centre is down there and it is a two mile and a half walk up the hill.
Practitioner: …What important person would you like to come and easily visit you? Can you remember why you wanted to make sure it wasn’t too hilly for a certain person?
Adult with learning disability: My mum. … Some of the hills were…
Practitioner: Because how old is your mum?
Adult with learning disability: She is eighty four I think.”

Availability of both social and supported accommodation: physical environment needs
Adults with learning disabilities may also have physical or behavioural issues associated with their learning disability which create specific housing requirements.

Where adults with learning disabilities have additional or complex needs over and above their learning disability this can place limitations on the accommodation type that they are able to accept. Ground floor flats and bungalows were said to be in particularly short supply, increasing the amount of time spent waiting for suitable accommodation where these were needed.

Also because of [name of individual’s] mobility it, ground floor flats in [town] are, as you know, at a premium. Because that’s the kind of

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20 Even though many of the sample did have physical and behavioural issues the sample size is too small to say whether this is reflective of the client group population. However Lead Professionals did say that many adults with learning disabilities do have physical/behavioural issues.
Lead Professionals also said that the physical environment, and the time spent waiting for suitable accommodation, was an issue for some of those who had behavioural needs associated with their learning disability which meant they caused damage to their living environment. Even where these adults with learning disabilities were able to access accommodation, the damage they caused had a severe impact on their chances of keeping it. This was not an issue confined to private landlords but was also seen among RSLs and even the local authority’s own housing department (see section on relationship between Social Services and housing departments in the Service Issues section, below). In some cases the combination of these factors made it very difficult, and at worst completely impossible, for Lead Professionals to find any housing at all for the individual. The below pen portrait presents an illustration of such a case.

Alasdair has a learning disability. He also has autism and there are behavioural problems associated with this. He finds it difficult to accept support and takes out his anger and frustration on his living surroundings. He has recently caused £10,000 worth of damage by removing the doors in his kitchen, taking the boiler apart and causing other damage. He is currently involved in a court case which is certain to result in eviction from his privately rented accommodation, and his social worker is currently trying to find him another place to live.

Because nearly all the local authority’s stock of available housing belongs to registered social landlords, Social Services are unable to make the adaptations that would reduce the impact Alasdair is able to make on his living environment. His Lead Professional recently attempted to get him into a local supported living flat, but the RSL organisation running the housing scheme will not accept him because of his history of damage. There is no other social housing available in the local area and Alasdair has no family. Social Services do not have a mandate to put Alasdair into residential care, and do not in any case think this is suitable for his needs.

The local authority’s Housing Department is putting pressure on Social Services to find him somewhere to live. However, the social worker in charge of the case has exhausted all options and is still unable to find anywhere that will accept Alasdair as a tenant.

Lead Professionals identified a lack of availability of adapted housing suitable for both the physical and behavioural needs described above. While they said it was possible to fund adaptations to a privately rented flat or house, they experienced some resistance to this from private landlords, and therefore (as the pen portrait demonstrates) social housing was often seen as the only option in cases where adaptations needed to be made or the adult with a learning disability had particularly challenging needs (although even this was
dependent on the housing stock available locally). This acted as a barrier by further limiting the pool of housing that could be considered for such an individual.

“There are certain support techniques or even on occasions restraint techniques which require certain size of corridors and stuff like that, we struggle to find that within the Portsmouth area just because the nature of the housing stock is small terraces.”
Lead Professional

Another factor particularly relevant to adults with learning disabilities on the waiting list for social housing was the need to have an extra bedroom available for a carer to sleep in on either a full time or occasional basis. This further reduced the options available to them as it was likely that the property would be under-occupied for at least some of the time.

“The number of, say they're looking for a bungalow, the number of bungalows available in the Gateshead area are few and far between. We can get a one bedroom bungalow which you can't swing a cat in but there are times when certain individuals that I actually work with, there are times in their life where they may need someone to sleep in. Not on a permanent basis but... in certain times when they're maybe not feeling the best and two bedroom bungalows are very, very difficult.”
Lead Professional

**Attitude of housing providers**

Many Lead Professionals felt that mainstream housing providers, whether private landlords, RSLs (including supported housing) or the local authority’s own housing department, were reluctant to take on adults with learning disabilities in general and in particular those with behaviour seen as challenging.

“People don't want to take them on because they don't want the hassle.”
Lead Professional

“One of the problems is that you will get housing departments saying this person doesn't have the capacity to have their own tenancy, therefore they can't have their own tenancy.”
Lead Professional

It was said that housing providers were often unable to recognise the specific needs of many adults with learning disabilities, and attempted to apply the normal rules that other tenants had to follow without showing any understanding of the individual’s condition. This impacted on an individual’s ability to maintain a tenancy and to get a new one should they leave or be evicted from their housing.
“Housing have great difficulty in understanding learning disabilities. They want to apply the same rules that would apply to any kind of person with a tenancy, and of course you can’t, because there’s a different level of understanding… People with learning disabilities are responsible for their actions, but their culpability has to be kind of taken in context of the learning disability.”
Lead Professional

“What we’re trying to do is use general needs housing for special needs people, and it doesn’t work”
Lead Professional

Subjective factors

Attitude towards living independently
As discussed above, adults with learning disabilities were sometimes not aware of their housing options. However, even when people were aware of the potential options available to them, not wanting to live independently, or failing to see themselves as someone who potentially could live independently, was also sometimes a barrier to accessing settled accommodation.

“People with learning disabilities themselves don’t know and don’t see themselves as potential tenants of somewhere or potential owners.”
Lead Professional

As discussed above, and in Chapter 2, some adults with learning disabilities, who took part in this research, felt “settled” in accommodation that was defined as “unsettled” under PSA16 and therefore resisted attempts to move them.

Lack of available support
While not necessarily a barrier to accessing settled accommodation, Lead Professionals cited a lack of experienced floating support workers as an issue which impacted on people’s ability to maintain their new living situation. It was felt that without experienced support adults with learning disabilities sometimes became disillusioned and ground down by the practical difficulties of living independently.

Social isolation
Social isolation was felt to be another barrier to settled accommodation, as Lead Professionals said that local communities often do not fully integrate with adults with learning disabilities, leaving them unhappy with their living situation. Even where they are accepted, Lead Professionals felt that this acceptance was only on the surface, and that people with learning disabilities would be unlikely to make lasting friendships with others in the community. Indeed, some felt that people with learning disabilities were invisible to the rest of the community. This was felt to be a two-way problem: in many cases adults with learning disabilities were said to not have the social skills to
navigate interaction with their neighbours, or to realise the boundaries of acceptable behaviour in mainstream communities.

“Our service users, they need help to understand… how to be neighbours themselves. So they may either, you know, ignore neighbours or behave inappropriately or be too needy upon neighbours.”
Lead Professional

Often Lead Professionals said the lack of integration of adults with a learning disability can lead to them becoming the target of abuse or victimisation by neighbours and local residents, or of financial or sexual exploitation.

“There are many examples of people with learning disabilities who appear vulnerable, being groomed and exploited financially or sexually, or for use of the flat as a base by local gangs for drinking/drug taking. The person may be too frightened to seek help, and/or mistakenly regard this as help or friendship.”
Lead Professional

This was one of the reasons Lead Professionals thought a shared services approach was often desirable, as such housing would automatically provide a potential social group of other people with learning disabilities. (However, this approach was thought not to be without its problems: adults with learning disabilities could also experience disruption and social problems from other people in shared/supported housing.)

View of living in the community
Given the potential problems Lead Professionals identified with placing adults with learning disabilities in the community (in terms of the care required to place them somewhere they would not be harassed, support to relate to the local community, and risk of social isolation) it is perhaps unsurprising that a negative experience of living in the community could be cited by individuals as a reason for either making themselves homeless or moving back into an “unsettled” accommodation (as defined by PSA16).

“Researcher: I understand that you feel that you want to go back to the original hospital?
Respondent: Yes.
Researcher: Why? I want to know in your words – why do you want to go back there?
Respondent: Because there’s nothing in the community for me. … I’ve tried and tried and tried. Nothing in the community.”
Adult with learning disability

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Impact of services

Service challenges
Availability of accommodation is discussed both above in relation to individual needs, and further in Chapter 7 as part of the systemic housing issues acting as a barrier for the four PSA16 groups. However, there were some ways in which systemic issues were felt to impact on the learning disabilities client group in a different way to other PSA16 client groups, and these have therefore been summarised below.

Diversity of client group
The needs of adults with learning disabilities were felt to be very diverse, and therefore a range of different housing is needed to cope with different support needs including differing physical, mental and social needs, and different life stages.

Commissioning issues
Practitioners felt that PSA16 commissioning guidelines as set out in the Delivery Agreement are not always followed in practice for adults with learning disabilities. The Delivery Agreement for PSA16 states that:

“Effective commissioning is central to delivering high quality services for the four at-risk groups. To achieve better outcomes for these groups, local authorities, PCTs, Children’s Trusts and other commissioners need to engage in strategic commissioning that matches services to existing need.”

However, in practice Lead Professionals felt they often had little choice but to respond reactively to housing that had been built speculatively (without having been commissioned), by moving people into it whether or not it was deemed to be the best possible model for their needs. This was because surrounding local authorities would otherwise fill the units with their own clients, in order to both reduce their own housing backlog, and save money by transferring ordinary residence (and therefore responsibility for the client). Commissioners would in these cases put pressure on social workers to fill the units, rather than both lose the housing capacity and accept the cost of the new residents.

22 “Ordinary residence” is a term that has no specific legal meaning, but which is normally taken to mean “a man’s abode in a particular place or country which he had adopted voluntarily and for settled purpose as part of the regular order of his life for the time being, whether of short or long duration” (Shah v LB Barnet 1983). If an individual has “ordinary residence” in a borough, that borough is responsible for funding certain welfare arrangements. The placing authority is supposed to retain responsibility for funding accommodation, but interviews with Lead Professionals suggested that an individual moving into a popular area could use such a transfer as a way of moving into the popular area on a settled basis by making an “ordinary residence” claim.
“Basically it means that if a local authority places a client in Brighton and Hove in a supported living flat, if that person then gets a GP in Brighton and Hove which they will do, then the local authority can write to me and say this person is now ordinarily resident in your borough or in your area, you are now financially and responsible under, you're statutorily responsible for this person, we wash our hands of it.”

Lead Professional

“What you have is a businessman locally who understands the market, knows that this is the way that local authorities are going, builds a very large service… and then almost holds the local authority to ransom. He basically says fill it with your people, because I know that if you don't I'll have lots of other people that will fill it, and they'll make ordinary residence claims and not only will you lose the accommodation but you'll have to pay for them all as well. So… we have to get people in there, we can't not have people in that accommodation, and the [commissioning] process loses its value.”

Lead Professional

Cost of support

Some people with learning disabilities have very profound needs which require extensive support to enable them to live independently and this was perceived as difficult to fund, considering the limited budget available.

“The local authority, the country, cannot afford to provide everyone with a learning disability individual accommodation, 24-hour support… we'll bankrupt ourselves.”

Lead Professional

Lead Professionals identified shared services models as a potential solution to this problem where they are available, as the following pen portrait demonstrates.

Nicola has severe physical and learning disabilities. She was placed in a residential home as a child and has lived there for a number of years. Now an adult, she wants to leave the residential setting and has repeatedly asked social services to “get me out”.

The accommodation is available and her Lead Professional knows that she would be happy to live in her own flat. However, because Nicola’s needs are so extensive and profound, the cost of providing the support she would need to live in her own flat has been assessed at £100,000 per year, which is money that the local authority does not have available. Until recently, she therefore had to remain where she was despite her unhappiness at the setting.

Recently, the local authority used a social housing provider to build a unit containing ten self-contained flats – five for people with learning disabilities and five for people with physical disabilities. Support will be shared between
the units, meaning that the local authority will be able to provide the support needed. Nicola has been allocated one of these and will move in when it is completed. While it is not quite what she originally envisaged, she is happy with the solution. Her Lead Professional further points out that she will have a peer group on site to interact with socially.

**Need for a coordination role**

Although some Lead Professionals had a housing coordinator in place in their area, others did not. Where there was nobody in post or the post did not exist, care management professionals sometimes found it difficult to juggle other priorities in order to find the right housing for the right person at the right time, bearing in mind the limitations on the type of housing the client was able to live in (housing type and physical characteristics of the property) and their needs regarding area (minimising the likelihood of harassment and proximity to family and services) identified earlier. Shared tenancies were felt to be a particular area that could benefit from coordination, given both the potential problems of matching sharers and the keenness of many Lead Professionals to use the shared services model where possible.

**Relationship between Social Services and housing departments**

In some areas, the housing department attempted to protect its own budget by asking Social Services to guarantee to make good any damage caused by adults with learning disabilities. The resultant wrangling over the potential financial responsibility in itself sometimes acted as a barrier to accessing housing, by creating a delay in the availability of accommodation.

“At the moment our housing department is trying to negotiate with us, even though we’re the same local authority, to indemnify them against any cost that they incur from the clients that we place with them. … What housing are saying is well … we want you to sign something now to say if we give you any more accommodation for any of your clients, you will have to pay any damages. So that is a huge block, because this service doesn’t want to sign that piece of paper, and housing are saying we’re at liberty not to offer you accommodation if you don’t.” Lead Professional

As well as the frequent lack of willingness of private landlords and RSLs to cope with the behavioural needs of more challenging clients (causing damage and failing to pay rent) housing providers were said sometimes to be unsympathetic to the more complex needs of adults with learning disabilities that meant that they were not able to take up tenancies as quickly as they were expected to be able to.

“Plus the fact is we obviously need more time, you know, for the support. They want to sign a tenancy and somebody to move in on the following week, and, you know, we’re working with people who, you know, we need to get the community care grants to get them the things that they need for the property, and that’s really difficult.” Lead Professional
Inflexibility of admission criteria
In some cases, Lead Professionals said that they felt sheltered housing would meet the needs of their clients very well, and would answer many of the problems the learning disability client group may face with mainstream housing, but that the local authority’s admission criteria meant they had to be a minimum age (60) before they could access it. This was felt to be reflective of a more general lack of focus on clients with a learning disability on the part of housing policy.

“Generally housing policy is written for either children and families or it’s written for older adults … we’ve developed supported living models for people that are 65 and over… And now we’ve moved on to sheltered living with extra care, which is a fantastic model, really could work amazingly well for people with learning disabilities because you have on site support, you have a built in network of support by the fact that you might have other people with similar needs living with you, and it’s a very modern approach to meeting people’s need long term in the community. But within Brighton and Hove the policy is well yeah but if you’re not 60, you can’t get in.”

Lead Professional

Conclusions
This qualitative research gives an indication of some of the factors which may operate either singly or in combination, to prevent adults with learning disabilities from accessing and maintaining settled accommodation. The findings can usefully inform policy thinking, but qualitative research does not provide a measure for how common these factors are.

A number of potential obstacles may need to be overcome before an adult with a learning disability even gets as far as attempting to access housing. These include: awareness of the potential housing options, negative attitudes of parents to the possibility of their living independently, and the need to acquire life skills. Of these factors, the perceptions of family members towards independent living was perceived by lead professionals practitioners and adults with learning disabilities themselves as being a significant barrier to accessing settled accommodation.

Once adults with learning disabilities are emotionally and practically equipped for their move into settled housing, suitable housing then needs to be found. The needs of adults with learning disabilities are very diverse, varying according to the type of condition as well as by more general factors such as life stage. Therefore it may take time to wait for the right property to become available, or housing stock may mean that only one choice is available, which may or may not in fact be suitable for particular individuals. Waiting times and lack of choice were felt by the Lead Professionals interviewed to be heavily influenced by the attitudes of housing providers – particularly private landlords but also RSLs and even the local authorities’ own housing departments.
Chapter 5: Care leavers at 19

Introduction

Unlike some of the other client groups covered by PSA 16, there is a reasonably large body of evidence about care leavers and risk of social exclusion\textsuperscript{23}. Child protection policies and practices, and strategies to support socially excluded young people through initiatives like the Connexions Service and Every Child Matters have brought this group into the focus of a variety of services. As a result, they have provided both an impetus and, in some cases a requirement, for services to coordinate to protect and support this group.

Given this backdrop, it is perhaps unsurprising that of the three PSA 16 groups for which this data was available at the time of this research, the care leavers group has the highest proportion in suitable accommodation. 88\% are in suitable accommodation at the age of 19, based on the PSA 16 definitions as set out in appendix 1\textsuperscript{24}. A minority (12\%) are not in suitable accommodation.

This chapter seeks to explore what is different about the 12\% not in suitable accommodation compared with those who are. Looking across the research conducted with clients and practitioners, it makes qualitative judgements about how some care leavers come to be in unsuitable accommodation and what factors might result in an unsuitable or a suitable accommodation outcome. It begins with clients’ characteristics and experiences, primarily based on the research with clients themselves; and, then explores how services are working with care leavers not in suitable accommodation, using both evidence from the client research, workshops with practitioners and depth interviews with Lead Professionals. It is worth noting that service areas of best practice were not identified and are not included within this chapter.

Clients’ characteristics and experiences

Like others, this section is based entirely on qualitative data therefore findings are indicative rather than conclusive. It is not possible to say with certainty which factors definitely characterise those not in suitable accommodation, nor is it possible to say with certainty the extent to which these factors exist within the cohort.

\textsuperscript{23} Since the late nineties, there has been a lot of research and policy interest in socially excluded young people and care leavers have been indentified as an ‘at risk’ group. Two notable documents which provided the catalyst to many reforms in services for socially excluded young people are Bridging the Gap, Social Exclusion Unit 1999 and Report of Policy Action Team 12: Young People, 2000.

\textsuperscript{24} According to data collected for DCSF on the proportion of former care leavers aged 19, who had left care aged 16 or over, who are in suitable accommodation. See PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training, Cabinet Office 2007 (http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/chronic_exclusion/psa_da_16.pdf)
Where possible, the qualitative work has sought to build on some preliminary research conducted by the SETF by providing a more explanatory and investigative examination of the circumstances which result in an unsuitable accommodation state. It seeks to understand the variety of factors which exist and how these work and how they combine. For instance, it provides further explanation of the factor ‘instability in care’. The goal has been to provide some rich and contextualised illustration not to measure nor generalise.

From the qualitative work, there are a number of factors observed to be associated with care leavers not in suitable accommodation. Some of these are ‘objective’ and relate to circumstance, such as entering the care system as a teenager; and others are attitudinal and relate to outlook, such as aversion to statutory support services. These objective and attitudinal characteristics are explored in turn below.

**Objective factors**

*Recent turmoil*
Many of the care leavers in the sample who were not in suitable accommodation had recently experienced a trauma, turmoil or upheaval of some kind in their lives. This was generally the reason why they moved into care. As the turmoil or trauma is relatively recent, in many of these cases clients are still coming to terms with what has happened in their lives. These care leavers demonstrated a lack of routine and structure in everyday life and, in all but a couple of cases, were not in education, employment or training (NEET). Due to their recent turmoil many in unsuitable accommodation found it difficult to trust and build relationships with professionals around them.

*Late entry to the care system*
The majority of the sample in unsuitable accommodation reported entering the care system in their teens. More care leavers reported being placed in care homes only, rather than foster care. This is perhaps related to how late they were taken into local authority care, with older children being more difficult to place in foster care.

It is likely that late entry to the care system is the driver of many of the other objective and attitudinal factors set out below. For example, poor levels of engagement with statutory services, behavioural problems and limited life skills could be symptomatic of late entry to the care system.

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25 The sample was recruited to reflect a range of different care leavers, based on age (from care leavers recently leaving care to those who were soon to leave the responsibility of the leaving care team) and gender but due to the small sample it is not fully representative. Within the sample of those interviewed, care leavers not in suitable accommodation reported entering care late more than care leavers who were in suitable accommodation.
Unsettled care placement
Related to both of the above points is the extent to which care leavers felt ‘settled’26 while in care. Those in unsuitable accommodation reported living in many children’s homes within relatively short periods (sometimes less than a year), or, having multiple short term foster placements. In one case, a client had experienced nine foster placements within five years and was eventually moved to a residential school. Movement between children’s homes and foster placements in some cases also meant a movement between boroughs and/ or away from a familiar area.

“Because they were only doing temporary foster care, they weren’t fully trained as being a foster carer so I had to move all the time.
Care leaver in unsuitable accommodation

“Female respondent: Yeah, I’ve always been moved from pillar to post all throughout my teens. Just where I’m living now is the longest placement I’ve had since my first ever foster carers.
Male respondent: How long have you been there for?
Female respondent: Just over two years. All the others were like six months, nine months...”
Care leaver in unsettled accommodation

The number of placements is only one dimension of feeling ‘settled’ in care. While in some cases clients felt that leaving the family home was for the best, they did not necessarily like where they were placed. Reports of being unhappy in both care and foster homes were common in the sample. Where this was very strongly felt, it appeared to impact on both relationships with social services and behavioural problems and lifestyle issues.

Transiency
As noted above, many care leavers in the sample have moved around a lot. Usually this has been within a region but between local authority areas. The move between borough boundaries was either the result of a personal decision to move or, in some cases, due to housing allocation and children being placed in foster care outside of the local authority area. This transiency had a number of impacts on care leavers. Care leavers who had moved around the most were the most likely in the sample to report chaotic lifestyles (in terms of relationships, challenging or destructive behaviour, offending, drug/ alcohol use). This clearly has a variety of implications for accessing and staying in suitable accommodation, from engagement with services to fulfilling tenancy agreements.

In addition, those in unsuitable accommodation sometimes experienced difficulty in accessing support because they were living outside of the borough which had lead responsibility for them.

26 Note that ‘settled’ in this sentence is intended as in the colloquial, rather than as it is expressed within the PSA 16 definition.
“I’m in the Doncaster area and I’m from Sheffield so I don’t really get help at all. If I move to Sheffield then I can get help but until then I can’t.”
Care leaver in unsuitable accommodation

Experiences of being supported by the responsible local authority where clients have moved to another area are variable. Some of those who recently accessed suitable accommodation did report periods of transiency while they were in an unsuitable accommodation situation but also reported maintaining contact with the responsible Leaving Care Team.

Bed and breakfast accommodation
Almost all those not in suitable accommodation within the sample reported being placed in bed and breakfast (B&B) accommodation on leaving care at age 16 by Children Services or more recently by the Leaving Care Team. In most of these cases, clients thought that the B&B would be a temporary arrangement but their stay in B&B continued far longer than they imagined it would at the outset.

“It was three weeks I got told I’d be there and I’ve been there three months.” Care leaver in unsuitable accommodation

“You know when you first get put in to B&B about a month later they send you a letter highlighted in yellow saying “You are now our priority” and like, being youngsters we all get our hopes up thinking that in the next month or two we’re going to get a house because we’re a priority. But what we don’t know is that there are probably another three million people who’ve sent that letter to who are put on [a] priority [list]. I were in bed and breakfast for at least four years, I know that.”
Care leaver in unsuitable accommodation

Those in bed and breakfast and other unsuitable accommodation are in one of the following situational categories:
- Have been in the same B&B for an extended period while waiting for a suitable flat
- Moving around hostels because they break tenancy agreements or hostel rules (see section below)
- Not ready for independent living, in either their own assessment or in that of a practitioner working with them (see section below)
- Prefer to be in a hostel / B&B and are reluctant to move out

Poor quality accommodation
A common story reported by care leavers in unsuitable accommodation in the sample was about poor quality accommodation. Many reported either currently living in, or having lived in the past (after leaving care at age 16) accommodation which they perceived to be unpleasant or even uninhabitable.

27 Although this was a finding within the research please note Homelessness Code of Guidance for Local Authorities (2006) paragraph 17.33:
In some cases, clients left accommodation for this reason and became ‘intentionally homeless’ (see below).

“Respondent: Yeah, they found me a hostel but I didn’t like it so I lived with my grandma, then I was on the streets for a couple of days, then I went to the B&B I’m in now and I have been there for about two and a half months.
Researcher: What was wrong with the hostel they put you into?
Respondent: It was skanky, all loads of tramps lived there. I just moved out.”
Care leaver in unsuitable accommodation

In some cases lead professionals mentioned that they had prevented clients moving into accommodation which they deemed to be unsuitable or properties which did not support the young person fully.

“He [care leaver] has been offered 4 properties by the housing team. We have rejected them all as they were unsuitable due to location putting him at risk or other issues. We are now having to fight the housing team who say that as properties have been rejected they won’t provide any new options.”
Lead Professional

Homelessness legislation and the client group
Within those in unsuitable accommodation in the sample, there were several cases of ‘intentional homelessness’. As noted above, one reason for this would appear to be leaving accommodation that they considered to be of a poor quality without any alternative. In other cases, clients were evicted from hostel accommodation after breaking their licence agreement or for anti-social behaviour. Clients in this situation reported going to a local authority housing options department, rather than to their Personal Advisor or the Leaving Care Team, to ask for accommodation support. In all of these cases, clients were disappointed with the housing options available to them, and usually returned to B&B accommodation.

“Respondent: I went to the council and I was basically homeless because I had made myself homeless through my violence and they couldn’t help you out.
Researcher: What reason did they say they couldn’t help you out?
Respondent: Because I was intentionally homeless, the only thing they could do, instead of giving me an apartment, was to give me a bed and breakfast for a week.”
Care leaver in unsuitable accommodation

To be defined as ‘intentionally homeless’ you must have deliberately done (or not done) something that caused you to leave accommodation which you could otherwise have stayed in, and it would have been reasonable for you to stay there e.g. not paying rent or mortgage or evicted for anti-social behaviour.
Subjective factors
In this section, we look at more subjective or attitudinal factors. Clearly these are not mutually exclusive of the objective factors outlined above. Often an unsuitable accommodation outcome is the result of one or more of both objective and subjective factors together.

Rebellious, destructive and offending behaviour
Related to both recent turmoil and being unsettled while in care is a variety of rebellious, destructive and, in a few cases, offending behaviours. Most of those in unsuitable accommodation taking part in the research either self-reported or demonstrated this.

Care leavers taking part in the research were asked to describe a typical day for them. Some of those in unsuitable accommodation reported alcohol and/or drug use and offending behaviour. This generally began or worsened while in care and then continued post age 16. This behaviour and lifestyle was often the reason why some care leavers in the sample found themselves in unsuitable accommodation.

“Researcher: What are some of the reasons for being kicked out of places?
Respondent: Drugs and pinching and that.”
Care leaver in unsuitable accommodation

Destructive behaviour can be a response to recent turmoil or trauma, such as in the case of one care leaver who lost custody of her child. In this case, lifestyle issues worsened and eventually resulted in the loss of tenancy and later homelessness (see box 2 for the accommodation ‘journey’ of this example).

“I just didn’t care about life at the time and so I had this big party and they caused £1,200 worth of damage.” Care leaver, recently moved into suitable accommodation

The combination of recent turmoil/ trauma, being unsettled in care and rebellious/ destructive or offending behaviour was found to be ‘the perfect recipe’ for care leavers in the sample to be in unsuitable accommodation for a sustained period, to move between unsuitable accommodation options and to cycle between suitable and unsuitable accommodation. The diagram below illustrates how these factors relate to each other and can produce an unsuitable accommodation outcome.
Box 2: Jemma’s accommodation journey (three years)

- Living with parents and went into care at 15 following a family breakdown
- Placed in foster care
- Moved out of foster care after three weeks due to bad behaviour
- Stayed in children’s home for 12 weeks in a different area
- Left children’s home to move to another in a different area for seven months
- At 16, moved into own private rented accommodation with boyfriend
- Became pregnant and left boyfriend. Slept rough for around a week
- Moved in with mother
- Moved into mother and baby unit
- Moved to a private rental in a new area
- Lost custody of child and subsequently lost flat
- ‘Sofa surfed’ and then moved into hostel
- Evicted from hostel for bad behaviour
- Moved into another hostel
- Moved into supported property (has own room but with shared facilities and access to support)

The impact of rebellious and destructive behaviour on accommodation outcomes is evidenced by the experiences of some of those who have recently moved into suitable accommodation. These care leavers reported that it was a decisive change in their attitude and behaviour generally that contributed to resolving their accommodation issue.

“Researcher: So what were the main things that stopped you getting your housing sorted out?
I think that is one of the biggest reasons why my living arrangements have changed, why my life has changed towards living and everything, because I’ve actually realised the things you have to do in life for yourself. It’s taken a lot of time, I should have realised it before, but, you know…”

Care leaver, recently moved into suitable accommodation

Expectations

Care leavers in unsuitable accommodation often have high expectations in terms of the accommodation which they will receive upon leaving care and the length of time it may take to be placed in suitable accommodation. These high expectations can lead to some care leavers rejecting properties which they do not think as appropriate and also disengagement with support services as they do not perceive anything being done with their cases.
“I’ve been told it ever since I turn 15, when I turned 18 I’d get my own place.”
Care leaver, in unsuitable accommodation

“Some of our young people they need a bit of a reality check, especially if they’ve been in our children’s home. Because again we don’t always do them any justice.”
Lead Professional

Professionals also mentioned high expectations as a reason why care leavers often rejected properties or could not hold down a tenancy. Some lead professionals spoke about mediating young people’s expectations before they left care. In some local authorities training flats are used to demonstrate to care leavers what it would be like to live independently. However, it was highlighted that such schemes are expensive and time consuming and it is not possible to give this intensive experience to all young people leaving care.

Low sense of self-worth
As noted above, both recent turmoil and drug and alcohol use are not uncommon among care leavers and particularly those currently in an unsuitable accommodation state. Often this is either associated with, or is symptomatic of, feelings of despair and a low sense of self-worth. This state of mind appears to have impacted the extent to which some care leavers in the sample have been able to maintain tenancies, engage with services and make positive life choices generally.

“Sometimes I’ve felt like killing myself, like sitting in the middle of the tram track because I haven’t got nowhere.”
Care leaver, in unsuitable accommodation

“I was uncomfortable within myself, the physical and mental side of me was downhill and because of that I didn’t feel comfortable in my place, my place didn’t feel comfortable to me and then you know, basically I just hit rock bottom.”
Care leaver, recently in suitable accommodation

Poor level of engagement with statutory services
Although the Leaving Care Team is credited as why a high proportion of care leavers are in suitable accommodation many of the care leavers in unsuitable accommodation in the sample reported poor levels of engagement with their Leaving Care Team and Personal Advisor. In part, this is a result of leading a chaotic lifestyle (not turning up for appointments, etc) but, in some cases, this was the result of a lack of respect for, and even sometimes disdain for, any kind of statutory service intervention. Sometimes clients blamed statutory services for their being in care in the first place and therefore did not want to accept any support from them.

“I hate them. They’ve been in my life since I was born and it’s been constantly on and off, on and off. What really got on my nerves was basically my mum got to keep her two children and I can’t keep mine
because they think I'm going to end up like my mother and that is why I hate them.”
Care leaver, recently in suitable accommodation

In other cases, a lack of engagement with support services is more a product of lack of familiarity. As noted above, many care leavers in unsuitable accommodation entered the care system in their teens. As such, they have had less experience than some other care leavers, who have been in the system since early childhood, of statutory intervention. Some care leavers in this group perceived contact with social services as an infringement of their personal freedom and therefore resisted or avoided contact.

Some care leavers who had recently moved into suitable accommodation reported poor levels of engagement with social services initially but, following a change in attitude, took up the support that they had previously declined or avoided.

“I have had quite a lot of help but I just don’t think I’ve appreciated it when it needed to be appreciated in the past, which is probably why I didn’t appreciate my property.”
Care leaver, recently in suitable accommodation

Life skills
Perhaps unsurprisingly, many care leavers in the sample have been found to lack the skills required to live independently and to maintain a tenancy. Some of this relates to maturity and general attitude but there are also evident issues with cooking, cleaning and budgeting skills. Again, this could be a product of coming to care late and, as a result, having less experience of independent living. Two clients in the sample of those not in suitable accommodation acknowledged for themselves that they were not ready to live alone.

“Respondent: The council keep telling me that they're going to move me by myself and everyone thinks I'm not that capable of moving by myself yet but if they're going to be paying for the flat where I'm going to go, then why don't they pay [name of B&B] the money every month so I can stay there?
Researcher: The council want to move you to living on your own and you're not so keen?
Respondent: No.
Researcher: Why are you not so keen?
Respondent: Because I'd end up burning the house down.”
Care leaver, in unsuitable accommodation

However, most other care leavers in the sample have a strong desire for independence and personally feel that they are ready to live alone. Some are frustrated in their current accommodation as it affords them few opportunities to feel independent and practise life skills. A lack of cooking facilities in B&B accommodation (which was intended to be short term but was often not for some) was a common complaint.
“In my B&B there are no cooking facilities, no cooking facilities at all, so you only get a breakfast in the morning.”
Care leaver, in unsuitable accommodation

Where successful transitions to suitable accommodation have been made, a key factor in this appears to be how manageable the accommodation is.

“It is small and compact for me to live in. It's easy to handle, it was refurbished before I moved in actually and it's warm and it feels like home for me.”
Care leaver, recently in suitable accommodation

**Box 3: Pen-portrait of a care leaver living in unsuitable accommodation who does not want to live independently**

Aged 13 Clive committed a sexual offence and his relationship with his family broke down. Clive was placed into foster care out of the local authority area. Clive lived with several different foster families around the country. At age 18 he had to leave foster care when the placement came to an end and was placed in a bed and breakfast by the local authority due to the lack of suitable properties available. Clive has been in the bed and breakfast for 11 months since he left foster care and does not want to leave. At the bed and breakfast the owners care for Clive’s daily needs helping him with washing, cooking and cleaning. Clive is worried that he will not be able to cope living independently. Clive has regular meetings with his personal advisor, who takes him shopping and tries to help him budget. Clive was offered a shared living property in the town where he lives but he turned this property down as he thinks that there are a lot of drug users living there. He was offered a further two properties out of the county and he turned these down as they were too far from family and friends. The fourth property he was offered was in the area in which he committed the sexual offence. He has turned this property down due to fear of returning to the area. Housing services said that this was his final chance and he is making himself intentionally homeless by refusing properties. His leaving care personal advisor is fighting this decision on the grounds that the properties he has been offered were not suitable or appropriate to his needs.

**Impact of services**

Practitioners sometimes struggled to think about what was different about clients not in suitable accommodation, either in terms of their characteristics or their interactions with services. However, there are a number of issues and points raised by practitioners about their own role and how services are
configured to support the client group which provide additional insight into how and why some clients are in unsuitable accommodation. Some of these issues and concerns are echoed in the views and experiences of clients.

**Service challenges**

**Meeting clients’ accommodation expectations**

Many practitioners felt that care leavers sometimes have unrealistic expectations about the accommodation options available to them when leaving care. This concern was borne out in the client research with some care leavers recalling accommodation that they have turned down.

“I've told them [Leaving Care Team] no, like I’m not having it [shared accommodation], so like and they've been trying to push me, kind of like bullying me into it and I was like I'm not doing it.”

Care leaver in unsuitable accommodation

The idea of having a choice in accommodation, as covered in Chapter 7, is both unclear and contested ground for many PSA16 clients. Care leavers too have high expectations about choice and, in some instances, feel that they are more deserving of choice in accommodation options. Care leavers who have been offered suitable placements spoke about not being given a choice of where they would like live rather being given an ultimatum that if they don’t take a property it would be difficult to find them anywhere else.

“It’s like we should have a choice where we want to live and like what’s the kind of place you want to live because I think when you’ve been in care like I have all my life, like this is my last move with them and I want it to be my best move into my own home.”

Care leaver in unsuitable accommodation

Managing this desire for choice and meeting clients’ accommodation expectations is challenging for some practitioners and especially in areas where demand is high and available suitable accommodation is perceived to be in short supply. Practitioners are sympathetic to care leavers’ desire for other accommodation options than those that are available to them and acknowledge that there is a scarcity of genuine choice in some areas. Many practitioners, and especially Personal Advisors, also acknowledge clients are sometimes placed in accommodation which is not necessarily the best match for their needs.

“There isn’t a huge amount of choice, so you’re not actually looking at saying ‘This is the individual, these are their needs, this is the facility that suits their needs’ you’re looking at a pot of two, even for someone who is unemployed and on benefits. It's not designed to fit.”

Lead Professional

**Meeting clients’ ongoing support needs**

The previous section outlined the emotional turmoil that many clients in unsuitable accommodation experience, destructive behaviour and clients’
limited life-skills. Practitioners from across the public and voluntary sectors perceived many care leavers to be extremely ‘vulnerable’ for these reasons and felt that these clients need more intensive on-going support than is provided in some cases. It is worth noting here that local authorities have a statutory duty to maintain contact with care leavers until they are 21 or 25 if they go into higher education. Practitioners taking part in the workshops were aware of this, and of the role of the Personal Advisor. However, notwithstanding this, there was a general consensus view that some care leavers are not receiving enough support. In particular, many practitioners feel that some care leavers go on to live ‘independently’ when they are not ready for this step.

“No people are put into accommodation at a certain point and they’re just not ready. The same names come up again then they are evicted as they don’t pay their rent and upkeep their properties. And if they don’t have anything that would give them a priority, they are right at the bottom of the pile again.” Practitioner

This concern is echoed within the client research with examples of some care leavers feeling that they are not ready to live independently. In addition, some care leavers within the sample felt that, after a certain age, they receive less support, regardless of need. Care leavers also felt that they are offered accommodation which does not meet their needs and they are not consulted on the type of accommodation that they would prefer.

“Once you’re 18 when you’re in the system people seem to forget about you and they don’t get as much help when you’re 18.” Care leaver in unsuitable accommodation

Support services which are currently available for care leavers in theory are perceived to be good models but in practice do not support clients fully. Care leavers often mentioned that they had been offered floating support workers but as they were constrained to only being available on a certain time and day of the week they were deemed to be ineffective due to their lack of flexibility.

“Floating support workers, I’ve been offered them. Obviously I’ve not been in for them to come around so they always cancel it.”

Care leaver

Furthermore, there is a view that the extent of a care leavers’ vulnerability does not always become apparent until they leave care and move into independent accommodation. Issues such as loneliness were suggested to be a cause of destructive behaviour which can lead to loss of tenancy.

“And it’s often not until young people move to independence that some of the big issues, like loneliness, crops up regularly, and as a result of loneliness they’ll have their friends around to wherever they are living, which can cause problems in terms of nuisance and they haven’t got the skills to be able to, basically, to live independently.”

Lead Professional
Caseload
The reported caseloads of Personal Advisors\(^{29}\) varied greatly across those participating in the Lead Professional interviews\(^{30}\), ranging from 17 to 40. Of those interviewed, over half reported that their caseload hindered their ability to work as closely and effectively as they would like to with all clients. Contact is often maintained via phone calls or text messages. While this is an acceptable level of contact for most of the care leavers in the sample, some did report feeling that contact with the Personal Advisor was cursory and perfunctory.

Working with others
In contrast to Lead Professionals working with the other PSA client groups, Personal Advisors are very clear that their role includes a responsibility for accommodation. Indeed, they are also clear that their role is a co-ordinating function to bring services together to meet the needs of clients. Given this, they have more experience than some of the other PSA 16 clients’ Lead Professionals of inter-agency and joined-up working. While this is a service ‘success’, inter-agency working still presents challenges, even to Personal Advisors with more of a background in it.

Most Personal Advisors in the sample reported having a relationship with the Local Authority Housing Department. This relationship allows Personal Advisors to share information with housing professionals about care leavers’ needs and also provides a route for them to advocate on behalf of the young person. However, despite a statutory requirement to meet the housing needs of care leavers\(^{31}\), these relationships are reportedly largely dependent on relationships forged with individuals.

Service successes

Personal Advisor as Lead Professional
While there can be a number of constraints on the Personal Advisor role, such as caseload, and while some care leavers do have some criticisms of their Personal Advisor, this role would seem to be pivotal to delivering suitable accommodation outcomes. Many of the care leavers in the sample who are either in suitable accommodation or are in unsuitable accommodation but have been placed in suitable accommodation before, reported that their Personal Advisor played a key role in them securing this. The role that the Personal Advisor took was largely one of advocacy. Certainly it would seem that Personal Advisors are successful in negotiating with local authority housing departments where care leavers are not.

\(^{29}\) The Personal Advisor is located within Local Authority Leaving Care Teams and generally provides the Lead Professional role to care leavers (see Chapter 1 for more on the Lead Professional role).

\(^{30}\) See Methodology annex. Six interviews were carried out with Lead Professionals working with care leavers.

\(^{31}\) Leaving Care Act 2000
Conclusions

There are a number of factors, both objective and attitudinal, that can combine to contribute to an unsuitable accommodation outcome. Key objective factors associated with care leavers in unsuitable accommodation, based on qualitative evidence, include recent turmoil/trauma, late entry to the care system and unsettled time in care. Key attitudinal factors which contribute to care leavers living in unsuitable accommodation are their high expectation of accommodation leading to rejection of properties, chaotic behaviour and poor engagement with services. However, it is often difficult to determine which factor has the biggest bearing on why the care leaver is in unsuitable accommodation.

The Lead Professional role is perceived to be working well by practitioners, Lead Professionals and some care leavers. The Lead Professional has been shown to play an important role in helping vulnerable care leavers’ access suitable accommodation. However, despite this, there are a number of service issues which it is felt might contribute to care leavers not accessing or sustaining suitable accommodation. These primarily include a perceived lack of available accommodation which clients want and which best meets their needs and concerns over how well clients’ ongoing support needs are met. Some services which are currently available are not believed to meet the needs of all care leavers such as floating support workers not being flexible to meet their individual needs and schemes such as training flats are not available to all care leavers.
Chapter 6: Adults in contact with secondary mental health services

Introduction

This chapter focuses on adults in contact with secondary mental health services. For the purposes of PSA 16, this includes adults aged 18 and over in contact with secondary mental health services who are on the Care Programme Approach (CPA). The term Care Programme Approach (CPA) has been used since 1990 to describe the framework that supports and co-ordinates effective mental health care for people with severe mental health problems in secondary mental health services. CPA has four main elements, which are:

- Systematic arrangements for assessing the health and social needs of people accepted into specialist mental health services.
- The formation of a care plan which identifies the health and social care required from a variety of providers.
- The appointment of a care co-ordinator to keep in close touch with the service user, and to monitor and co-ordinate care.
- Regular reviews, and where necessary agreed changes to the care plan.

However, as of October 2008, the term CPA is no longer used to describe the usual system of provision of mental health services to those with more straightforward needs in secondary mental health services (formerly standard). The term Care Programme Approach now describes the approach used in secondary mental health care to assess, plan, review and co-ordinate the range of treatment, care and support needs for people in contact with secondary mental health services who have complex characteristics.

For the most part, people with mental health problems in the sample were not affected by this change in policy. Many gave retrospective accounts of their experiences prior to this policy change coming into force. As such, it should be noted that the sample includes both people on the CPA as it was prior to October 2008 and some who would meet criteria to be covered by the new CPA.

Like clients with learning disabilities, CPA, and practice in terms of coordinating services for people with mental health problems, has been influenced by the ‘person-centred approach’. Person centred approaches in mental health have been described as: “approaches to provide people with

32 See Annex for definitions of settled accommodation for adults in contact with secondary mental health services
33 As set out at www.rethink.org.uk
34 The care co-ordinator will normally be a community psychiatric nurse, a mental health social worker, or an occupational therapist. In unusual cases it may be a doctor or a psychologist.
styles of personal care which allow them to make choices and take control of all aspects of their lives. Being person centred is about listening to and learning about what people want from their lives and helping people to think about what they want now and in the future.\textsuperscript{36}

Unlike the other PSA 16 client groups, at the time of this research there was no data available to ascertain the proportion of people in this group not in settled accommodation. In addition, it has not been possible, due to a current lack of available data, for the Cabinet Office (see Chapter 1) to carry out analysis to determine which factors are more or less associated with an unsettled accommodation outcome for this group. As such, in comparison to the other groups, relatively little is known both about how many adults in this group are in unsettled accommodation and their characteristics.

The qualitative evidence presented in this chapter represents an initial insight into the circumstances surrounding unsettled accommodation outcomes for this client group. As noted previously, the findings presented in this chapter are based entirely on qualitative judgements and from data gathered from interviews with Lead Professionals, workshops with practitioners and group discussions with people with mental health problems.

To begin with, this chapter explores what is different about the characteristics and experiences of people with mental health problems not in settled accommodation as compared with those who are. It then goes on to explore some of the service related challenges which can contribute to an unsettled accommodation outcome, before finishing with discussing aspects of service delivery and practice which contribute to settled accommodation outcomes.

Client characteristics and experiences

Based on the qualitative work with both mental health practitioners and people with mental health problems a number of factors associated with adults in contact with secondary mental health services and not in settled accommodation have been identified. Again, as in the previous chapters, these have been broadly organised into ‘objective’ factors, relating to observed circumstances and ‘subjective’ factors, relating to attitudes and perceptions.

There are fewer client characteristics which set unsettled secondary mental health services users apart from settled people in this group, compared to other groups. As with offenders under probation supervision, rather than their characteristics per se impacting on the likelihood of them accessing and maintaining settled accommodation, it is their experiences of navigating services and of accessing appropriate housing which would appear to result in them not being in settled accommodation.

\textsuperscript{36} www.mentalhealth.org.uk
**Objective factors**

**Chaotic/ traumatic histories**
Complicated, traumatic and chaotic backgrounds were common in the sample for this research. Examples included: domestic violence, bereavement, relationship breakdown among others.

“I was seventeen when my father died and I didn’t know, but I had got sort of depression and mania... After my mum died on reflection I can see that I got it a bit but it wasn’t until my father died that I experienced my first real deep depression”
Mental health client

“I was bad tempered with her one day and so the police came around and took me away so I can’t go back to the house any more.”
Mental health client

The extent to which such backgrounds affect individuals is clearly a subjective matter; what constitutes a barrier to getting on and accessing/ maintaining settled accommodation for some secondary mental health service users, might not create issues for others. This in part explains why some of those in settled accommodation in the sample reported similarly traumatic or complex stories to those not in settled accommodation. However, practitioners reported the belief that those not in settled accommodation have faced the worst difficulties and have experienced the most chaotic histories as a result. They argued that what is notable about those not in settled accommodation is the extent, or severity, of their chaotic past/ traumatic experiences.

**Lack of family support networks**
Some people with mental health problems in unsettled accommodation do not have family support networks. Some of the relationships have broken down due to the effects of the mental health problem for example violent behaviour. Other relationships have broken down due to people moving out of an area and not maintaining contact. Lack of support networks can lead to people with mental health problems feeling isolated which can exacerbate their mental health problem. People can also become vulnerable to exploitation from people in the community who take advantage of their isolation and desire to have social links.

“I had an argument with my mum and she asked me to leave home and I became homeless and stayed in the Salvation Army”
Person with mental health problems

**Dual diagnosis**
As of October 2008, dual diagnosis became one of the factors used by health professionals to inform decisions as to whether a client should receive care within the CPA. It is perhaps unsurprising then that there was a high prevalence of people with mental health problems in the sample with a ‘dual diagnosis’, i.e. with both mental health and substance misuse problems. However, while this might be an expected characteristic of adults in contact
with secondary mental health services who are on the CPA (the group which PSA 16 is concerned with), practitioners reported this to be a key reason why some are not in settled accommodation. They report that there are gradients of dual diagnosis and those not in settled accommodation are likely to be those who face the most significant substance misuse/ mental health issues. They suggest that unsettled people with mental health problems have the highest levels of substance dependency and/or are not managing their addiction.

People with mental health problems themselves also reported that the extent of their dependency on drugs and/or alcohol had impacted on their ability to maintain accommodation and had, in some cases, directly been responsible for them becoming street homeless.

“I was living in a crack house in a really horrible area and my house had been totally taken over by drug addicts of which I am an addict myself and it was out of control.”
Person with mental health problems

It is important to note here that, while dual diagnosis can contribute to people with mental health problems becoming street homeless, some have become so chaotic that they ‘drop out’ of any kind of structured lifestyle. The combination of a mental health issue, along with a substance misuse issue, can mean that individuals, not being able to cope with looking after themselves or managing their condition (see below), find themselves rough sleeping. These individuals can sometimes find it difficult to take up any kind of structure and settled accommodation.

“Also the current system doesn’t take into account that some people purposefully want to move around because they are used to a chaotic life and get evicted on purpose. They are unable to live in one place long-term.”
Practitioner

Mike suffers from psychosis which he controls through medication. He has lived independently for most of his life. He was married but his mental health caused his relationship to break down and he moved into his own property. While living on his own his condition worsened and he would often hear voices. He stopped going out and took an increasing amount of drugs to cope. He had support workers who used to call and check up on him but he lost his mobile phone and he did not know how to get in contact with them. He fell behind in his rent and he was evicted from the property. He started living on the streets, had a tent and slept on the outskirts of the town. He was then approached by a Salvation Army outreach worker who helped to find him a bed in a hostel.

**Lack of independent living skills/ life skills**
A number of people with mental health problems explained that they did not have the ability and/or experience to manage their own finances and hold down a tenancy. This finding was echoed by practitioners who went on to
explain that, as a result, tenancy agreements were broken and people with mental health problems were ‘bounced back’ to short term accommodation.

“I was there for 4 months and they wanted to move me on to my own flat and I didn’t feel that I was ready to be independent.”
Person with mental health problems

Given the presence of dual diagnosis, adults in contact with secondary mental health services not in settled accommodation are thought by practitioners to face the most substantial difficulties with living independently. In addition, practitioners report that, having experienced some level of support (either in supported accommodation or acute care), people with mental health problems can become institutionalised and find it even more difficult to live independently.

“They’re here two, three years and become institutionalised. It’s like being in prison, isn’t it, I suppose – You’ve got set mealtimes, you’ve got set everything. And it’s like a community. I mean, the amount of people who are in here 24/7 - the only time they go outside the door is to go collect their giro. Then they’re straight back in the door, sat in their room. They just like vegetate. So when they do finally get their flat, they’re like ‘****, what am I going to do now?’.”
Practitioner

Some people with mental health problems are thought to have relatively higher support needs which practitioners reported struggling to meet. As noted in Chapter 7, most practitioners in the sample perceived there to be a lack of available supported accommodation. As such, some adults in contact with secondary mental health services can be ‘moved on’ to accommodation which does not provide a sufficient level of support so that they can live independently and maintain their accommodation. The reported apparent constraints on Supporting People funded services for this client group exacerbate this (see section below on Service Challenges).

Age can also be a factor in people’s’ readiness to live independently. Several practitioners explained that some young adults in contact with secondary mental health services had simply not had the opportunity to learn the necessary life skills as they had lived with parents, been in care or been dependent on friends all their lives.

Waiting for appropriate accommodation
Some unsettled people with mental health problems in the sample reported waiting for a settled accommodation placement. This was in most cases supported accommodation and in a few, social housing either provided by the local authority or RSLs. It would seem that some of those who make up the unsettled cohort are staying longer in short term accommodation than is intended. It is worth noting, however, that in many of these cases, people with mental health problems did not feel ‘unsettled’ though they would be by definition. They were often in hostels which provided a high degree of support but were not intended to be long-stay. In a few cases, people with mental
health problems reported being happy in this accommodation and preferred to stay on.

**Subjective factors**

**Poor level of engagement with services**
Practitioners believed that current services (e.g. secondary mental health services) were designed for people who wanted to engage with them and were not equipped to meet the needs of the most disengaged adults in contact with secondary mental health services. They believed that some services failed to accommodate the erratic behaviour of people with mental health problems: for instance people repeatedly failing to keep appointments, people becoming difficult to contact, people needing service intervention outside of office hours.

“They struggle to maintain a lifestyle that engages with services in a traditional model. Most services are time driven and these people are not 9-5 people, they have life patterns which are outside of the norm.”  
Practitioner, Mental health

“They struggle to maintain a lifestyle that engages with services in a traditional model. Most services are time driven and these people are not 9-5 people, they have life patterns which are outside of the norm.”  
Practitioner, Mental health

“Some people with mental health needs are not engaging with support services, they drift in and out, and some areas have a policy of if they don’t turn up for so many meetings they are signed off and no longer a case.”  
Practitioner, Mental Health

Practitioners and people with mental health problems also identified that a lack of trust in the service prevented some people with mental health problems from engaging with services. In some instances this lack of trust was directly attributed to the turnover of staff occupying support worker roles. Practitioners explained that once a relationship was lost, trust often had to be rebuilt from scratch.

“I have been dumped by the psychiatric services, she said I’ve got psychiatric reasoning and then she dumped me. I was really, really hurt by it and I’m still hurting by it because prior to that I had a good CPN but I don’t know what I’m supposed to do [now].”  
Mental health client

“We have recruitment problems and staff are frequently changing.”  
Practitioner
Inter-related factors resulting in unsettled accommodation outcome

Chaotic/traumatic histories

Contributes to
substance misuse

Dual diagnosis status

Contributes to losing property

Loss of property/transiency and rough sleeping

Contributes to losing property

Low levels of engagement with statutory service

Perceptions of suitability

As mentioned in Chapter 2, many practitioners’ views of what constitutes suitable accommodation for them often differs from how suitability is defined by PSA 16. This issue was a key contributing factor to some adults in contact with secondary mental health services being in unsettled accommodation.

Both people with mental health problems and practitioners reported that, while being deemed to be settled within the PSA 16 definition, often the accommodation offered is inappropriate and in some cases is considered to be potentially detrimental to people’s’ condition. For example, accommodation offered in areas where people are at a higher risk of bullying and harassment from others; where there is resentment from the local community about the housing of vulnerable people in their area; and, where there is known to be a high proportion of drug misusers (putting people with a dual diagnosis at risk.). In a few instances, people with mental health problems not in settled accommodation taking part in this research reported leaving their accommodation and sleeping rough/’sofa surfing’ to remove themselves from this kind of situation. People with mental health problems in these cases are then at risk of being classed as ‘intentionally homeless’ (see section on ‘intentional homelessness’ in Chapter 7).

"Being in this place [direct access hostel] people take advantage of you and try to use you. They try and make friends with you and end up trying to take your money away from you each fortnight."

Person with mental health problems

“I got ill again and places don’t deal with mental health issues, so I was asked to leave basically, I was asked to leave because they couldn’t cope with my mental health.”

Person with mental health problems
Impact of services

Meeting the demand for support

Unsettled people in this group have high support needs and have particular issues, even compared to others in the client group generally, with their ability to live independently. Furthermore, given their mental health condition, they are likely to continue to need support and intervention in the future, even where they have moved into settled accommodation. Practitioners and, in particular, Lead Professionals, reported that current support arrangements, and funding arrangements which underpin this, are not able to meet the ongoing support needs of all people with mental health problems. As such, some people are at risk of moving between settled and unsettled accommodation, as support is removed or ceases.

Practitioners from a range of professional backgrounds and sectors cited the conditions around Supporting People funding as a particular problem with regards to providing support. It was a commonly cited perception that Supporting People funding limits the amount of time people can remain in supported accommodation. Many practitioners reported supported housing providers receive funding for up to two years before they need to move people into more independent accommodation. While for some people with secondary mental health problems a two year period in supported accommodation is adequate, it is likely that those who had moved into settled independent accommodation at this point might lose their tenancy in the future. This is because some of them will be unable to sustain their tenancy without sufficient support.

A related issue is practitioners’ attitudes to independent living and, therefore, their view of PSA 16 definitions of settled accommodation for this client group. Some practitioners reported that some people with mental health problems will simply never be able to live without a high level of support; this might not actually be the case but is a perception of the practitioners involved in this research.

Not all lead professionals equipped to help with housing needs

The social workers and community psychiatric nurses (CPNs) who were interviewed for the research perceived that their role as the care coordinator encompasses the main aspects of their clients’ needs in terms of medical, housing, and welfare needs. They believe that accessing settled accommodation is very important for people with mental health problems because this provides a stable environment for them to be able to access the range of support required to help them to move towards more independent living.

"Well, I suppose it's the person that's going to take the role of coordinating all the other professionals, but not necessarily doing it all,
but just to ensure that things are done that they've said are going to be done, but I suppose just taking overall responsibility"

Practitioner Mental Health

The extent of the care coordinators’ involvement in helping clients access settled accommodation varies considerably between care coordinators. Some care coordinators are very involved in helping to arrange housing and work directly with housing providers e.g. supported housing to help their clients into settled accommodation. These care coordinators think they are very knowledgeable about the range of accommodation available and often have good working relationships with key workers from these providers which they leverage to help clients access accommodation. Other care coordinators feel that they lack the expertise about how the housing system works and refer the housing need to the housing department.

"My CPN arranged for me to come here (supported accommodation) and I really like the flat"

Person with mental health problems

Leaving acute care to unsettled accommodation

Despite arrangements being in place to support people leaving acute care, in some instances people can leave acute care to an unsettled accommodation outcome, or become unsettled very shortly afterwards. In these cases, people have either been placed in a hostel which would not come under PSA 16 definitions of settled accommodation; or, have given an address which later transpires not to be a suitable accommodation.

Brian lived in a housing association property for five years. He had regular visits from support workers who would take him out and check that he was coping living on his own. Brian then started hearing voices and would often think that people were in his flat. He called his support worker who came and saw that his mental health had deteriorated. Brian was sectioned and placed in a secure unit in hospital. While in hospital he lost his housing association property as he was unable to keep up with rent payments. While in hospital he had meetings with his psychiatrist, CPN and social worker. His CPN tried to find him new settled, independent social housing for his discharge from hospital. None were available and he was placed in the Salvation Army hostel where he is currently living and waiting for suitable settled, independent social housing to become available.

Conclusion

The research suggests that there is a mismatch between the way services are configured and the complex needs of mental health service users. Factors in people’s background and the manner in which their background affects current behaviour emerge as key.
Many of the people with mental health problems interviewed had experienced some sort of trauma in their past. The research found no clear link between likelihood of being settled and extent of past trauma, although some professionals believed this to be the case. The research implies, therefore, that one of the factors governing whether or not a client is in settled/ suitable accommodation is their own abilities or skills. This suggests that services, as configured, are not equipped to deal with the differences between individual service users’ competencies.

Substance misuse, of drugs and/or alcohol, emerged as a major reason in this research for why people with mental health problems were not in settled/ suitable accommodation. It emerged during this research that there appears to be a clear link between the extent of substance misuse and mental health issues, with those who are in unsettled accommodation being more likely to have a dual diagnosis and/ or addiction problems. Street homelessness emerged as a common outcome for those with particularly severe mental health and substance misuse issues.

Poor levels of engagement with mental health services also emerged as a reason for becoming unsettled. There is a perception among some people with mental health problems and some professionals working with people with mental health problems that some health services are somewhat regimented while the needs and behaviour of people with mental health problems may be somewhat erratic. Additionally, poor levels of trust emerged as a reason for poor quality engagement with health services. Once removed, trust is particularly hard to rebuild.

Availability of accommodation perceived to be suitable is an issue for this group. People with mental health problems perceived some accommodation offered as unsuitable due to the area it was in. Both people with mental health problems and professionals saw some forms of accommodation as unsuitable, even though it meets the PSA 16 definition. Furthermore, people who took part in the research who had mental health problems are more likely than other PSA 16 groups to require supported accommodation. Client access to supported accommodation appears to be time limited; they may have to move out of supported accommodation before they are ready. They may require ongoing support while living independently without which they may not be able to maintain their settled status. Professionals report that breakdowns in funding or the withdrawal of support could cause people with mental health problems to lose their accommodation.
Chapter 7: Systemic housing considerations

Introduction

The previous chapters have set out the client side and service issues which can contribute to an unsettled/unsuitable accommodation outcome. This research was also intended to explore housing related issues, such as the impact of local authority housing responses and the availability of suitable housing. Looking across both the research with clients and practitioners, many similar housing related issues were raised. As such, these are addressed together here. Where there are differences between client groups, these are noted and explained.

Once again, this chapter is derived entirely of qualitative evidence. It was therefore not possible to quantify differences of, for example, housing provision, and to map this across high and low performing (on PSA 16) areas.

This chapter is structured around the following housing related areas:

- Housing availability
- Local authority housing services (housing options and homelessness assistance)  
- Intentional homelessness
- Accessing private sector housing
- Affordability
- Meeting and managing clients’ expectations

Housing availability

The most commonly cited housing related issue was availability; this was reported to be an issue by practitioners working across the client groups and across all areas. Availability of housing may be affected due to a number of reasons which are often interlinking; lack of housing which is deemed ‘suitable’ by the client / practitioner, housing not always provided with support or support workers for individuals, housing not being affordable for client groups and a perceived lack of social housing. A perceived lack of availability is linked to two factors: the degree of priority given to the client’s housing

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37 A council must have an allocations scheme which sets out the priorities and procedures for allocating housing. A council will: provide an application form to anyone who wishes to apply for housing, assess whether someone who has made an application is eligible to be allocated social housing, assess the housing needs of the applicant and their household, prioritise each application according to the criteria set out in the allocation scheme (under the Housing Act 1996 the scheme must be framed in such a way as to ensure that reasonable preference is given to certain categories of people), tell each applicant what priority they have for housing. The fact that a person is eligible does not guarantee that they will be allocated accommodation. An applicant's prospect of being offered housing or bidding successfully is determined by their priority in the allocation scheme, and the demand/availability of social housing in the district.
need and the kind of settled accommodation required or preferred. There is
general perception across the sample that there is a lack of local authority
social housing stock. This was a frequent complaint of clients and
practitioners alike, and most especially practitioners operating in the third
sector (see below on attitudes to local authority and social housing).

Beyond this overall perception about the lack of social housing, there are
reportedly availability issues specific to each of the client groups. Taking
offenders on probation supervision first, there is thought to be lower priority
given to these clients’ housing need which leads to a perception of a lack of
supported accommodation places in general, and a lack of affordable
accommodation in the private rented sector. For care leavers, there is thought
to be a lack of supported accommodation and accommodation which can offer
care leavers who default on a tenancy a ‘second chance’. Mental health
service users reportedly face a lack of supported accommodation, and, in
particular, independent accommodation which is attached to on-going floating
support. People with learning disabilities face similar issues with a lack of
specialist supported accommodation which can meet their specific needs.

Based on reports from the workshops, it would appear that this issue is worse
in some areas than in others. It is possible that South East England, in
particular, lacks this kind of accommodation.

Finally, the extent to which the lack of suitable accommodation plays a part in
an unsettled accommodation outcome differs across client groups. Based on
the data gathered and, in particular, the views of practitioners working with
clients, availability issues would seem to be more acute for offenders and for
adults with learning disabilities. This is not to suggest that the other two client
groups, secondary mental health service users and care leavers do not face
availability difficulties but it would appear that they do so to a lesser extent.

**The demand for supported accommodation**

Practitioners overall feel that there is a high need for supported
accommodation among PSA 16 clients (either provided by the local authority
or third sector providers). Their particular set of needs means that they are
more likely to need continuing support and have higher support needs. Most
practitioners report that there is insufficient supported accommodation
available in their areas to meet this need.

The lack of supported accommodation can lead to people being placed in
accommodation which is not appropriate to their needs. Sometimes, as noted
in the offenders, care leavers and secondary mental health service users
chapters, clients are placed in short term accommodation which does not
constitute settled accommodation within the definition of PSA 16. In other
cases, the lack of supported accommodation can lead to clients moving into
settled independent accommodation which they are not ready for.

Further exacerbating the unmet demand for supported accommodation is the
perceived limit to the amount of time clients can remain in supported
accommodation. Many practitioners reported that supported housing
providers receive funding for up to two years before they need to move people
into more independent accommodation. While for some people a two year period in supported accommodation is adequate, some of those with multiple and complex needs often require supported accommodation beyond two years. Practitioners reported instances of clients being moved out of supported accommodation and moved into more independent accommodation before they were considered to be ready for this step.

Differences between high and low performing areas
It has not been possible within this research to examine whether there are any differences in the mix of housing supply between areas with good and bad performance in terms of the numbers in settled accommodation within the client groups. Quantitative mapping work would be required to explore this fully. However, it is clear within this research that availability issues are reported across the board by practitioners working in a wide variety of areas. However, it is clear that a lack of availability of social housing alone does not give the full picture of why some clients are not in settled accommodation.

Local authority housing services (housing options and homelessness assistance)

Variation in practices
Practitioners and housing professionals reported wide variations in the practices of local authority housing options services. In the workshops, housing professionals were asked to comment on a number of client scenarios which each outlined an example housing situation (see appendix 22). This task revealed how different the responses of local authority housing professionals working in different areas would be. It appeared that clients in these situations could expect quite different support and advice depending on where they were.

The main ways in which practices differed was in relation to:
- the type and level of assessment carried out with PSA 16 clients
- having a system in use and a culture of identifying vulnerability (i.e. priority need for accommodation)
- the extent to which housing professionals worked with other professionals who are in contact with the PSA 16 client groups (see also Chapter 8 and Implications for policy and practice, Chapter 9)

Assessing ‘vulnerability’ (priority need for accommodation)
Under the homelessness legislation that applies in England, local housing authorities must secure accommodation for applicants who are eligible for assistance, unintentionally homeless and who fall within a priority need group. The duty continues until a settled home becomes available and in around 70% of cases the settled home that brings the duty to an end is social housing offered under the local authority’s allocation scheme. Applicants whose household includes a dependant child or pregnant woman automatically have a priority need for accommodation, and, among other applicants, those with
serious health problems and older clients are likely to be considered as having priority need (if they are considered vulnerable). Based on the reports of both clients and practitioners, the fact that many PSA 16 clients fall outside of the priority need categories contributes to their not having settled accommodation.

“Housing on need and priority is main issue and can affect the PSA as priority groups are housed before the socially excluded adults in the PSA 16.” Practitioner

Where local authorities differ is in their assessment of vulnerability for the purpose of establishing whether an applicant has a priority need for accommodation under the homelessness legislation. Some local authority housing professionals reported that they assess the extent of a client’s vulnerability even though the client may not be sufficiently vulnerable that they have a priority need for accommodation. This can mean that clients who are not considered to have priority need criteria can be offered housing support (though not necessarily local authority accommodation) through the housing options department. It was not clear from the evidence gathered what constituted vulnerability.

**Differences between high and low performing areas**

It is not possible within this research to say conclusively whether there are differences in the housing response between those areas with good and weaker performance. However, there are indications that some areas provide housing responses which are more likely to provide housing options and support to PSA 16 clients than others.

Based on the workshops, it is likely that higher performing areas (areas with the highest numbers in settled/suitable accommodation) give more consideration to assessing and working with clients who, though not considered to have a ‘priority need for accommodation’ might be in need of support or at risk of exclusion in some way. This would need to be explored by further research to be confirmed but it would seem from the evidence gathered here that areas with lower performance might be less likely to make such dispensations.

**Working with others**

There was a strong sense of frustration among local authority housing professionals that they are too often engaged with PSA 16 clients only at ‘crisis’ point. Most of those attending the workshops agreed that they are generally involved with PSA 16 clients only when they present as homeless. Some expressed an appetite to be involved with Lead Professionals earlier to plan housing for clients at earlier junctures.

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“There could be a little bit of advance planning. We are dealing with it at crisis point.”
Housing Professional

Some housing professionals reported having a relationship with Lead Professionals and other practitioners working with the client groups but this was generally borne out of a more formalised requirement for joint working for specific clients, such as care leavers and offenders covered by MAPPA. Where there is joined-up working outside of this, it is usually on the basis of informally forged relationships with individuals. Overall, housing professionals reported the least coordinated relationships with mental health Lead Professionals (such as CPNs).

“Our relationship with the mental health team is quite appalling at the moment. The mental health team thinks that the council flat is the solution to everything. They won’t share info with us but expect to have access to ours.” Housing Professional

“We have better communication with probation rather than CMHT. With probation the communication is much more planned but with mental health it’s much more of an emergency – dealing with a crisis.” Housing Professional

Local authority housing professionals working in different areas had quite varying views about the extent to which they should be working with others and liaising with Lead Professionals. In areas where housing professionals are dealing with relatively more homelessness cases, there is more of a culture of both assessment and working and sharing information with others. In these areas, housing professionals might actively seek out information about which services and practitioners’ clients are in touch with and endeavour to get in touch with them. However, based on the reported experiences of housing professionals at the workshops, this kind of practice occurs in a minority of local authority housing options departments.

Housing professionals in some areas reported frequently communicating with third sector workers who are supporting clients. As noted below, many housing professionals feel that third sector workers often raise clients’ expectations about obtaining local authority and social housing accommodation. As such, relationships with these workers tend not always to be constructive in the view of housing professionals.

“It depends on the third sector worker – some are fierce and have their own agenda. They may not want to look at all possible options and can push the appeal route. It can be detrimental as it builds up the expectations of the client.” Housing professional
Intentional homelessness

Under the homelessness legislation, where applicants are assessed to be ‘intentionally homeless’ and not in priority need there is no duty on the local authority to secure accommodation for them. Across the client groups, and most particularly among care leavers and offenders, there were many cases of self-reported ‘intentional homelessness’.

“Respondent: I went to the council and I was basically homeless because I had made myself homeless through my violence and they couldn’t help you out.
Researcher: What reason did they say they couldn’t help you out?
Respondent: Because I was intentionally homeless, the only thing they could do, instead of giving me an apartment, was to give me a bed and breakfast.”
Care leaver

The primary reason for this would appear to be leaving accommodation that clients considered to be of a poor quality without any alternative. Another reason was eviction after defaulting on their tenancy agreement. It is not known how many PSA 16 clients have been assessed as intentionally homeless but some practitioners, and housing professionals in particular, suggested that this might account for many of those not in settled accommodation. (However, even if applicants are found to be unintentionally homeless, there is no duty to secure accommodation if they do not have a priority need for accommodation.)

Accessing private sector housing

Rent-deposit schemes

Few PSA 16 clients are in a position to pay a rent deposit for a private rented sector tenancy. Rent deposit schemes run by councils and/or charities are intended to help people with the cost of a deposit and initial rental payments. However, rent deposit schemes across the county are not all the same size, have differing rules and criteria and there isn’t consistency of practice. Typically, councils offer a security guarantee to the landlord that they will pay the money to the landlord if the tenant fails to do so for any reason. However, all practitioners, including housing professionals, explained that not all councils operated a rent deposit scheme and, where they did exist, the process of applying could be lengthy and complex. Furthermore, areas where such schemes did exist e.g. London Borough of Lambeth, practitioners believed there had only seen small improvements in accessing housing for vulnerable clients.

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39 The Housing Act 1996 s191 states: ‘A person becomes homeless intentionally if he deliberately does or fails to do anything in consequence of which he ceases to occupy accommodation which is available for his occupation and which it would have been reasonable for him to continue to occupy.’
“It’s not mandatory for a local authority to have a rent deposit scheme. It’s a postcode lottery.”
Practitioner

“It has helped the problem but not addressed it completely.”
Practitioner

Practitioners working with particular client groups also identified specific issues for their clients in relation to rent-deposit schemes. Several practitioners working with care leavers in Leeds raised the issue of care leavers under 25 being subject to single room rent restrictions, this housing benefit restriction subsequently lead to difficulty of finding appropriate accommodation and benefiting from the scheme.

However, ultimately, practitioners believed that the success of rent-deposit schemes was limited because they did not address several fundamental issues that can arise when accessing private sector housing:

- The willingness of private landlords to accept PSA16 clients, especially offenders and clients with secondary mental health issues (see next section)
- The availability of suitable properties (See section on Housing availability, pg 69)
- The perception among both clients and practitioners that private housing is not as secure, and therefore as desirable, as social housing (see section on Preference for Social Housing, pg 77)

**Landlord attitudes towards PSA 16 clients (and the need for continued support in private rental sector to reassure private landlords)**

The perception among practitioners is that private landlords are reluctant to accept tenants who might have issues in maintaining a tenancy. They explained that, among private landlords, there was still significant discrimination towards all four client groups.

“The problem is that landlords don’t want young people as they fear there will be behavioural issues and that they will not be able to look after the property.”
Practitioner

“It’s difficult finding the landlords to accept offenders.”
Practitioner

Due to preconceptions, practitioners believed that private landlords were not simply looking for the financial reassurance that rent would be paid but also required reassurance that vulnerable tenants would be adequately supported while living in private rental accommodation.

Adults in contact with secondary mental health services in particular, were reported to face barriers in terms of stigma. Practitioners reported that private landlords are often unwilling to house clients with mental health problems.
Both clients and practitioners report that private landlords can be reluctant to offer accommodation because they are concerned that the client might damage the property, exhibit behaviour which might negatively affect other residents or harm themselves.

Although not addressing the issue of ongoing support, practitioners believed that pre-tenancy courses that covered budgeting, home maintenance, managing a tenancy, and first aid could also help make vulnerable clients more attractive to private landlords. A minority even suggested that pre-tenancy courses should be mandatory.

Finally, there was a degree of optimism among housing professionals that the current economic climate might force landlords to reassess their attitudes towards PSA16 clients as they struggled to find tenants for empty properties.

**Affordability**

Practitioners and clients expressed concern about the affordability of private rental accommodation. Practitioners explained that PSA16 clients, if working, were typically going to be on low incomes and that often excluded them from the private rental market which was perceived to be more expensive than social housing.

“My rent at this council flat is three hundred and three pound a month. To rent a one bedroom flat privately is about seven hundred and fifty pound…. It is too expensive… but once they have paid the rent and they have added the gas and electric on there is nothing left.”

Offender

Practitioners also believed that clients housed in private rental accommodation had a disincentive to work if their rent was covered by housing benefit. The reasons were two fold. Firstly, a client’s earnings simply might not cover the amount of private rent, and secondly, the client could not chance making any changes to their housing benefit claim as it could be difficult to start claiming again if circumstances changed. Practitioners believed that private landlords who experienced a delay in rental payments would end the tenancy sooner than local authority landlords.

“If their housing benefit is stopped, then they have to fill in another form, then they get behind in the rent.”

Practitioner

“But as soon as you go into private rented accommodation the rents are so high that people cannot afford to work. Housing benefit covers it and you cannot afford to give it up.”

Practitioner

However, some housing professionals were optimistic that in the current economic climate more and more private landlords would not only have to
change their attitudes towards vulnerable client, but also negotiate on their rent. The hope is that this could increase the amount of affordable housing in the private sector.

“But as rents come down more private sector properties are available. This gives us an opportunity to negotiate lower. We will have to wait and see what happens.”
Practitioner

Meeting and managing clients’ expectations

Clients’ perceptions of what constitutes suitable accommodation are often different from what is defined as suitable within PSA 16. For many of the clients we spoke to across all client groups, having ‘choice’ was about getting the accommodation they wanted (not about choosing between what is available).

Clients were often concerned about getting a property in the ‘right area’ with adequate support. The right area was often defined by the proximity to friends and family as well as general perceptions of how ‘safe’ and ‘nice’ the area was. For offenders, in particular, the right area was further defined as an area that provided them with the opportunity to move away from any destructive influences.

Clients had expectations about the type and standard of accommodation as well as the location. For example, a number of clients were opposed to the idea of shared housing as they were concerned that they would not have chosen the other people they shared with and therefore worried about their safety and the safety of their possessions.

“It is just somewhere to go and stay at the end of the night do you know what I mean? It is not mine and so I don’t like respect it, do you know what I mean? You share with people you don’t want to live with and it is a shared house.”
Offender

Practitioners echoed the importance of housing vulnerable clients in the right type of accommodation in the right area. However, most practitioners were also realistic about what could be achieved for their clients and they reported how it could be difficult to manage the unrealistic expectation of some clients.

“They [care leavers’] expectations are unrealistic. They expect the flat to be a new build, a lovely place, newly furnished. They don’t want things second hand. They want everything now”.
Practitioner

Faced with the pressure of finding suitable accommodation, some housing professionals believed that in some instances third sector practitioners
encouraged clients to wait for suitable accommodation and stay in temporary, less suitable accommodation in the mean time (see next section).

Preference for social housing (clients and some practitioners – third sector especially)
Across the client groups, there was a general appetite for social accommodation. The research revealed evidence of clients staying on in unsettled/unsuitable accommodations, and particularly short term hostels and B&B accommodation, while they waited sometimes long periods (up to two years) for a social housing tenancy. The preference for this kind of accommodation seemed to be underpinned by perceptions of affordability, leniency and accessibility. As noted in the previous section the private rented sector is thought to be expensive and therefore produces a disincentive to work. There is also fear around managing on benefits and while meeting the cost of seemingly expensive accommodation. The private sector is also envisaged to be less amenable to late payment of rent, issues with tenancies and, is ultimately thought not to offer any ‘second chances’. Finally, social housing is preferred because it is thought to be accessible – despite allocation schemes, prioritisation of certain circumstances and waiting lists – to more disadvantaged or vulnerable people. There is an overriding perception that the private rented sector is simply ‘not for’ people characterised by a form of disadvantage. Instead, some people who consider themselves to be vulnerable (or to have support needs of some kind) expect that these will be met through their local authority and are often surprised to find that they are not, or cannot be met speedily.

“With the council it is a bit more stable than somewhere that is private.”
Offender

The preference for social housing is not limited to clients. Many practitioners, and most particularly those working within the third sector, reported a preference for this kind of accommodation for their clients. Some reported advising clients to seek this kind of accommodation above anything else and advocating on behalf of their clients to local authority professionals to try to secure this. Their reasons were essentially the same as those clients reported; that is, that social housing is more appropriate to their clients’ needs (or is perceived to be).

Housing professionals working in a local authority context reported a concern that some third sector practitioners are raising clients’ expectations of getting social housing and inadvertently contributing to the problem of some clients remaining in unsettled/unsuitable accommodation for longer periods than intended.
The impact of choice-based lettings

Some local authorities operate a choice based letting system for allocating social housing. While the research was not concerned with exploring the impact of choice-based letting in particular, some practitioners did spontaneously talk about it in the context of PSA 16 clients and accommodation outcomes. There are mixed views from Lead Professionals about how well the system of bidding for housing would work for people with mental health problems. Overall, practitioners did not believe that the way in which people bid for housing to have any real benefit for PSA 16 clients as often they lose out to others with higher priority. However, the system is perceived potentially to benefit people with secondary mental health problems where they are given a priority banding since they will be offered higher quality housing in better areas (though it is not known how many clients have benefited, nor is it possible to identify which areas run choice based letting schemes based on the qualitative evidence).

“The reality is we are faced with choice based letting schemes and these groups are at the bottom of the list.”
Practitioner

The mechanics of the system (i.e. needing to regularly bid for properties using the internet, telephone or by attending the housing office) is perceived to be difficult for many PSA clients people who are in unsettled accommodation because they may not have access to a computer or have the levels of computer literacy required.

“This whole bidding thing, you know, they have to bid for houses and stuff and some people just aren’t able to do that, unless they’ve got somebody else who is going to do that for them they’re a bit stuck really… usually there is a heavy reliance on family and friends, that your family go online or get the paper to bid for them”
Lead Professional

Conclusions

The lack of suitable social housing is perceived to be an issue across the regions. Most practitioners also voiced particular concerns about the lack of supported accommodation in their areas.

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40 Some councils are now operating choice-based lettings schemes (CBL). CBL schemes allow people to apply for available council / registered social landlord accommodation which is openly advertised, for example in local press or via a website. Applicants can see the full range of available properties and apply for any home to which they are matched. The successful bidder is the one with the highest priority under the scheme. Councils provide feedback which helps applicants assess their chances of success in future. Communities and Local Government (CLG) has set a target for all councils to adopt a choice-based lettings scheme by 2010. Taken from www.directgov.gov.uk
Practitioners also reported that in addition to overall availability of social housing, access was an issue. They believed that most local authorities did not prioritise PSA 16 clients for housing.

It was the view of practitioners that only a small number of local authorities appeared to consider whether or not PSA 16 clients had ‘priority need’ for the purpose of the homelessness legislation. Intentional homelessness was thought to account for some of those not in settled accommodation. Practitioners explained that in some cases clients chose to leave accommodation that they did not regard to be suitable, particularly care leavers and ex offenders. Under these circumstances the local authority would have no duty to secure alternative accommodation for them unless they were in priority need (in which case the authority must secure accommodation for long enough to give them an opportunity to find alternative accommodation for themselves – often limited to 28 days in practice).

While social housing provision was far from perfect, private sector housing for vulnerable clients was perceived by clients and practitioners who took part in the research not to currently offer the solution to getting more PSA 16 clients into settled accommodation. However, there may be best practice examples of private sector provision which is working well for the PSA16 client groups which were not uncovered by this research and there were some perceptions of opportunities in this sector. There is an issue with the perceived affordability and therefore sustainability of private sector tenancies. Practitioners also believed that private sector landlords still discriminated against vulnerable tenants.

Rent-deposit schemes go some way to help address financial barriers to private sector tenancies, however, they have little overall impact on the wider attitudinal barriers to private housing. More often than not both practitioners and clients preferred social housing over private tenancies as they regarded it as more affordable, more lenient (accommodating late rent payments) and more accessible.

From the perspective of housing professionals, three suggestions which would help increase the proportion of people from the PSA16 client groups in settled accommodation are

- Increasing the amount of social housing stock
- Encouraging local authorities to give people in the PSA16 cohort greater priority for housing
- Providing a package to private landlords which includes a rent guarantee scheme combined with assurances of support for the tenant to sustain their tenancy and support for the landlord if they are experiencing problems with the tenant
Chapter 8: Conclusions

Introduction

The overall objective of this research is to develop the evidence base in relation to the PSA16 client groups to increase understanding about the factors leading to clients living in unsettled accommodation. Looking across the evidence presented in the preceding chapters, it is clear that rarely is there only one factor which leads to an unsettled accommodation outcome. In most cases an unsettled accommodation outcome is the result of a combination of factors relating to client characteristics and experiences, service and housing related issues. Understanding why a client is not in settled accommodation involves understanding the often complex interplay of these factors.

This research is qualitative in nature and is based on people’s experiences and perceptions rather than presenting factual information. Since the conclusions are based on this they should be considered to be indicative ways forward rather than being a comprehensive or exhaustive summary of all of the evidence in this area.

This chapter summarises the main factors within each of these broad headings and takes a macro view about clients not in settled accommodation overall.

Client characteristics and experiences

This research has identified that there are some characteristics and experiences which might be more associated with clients not in settled accommodation than with those who are. These characteristics can be defined, for the sake of analysis, as both ‘objective’, observed circumstantial factors and ‘subjective’ factors which broadly relate to perceptions and outlook.

While there are clearly differences in characteristics between the client groups, there are some which are largely shared across those not in settled accommodation. Despite differences, unsettled clients have a particular set of needs which are distinct from many of those in settled accommodation. Overall, looking across the client groups, those who are in unsettled accommodation are characterised by the following:

- **Multiple or complex issues**

  Practitioners reported that the clients not in settled accommodation can be particularly challenging to help because of the amount of issues they have. For instance, finding settled and suitable accommodation for an adult receiving secondary mental health services is made more challenging by the presence of an alcohol misuse issue.
• **Poor levels of engagement with statutory services/ not ready to engage with support**

In the main, clients reported poor relationships with Lead Professionals. This was either because they resented their intervention or because their intervention was perceived to be unhelpful. As such, there were many examples of clients not taking up the support of statutory professionals trying to work with them. Those in settled accommodation reported that a ‘change in attitude’ enabled them to accept support which contributed to them being in settled accommodation.

• **Poor life skills**

Across the client groups there was a high proportion of clients who reported limited or no life skills. The inability to budget and manage bills, look after themselves and their property resulted in many clients losing their tenancies. Practitioners and Lead Professionals reported that sometimes clients are moved into settled, independent accommodation before they are ready for it and without ongoing support. This is particularly the case where there is a lack of available long term supported accommodation.

While it is the case that these characteristics and experiences were more associated with those in unsettled accommodation in the sample, it cannot be taken to be a rule that unsettled clients are necessarily always different from settled clients. This research has found that many unsettled clients move between settled and unsettled accommodation and that some of the people who make up the settled figures would at another point in time have been found in the unsettled sample. This is reflected both in the experiences reported by individual clients and is clear from the difficulty practitioners had in distilling the differences between settled and unsettled clients. Practitioners, Lead Professionals and housing professionals all struggled to pinpoint exactly what was different about the characteristics and experiences of clients not in settled accommodation compared to those who are. For the most part, they found that they were identifying factors commonly associated with the client group generally, or with adults at risk of social exclusion generally.

It would seem, therefore, that meeting PSA 16 should also be about supporting clients in settled accommodation to maintain this as it is about helping those outside of it to access it.

**Service side issues**

There are a wide range of statutory service related issues which can also play a part in contributing to an unsettled accommodation outcome. The first notable and overarching issue is the apparent gap between policy and practice. While services and practices might exist to avoid unsettled accommodation outcomes unsettled outcomes still occur despite them.

One key gap would appear to be with the delivery of PSA 16 and the Lead Professional role which is so pivotal to achieving it. While in some areas, and most particularly in some low performing areas, there are various initiatives
which might benefit some of PSA 16 client groups; there has been little demonstrable effort to shape services specifically in response to PSA 16. Furthermore, some Lead Professionals, and most especially those working with offenders and secondary mental health service users, are not aware of the Lead Professional role or their responsibility to supporting clients with housing.

Clients too are unaware in many cases that they have a Lead Professional or who this is. This could be a contributing factor to clients, as evidenced by the experiences of many in the sample, presenting at their local authority housing options department with a housing need, rather than going through their Lead Professional.

Another key gap between policy and practice relates to practitioners understanding of what constitutes settled and suitable accommodation. There is a lack of consensus between practitioners on this and some outright disagreement about the definitions employed by PSA 16. As such, there is a mismatch between PSA 16 and the actions of practitioners who play a role in realising it.

Housing considerations

Lack of available suitable settled accommodation, perhaps unsurprisingly, has been identified as a contributing factor to some clients not being in settled accommodation. One way in which a lack of suitable accommodation impacts on accommodation outcomes is by prolonging stays in short-term accommodation. Clients have been found to have remained in short term accommodation for extended periods because ‘move on’, usually settled, accommodation or long term supported accommodation, is not available.

Furthermore, perceptions of availability can be driven by perceptions of suitability. That is, the accommodation which clients, and sometimes those working with them, view to be suitable, is not available. Suitable accommodation has been found to mean a variety of things to both clients and practitioners working with them and, quite often, their views of suitability are quite different from PSA 16 definitions. There is evidence of clients ‘holding out’ for accommodation which is close to their ideal (usually a social housing flat in a ‘good’ area) or refusing properties, which though deemed settled for purposes of PSA 16, are not desired by clients. As such, there is a disparity between the expectations of clients and the kinds of accommodations available.

The workshops with practitioners and with housing professionals sought to explore the impact of local variations in housing availability and housing responses. Many PSA 16 clients are generally not considered to have a priority need for accommodation and are therefore not owed a duty to secure accommodation under the homelessness legislation. There are substantial

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41 It should be noted that this is based on qualitative evidence, not an examination of what service/practice level changes have occurred since PSA 16 was introduced.
variations between local authority responses in terms of support for clients at risk of social exclusion. Clients can expect to be dealt with entirely differently depending on the area they are in.

How these factors combine for the client groups

As noted above, client, service and housing issues combine to result in an unsettled accommodation. However, some client groups’ accommodation outcomes are more impacted by one of these sets of issues.

Care leavers at 19

Care leavers as a group appear to face fewer issues in accessing support, are often given dispensation by local authorities in terms of housing (for example ‘second chances’ on defaulted tenancies, prioritisation for accommodation) and Lead Professionals working with them have a longer history of coordinating services and of working across a range of needs (encompassing housing and employment). For this client group, unsettled accommodation outcomes are largely explained through client side issues.

Adult offenders under probation supervision

Accommodation outcomes of adult offenders under probation supervision, in contrast, appear to be more influenced by both lack of availability of suitable housing and the level and quality of interaction with services. Of all the client groups, offenders appear to be the least likely to be prioritised for social housing. They also have the least engagement with statutory services, beyond fulfilling the basic conditions of their order or licence.

Secondary mental health service users

Unsettled secondary mental health service user clients face service and housing related issues in equal weight. In addition, they are felt to be characteristically different in terms of being more likely to have a ‘dual diagnosis’. Unsettled clients in this group have a need for on-going support. As such, they face issues with the lack of available supported accommodation and/or independent accommodation which still allows them to access support.

Adults with moderate to severe learning disabilities

The overriding feeling from practitioners is that people with learning disabilities face the most substantial barriers to settled accommodation in terms of suitable housing availability. There is felt to be a lack of supported accommodation which can meet the needs of this client group. In addition, this group is affected by the attitudes of both practitioners working with them and family in terms of independent living. Many practitioners working with this client group strongly disagreed with how settled accommodation is defined by
PSA 16, arguing that independent living has been incorrectly interpreted as living in independent accommodation.

Future research
This research has sought to explore and illustrate how some clients reach an unsettled accommodation outcome. It has provided an evidence base from which to inform future policy and practice, alongside other evidence streams. However, there are a number of potentially useful additional research areas which it has not been possible to explore within this project.

It is not possible to say definitively, based on the evidence gathered in this research, what the impact of housing availability and local authority housing responses has been on settled accommodation outcomes. Quantitative mapping of housing allocation scheme types and of locally available housing provision against demand in high and low performing areas might provide a further useful evidence base.

Many PSA 16 clients who took part in this research reported that they had been categorised as ‘intentionally homeless’ by local authority housing departments and therefore are not entitled to receive accommodation from the local authority. However, it is not known nationally how many PSA 16 clients have been assessed to be intentionally homeless. Further research using quantitative approaches could help to provide a more accurate picture of the extent of this and, in so doing, explore the extent to which this legislation makes up unsettled accommodation figures.
Chapter 9: Implications for policy and practice

Introduction
The previous chapters have shown that there is a wide variety of client, service and systemic housing related issues which, when combined, can contribute to an unsettled accommodation outcome. There are some common themes across the four PSA 16 client groups. This chapter brings these together and explores what implications this might have for service delivery and practice. It looks across the evidence gathered in workshops, interviews and groups with clients and interviews with Lead Professionals.

Embedding PSA 16 in practice/raising awareness
Knowledge of PSA 16 was relatively low at the time this research was carried out with many practitioners never having heard of it (as mentioned in Chapter 2). Practitioners and lead professionals were more likely to be aware of and mention national indicators than PSA16 targets.

“Personally, I’ve never heard of it. I think it is something that some local authorities may choose to adopt as a Local Authority Agreement indicator and target, if not then very few people will be aware of it.”
Practitioner

Consideration could be given to the possibility of large scale awareness raising among all practitioners working with the client groups of what PSA 16 is. At the same time, there is perhaps scope to raise awareness of the PSA 16 definitions, in particular, what constitutes ‘settled’ and ‘suitable’ accommodation, as this was hotly disputed by many practitioners taking part in this research.

Communicating the Lead Professional role
As outlined in previous chapters, not all Lead Professionals regard their role as including the coordination of services (including housing) to meet all clients’ needs. Some Lead Professionals, such as Personal Advisors in the Leaving Care Team, are very aware and active at making sure that they address clients’ housing needs. Indeed, Lead Professionals in some client groups are more adept and experienced at dealing with housing issues. However, this is not the case for all Lead Professionals.

The role of the “lead” professional seems especially unidentified among the client groups where clients may be working with a number of professionals, e.g. those working with adults who are both receiving mental health services
and on CPA. Confusion also exists as to whose responsibility accommodation is when clients receive support from a number of people at different agencies.

“Researcher: Do you have any responsibilities in relation to housing for people with secondary mental health?
Lead Professional: I have no specific responsibility, no.”
Lead Professional

There is scope, therefore, to clarify the responsibilities and expectations of the Lead Professional role, and most especially, with those who have less of a background in working across services.

Developing joined up working practices

**Partnership working without statutory duty**

Clear examples of successful partnership work were identified during the research. However, this was not found to be the case in all local authorities or between practitioners of all client groups. By and large, partnership working is happening where there is a statutory obligation to do so, for example with MAPPA cases and care leavers. Partnership working, based on this research, is occurring to a far lesser extent and with more issues among practitioners working with adults with learning disabilities and adults in contact with secondary mental health services.

While this is the case, it should not be taken that partnership working is not without issue among practitioners working with other client groups. There was a widespread belief among practitioners taking part in workshops that partnership working is aspirational and, for a lot of people, simply is not a reality of their working practices.

“The government want more joined up working. The reality is that people want to get people off their books.”
Practitioner

**Caseload issues**

Many Lead Professionals have large case loads, as mentioned in previous chapters. The implications of a large case load can impinge on the amount of time that Lead Professionals dedicate to individual clients and their situations, which in turn may impact negatively on clients’ chances of finding or maintaining settled and suitable accommodation. As such, one recommendation is that guidance is produced around what constitutes acceptable and ideal caseloads. Number of cases alone may not accurately reflect the workload experienced. However, Lead Professionals still believe that caseload guidance is required in order to highlight when clients will not be receiving the support they require from their Lead Professional. Guidance around caseloads could include consideration of the complexity and severity
of cases and estimations of how much time is required to provide adequate support.

**Information sharing**

Information sharing is regarded by all practitioners as a valuable. It is believed that by sharing information between key stakeholders, such as the Lead Professional, support workers and housing providers, the individual needs of the client are more likely to be met. In particular, it is felt that sharing information about who is the primary contact for that client and therefore ultimately responsible for a case will make it easier to resolve issues when they arise.

“We do not know all individual’s issues and so are not able to match up suitable accommodation [to clients’ needs].”

Practitioner

“Some agencies don’t pass on information on to others. Things like behaviour problems and previous offences. People are wary about some agencies and do not want to accept people in the future from them.”

Practitioner

It was felt that clients have to relay their situation and needs several times to different practitioners. This not only causes stress for the client but can contribute to a sense that no one is helping them as no one appears to them to be taking the lead.

“If we don’t have everybody round the table… that person is getting assessed to death.”

Practitioner

A number of ways that information could be shared were suggested throughout the course of this research. Chief among these was bringing key practitioners together in panel review meetings where clients’ cases can be discussed and common assessment frameworks can be shared. Capacity issues might preclude this given professionals’ existing heavy workloads and other resource implications. However, practitioners felt that if these meetings were to be possible, they would promote a greater level of trust that comes with transparency in cases and build better relationships between organisations and clients. They also suggested that this level of information sharing may encourage stakeholders to take specific responsibility for certain aspects of a client’s case and allow them to access a wider network of support.

Where possible, information should be shared not only among practitioners, but also with the client. Many practitioners believe that it is important that clients are included in decisions that are made and that they have all the information possible to ensure that they make the best decision.
Ongoing support
Many clients who are in settled and suitable accommodation, or who were previously in settled and suitable accommodation, believe that support stops abruptly after finding accommodation. As discussed in earlier chapters, many clients who are currently in unsettled or unsuitable accommodation previously did live in settled and suitable accommodation but lost this. Some of these clients at the time of losing their accommodation had been receiving support, but because staff and support workers were not able to identify the signs that they were approaching crisis point, extra support and help were not provided. Current support is deemed to be inflexible and at times cursory, leading to many clients not receiving the tailored support programmes they say they require.

Floating support is felt to be to be invaluable to clients by many practitioners. However, it is also a generic form of support that can help many people and not just PSA 16 clients. As such, there are worries over where the budget for floating support should come from. Many practitioners are worried that if the Supporting People budget is not ring-fenced, then money for these client groups will be spent elsewhere and the high level support that PSA 16 clients require will not be able to be provided.

“When we talk about floating support, as good as it is, it is seen as a panacea. I don’t think you can divorce the issue of Supporting People funding issues and supporting these client groups. The money has got to come from somewhere and in Essex I don’t see where this is going to come from.” Practitioner

Housing considerations
As mentioned in previous chapters, the lack of available suitable accommodation is thought to be a key contributing factor to clients being in unsettled accommodation. This is most especially the case for supported accommodation.

However, while lack of availability might be an issue, there would appear to be a range of other housing related issues where there might be scope to have a short term impact. These are primarily:

Improving access to social housing
There is a perception among clients and practitioners that clients with dependents or who are pregnant, clients with health problems and older clients are prioritised for local authority housing. Based on the reports of both clients and practitioners, this can contribute to an unsettled accommodation outcome for many of the PSA 16 clients who fall outside of these categories.

Local authorities could be encouraged to give people in the PSA16 cohort higher priority for housing to increase the proportion of clients in settled accommodation (and which would meet their preference for social housing).
Improving access to the private sector

While there is some reported success with rent deposit schemes, these are not thought to overcome the issues clients face in accessing private rented accommodation. Local authorities (as is happening in some areas) could look to provide an interface between clients and private landlords and give reassurances to landlords who are worried about taking PSA 16 clients as tenants. Clearly, how this is managed at local authority level needs to be a locally based decision and be responsive to the needs of both clients and landlords in the area. Mechanisms to provide reassurance might be filling the gap left by lack of references from previous tenancies, and information about what support will be available to the client to ensure that they maintain the tenancy.

Addressing stigma and ‘discrimination’ towards some groups

Practitioners and clients reported that stigma and discrimination had prevented them from accessing the private rented sector. Both suggest that steps could be taken to challenge and change the views of some private landlords. While there is acknowledgment that landlords might always favour tenants who do not present with any obvious issues (criminal record, mental health problem, etc), it was thought that local authority advocacy on behalf of clients might help to alleviate some of this.

Managing client expectations

Many clients have perceptions about suitability which are different from the definition set out by PSA 16. They also have high expectations of ‘choice’, believing this to mean getting the property they want in their chosen area, rather than choosing between what is available. The research has identified that sometimes practitioners, and particularly practitioners in the voluntary sector, can sometimes raise clients expectations unrealistically. Often the accommodation they perceive to be the most appropriate is also the accommodation which clients have the least chance of accessing. This can contribute to clients spending longer periods in temporary accommodation than might be necessary.