

CONSORTIUM

a draft report

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INTRODUCTION

An informal group of representatives from the 3 Manchester Health Authorities, Manchester Housing and Social Services Departments, Housing Associations, MCVS and MIND have been meeting to discuss the possibility of setting up a consortium for housing people with mental health problems.

This group has drawn up a set of proposals outlined in this report which is organised as follows:-

- 1) Background
- 2) Consortium
 - What is it?
 - What can it achieve?
 - It's disadvantages
 - What will happen if we do not have a consortium?
- 3) Proposal
 - Aims
 - Principals for housing
 - Principals for support
 - Mechanics

1.00 BACKGROUND

1.01 This Section briefly details current provision of supported housing for people with mental health problems in Manchester.

X 1.02 A number of different agencies currently provide supported housing for people with mental health problems, in both the statutory and non-statutory sectors, Local Authority Housing and Social Services Departments, Central and North District Health Authorities, Peterloo Housing Association. LANCE, Richmond Fellowship, North West Fellowship, and Withington Trust are all involved in the provision of supported housing for people with mental health problems in Manchester. However, there is wide variation between the different agencies in the types of housing and support provided, the orientation of the services, and the criteria used to decide whether an individual applicant is eligible.

X 1.03 The eligibility criteria falls into a number of categories:-

- x 1) For people who have been or are homeless, a proportion of whom will have experienced mental health problems. Housing Department, Peterloo Housing Association and LANCE operate their services on this basis.
- X 2) For people who have had or have mental health problems. Social Services, Central Health Authority, Richmond Fellowship, North West Fellowship and Withington Trust operate their services on this basis. Some of these services are further specialised in that they provide a service for people with 'chronic' mental health problems, for young people with mental health problems, or for people who have been diagnosed as having schizophrenia.
- 3) For people who have been long-stay patients in mental hospitals. North and Central District Health Authorities operate services on this basis.

1.04 Details of Services for Homeless people

- X a) Housing Department provide a range of housing in shared houses, furnished tenancies and ordinary tenancies. Residents are supported by shared house workers who are non-residential, and a peripatetic support team - the Single Persons Team. 200 places are provided in 14 shared houses, and 120 places are provided in furnished tenancies. Two 30 bed direct access ~~hostels~~ ^{centres} are also provided.

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- b) Peterloo Housing Association provide a range of housing in shared houses, bedsit houses and self-contained flats. Residents are supported in a number of ways through house based or peripatetic staff. Most of the housing is provided in houses of bedsits or self contained flats, and a smaller number in shared houses. A 30 bed direct access hostel is also provided. ~~Most~~ All of Peterloo's Housing is for men.
- c) LANCE provide a range of housing in shared houses and bedsit houses. Most of the housing is provided in shared houses, which may be covered during daytime or twenty-four hours a day. Staff from the shared houses support residents in bedsit houses. A supported lodgings scheme is also provided.

1.05

Details of Supported Housing Provision for People with Mental Health Problems

- a) Social Services provide 17 small shared houses from ordinary Council housing stock - known as 'minimum support houses'. The Department is in the process of closing its two 30 bed hostels for people with mental health problems and is replacing the hostel provision with small shared houses, bedsit houses and ordinary tenancies. Ex-hostel residents and minimum support house residents will be supported by Mental Health Support Teams.
- b) Central Health Authority - provides 12 places in a 'hostel ward' intended to prepare residents to move onto permanent housing. Support is provided by a multi-disciplinary 'rehab' team based at the house. Residents are people with 'chronic' mental health problems. Staff from the house support residents in the community once they have moved on.
- c) Withington Trust provide two shared houses for people with 'chronic' mental health problems. Support is provided via Social Workers.
- d) Richmond Fellowship provide 10 places in a 'therapeutic community' shared house and two satellite houses, one of which is a 3 bed shared house, and a house providing 3 bedsits and 1 self-contained flat. Support is provided by the staff based at the 'therapeutic community' house. All provision is for young people who have had mental health problems.
- X
rehabilitation

- e) North West Fellowship provide 7 self contained flats with the support of a resident caretaker and the project management committee.

1.06 Details of supported housing provision for ex long stay patients.

- a) Central District Health Authority - are developing 20 places in two shared houses and 15 places in a sheltered housing scheme. The shared houses and sheltered housing will each have residential staff providing cover 24 hours a day.
- b) North District Health Authority provide a range of housing supported by two district teams - the District Resettlement Team and the Harpurhey Resettlement Team.

1.07 From this brief summary it may be seen that there is a wide variation between the different agencies involved, particularly in relation to the criteria for eligibility and the nature of support services. In addition, there is very little co-ordination between the different agencies, each are tending to act in isolation. The links between Peterloo Housing Association and the Housing Department provision is the only example of co-ordination at a day to day level *as well as at a policy development level.*

1.08 The needs

- 1) While it may appear from the above description that there is a variety of provision, in reality an individual has to choose between living alone or living in a totally shared house. The project being currently developed by the Housing Department for 'women with special needs' is the only provision that is attempting to respond to the fact that many people in the mental health problems do not wish to live alone, yet find shared living problematic.
- 2) The above description may give the idea that there is an abundance of supported housing provision - the real situation is that most, if not all, of the supported housing available is unable to cater for the large numbers of individuals who would benefit. One of the results of this is that many people with mental health problems live in inappropriate types of housing e.g. single person flats or in insecure and sub-standard housing such as bed and breakfast establishments or lodgings.

- 3) The availability of support services, or the lack of them, is a major shortcoming. Many people with mental health problems may end up living in shared housing because of the support that is available in shared housing, rather than because they wish to live with other people. None of the organisations currently providing supported housing are able in isolation to provide the resources necessary to significantly increase support staff.
- 4) There is very little co-ordination between the different agencies - better co-ordination could help to provide better choice and service to individuals.

2.00 CONSORTIUM FOR HOUSING PEOPLE WITH MENTAL HEALTH PROBLEMS

What is it?

Why does it help? - What can it achieve?

What are its advantages and disadvantages

2.01 WHAT IS A CONSORTIUM? AS A MODEL FOR PROVIDING HOUSING FOR PEOPLE WITH MENTAL HEALTH PROBLEMS?

It is a voluntary agency usually registered as a limited company and having charitable status. Agencies joining the consortium may be from the statutory and non-statutory sections including:

Local Authority Social Services and Housing Departments
Health Authorities
Housing Associations
Non-Statutory organisations

2.02 WHY HAVE A CONSORTIUM - WHAT CAN IT ACHIEVE?

- i) The main impetus for forming a consortium is that it increases the resources available. The resources a consortium can create or call upon are greater than the sum of the resources the individual agencies can provide or call upon.
- ii) The consortium can have access to all the revenue and capital resources which each agency can tap in-dividually. Pooled together this can create more opportunities for the development of supported housing than if agencies worked in isolation.
- x iii) For example, Housing Associations can claim hostel deficit grant and receive greater subsidies ^{on housing developments} than Manchester Council Housing Department. Neither the Health Authorities nor the local authority is able to run ~~housing~~ schemes where the residents claim high care rates from the DHSS, but the consortium could.
x x The high care rates pay for high staffing levels.

- x iv) The second most attractive feature of a consortium is the vehicle it provides for co-ordinating development and management of supported housing schemes. The consortium can ensure services are available on a co-ordinated basis using the pooled skills, knowledge and expertise of all the member agencies. It can ensure the most appropriate agency undertakes the most appropriate role and can ensure a consistent and shared approach to housing for people with mental health problems.

THE DISADVANTAGES

The list above details the advantages of setting up a consortium, what are the disadvantages?

- x i) Compromise by individual agencies is inevitable.
- ii) Agencies lose the ability to have total control over a housing scheme or support service and retain only partial control.
- iii) Time will be required from both members and officers of agencies to set up and run a consortium.
- x iv) Although, a consortium can be financially viable once set up, a small amount of start-up finance will be required to employ at least a development officer plus administrative support to service the Board of Directors and get things moving in the first instance.

2.04 WHAT IF WE DON'T SET UP A CONSORTIUM

x The consequences of not doing this are that services will be set up, if at all, in a piece-meal way according to the various constraints of funding, priorities and general resource availability. Services will be concentrated on those people leaving long-stay mental hospitals and not widened to include those people either homeless or inappropriately housed in the community. Further we miss out on maximising appropriate housing and support for large numbers of people for whom there is little of both while at the same time missing an opportunity to use ~~more~~ revenue which does not come from the member agencies.

3.00 PROPOSAL

- 3.01 It is proposed that a Consortium is set up to provide housing for people with mental health problems. The following four sections set out the proposed terms of reference in terms of aims of the consortium and the practical results it will be working towards, as well as the mechanics, of achieving these results.

- A) AIMS
- B) PRINCIPALS FOR HOUSING
- C) PRINCIPALS FOR SUPPORT

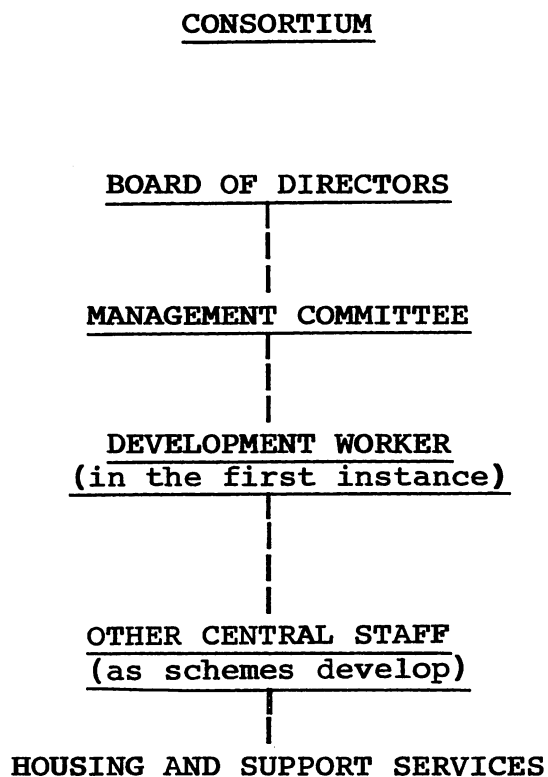
~~D) MECHANICS~~

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MELHANICS

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This model can be represented by the diagram below:-



Provided either by directly employed staff
or by contracting work out
to member agencies
or both

ii)

COMPONENTS OF THE STRUCTURE AND THEIR FUNCTION

- | | | |
|---|---|---|
| Board of Directors | - | Members from Local Authority
(in Newham it was Chair of SSD
and Vice Chair of Housing). |
| | - | Members from Health Authority. |
| | - | Members from Housing Associations
Management Committee (possibly be
the NFHA). |
| | - | Representatives from non-statutory
Sector. |
| Function | - | to appoint the Management Committee |
| | - | to take policy decisions and
to ensure that the work of the
Consortium is in accordance
with its aims. |
| | - | providing visible status and
support to the Consortium |
| Management Committee | - | Senior Officers from Member
agencies. |
| Function | - | to be responsible for development
and management of the consortium
and liaison with other agencies. |
| | - | this will mean management of the
Housing and Support Services
and allocation decisions. |
| Housing Managment
and Support Services | - | these functions can be provided
either by employing staff
directly, or by contracting out
to organisations or a mixture of
both. These sorts of decisions
can be taken by the management
committee once the consortium
is operational and has schemes in
development. |
| Function | - | to provide appropriate housing
management and support to people
living in the housing developed
by the consortium in accordance
with its aims. |

4.00 TIMESCALE AND NEXT STEPS

4.01 Appropriate versions of this report are currently being presented to the formal decision making bodies of the proposed member agencies.

4.02 The following list of decisions or action is required to progress matters:-

- a) Proposed member organisations agree to setting up a consortium.
- b) Housing Association involvement must be clarified via NFHA and the Housing Co-operation (ie. the issue of which Housing Associations are involved).
- c) Member organisations appoint the Directors.
- d) Apply for start-up funding from Joint-Finance, (this proposal fits with the new criteria for joint finance currently being discussed.
- e) Board of Directors appoints Management Committee
- f) Start up funding used to appoint Development worker and administrative support worker.
- g) Consortium applies for registration as a charity and as a company limited by Guarantee.
- h) The work begins on planning housing and support services for people with a mental health problem.

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