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East Lothian Council Supporting People Strategy

Meeting the housing support and accommodation needs and preferences of people with mental health problems

Report by

The Scottish Development Centre for Mental Health

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The research was carried out by Gail Cunningham, Bridget Johnson and Carol Gortmans. Emma Halliday set up the research database and Bev Hemstad provided administrative support for the Stakeholders' Workshop.

Executive Summary

Background

East Lothian Council commissioned research to inform the Supporting People Strategic Plan about the accommodation and housing support needs and preferences of people with mental health problems.

Supporting People is a government initiative which created a grant for the costs of housing support services from April 2003. Housing support is defined by a range of prescribed tasks which are carried out by support workers with people rather than for them in order for them to maintain their tenancy or occupancy of their home.

The mental health legislative and service development context is in the process of change. The Mental Health (Care and Treatment) (Scotland) Act 2003 places enhanced duties on local authorities in relation to the provision of care and support services and the promotion of well being and social development for people. NHS Lothian and its four partner local authorities are also jointly reviewing mental health plans across Lothian.

Research project objectives

The main objectives of the research commissioned by East Lothian Council were to:
- Assess the gaps in housing support and accommodation
- Draw up and appraise options to fill the gaps
- Develop a strategic plan to meet housing support and accommodation needs up to 2012.

Approach

Overseen by a multi-agency Steering Group, the research was carried out between April and October 2003. The research included:
- Researching contextual information in East Lothian and examples of accommodation and housing support services from across the UK
- Identifying the housing support and accommodation needs and preferences of people with mental health problems in East Lothian through interviews and anonymous questionnaires
- Involving people with mental health problems and their carers and other stakeholders in the programme of interviews and a Stakeholders' Workshop to appraise the accommodation and housing support options
- The people who contributed to the research included:
  - 22 service users (in 9 meetings)
  - 7 carers (in 1 meeting)
  - Approximately 50 statutory and voluntary sector staff (in 18 meetings and 7 telephone calls)
  - 41 participants in the Stakeholders Workshop of whom nearly 25% were either people who had used services or carers.

Key Findings

Existing and pipeline housing support services

- Housing support services are currently provided to 56 people with mental health problems in East Lothian: 8 people in shared accommodation and 48 people in their own tenancies
- The main providers are Carr-Gomm Scotland and the Scottish Association for Mental Health
- Edinvar Community Care, Link Living and Connections each support between 1 and 3 people
- The East Lothian Council Supporting People Strategic Planning Group is re-considering two pipeline housing support projects proposed by CHANGES and SAMH.

Feedback about existing services

The main points included:
- Service users and professionals value Carr-Gomm services
- More housing support is required for people in their own tenancies
- A larger range of housing support providers would provide more choice
- Mental health problems should have greater priority in Housing Allocations
- Mental health awareness training would improve housing and housing benefit services
- Partnership working both between statutory agencies and between statutory agencies and voluntary organisations could be improved through joint working, better communication and shared information
- Tynepark is an important and valued resource
- Other services are required including:
  - Local drop-ins including structured groups and hobbies / social activities / day activities – including education, training and work, for different age groups
  - Local specialist services for e.g. eating disorders, hearing voices, counselling, other therapies including one to one and group therapy
  - Befriending services
  - Respite care and / or short breaks.

Housing support and accommodation needs

The main groups of people with mental health problems affected by gaps in housing support and accommodation in East Lothian are:
- People in Herdmanflat Hospital
- People in shared supported accommodation
- People staying with family or friends
- Young people in hostels or the community
- Homeless people in inappropriate bed and breakfast accommodation
- People housed but needing more support or wanting to move.

Analysis of the anonymous questionnaires shows that there are:

- 6 people who need supported accommodation with 24 hour support in a suitable location
- 41 people who need housing with various levels of support and who want to live in the following towns or their associated villages:
  - Musselburgh   (10)
  - Haddington   (11)
  - Tranent   (7)
  - North Berwick   (9)
  - Dunbar   (4).
- 17 people who already have suitable support but want to move to another house. This may mean that they have to / want to transfer to another support provider
- 12 people who require housing support in Musselburgh (5), Haddington (3) and Tranent (4).

The number of people identified through the questionnaires is regarded as an underestimate of the numbers of people in need within East Lothian. It is estimated that, by 2012, the number of people with housing and housing support needs will more than triple to 150 people. There will also be an increase in the number of people who will require support from time to time to maintain occupancy of their accommodation.

Appraising the accommodation and housing support options

Seven options were appraised in the inclusive Stakeholders' Workshop. Including service users and carers in the modified option appraisal process has created a very positive and solid foundation for future service user involvement in the Supporting People planning and review processes.

The two models selected as a result of this process were:
- Supported accommodation in a block or group of flats with 24 hour staffing
- Core and cluster housing with flexible range of housing support available 7 days a week and on-call overnight.

Preferred models of accommodation and housing support for East Lothian

The values and principles which service users, carers and staff want to see underpinning service development in East Lothian are:
- Person centred planning
- Choice
- Independence
- Inclusion and integration
- Recovery
- Social model of disability.

The following two models were selected to meet the variety of needs and both are required to offer a full range of housing support and accommodation options for people with mental health problems in East Lothian. In both models:

- People would have tenancies and be charged a rent and, if required, service charges to cover, for example, furnishings
- Some people would require access to specialist support services such as alcohol and drug problem services and some would need personal care and/or mental health nursing care.

Supported accommodation with 24 hour staffing

- The location of this service would have to take account of other existing and planned community services and facilities and the availability of suitable properties. Accommodation would consist of existing or new-build flats, each with bathroom, kitchen, bedroom and living room, either in a block or in close proximity. One flat would be a resource base i.e. communal lounge and kitchen with staff bedroom / office
- A team of staff would provide housing support to tenants over 24 hours, 7 days a week
- It would possible and may be more cost-effective to link this supported accommodation service to a core and cluster housing support service as described below.

Core and cluster housing with flexible levels of housing support

- The accommodation would consist of:
  - o Core Housing (high level of support)
  - o Cluster Housing (moderate to low levels of support)
  - o Staff base either in a flat or an office within walking distance of tenants in core housing.
- Some people would already have a home. Additional accommodation would include bedsits, individual tenancies for single persons or couples, shared tenancies for non-related people wishing to share, family housing for lone or two parents with children
- It is proposed that four core and cluster developments are established in Musselburgh, Haddington, Tranent and the coastal towns including North Berwick and Dunbar. The support workers in the core and cluster developments would also provide support to people who are already in housing
- A team of staff would provide housing support to tenants from 9am to 5pm, 7 days a week, and offer flexible support for evenings and an on-call service overnight. The levels of support would be flexible but would normally range from a minimum of 1hour up to 28 hours per week. The team would be based in a property (either a flat, office or housing department offices) within walking distance of core service users
- The teams could also provide housing support as required to people with mental health problems in temporary accommodation, including bed and breakfast accommodation.

Supporting People Strategic Plan Objectives 2003-2012

The following objectives have been derived from the qualitative and quantitative research undertaken in East Lothian to identify the housing support and accommodation needs and preferences of people with mental health problems.

- Objective 1: To provide two models of accommodation and housing support offering a range of services to meet a variety of needs

- Objective 2: To increase the range of housing support service providers

- Objective 3:To increase service user involvements at all levels:
  - Involve service users and carers in planning, implementation, review and evaluation of new accommodation and housing support services

  - Increase the use of person centred planning in discharge planning and housing support service planning

  - Develop the use of Direct Payments and offering choice in housing support providers to service users.

- Objective 4: To assist the development of integrated services:
  - Increase mental health awareness of staff in housing and housing benefit offices

  - Increase knowledge of housing allocation procedures

  - Use Single Shared Assessment to share appropriate information about individuals sensitively across a range of agencies

  - Create a single access point for accommodation and housing support and flexible assessment procedures to allocate housing support

  - Set up systems to ensure appropriate services are in place.

1. Introduction

The Scottish Development Centre for Mental Health was commissioned by East Lothian Council to undertake a research project to inform and develop a strategy to meet the housing support and accommodation needs of people with mental health problems aged 16 to 64 in East Lothian. The work was carried out between April and October 2003.

1. 1 Background to the research project

East Lothian Council's Local Housing Strategy (LHS) 2002 – 2012 sets out the strategic housing priorities for the next five to ten years. One of the LHS's key objectives is to meet the housing and support requirements of people with particular needs, including people with mental health problems.

The Community Care Housing Needs Assessment (CCHNA), carried out in 2000, had identified a gap in the provision of accommodation and housing support services in East Lothian for people with mental health problems.

Taking the prevalence figure of 24 people in every 1,000 who are referred to a specialist psychiatric service, the CCHNA estimated that there were around 1400 people with mental health problems aged 16 to 64 in need of housing, support and care services. The report stressed that not all of these people will have both housing and support and/or care needs as some will require support or care in their present homes.

East Lothian Council also has a Supporting People Strategic Plan 2003 – 2008 which sets out in detail how the authority and its partners intend to meet the needs referred to in the LHS. Following the CCHNA recommendation that more detailed work be carried out to determine how best to meet these needs, East Lothian Council commissioned this research to inform the Supporting People Strategic Plan.

1.2 The legislative framework

1.2.1 Housing (Scotland) Act 2001

The Housing (Scotland) Act 2001 requires local authorities to develop a Local Housing Strategy, Homelessness Strategy and a Supporting People Strategic Plan.

East Lothian Local Housing Strategy 2003 – 2012
The East Lothian Local Housing Strategy (LHS) identifies appropriate housing with support as one of the main challenges for the Housing Department. The options proposed included:
- Support in own homes
- New-build / improve specialist accommodation.

The LHS identifies various pressures on housing resources including:

- The majority of East Lothian's population is concentrated towards the western side of the county - Musselburgh, Tranent and Prestonpans
- The projected population by 2015 is 101,010 (11% increase)
- The projected number of households by 2012 is 44,100 (14% increase)
- Around 500 council and 200 housing association homes become available for let each year
- 500 lets form 5% of the council stock and this is one of the lowest turnover figures in Scotland
- There are 6,500 people on the housing waiting list
- 80% of people on the housing waiting list need one or two bed properties (5,200)
- The East Lothian Housing Needs Survey (2001) showed the total backlog of affordable housing need of 2,000 units of accommodation by the year 2006. This breaks down by local area as:
  - North Berwick   22%
  - Musselburgh   19%
  - Prestonpans   18%
  - Haddington   17%
  - Tranent   16%
  - Dunbar   12%.

East Lothian Council will be administering Communities Scotland capital funding from 2004. Under the LHS, East Lothian Council intends to provide 275 new affordable housing units every year for the next ten years. It is proposed that around 10% of these new-build properties will be set aside to allocate to people with particular housing needs.

The Council's Allocations Policy is also being reviewed and a Choice Based lettings policy is being piloted in Prestonpans from early 2004. In addition, local Lettings Plans are being introduced through the existing Allocations Policy, which will seek to apply quotas to new lettings to ensure that particular housing needs are met at the local level, giving applicants more priority than they previously had.

Homelessness Strategy 2003 – 2008
The Housing (Scotland) Act 2001 extended the right to temporary accommodation for non-priority homeless applicants from October 2002. Previously between 900 and 950 households declared themselves homeless annually of which:
  - 67% of households were in Musselburgh, Tranent and Prestonpans
  - 80% of households were single people or lone parent families
  - 50% were single people of whom 50% were young people under 25 years of age
  - 37% of homeless applicants had been homeless before.

In sample of homeless applicants in 2001, 76% of people were in priority need and 2% of these had mental health problems[1].

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[1] East Lothian Council Homelessness Strategy 2003 to 2008 Consultative Draft

East Lothian Council's Homelessness Strategy emphasises prevention of homelessness and sustaining tenancies through services including:

- Homeseeker service
- Early intervention Strategy.

It also states the aim to increase the number and quality of temporary accommodation units.

Several initiatives in East Lothian relate to the needs of homeless people:

- Homelessness Team
- Supported Accommodation Team
- Central Assessment Team
- Homeless Families Partnership
- Health and Homelessness Coordinator.

The Strategy has objectives that relate to people with mental health problems:

- A resettlement strategy to give priority in the lettings system for people who are moving-on from supported accommodation, care, hospital or prison
- Protocols for people leaving prison and long-term hospital care.

The Supporting People Strategic Plan 2003 – 2008
This research will inform the Strategic Plan about the accommodation and support needs and preferences of people with mental health problems.

1.2.2 The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act 2003 places enhanced duties on local authorities in relation to the provision of care and support services and the promotion of well being and social development for people with 'mental disorder'.

The definition of 'mental disorder' includes people who: use mental health services; have a learning disability; have dementia; have acquired brain injury or have a personality disorder. The Act also includes advocacy as a right for people with a 'mental disorder'.

As a result, local authorities will be required to provide, in addition to accommodation and support services, services including social, cultural and recreational activities as well as training and assistance in obtaining and undertaking employment.

Recognising that all services will not be local, local authorities will be required to help people with travel to ensure that people can participate in these services.

1.2.3 The Health and Community Care (Scotland) Act 2002 and Joint Future Agenda

The Health and Community Care (Scotland) Act 2002 enables NHS Scotland and local authorities to implement effective joint resourcing and joint management as part of the Scottish Executive's Joint Future Agenda (Joint Future Group 2002) to integrate health and social care provision and improve joint working. This initially applied to services for older people and is being rolled out to other community care groups including people with mental health problems.

The Joint Future Agenda includes Single Shared Assessments to improve access to services for all community care groups.

The Community Care (Direct Payments) Act 1996 and the Health and Community Care (Scotland) Act 2002 created a duty on local authorities to offer disabled people direct payments to purchase housing support services. 'Disabled people' include people with mental health problems.

1.2.4 Regulation of Care (Scotland) Act 2001

The Regulation of Care (Scotland) Act 2001 established the Care Commission and the Scottish Social Services Council. The Care Commission registers and inspects services such as care homes and housing support services against national standards. The Scottish Social Services Council regulates staff in social services, including housing support services.

1.2.5 Community Care Plan 2001 – 2004

The East Lothian Community Care Plan 2001- 2004 has the following core principles which are reflected in the Supporting People Strategic Plan:
- To enable people to live as normal a life as possible in their own homes or in a homely environment in the community
- To provide the right amount of care and support to help people live as independently as possible
- To give people a greater say in how they live their lives and the services they need to help them do so.

1.2.6 Lothian Local Health Plan 2003 - Lothian Mental Health Strategy

NHS Lothian and its four partner local authorities are currently jointly reviewing plans for mental health across Lothian.   Consultation with stakeholders across Lothian, including East Lothian, has identified a set of principles to inform service planning and redesign as summarised below:

- There is a desire to shift the focus of service provision to give greater emphasis to community based services and to early intervention and prevention
- A key priority is to continue to extend the range of supports available to people in the community to address mental health needs.

Critical to this is ensuring greater capacity to provide timely and suitably intensive support, care and treatment in community settings for people who relapse, become unwell, or face a crisis

- Improvements are urgently required in acute inpatient care to enhance the physical environment, the quality of care and the range of therapeutic interventions available
- Mental health services should work to a philosophy of recovery that focuses on strengths and abilities and that acknowledges the expertise that people with mental health problems and their families gain through experience
- The strategy should promote closer integration in the ways in which support is provided by different services and agencies to meet the needs of people with mental health problems. Relationships and boundaries between services should aim to promote continuity of care and support for the individuals and families concerned
- A much stronger focus is required on improving the quality of life of people with mental health problems, by promoting access to opportunities in employment, maximising income, addressing social isolation, ensuring appropriate general health care etc.
- The role of specialist services needs to be set out more clearly to identify care pathways and networks of support. The interfaces between secondary mental health services and specialist services and between the latter and regional services need to be defined.

1.3 Background to Supporting People and housing support services

Supporting People is a government initiative that created a grant for the costs of housing support services from April 2003. Supporting People guidance states that to be eligible, services:
- Must be part of a planned programme of support agreed between the service provider and service user
- Must be focused on the activities and skills which enable the service user to maintain their tenancy or occupancy of their home in another tenure such as owner occupation
- Are provided to the individual and in certain limited circumstances to other members of the household e.g. children.

Housing support is defined by a range of prescribed tasks (details are contained in Appendix A) which are generally carried out by support workers **with** service users rather than **for** them.

The definition distinguishes it from:
- Personal care which includes, for example, cooking meals and cleaning houses for people
- Housing or property management which includes, for example, managing furniture replacement.

Where people have both housing support and care needs, packages of housing support and care can be funded by a combination of Supporting People, community care and health funding. An assessment of needs for housing support is required and the Single Shared Assessment will be used in future.

Service users are exempt from charges for housing support services in the following situations:
- In receipt of Housing Benefit (HB)
- In receipt of a service as part of a provision that was funded or part –funded by Special Needs Allowance Package on 31st March 2003. Should they move house or increase their support need they may be charged for additional services
- Previously in receipt of a support service as part of the rent pool (protected tenants) for at least one month prior to 1st April 2003
- In receipt of short-term services (aimed at moving on within 2 years) e.g. a hostel or homeless facility
- In owner-occupied sheltered housing and in receipt of Income Support (IS), Job Seekers Allowance or Minimum Income Guarantee.

If people do not meet the above criteria, they will be offered a financial assessment to make a decision if charges can be reduced or waived.

2. The research project

2.1 Objectives

East Lothian Council set the following objectives for the research project:

- To assess the extent to which existing and planned initiatives can meet the needs of people with mental health problems in East Lothian as a whole and within the six main town 'areas'
- To estimate the extent to which the demand for services and accommodation will change up to 2012
- To draw up options to meet the housing support and accommodation gaps identified
- To test / appraise the viability of those options
- To draft evaluation methodology which can be used to review and evaluate services in the future
- To develop a strategic plan to meet the needs of this group which sets out viable proposals for developing housing and support services which promote and sustain independent living.

Although the main focus of the research project was housing support, information was gathered about other needs such as personal care and other gaps in mental health services to get as broad a picture as possible of the needs and preferences in East Lothian.

2.2 Methods used

2.2.1 Steering Group

The multi-agency Steering Group met 7 times over 6 months to provide advice and guidance to the project. The Steering Group identified key contacts to liaise with and to access information from, including financial information.

2.2.2 Researching contextual information

Sources and key contacts provided the following verbal and written information:
- Information about existing services and pipeline projects
- Draft evaluation of the CCHNA methodology
- Local Housing Strategy 2002 – 2012 Consultative Draft
- Homelessness Strategy 2003 – 2008 Consultative Draft
- Community Care Plan 2001 - 2004
- Local Health Plan 2003
- Supporting People Strategic Plan Consultative Draft
- Supporting People Resource Pack.

2.2.3 Researching needs and preferences

In aiming to collect more accurate information about the needs and preferences of people with mental health problems in East Lothian, a brief anonymous questionnaire (Appendix B) was devised as a fairly quick way to draw up a profile of needs in the timescale. The questionnaire, with guidance notes, was piloted in draft form and then revised.

It was recognised by the Steering Group that this method would neither be person centred nor match up to a comprehensive needs assessment but would offer enough basic information to aid planning.

To avoid raising individuals' expectations and potentially involving people in duplicate work, carers and the following health and social work staff were invited to complete questionnaires (slightly modified versions were produced for hospital staff and carers):
- Community psychiatric nurses
- Herdmanflat Hospital staff in Pencraig and Garleton wards
- Soutra and Woodside day hospital staff
- Mental health officers
- Community Care Teams.

It was also accepted that the method excludes people who do not have current contact with statutory services. However, the approach was devised to try to take account of people who are referred to a specialist psychiatric service rather than people who may self-refer to other types of services. It is recognised that the numbers could only be a snapshot and will vary over time.

Another proposed source of information, the Care Programme Approach (CPA) was not appropriate as there were too few people using it and it was felt that it did not reflect the intensity of need.

2.2.4 Researching service models

Various databases and websites provided information about service models across the UK. Different models of accommodation and different levels of support (details are in Appendix C) were selected for further investigation by telephone interview in order to get more detailed information for the Steering Group and then to produce a matrix of options for discussion with service users and carers and other groups.

2.2.5 Involving people with mental health problems and their carers and other stakeholders

As part of the process of creating opportunity for increased and shared understanding, the project gathered the perspectives of the range of stakeholders by holding a series of meetings with various groups and organisations across East Lothian. Information was also gathered from individuals either face to face or by telephone.

Details of the groups and individuals involved in face-to-face interviews, discussions and telephone interviews are contained in Appendix D.

Service users and carers

The approach to the involvement of service users and their carers in the project was that it should be a process rather than a one-off event. Successful involvement requires commitment to this process demonstrated by devoting time and resources to engage service users and carers and involving them in making the decisions.

It was hoped that involving service users and carers in this development stage would help to build capacity for the longer-term requirements for implementing, reviewing and evaluating the services funded through Supporting People.

Fourteen organisations and services were approached to invite service users and carers to take part in meetings. Travel expenses were offered. Some organisations explained that service users did not meet as a matter of course or that it would be difficult to involve service users and therefore it would not be possible to set up a meeting for the project. However, workers in these organisations either arranged a meeting with one service user or provided information for the project based on their knowledge of issues and service users' needs and preferences.

An Information Sheet (Appendix E) about the project was sent in advance to the participating organisations for distribution to service users and carers to ensure that they were aware of the purpose of the meeting and could prepare for it. In total, 14 meetings were held with groups or individuals and another 3 people commented by telephone.

Statutory and voluntary sector staff

Staff in statutory and voluntary agencies were also invited to contribute their views, either in face-to-face interviews or by telephone. 13 meetings were held with staff and 4 people were telephoned.

Numbers of respondents

In summary, the people who provided information were:
- 22 service users (in 9 meetings)
- 7 carers (in 1 meeting)
- Approximately 50 workers (in 18 meetings and 7 telephone calls).

The Steering Group wanted this process to involve as many service users and carers as possible, and it was felt that more people could have taken part in this stage of the project.

However, although their numbers may have been comparatively lower than the staff involved, the service users and carers who did participate brought a rich mix of personal experience and a broad range of views to the process.

2.2.6 Stakeholders' Workshop and option appraisal involving users and carers

Drawing on the information generated through the above stages, nine service models were drawn up and of these, seven were agreed by the Steering Group as options to be considered for East Lothian. The Steering Group also agreed what would be included in the option appraisal framework to be used in the workshop.

The seven options were discussed at the workshop which involved a range of stakeholders including service users, carers and staff from health, social work, housing and voluntary organisations. Members of the Steering Group also participated, some as facilitators.

Comments made by participants in the stakeholders' workshop have been included in the relevant parts of this report.

(Details of the workshop participants are contained in Appendix F. Analysis of the participants' evaluation forms are contained in Appendix G).

3. Current services

This section contains information about existing and planned housing support and housing services. It also contains feedback from service users, carers and staff about a range of services in East Lothian.

3.1 Housing support services

3.1.1 Introduction

Housing support services are currently provided to 56 people with mental health problems in East Lothian. The 2 main service providers are Carr-Gomm Scotland (Carr-Gomm - currently supporting 36 people) and Scottish Association for Mental Health (SAMH - currently supporting 15 people).

Two other organisations primarily provide support to people with learning disabilities but also support small numbers of people who either have mental health problems or have a learning disability and a mental health problem:
* Edinvar Community Care (currently supporting 3 people)
* Link Living (currently supporting 1 person).

Connections, a service for people with acquired brain injury, also supports one person in East Lothian. Details of where the existing housing support service users live are contained in Appendix H.

3.1.2 Carr-Gomm Scotland

Carr-Gomm is the largest provider of housing support, providing support to:
* 28 people aged between 22 and 67 (50% men, 50% women) with severe and enduring mental health problems in their own tenancies. The outreach staff team is based in Tynepark House
* 8 people in Cameron Cottage (shared accommodation with a Management Agreement with landlord, Castle Rock HA)

Carr-Gomm was initially funded by SWD block grant in 1998 to support 9 people in independent housing and now supports 32 people, some funded by SWD block grant, some funded by Supporting People block grant and most funded by both.

There are 12 members of staff in the team supporting people scattered throughout East Lothian. Staff are based in Tynepark and travel by car and bus to people's homes. Support is provided mainly between 9am and 5pm Monday to Friday with one worker available on Saturdays. They also have a 24-hour on-call system.

The outreach support for people in their own tenancies ranges from 1 hour to 11 hours per week and consists of emotional and practical support with, for example:
* Budgeting and Benefits
* Tenancy maintenance
* Life skills.

Cameron Cottage in Musselburgh has been established for many years. Originally support was provided by the housing provider, Castle Rock HA but it engaged Carr-Gomm to manage the support in 2003, following a decision to withdraw from the role of supporting people in housing. The property was de-registered and is now funded by Supporting People and block grant.

There are 2.5 workers who provide support over 24 hours, including a sleepover. In addition, other staff from Carr-Gomm are involved with service users as required. Cameron Cottage is considered to be a halfway house although staff are guided by the needs of people. When people do move, Cameron Cottage staff provide 6 weeks of transitional support following which other Carr-Gomm staff are involved.

Support is provided with:
- Independent living skills including shopping
- Activities outside the house
- Finances including opening bank accounts etc.
- Liasing with professionals as required
- Contact with social work department or other agencies when people are unwell.

3.1.3 SAMH

SAMH has recently started to support people in their own tenancies. SAMH support 15 people for various periods of time ranging from 12 to 24 hours each week (average 10 hours support per person per week) with 3 full time workers and 2 part-time and a relief team of 10 people (5/6 FTE). Support is provided between 9am and 5pm Monday to Friday and evenings and weekends.

3.1.4 Proposed housing support developments

Carr-Gomm, SAMH and CHANGES were aiming to provide new services from 2003/4 onwards. However, Carr-Gomm was unable to establish its service to enable people to leave Herdmanflat Hospital within the Transitional Housing Benefit timescale.

CHANGES and SAMH proposals (described as 'pipeline projects' for Supporting People funding) were:
- CHANGES – To develop and sustain an outreach service with 1 part-time support worker (20 hours) to support approximately 10 people at any one time and approximately 50 people each year. Need was identified through existing services provided by CHANGES
- SAMH
  - a) Intensive support with 3 to 4 FTE support workers providing between 15 and 20 hours per person per week to 4 or 5 people in their own tenancies
  - b) Floating support with 4 or 5 FTE community support workers based in various towns each supporting approximately 15 to 20 people (approximately 100 people in total). Need was identified through existing services provided by SAMH.

The Scottish Executive restricted applications for Supporting People pipeline funding to projects that involved capital finance. The Executive recommended that non-capital projects could be met from any savings accrued within mainstream budgets as a result of the new Supporting People funding.

Projects that were unable to gain pipeline approval, including those planned by SAMH and CHANGES, are now being re-considered by East Lothian Council Supporting People Strategic Planning Group.

Although there may be some growth in Supporting People grants in 2004/5, East Lothian Council will have to bid for any additional resources from the Scottish Executive or elsewhere to fund new housing support services. Additional support and care needs may be funded through other Council budgets.

3.2 Housing services

3.2.1 Introduction

East Lothian is an area with an urban / rural split. Settlements are spread out and people tend to have strong local connections, which influence their preferences for housing. Scattered populations also mean higher costs and reduced economies of scale.

Each council area housing office currently has a Lettings Plan within which a percentage of allocations are for homeless people, including homeless people who have mental health problems. There is no set percentage for people who have mental health problems.

There are a number of Housing Associations active in East Lothian. ELC currently nominates 4 people for vacant properties and the housing association selects the tenant.

3.2.2 Medical and social priority in housing applications

There are three procedures for trying to secure housing for people with mental health problems in difficult situations:
- Extreme Medical Housing Panel – for people considered to be in an extreme medical situation referred by psychiatrist and social worker
- Rehousing Panel which meets regularly and deals with applications with 'social ' points
- Adult Resource Panel (housing and social work) used to update housing needs.

3.2.3 Services for homeless people including people with mental health problems

The Homelessness Team has temporary accommodation in blocks of flats and scattered furnished flats. They have Accommodation Officers but do not provide specific support for mental health problems.

The Supported Accommodation Team (SAT) has a range of accommodation including single person starter flats, shared supported flats, supported lodgings and they support young people aged 16 to 25 years old who have a history of being looked after.

The Central Assessment Team (CAT) was established to undertake integrated assessments and coordinate accommodation, support, advice and assistance for young people aged 16 to 21. As well as Assessment Officers, there is a Floating Support Worker. The CAT is piloting Single Shared Assessment covering 6 areas of housing, finance, health, social skills and education / employment / training. The Team set up protocols and procedures for all agencies and refers young people with mental health problems to the Community Care Team or to the Young Person's Unit in Edinburgh.

The Floating Support Worker provides support to retain tenancies, originally as a pilot service for young people, but is now extended to all age groups.

The Health and Homelessness Coordinator post was created for a year to identify and develop health-related services for homeless people. One of the outcomes is the pilot Housing Advice service for people in the acute ward in Herdmanflat Hospital, which is listed below.

3.2.4 Housing service developments

There are several changes planned or taking place in housing in East Lothian, which may have a bearing on services for people with mental health problems. These are:

- Pilot housing advice service in Herdmanflat Hospital. Housing officers visiting on a weekly basis along with social worker
- Development of Personal Housing Plans (draft section on medical assessment refers to physical illness but not to mental health problems)
- The housing department is considering funding a post to provide liaison and support for homeless people in temporary accommodation to assist with resettlement from temporary into permanent accommodation and to provide support with sustaining tenancies
- The creation of a Common Housing Register to streamline the housing application process is being discussed.

3.3 Feedback about services

3.3.1 Introduction

It was part of the project's remit to feedback information gathered about existing services. This was principally aimed to be about support services but in the course of discussions many comments were made about housing and other services so this feedback has been included.

Unfortunately, a meeting arranged with a group of SAMH service users was cancelled and there was insufficient time to arrange another. It was therefore not possible to obtain their views on services.

There was no criticism of the existing housing support services but in the course of interviews and the discussion in the stakeholders' workshop, respondents expressed a general desire to see a greater range of housing support providers in East Lothian.

3.3.2 Carr-Gomm

I get support for basic things. I think it is great. I wouldn't want them to cut my support down further. [Service user]

It was evident that the Carr-Gomm service provided in Cameron Cottage and to individuals in their own tenancies was valued by service users and by professionals. Housing staff found their service very positive and supportive. It appears that the transition of provision of housing support from Castle Rock HA to Carr-Gomm has gone well. The main feedback was that the level of housing support was not enough for people in their own tenancies, either in terms of the number of hours allocated through the assessment process or in the allocation of support in the evening or at weekends.

3.3.3 Tynepark

Tynepark is regarded as an important and valued resource for many people, particularly for those living on their own without a carer.

3.3.4 Housing

It is recognised that there is tremendous pressure on housing resources in East Lothian but the need for affordable housing for people who are vulnerable because of mental health problems is regarded as a priority by many of the respondents.

It was suggested that the current medical points system in the Allocations Policy should be reviewed to give priority to mental health problems as these have just as much impact on people's housing needs as physical ill-health or disability.

The other issues around housing and homelessness for people with mental health problems are:
- Lengthy waiting list for housing
- Lack of choice for people who want affordable housing and security of tenure
- Difficulties for housing staff in assessment of mental health problems due to lack of awareness
- Housing staff approach, attitudes and insensitivity e.g. informing a neighbour of a tenant's mental health problem
- Ghettos created through location with people who have other issues e.g. with drugs and alcohol
- Stigma in certain areas
- Lack of communication, lack of information or information getting lost

- Delays in getting rent assessment.

It was noticeable that there is also a lack of knowledge or understanding of housing policies, practices and procedures leading to some misunderstandings in service users, carers and professionals. Examples of misunderstandings are:

- *ELC only allocates 1 house each year to people with mental health problems* (There is no prescribed percentage of allocations)
- *ELC has 30 people with mental health problems on a waiting list for housing* (There is no specific waiting list for people with mental health problems)
- *Housing Associations choose to allocate property to people coming from outside East Lothian* (HAs are prohibited from restricting allocations to people with local connections and usually people have reasons for applying for housing in East Lothian e.g. family, previous home etc.)

There are examples of good working relationships, for example between housing managers and housing officers who are working with social workers and / or Carr-Gomm staff. Where tenancy issues arise, case conferences take place with the tenant, social worker and support provider to look at housing and support.

Nevertheless, there are also examples of poor communication, lack of mental health awareness and insensitivity in treatment of people with mental health problems. There is also some variation in the level of information-sharing between housing and social work professionals which can affect making allocations which are sensitive to the needs of individuals. Confidentiality is often given as the reason for information being withheld.

3.3.5 Housing Benefit

At present the East Lothian Council Finance Section requires people to make annual re-applications for Housing Benefit. There is no procedure to take account of non-returns due to mental health problems and it appears that at present there is little communication between Housing Benefit staff and Housing Officers or Social Workers about tenants who may require assistance with official forms.

When Housing Benefit forms are not returned, technical arrears can build up and Rent Arrears Officers become involved, potentially leading to eviction. Even although claims can be backdated, this is only possible for up for one year.

Additional problems arise if people are in hospital and lose Housing Benefit, as this either threatens retaining the tenancy or applying for another tenancy due to previous rent arrears.

A range of people can be involved in assisting people to complete Housing Benefit re-application forms and other forms, for example, Housing Officers, Social workers, Rent Arrears Officers, Central Assessment Team. CPNs, social workers and other workers also refer people to the Citizens' Advice Bureau to assist people with mental health problems to deal with official matters and forms, particularly Housing Benefit claims and Council Tax Exemption.

3.3.6 Homelessness services

It was reported that, from time to time, people are discharged from Herdmanflat Hospital with no arrangements for accommodation and have to apply under homelessness legislation to the Housing Department.

If there is no alternative such as temporary accommodation, they are offered bed and breakfast accommodation and this is not suitable for them.

There is no specific support available from homelessness services for people over the age of 25 who have mental health problems living in temporary accommodation or bed and breakfast accommodation, either on their own or with their family.

3.3.7 Partnership working

There is a perception that statutory agencies could develop more effective partnerships in East Lothian and improve communication links, both with each other and with voluntary organisations.

3.3.8 Other mental health services

It is widely accepted that gaps in accommodation and housing support cannot be treated in isolation from the other social and economic issues faced by people with mental health problems. The interviews and group discussions identified that there is a lack or shortage of:

- Local drop-ins including structured groups and hobbies / social activities / day activities – including education, training and work, for different age groups
- Local specialist services for e.g. eating disorders, hearing voices, counselling, other therapies including one to one and group therapy
- Befriending services
- Respite care and/or short breaks.

Drop-ins
There is a particular need for more social contact, and drop-ins or day centres similar to Tynepark were wanted across East Lothian. Public transport in East Lothian is a big issue for people, particularly if they live in the more remote areas. Tynepark is not accessible for everyone and Musselburgh is regarded as a good additional location as it is accessible from most places.

CPNs and social workers
There were a number of comments from service users and carers about an apparent shortage of social workers and CPNs.

The effect of the gaps in other mental health services
The gaps in services affect people in the following ways:

- Lack of day and drop-in centres leads to isolation, particularly for people living on their own

- People sometimes use services outside East Lothian such as Orchard Centre, Bonnyrigg, Midlothian or a drop-in centre in Edinburgh as these are easier to get to than Tynepark
- Support time is used to transport people to Tynepark rather than on other tasks
- Younger people experience issues of isolation and alienation as they often do not have a social network, having never worked and have the difficulty of the stigma of having mental health problems
- People who need a respite break can end up in the acute hospital ward when they do not require hospital care
- People do not get breaks from difficult living routines
- People are unable get a befriender as demand outstrips the supply of volunteers.

Stigma
Active measures are required to combat the stigma which can be attached to mental health problems. As an example, concern was expressed about the forms for exemption from Council Tax including the wording "severally mentally impaired" and "suffering from a severe impairment of intelligence and social functioning which appears to be permanent". Although the wording is a legislative requirement, a covering letter to explain this would reduce its effect on people with mental health problems.

4. Needs and preferences for housing support and accommodation

4.1 Findings from the interview programme

4.1.1 Introduction

This section contains an analysis of the qualitative information gathered through the interviews and group discussions held in the research project and an analysis of the quantitative information gathered through the questionnaires.

It should be noted that there is some frustration among service users, carers and professionals that service development in East Lothian has not kept pace with the expressed demand for accommodation with support.

Some respondents were also very aware of the pressures on resources such as housing and funding for support. As a result there were some doubts expressed about whether action would be feasible as an outcome of this research.

In these circumstances it is crucial to ensure that there is feedback to the range of stakeholders to keep them informed and to provide reasons if the decisions taken do not reflect user or carer views or the majority of views.

4.1.2 People who need housing and housing support

People are individuals with different needs and there should be a sufficient range of services to reflect differing needs. [Carer]

The main groups of people with mental health problems affected by gaps in housing support and accommodation in East Lothian are:
• People in Herdmanflat Hospital
• People in shared supported accommodation
• People staying with family or friends
• Young people in hostels or the community
• Homeless people in inappropriate bed and breakfast accommodation
• People housed but needing more support
• People housed but wanting to move.

People in Herdmanflat Hospital
There are two groups of people in Herdmanflat Hospital affected:
• People with long term mental health problems (severe and enduring mental health problems) in Pencraig rehabilitation ward
• People with acute mental health problems in Garleton acute ward.

Some people have had to stay in Pencraig rehabilitation ward for years, as they require accommodation with 24-hour support to enable them to leave hospital. Some will require this type of support on a permanent basis and others on a medium term basis.

While some of these patients want their own tenancy, others recognise that sharing a property would benefit them. It was reported that there are also one or two people in Pencraig who require continuing care in hospital due to their needs.

Homeless people ready to leave Garleton acute ward have difficulty in obtaining housing either with or without support. Some people require limited support to leave hospital and establish themselves independently whereas others would initially benefit from a high level of support to build up their skills and confidence, although most eventually will be able to maintain their lives with lower levels of housing support.

People in supported shared accommodation
Cameron Cottage, managed by Carr-Gomm, is considered to be longer-term accommodation for some tenants and a "stepping stone" for others. Most tenants want single tenancies and have made an application for housing but will only move on when they are ready to be more independent. As obtaining move-on tenancies is difficult, people have to stay for a longer period than they require. There is a knock-on effect as other people either in Herdmanflat Hospital or the community requiring this level of support are not able to access Cameron Cottage.

People living with family or friends
A group of people are living, sometimes in difficult circumstances, with relatives or friends. Some people, mainly men with long term mental health problems, live with their parents and require housing, mostly single tenancies with support although some may want to share housing. Some people will require high levels of support to make the transition from the family home but this would reduce, although support needs to be flexible to react to changes in mental health. A small number of people will require accommodation with 24-hour support. Some people are staying care-of friends as they are unable to obtain their own housing.

Young people who are in supported temporary accommodation or homeless in the community
Young people with mental health problems assessed as homeless by the Central Assessment Team can access supported temporary accommodation. There are two services, one for young people aged 16 to 20 and the other for young people aged 16 to 25.

Young people are often stuck in the supported temporary accommodation due to lack of move-on accommodation, which is either temporary accommodation or mainstream housing with continued support if required.

The knock-on effect of the supported temporary accommodation being full is that bed and breakfast accommodation is used for other young people but is not suitable.

Young men with mental health problems find it more difficult than young women to manage and are less likely to establish friendships. They therefore need a great deal of support to manage their accommodation and to develop social networks.

They require bedsits with support to help build their skills in looking after themselves and to be able concentrate on other areas of their life – education, training and employment. Concern was expressed that, without support, some young people have been unable to cope with the responsibility of a tenancy.

People who are homeless and/or using inappropriate bed and breakfast accommodation

Previous research[2] analysed 157 homelessness applications from the first quarter of 2001/2 and found that fifteen applicants (10%) mentioned a mental health issue of which all but one was cited as depression.

People with mental health problems who are homeless are not treated any differently from other people who are homeless.

Bed and breakfast accommodation holds particular issues for people with mental health problems, as they do not have the resilience needed to cope with the settings. Some main bed and breakfast establishments are located beside public houses and this exacerbates the difficulties for people who misuse drugs and/or alcohol. Pressures are magnified where there are children in the household. People using bed and breakfast establishments in towns unknown to them, e.g. Dunbar, lose contact with their local communities and informal support.

If people refuse the offer of bed and breakfast and have no other options they can 'disappear ' and then turn up again a few months later. There are also people who are homeless but 'hidden' as they move around from place to place staying with friends.

People housed but needing more support

Some single people, particularly people with severe and enduring mental health problems, living in their own tenancies already have housing support but require more than is allocated or need support to be provided in the evenings and at weekends. Often there are more issues at the weekends and carers can feel obliged to step in at these times.

It has also been stated that the housing support needs of some people have been assessed in terms of maintenance of tenancies but that this is inadequate in terms of enhancing their lives.

Some other people do not have any support but would benefit from a very low level of support, for example to access benefits, complete forms and deal with neighbour issues.

People housed but wanting to move

Some people want to move house. Some may not want to live on their own and would prefer to share accommodation for companionship. There are also some

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[2] East Lothian Council Homelessness Strategy   Consultancy Report
Bob Widdowson and Christine Forrester, January 2003

people who want to move for various reasons such as proximity to formal and informal supports. People living in the private rented sector want affordable housing as they have concerns about whether Housing Benefit will meet their rent levels.

4.1.3 Effects of the gaps in housing support and accommodation

The gaps in housing support and accommodation with East Lothian affect people in the following ways:

- People have to stay in hospital for lengthy periods when they no longer require nursing care and it is reported by hospital staff that they become institutionalised as a result
- People in need of rehabilitation cannot access Pencraig due to inability to discharge current patients to appropriate services
- People spend lengthier periods of time in shared supported accommodation than is suitable which can lead to anxiety and reoccurrence of mental health problems
- People are isolated in inappropriate bed and breakfast accommodation without support
- People are isolated in inappropriate temporary accommodation without support
- People accept housing which is inappropriate or in towns they do not want to live in, e.g. Dunbar, which leads to isolation and exclusion
- People have to leave East Lothian to obtain housing with support, losing contact with family, friends, familiar workers, packages of care and informal support networks
- People are re-admitted to hospital because they are unable to cope without support
- People lose tenancies because they are unable to cope without support
- People stay in overcrowded accommodation with relatives or friends
- People are isolated in their own housing, as they do not have enough social contact.

Two personal stories are contained in Appendix I that illustrate the effect of homelessness and lack of suitable options.

4.1.4 Types of housing support and accommodation preferred

Introduction
The discussions with service users and carers and other groups, using the matrix of potential aspects of accommodation and housing support models, generated the following views on what was required to meet the needs and preferences of people in East Lothian.

The preferred type of support
Service users made the following comments about support:

- *It is very threatening going from 24 hours support to nothing. You can feel quite isolated.*
- *It is about more than the housing. It's about people who you can contact and who know about you and can support you.*
- *When I came out of hospital my confidence had gone completely.*

- *I know of a woman with mental health problems who uses a wheelchair. She is struggling to get a house with a ramp and for railing to go up to her door.*
- *If she could get support for when, for example, the problem with her gas supply, then it would stop her worrying. She could do with support.*
- *I used to get kids knocking on my door.*
- *Even just speaking to someone for half an hour can help. Just someone at the other end of the phone or to come out and speak to you.*

People in Herdmanflat Hospital
Patients in Herdmanflat Hospital identified the following support needs:
- Assistance with cleaning and keeping the flat tidy
- Assistance with shopping / advice on cooking / helping with errands
- Assistance with making appointments
- Assistance with benefits and official correspondence but not with the hospital or social work department
- Assistance with budgeting and other financial matters that may arise
- Assistance with developing social contacts.

People in shared supported accommodation
People in shared supported accommodation identified the need for assistance with:
- Filling out forms e.g. council tax form / housing benefit
- Sorting out the flat
- Obtaining furnishings
- Paying for electric and gas
- Budgeting including gas and electricity
- Practical tasks as and when required
- Social contact and social activities
- Reminders about medication (one person)
- Assistance when dealing with professionals.

Respondents wanted to access support in a variety of ways and described the support service they wanted as:
- Not too intrusive
- Available outwith their own accommodation e.g. office or cafe
- Available in an emergency
- Accessible by telephone.

People living in their own housing
People living in their own housing commented that just knowing support was available if required was of great help but that it was particularly valuable when family support is not available and at the following times:
- Leaving hospital
- Leaving supported accommodation
- Moving to a new tenancy
- Moving from one area to another.

The preferred type of accommodation and levels of housing support
The range of preferences were:
- Shared accommodation with 24 hour housing support on site
- Shared accommodation with visiting and on-call housing support
- Single tenancies with visiting and on-call housing support
- Clusters of single and shared tenancies with workers in a core house
- Bedsit tenancies with shared bathroom and sitting room or starter flats for young people with mental health problems
- Half way house for 4 to 6 clients, single bedrooms and a communal sitting, kitchen and bathroom in Haddington, some distance from the hospital and with input from hospital staff
- Sheltered flats, where there is a warden to offer people support and a communal area
- Block of flats with 24 hour support on site in a flat e.g. four single bedroom flats with a communal area
- Short-term support for people in their own tenancies e.g. for 6 weeks to prevent a crisis and then provide help to get long-term support
- Low-cost home ownership with support.

4.2 Findings from the questionnaires

4.2.1 Introduction

The anonymous questionnaires provided information about the needs of 113 people[3] (0.2 % of the population aged 16 to 64 in East Lothian). This is regarded as an under-representation of the number of people in East Lothian who have housing support and accommodation needs. It was reported by some contacts that some staff who had been asked to complete questionnaires were working under pressure and found it difficult to find time to do this.

By mid-September 116 questionnaires had been returned, of which 10 were duplicates (i.e. two professionals had each completed a questionnaire for the same person). In four cases, the professionals differed in their assessment of housing need and information has been taken from the questionnaire with the most detail on needs.

Some of the completed questionnaires were draft questionnaires from the earlier pilot stage and so do not include the breadth of information in the final questionnaire. Any gaps in information have been included as ' Not Stated'.

A further 17 questionnaires were returned at the end of October. Due to the timescale, it was not possible to add these to the database for detailed analysis but the information about housing and housing support needs and preferences has been taken into account in the attached proposals.

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[3] Note that 3 people are over 64 years of age

4.2.2 Profile of needs

Of the 96 people, 32 people are suitably housed and supported at present.

Detailed analysis of the remaining 64 questionnaires is contained in Appendix J. In summary, of the 64 people who have unmet needs:

Age:
- 4 people (6%) are under 25 years of age
- 43 people (67%) are aged between 25 and 50 years
- 11 people (17%) are over 50 years of age
- 3 people (5%) are over 64 years of age

Gender:
- 36 people (55%) are female
- 28 people (44%) are male.

Ethnic origin:
- 61 people (95%) are described as 'white'
- 2 people (3%) are described as 'black'
- 1 person is described as 'Scottish'.

Duration of mental health problems:
- 48 people (75%) have experienced mental health problems for over 5 years
- 26 people (41%) have additional issues (such as alcohol or drug misuse or physical health needs).

Current location:
- 36 people (56%) are currently located in Musselburgh, Haddington or Tranent

Current household circumstances:
- 26 people (41%) are on their own
- 19 people (30%) are living with their parents or a family member
- 6 people (9%) are with a partner, or partner and children
- 6 people (9%) are lone parents
- 3 people (5%) are in supported accommodation or residential care.

Current housing tenure:
- 21 people (33% of total) live in an East Lothian Council tenancy
- 8 people (13% of total) live in a housing association tenancy
- 7 people (11% of total) live in a private tenancy
- 10 people (16% of total) live in owner occupied housing.

Risk of homelessness:
- 18 people (28%) at risk of homelessness
- An additional 2 people are already homeless.

Accommodation and housing support / other needs:

- 8 people are suitably housed but need housing support
- 14 people are suitably supported but need housing (it is not possible to assess whether a house move would include continuity in support arrangements)
- 42 people need housing and housing support
  - 37people want to live in East Lothian
  - 5 people need / want to move outside East Lothian
- Of the 37 people who need housing and housing support in East Lothian:
  - 4 need staff to be present over 24 hours
  - 33 need a range of levels of housing support
- 19 people need long-term housing support
- 4 people have personal care needs
- 5 people have physical nursing care needs
- 25 people have mental health care needs.

4.2.3 Additional questionnaires

Accommodation and housing support / other needs of the additional 17 people are:

- 4 people are suitably housed but need housing support
- 1 person is suitably supported but needs housing (it is not possible to assess whether a house move would include continuity in support arrangements)
- 12 people need housing and housing support (of whom 2 people will require staff to be present over 24 hours).

4.2.4 Local Needs Assessment

Separate research[4] undertaken in the first half of 2003 assessed 62 people using the CANSAS method. 24 people felt that their admission to hospital within the past 3 years could have been avoided through more support at home and a change in medication. The extract below shows the number of people with accommodation and other needs which may be assessed as housing support activities

Area of Need	Number of people with needs
Accommodation: – Finding better accommodation – Finding own accommodation to move from family home – More support at home – Help with Housing Benefit	14
Food	7
Looking after the home	12
Self-care	12
Company	26
Telephone	3
Money	23
Benefits	14

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[4] A Report into the needs of service users with schizophrenia in East Lothian   Keith Brunton 2003

5. Appraising accommodation and housing support options

5.1 Introduction

The views from the interview programme on what was required to meet the needs and preferences of people identified two main areas of need:
- Accommodation with 24 hour staff support on site
- A range of flexible staff support available to a range of house types, for example:
  - Bedsits (room with kitchen facilities and en-suite and shared sitting room area)
  - Individual tenancies for single person or couple (one bedroom, living room, kitchen and bathroom)
  - Shared tenancies for non-related people wishing to share (single bedrooms with either en-suite or shared bathroom, shared kitchen and living room)
  - Family housing (appropriately sized accommodation for lone or two parents with children).

Eleven options were developed for discussion with the Steering Group. A final short-list of 7 options (see Appendix K) were agreed and taken to the stakeholders' workshop to be appraised in an inclusive process.

5.2 Option appraisal criteria

The Steering Group discussed and agreed the criteria to be used in the option appraisal process.

Although option appraisal is commonly used in statutory organisations, it is much less familiar to people who use services. The challenge of making option appraisal an inclusive process required the Steering Group to adapt the process to make it accessible to all participants, particularly service users and carers with no previous experience, and trying to keep the process as user-friendly as possible through plain English and a low-key approach.

The following criteria were discussed:
- Desirability
- Achievability
- Effect (or Impact)
- Cost / Value for money
- Level of risk.

It was agreed that 'level of risk' would not be included as a criterion as this was more of an issue for service planners than service users. It was also agreed that the workshop option appraisal process was about establishing a consensus about service models rather than focussing on cost issues.

The Steering Group intended to carry out a weighting process after the workshop to place more importance on some criteria than others, but this did not happen as the option appraisal process was modified.

5.3 Option Appraisal process

5.3.1 Introduction

Prior to the workshop all participants were sent an information sheet about the workshop aims, what they should expect and suggesting how they might prepare for the day, which included:
* Feedback about the emerging information from the research
* Discussion of the types of accommodation and support being suggested as options
* Assessment and prioritisation of the options.

There were 44 people in attendance including 3 SDC staff. Of the 41 participants, nearly 25% were people who had used services or carers. (Details of the participants in Appendix F).

24 people completed evaluation forms (Analysis of the participants' evaluation forms are contained in Appendix G). It can be seen from the comments that the workshop was considered a successful event by those who responded and that there is a general hope that service user and carer involvement will continue in planning and reviewing services.

5.3.2 Discussing the options

Participants worked together in small groups in the morning and afternoon with a facilitator. Although participants had been allocated groups to ensure a mix of service users, carers and other people, a number of people chose to stay with friends or staff to feel comfortable, and some groups did not have an equal mix as planned.

Some of the groups within the stakeholders' workshop found the process of appraisal difficult to work with, as they were not familiar with it. They preferred to compare and contrast the options before reaching a consensus about the preferred option. (Appendix L contains a summary of the stakeholders' workshop outcomes).

The Steering Group members who were facilitating the process agreed that as participants were still involved in making decisions, it would not be appropriate to try to enforce the formal scoring process.

5.3.3 Rating the options

24 hour staffed supported accommodation
Overall there was greater support for the option of people occupying their own flat, either in a block or in a group of adjacent flats, rather sharing a single property. One flat would serve as a staff base and staff bedroom and offer communal space.

There were some concerns expressed about stigma and NIMBYism if properties are in close proximity but it was believed that this could be reduced by sensitive location e.g. in a new-build community.

The reasons for a preference for flats were:
- As an alternative to supported <u>shared</u> accommodation in Cameron Cottage
- Intensive support available either in the flat or in the base
- Control of lives in own personal space and promotion of independence
- Individualised support rather than support to a group
- Offers transitional accommodation without person having to leave, as support can be reduced or withdrawn and provided to another person
- Friends can stay in flat
- Two-bedroom flat could offer choice to share
- Individual mental health problems have less of an effect on others
- People from different towns can choose whether or not to mix
- Less upset to others if people move in or out
- Choice of whether or not to use communal areas
- Own tenancies.

Core and cluster housing with flexible range of housing support
Overall there was greater support for the option of support available across seven rather than five days for the following reasons:
- Mental health problems are full-time, not 9am to 5pm, Monday to Friday
- Greater need for support at weekends as other services and facilities are not available
- Alcohol and drug misuse problems can escalate at weekends
- Re-assurance of knowing that support is available even when not actively using it.

There was agreement that having on-call support overnight is sufficient and that flexibility of support in the evenings would be welcomed. Participants wanted a core and cluster model as:
- Scattered properties prevent stigma
- Cluster could be a good distance from core if people require less support
- Promotes integration into communities
- Meets needs for support from very low to high needs
- People have their own tenancies.

Other options
There was no great desire to see temporary furnished accommodation established for homeless people who have mental health problems. The emphasis was on allocation of permanent accommodation and linking people to the above core and cluster support.

Neither was there any support for specifying housing with a minimal or low level of support, as there was concern that this would be limited and not that different to the current situation. The preferences were:

- Minimal or low support levels to be included in core and cluster developments
- Develop generic service offered to anyone who needs it for range of reasons
- Enhance the housing management service.

5.3.4 Conclusions about the option appraisal process

Although it was not possible to use the option appraisal process in a rigorous way, it is concluded that the benefits of including service users and carers in the modified process has created a very positive and solid foundation for future service user involvement in the Supporting People planning and review processes.

6. Guiding values and principles for planning and developing services

6.1 Introduction

The interview programme and the stakeholders' workshop identified values and principles which service users, carers and staff wanted to see underpinning service development in East Lothian:
- Person centred planning
- Choice
- Independence
- Inclusion and integration
- Recovery
- Social model of disability.

6.2 Values and principles

6.2.1 Person centred planning

- Person centred planning should be used to assess and review the level of person centred support provided to the individual
- Person centred planning should be used to assess the level of person centred support prior to discharge from hospital.

Influenced by John O'Brien and Herbert Lovett, this person-centred approach to developing services for people is based on the belief that the person and those people closest to him or her are the primary experts on what the person wants from life. It requires agencies to commit to engaging with the individual and to base decisions on personal knowledge of the individual rather than rely on assessments of difficulties. Services are based on the person's aspirations rather than the person having to accept or adapt to existing services.

6.2.2 Choice

- People should be able to choose in where they want to stay
- People should be able to choose whether to live on their own or with someone else
- People should be able to choose which organisation provides their housing support
- People should be able to choose whether or not to live near to their family
- People should be able to choose whether or not to live near Herdmanflat Hospital
- People should be able to refuse support if they do not want it
- Support should not be withdrawn when a person reaches 65 years of age requiring a transfer to different services.

Ideally, people should be able to make informed choices in all areas of their lives. Two issues presently affect choice in housing and choice in housing support provider:

- The shortage of housing resources across East Lothian
- The requirement to allocate Supporting People funding in block contracts makes it impossible for service users to have a choice in who supports them unless they choose to apply for and receive a Direct Payment or they are able to find a vacancy within another Supported People funded service.

6.2.3 Independence

- Housing support and care packages should be sufficient to meet individuals' needs
- Housing support and care packages should be in place prior to discharge from hospital.

The philosophy of the Independent Living Movement is based on key beliefs and defines independence as the ability to achieve aspirations and to have control over one's life. This involves having assistance or support as and when it is required and within the terms defined by the individual.

6.2.4 Inclusion and integration

- Care should be taken to minimise stigma and to improve social integration.

Inclusion argues that society is better served by structures and beliefs that recognise people with disabilities as full participants in community life. This includes having access to non-segregated housing.

6.2.5 Recovery

Recovery is a fairly new idea in mental health in Scotland involving enabling individuals to take charge of their own lives with the support they require. It is about empowering people to have and make choices for themselves. Recovery focussed services help people to recover from the effects of mental health problems, the effects of the mental health system and the effects of the lack of opportunities to work, learn and develop as individuals.

6.2.6 Social model of disability

- Support should be flexible and there should be provision for quick response and evening and weekend cover

The social model of disability aims to remove as many barriers in society as possible through changing attitudes and the environment. This means providing a range of facilities including trained staff.

6.2.7 Trained staff

- Have good knowledge of mental health problems based on training and experience
- Have good knowledge of person-centred approaches to providing support
- Know when a service user is becoming unwell and know what to do.

7. Meeting housing and housing support needs in East Lothian

7.1 Ability of existing and planned services to meet needs

7.1.1 Introduction

This section brings together information to assess whether the existing and planned services can meet the needs and preferences of people with mental health problems in East Lothian.

7.1.2 Existing service users

There are 56 existing housing support service users in East Lothian. People are located in or near the following towns:
- Musselburgh   (19)
- Haddington   (15)
- Tranent   (10)
- Dunbar   (4)
- North Berwick   (4)
- Prestonpans   (4).

7.1.3 Need for accommodation and housing support

A summary of the needs identified in the questionnaires is contained in Appendix M. There are:
- 6 people who need supported accommodation with 24 hour support in a suitable location

- 41 people who need housing with various levels of support and would prefer to live in the following towns and associated villages:
  - Musselburgh   10
  - Haddington   11
  - Tranent   7
  - North Berwick   9
  - Dunbar   4.

- 17 people already have suitable support but want to move to another house. This may mean that they have to / want to transfer to another support services provider

- 12 people living in housing in the following towns who need housing support.
  - Musselburgh   5
  - Haddington   3
  - Tranent   4.

7.1.4 Estimate of needs by 2012

Given the comments that the number of people identified through the questionnaires is an under-representation of the number of people in East Lothian who have housing support and accommodation needs, it is estimated that, by 2012, the number of people with housing and housing support needs will more than triple to 150 people. There will also be an increase in the number of people who will require support from time to time to maintain their own accommodation.

There are two pipeline projects which propose providing an average of 1 to 2 hours of support per week for approximately 110 people living in the community. Another pipeline project proposes an average of between 15 and 20 hours of support per person per week for 4 or 5 people.

In assessing the existing and estimated demand against existing and planned supply of housing support in East Lothian, it is concluded that a supported accommodation service with 24 hour staff support is required for between 5 and 6 people. Also, more flexible levels of housing support which can provide high levels of support from time to time when required by service users are required to enable people with mental health problems to live independently in the community.

The detailed plans for services are in the next section.

7.2 The preferred models of housing and housing support for East Lothian

7.2.1 Introduction

The specifications of the following two housing support and accommodation models have been developed through the process described in an earlier section of this report i.e.
- interviews and discussions in groups
- brief anonymous needs questionnaires
- modified inclusive option appraisal process involving a range of stakeholders.

The two models have been selected to meet a variety of needs and both are required to offer a full range of housing support and accommodation options for people with mental health problems in East Lothian.

Service providers have not been identified to develop the service models. It is recommended that East Lothian Council invite existing service providers and others working in other parts of Scotland to meet to discuss interests and capacity.

7.2.2 Supported accommodation for people needing 24 hour staff support

The tenant group
The service is intended to meet the needs of people with severe and enduring mental health problems who are currently either in long-term hospital care or in the community and require long-term support to be available over 24 hours, including a member of staff sleeping in the property, to maintain their tenancies.

There were 6 people identified through the questionnaires who would require this level of housing support.

The accommodation
The accommodation could be provided by ELC and / or other Registered Social Landlords. It could consist of:
• Either existing (adapted as required) or new-build
• Either a block of 6 furnished flats or furnished flats in very close proximity.

The accommodation would contain:
• 5 flats each with bathroom, kitchen, bedroom and living room
• 1 flat providing resource base i.e. communal lounge and kitchen and staff bedroom / office base.

Other flats in close proximity could be added to the service as and when required.

Location
Decisions about the location of this service will have to take account of other existing and planned community services and facilities and the availability of suitable properties.

The preferred locations of potential service users are:
• North Berwick (2 people)
• Tranent (1 people)
• Haddington (1 person)
• Musselburgh / Tranent / Prestonpans (1 person)
• Musselburgh / Tranent / Prestonpans / Haddington / North Berwick (1 person).

Support
A team of staff would provide housing support to tenants over 24 hours, 7 days a week.

In addition, the tenant group will need personal care and nursing care for mental health and physical needs from e.g. CPN, home care, social worker, day hospital and / or charge nurse. This would have to be negotiated with health and social work services.

Some individuals may require access to specialist support services such as alcohol and drug problem services.

7.2.2 Supported accommodation for people needing 24 hour support Cont'd

Costs of the service model
People would have a permanent tenancy and be charged a rent and service charge to cover, for example, furnishings. People would access housing benefit to meet rent and service charges.

The support service provider would seek a Supporting People grant to meet the housing support costs. Other care costs would be sought from council and / or health budgets and would either be provided in-house by the support service provider or by another external provider.

Indicative costs for this model are contained in Appendix N.

It would possible and may be more cost-effective to link this supported accommodation service to a core and cluster housing support service as described in the next section.

7.2.3 Core and cluster housing for people needing flexible levels of housing support

The tenant group
The service is intended to meet the needs of people, either single or families, with a broad range of mental health problems who are currently either in hospital acute care or living in a range of circumstances in the community, some of whom require support to be accessible over seven days with an on-call service overnight.

There were 43 people identified through the questionnaires who need housing and housing support and 12 people identified through the questionnaires who need housing support where they live.

The accommodation
The accommodation would consist of:
- Core Housing (high level of support in single or shared housing)
- Cluster Housing (moderate to low levels of support in housing)
- Staff base either in a flat or an office within walking distance of tenants in core housing.

Some people would already have a home and the rest of the accommodation would be provided by ELC and other Registered Social Landlords or could be owner-occupied.

Accommodation could be either existing (adapted as required) or new-build. An annual quota of units would be required to house people in a variety of household circumstances including:

- Bedsits (room with kitchen facilities and en-suite and shared sitting room area)
- Individual tenancies for single person or couple (one bedroom, living room, kitchen and bathroom)
- Shared tenancies for non-related people wishing to share (single bedrooms with either en-suite or shared bathroom, kitchen and living room)
- Family housing (appropriately sized accommodation for lone or two parents with children).

7.2.3 Core and cluster developments for people needing flexible levels of housing support
Cont'd

Planning assumptions for proposed location of core and cluster developments and levels of support
Table 21 below shows the assumptions made for planning based on the information supplied in the questionnaires.

The preferences for location in villages (contained in Table 20, Appendix M) have been included in the adjacent main town for the purposes of planning the cluster developments e.g. the expressed preference for either Musselburgh or Port Seton has been included within Musselburgh. Preferred locations of the 43 people who require a house are:

- Musselburgh (10 people)
- Haddington (10 people)
- Tranent (11 people)
- North Berwick (2 people)
- Gullane (4 people)
- Dunbar (2 people)
- Aberlady (1 person)
- No preference (3 people) so split between Musselburgh, Haddington and Tranent.

Although it is anticipated that levels of support would vary from person to person and over time, housing support hours allocated to individuals have been based on the following estimates:

- Between 13 and 18 of housing tasks identified as requiring support = 28 hours per week (9 people)
- Between 7 and 12 housing tasks identified as requiring support = 15 hours per week (13 people)
- Between 1 and 6 housing tasks identified as requiring support = 10 hours per week (31 people)

It is proposed that four core and cluster developments (Table 21) are established. One core and cluster development would provide 200 hours of support for between 11 and 15 people in Musselburgh, in Haddington and in Tranent. In addition, it is proposed that a core and cluster development would be developed to provide housing support services for the coastal towns including North Berwick, Gullane, Aberlady and Dunbar.

The support workers in the core and cluster developments can also provide support to people who are already in housing.

7.2.3 Core and cluster developments for people needing flexible levels of housing support
Cont'd

Table 21: Core and cluster developments and allocation of hours of housing support

Base for core and cluster	Accommodation size	No. of people	Total number of hours support assumed
1. Musselburgh	8 x 1 bed 2 x 2 bed 5 x existing house	15	206
2. Haddington	11 x 1 bed 3 x existing house	14	201
3. Tranent	4 x 1 bed 2 x 2 bed 1 x 3 bed 4 x existing house	11	184
4. North Berwick	3 x 1 bed 1 x 2 bed	13	181
Gullane	4 x 1 bed		
Dunbar	2 x 1 bed 1 x 2 bed 1 x 4 bed		
Aberlady	1 x 1 bed		

The accommodation
It is proposed that 6 properties are identified for each core and cluster service in each location in year 2004 – 2005 and a further 6 properties in year 2005 – 2006. This would provide 48 properties in total at the end of 2 years.

Thereafter it is estimated that annually each Lettings Plan should identify 3 properties for each core and cluster development either in each town and / or adjacent village until 2012. This would allocate 12 properties each year to people with mental health problems who need housing and housing support.

This would provide around 120 tenancies for people with housing and housing support needs by the year 2012.

It is anticipated that housing associations may assist with the allocation of tenancies.

7.2.3 Core and cluster developments for people needing flexible levels of housing support
Cont'd

The support
A team of staff would provide housing support to tenants from 9am to 5pm over 7 days a week, and would offer flexible support for evenings and an on-call service overnight. The team would be based in a property (either a flat, office or housing department offices) within walking distance of core service users.

Some of the tenants would require personal care and / or nursing care for mental health and / or physical needs from e.g. CPN, home care, social worker, day hospital and / or charge nurse. This would have to be negotiated with health and social work services. Some individuals would require access to specialist support services such as alcohol and drug problems services.

People would have their needs for hours of support assessed on a person centred basis. The levels of support would be flexible but would normally range from a minimum of one hour up to 28 hours per week.

Low levels of housing support
From time to time, people need low levels of housing support to maintain the occupation of their home, including assistance with:
• arranging minor repairs / servicing of domestic appliances
• engaging with individuals, professionals and other bodies
• equipment and adaptations
• personal budgeting and debt counselling
• dealing with disputes with neighbours
• dealing with benefit claims and other official correspondence.

Recent research states that having to undergo a formal assessment could be a source of some concern for some people with mental health problems who require a very low level of housing support or only require it from time to time and may be reluctant to be drawn into the system[5]. A flexible system for allocating housing support would be required to enable people in these circumstances to have access to services as needed.

Housing support needs of people with mental health problems in temporary accommodation and bed and breakfast establishments
Housing support staff in core and cluster housing could provide housing support as required to people with mental health problems in temporary accommodation, including bed and breakfast accommodation. Formal links would be required between housing and social work services and housing support services to provide this.

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[5] Supporting People: Real change? Planning housing and support for marginal groups Lynn Watson, Maryrose Tarpey, Kate Alexander and Caroline Humphreys   Joseph Rowntree Foundation

7.2.3 Core and cluster developments for people needing flexible levels of housing support
Cont'd

Costs of the service model
People would have a permanent tenancy and would be charged rent. Some people may own their home or be assisted to purchase a home. Where they are eligible, people would access housing benefit to meet the rent.

The support service provider would seek a Supporting People grant to meet the housing support costs.

Other care costs would be sought from council and / or health budgets and would either be provided in-house by the support service provider or by another external provider.

Indicative costs for this model are contained in Appendix N.

8. Supporting People Strategic Plan Objectives

8.1 Introduction

The overall aim of the Supporting People Strategic Plan is to set out how the housing support and accommodation needs of people with mental health problems would be met in East Lothian. The following objectives have been derived from the qualitative and quantitative research undertaken in East Lothian to identify the housing support and accommodation needs and preferences of people with mental health problems**.**

8.2 Objectives

Objective 1: To provide two models of accommodation and housing support offering a range of services to meet a variety of needs:
- Supported accommodation with staff available over 24 hours
- Core and cluster housing developments to provide a range of levels of housing support to tenants and to owner-occupiers across East Lothian.

Objective 2: To increase the range of housing support service providers

Objective 3:To increase service user involvement at all levels
- Involve service users and carers in planning, implementation, review and evaluation of new accommodation and housing support services
- Increase the use of person centred planning in discharge planning and housing support service planning
- Develop the use of Direct Payments and offering choice in housing support providers to service users

Objective 4: To assist the development of integrated services
- Increase mental health awareness of staff in housing and housing benefit offices
- Increase knowledge of housing allocation procedures
- Use Single Shared Assessment to share appropriate information about individuals sensitively across a range of agencies
- Create a single access point for accommodation and housing support and flexible assessment procedures to allocate housing support
- Set up systems to ensure appropriate services are in place

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9. Action Plan 2003–2012

Objective	Action	Lead Agency and Partners	Timescale	Resources	Outcome measures
1. To develop two models of accommodation and housing support to provide a variety of services to meet a variety of needs: • supported accommodation service with staff available over 24 hours • core and cluster services to provide a range of levels of housing support to tenants or owner-occupiers across East Lothian based in the following towns: a. Musselburgh b. Haddington c. Tranent d. North Berwick, Gullane, Dunbar, Aberlady	Undertake mapping process to identify range of existing property and / or new-build property Apply for funding for housing support service	East Lothian Council; Housing Associations; Ownership Options; Private rented sector Supporting People Team	Supported accommodation - January 2004 to February 2005 Core and cluster developments – January 2004 to March 20012 January 2004	Existing and / or capital funding @ £75,000 - £80,000 per flat @ £ 20 per hour	Accommodation and housing support services in place for at least 120 people with mental health problems by 2012

Objective	Action	Lead Agency and Partners	Timescale	Resources	Outcome measures
2. To involve new housing support service providers and expand existing housing support providers' services	Invite service providers working in Scotland to discuss interests and capacity	East Lothian Council	From Jan 2004	Existing resources	Service users have a wider range of options and choice in housing support providers

Objective	Action	Lead Agency and Partners	Timescale	Resources	Outcome measures
3. To increase service users involvement at all levels by: • Involving service users and carers in planning, implementation, review and evaluation	Adopt values and principles for planning and developing services Continue to feedback information to service user and carer organisations Invite service user and carer organisations to discuss involvement in implementation	East Lothian Council; Community Care Forum etc.	From Jan 2004 onwards	Integrated Mental Health Planning Group	Service users and carers are involved in making decisions about services
• Increasing the use of Person Centred Planning in discharge planning and housing support service planning and review	Provide training for staff. Review needs of individuals already receiving support in their own homes to assess whether they need more support.	ELC and NHS Lothian		Training budgets in health and social work and voluntary organisation training services	Service users are involved in Person Centred Plans making decisions about services
• Developing the use of Direct Payments to offer choice in housing support providers to service users	Produce information for people using mental health services Involve advocates as required to assist people to approach SWD and Centre for Integrated Living etc to explore Direct Payments	ELC Social Work Department; Advocacy organisations		Existing resources	

Objective	Action	Lead Agency and Partners	Timescale	Resources	Outcome measures
4. To assist the development of integrated services by:	Implement Joint Future	ELC and NHS Lothian	Jan 2004	Existing resources	
• Developing mental health awareness in staff in housing and housing benefit offices	Set up training days for staff. Promote personal development through shadowing opportunities for staff in health, housing and community mental health settings	ELC Strategic Services Department and NHS Lothian		Existing resources	
• Increasing knowledge of housing allocation procedures	Create a liaison housing officer with specific mental health remit	East Lothian Council		Existing resources	
	Involve service user organisations and housing staff in producing accessible information	East Lothian Council and Community Care Forum		Existing resources	
• Create a single access point for accommodation and housing support and flexible assessment procedures to allocate housing support	Create pathways for specific groups e.g. young people, people being discharged from hospital / shared accommodation, people who are or are at risk of being homeless	East Lothian Council, NHS Lothian and voluntary sector agencies		Existing resources	

Objective	Action	Lead Agency and Partners	Timescale	Resources	Outcome measures
4. Cont'd • Using Single Shared Assessment to share appropriate information about individuals sensitively among health, social work, housing and support staff	Address issues including: • Consistency in approach to sharing information • Common definitions of the terms used • Use of confidential information • Involving people who use services in decisions about sharing information • Communication between Housing Benefit and other support staff	ELC Housing, social work, health, voluntary agencies etc	From Jan 2004	Existing resources	Staff will have the appropriate information they require to aid integrated service delivery. Service users will not have to repeatedly give information about their needs
• Setting up systems to ensure appropriate services are in place	Create formal written protocols: • for support packages prior to hospital discharge • between housing providers and support providers • between Floating Support Workers and health, social and voluntary services • between Homelessness Team and health, social and voluntary services	ELC Housing, social work, health, voluntary agencies etc	From Jan 2004	Existing resources	Service users will have ready access to integrated services

10. Evaluation Framework for assessing the quality of accommodation and services

10.1 Introduction

The evaluation framework has been drafted taking account of the service review process that local authorities are required to carry out where services are purchased with Supporting People funds.

The Scottish Executive guidelines outline a three stage approach to the service review process:

1. A largely desktop review using existing information sources such as performance information to identify areas of strength and weakness. This may include some contact with service users and providers

2. A more in-depth review involving dialogue between LA, service users and providers to identify actions to achieve changes or improvements to services. This will require greater input from service users and providers and may include for example:
   - Looking for evidence of performance in particular areas
   - Following up on initial feedback provided by stakeholders
   - Auditing providers' self-assessment in particular areas
   - Visiting the service
   - Interviewing a sample of service users
   - Obtaining reports from other regulators.

3. A review to explore alternative options.

It is anticipated that evaluations to assess quality will be carried out as part of the second stage.

10.2 Evaluation Framework

The framework is comprehensive and it is anticipated that parts of it will be selected to evaluate the quality of particular aspects of services.

The framework starts with the premise that quality is best defined by how well a service 'fits' with the needs and aspirations of the people who use it.

Service quality is to be found in the experiences and perceptions of individuals who use services. [6]

Recent research[7] confirms that service users have to be the judge of what is and is not quality, as this varies according to service users' lifestyle and values.

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[6] Defining and measuring quality in the context of community care and best value
Summary of a research study   Robert Farquharson   Community Care Providers Scotland 2001

The research also states that service users have to judge what are 'successful' outcomes and that it is impossible to separate users' ideas of outcomes from the action to define and achieve them.

As a result, assessment of 'quality' has to be focussed on the link between processes (mainly staff interventions) and outcomes (mainly user-determined outcomes) rather than inputs and outputs, which it is anticipated will be part of the providers' monitoring systems.

The following framework sets out a systematic way of assessing whether a service demonstrates quality indicators that are based on effective and satisfactory responses to needs.

It draws on standards from:
- Care Commission and the National Care Standards for housing support services
- Communities Scotland
- The Sainsbury Centre for Mental Health
- Users and carers' views (identified through the East Lothian accommodation and housing support research project).

10.3 Potential evaluation methods

Depending on the resources (staff, time, training) available for the evaluation, methods may include:

2.1 Reviewing written information e.g.:
- Service providers' internal quality assurance systems
- Service providers' internal and external evaluation reports, review reports etc.
- Care Commission Inspection Reports
- Information pack for prospective service users
- Service user / tenant Handbook
- Personal Housing Support Plan
- Written agreement for Housing Support service
- Staff Handbook
- Staff Training Policy etc.

2.2 Gathering verbal and / or written information on outcomes from:
- Service users
- People who no longer use the service
- Family carers (where appropriate and nominated by service users)
- Other professionals working with service users
- Referrers.

2.3 Gathering verbal or written information on processes from:
- Staff

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[7] Social service users' own definitions of quality outcomes
Shaping Our Lives Project   Joseph Rowntree Foundation 2003

- Managers
- Referrers
- Other professionals working in partnership with provider
- Other funders.

The options for gathering information from the above list of respondents include:
- Questionnaires with both fixed-choice and open-ended questions
- Group interviews
- Individual interviews, either face to face and / or by telephone
- Observation within service (with service users' permission).

10.4 Recommended processes to involve service users in evaluation

10.4.1 Service users as active participants

Explore methods of actively involving service users in carrying out the evaluation. Examples include:
- Working with local user groups to determine the questions to be asked in local settings
- Engaging service users to interview other service users.

10.4.2 Service users as respondents

It is vital that service users' privacy is respected in the process of evaluating a service and that they are given information to choose whether or not to take part. Letters to service users should be distributed through the service staff to preserve anonymity and include:
- Information sheet about what the evaluation is for, why it is being done and what will happen to the information provided etc.
- Forms to obtain service users' signed consent e.g.:
  - To take part in e.g. interviews
  - To access service users' written records (anonymous)
  - To invite service users to nominate a person e.g. family member or other professional to provide information
  - For visits (as appropriate) to observe routine activities.

10.5 Evaluation Framework

10.5.1 Management and organisation

Indicator of Quality	Criteria for evaluating whether indicator has been met	How to assess	Assessment and comments
Strategic and service planning	Does the provider take account of service users, staff and partner agencies views in planning? Do the plan/s: • set out what it intends to achieve • show clearly how and why the service is responding to changes in service users' demands Is feedback from service users (through user involvement, complaints, appeals, etc) used to review and develop service plans?	Review the Strategic and Service Plans Review the mechanisms for gathering information and views from service users, staff and other agencies for strategic and services planning Ask staff and partner agencies if they have contributed to plans and in what ways	
Staff supervision and training	Does the provider have: • a staff development strategy • induction training • an annual training plan?	Review staff handbook Review: • Staff training policy • Staff development strategy • Induction policy Ask staff and managers if:	

		• There is satisfaction with the training provided and if not what would be wanted • There is regular supervision	
Service standards	Does the provider have service standards? Do staff know the service standards for their area of work? Are staff appraised in relation to service standards? Are standards communicated to service users so they know what to expect?	Review staff handbook Review: • Staff training policy • Staff development strategy • Induction policy • Communication system Ask staff and managers if: • They are able to meet the service standards	
Policies and procedures	Does the provider have policies and procedures which cover all legal requirements? Do staff know how to put these policies and procedures into practice Is feedback from service users (through user involvement, complaints, appeals, etc) used to review and develop policies and procedures?	Review staff handbook Review: • financial policy, procedures and records • system for feedback of service users views on policies and procedures • Communication system Ask staff about their knowledge of policies and procedures	
Responsiveness to service users	Do providers know the needs and demands of service users	Review: • user involvement policy	

	and what is important to them? Are clear explanations provided to service users about decisions that have been made? Are service users always treated fairly when they complain or challenge a decision? Is provider systematically capturing information from staff through their day to day contact with service users Is there a system for collating responses and feedback and integrating this into performance managements, planning and service developments?	• Communication system Ask staff and managers about: • Communication with service users • Communication about service users' needs and views.	
Partnership working	Are joint working and partnership arrangements effective and is there liaison on an ongoing basis? Where there is a lease or management agreement do both parties ensure they adhere to terms? Do policies in landlord and property services reflect awareness of support needs?	Review protocols, agreements and leases with partner agencies Ask other professionals about: • Their views of partnership working	

10.5.2 Information and communication

Indicator of Quality	Criteria for evaluating whether indicator has been met	How to assess	Assessment and comments
The service provides information and helps service users to make decisions prior to using the service	Do service users get all the information they need to help them decide to use the service? Are people waiting for the service regularly informed of the current position and the prospects?	Review the written information pack available to prospective service users Review the application procedure Ask service users if they: • got the pack and understood it • received a verbal explanation of what is in the pack • were able to ask questions about the service • have read Care Commission reports and had them explained	
The service upholds legal rights of service users	Do service users have a written agreement which clearly defines the services to be provided to meet their needs? Is there a mechanism in place to resolve issues if service users refuse support?	Review written agreement Ask service users if they have their own copy of the agreement and if they understand it	
The service works with each service user to develop an individual housing support plan	Are service users (and family carers, if users wish), supported to be fully involved in developing their plan? Do service users have a signed	Review policy on user (and carer) involvement Review the personal plans for: • signed and dated reviews • record of unmet needs as	

	and dated copy of their plan? Are there regular reviews of the service (first within 3 months of service starting and at least annual thereafter)? Do plans identify ways of managing potential risks to service users and to others Does planning process: • take a holistic approach to all aspects of individual's life • consider unmet needs as well as met needs • record aspirations of individual Do service users have the opportunity to re-negotiate support?	well as met needs • Service user aspirations Review risk assessment policy and procedure for communicating potential risks to partner agencies Ask service users if they have a signed and dated copy of their plan Ask service users if they want a family carer to be involved in developing and reviewing their personal plan and if so, ask carers if they are satisfied with level of involvement	
The service has an effective communication system	Does the provider have clear ways of communicating service users' wishes to staff so avoid service users having to repeat things? Do service users know how to contact the provider if the staff member does not appear when expected?	Review staff communication procedures Ask service users what they would do if the staff member does not appear when expected	
The service supports individuals choosing to leave or end the	Are service users involved in discussing and planning how to	Ask people who have left or ended the service:	

service	end the service and access another service if they want to?	• If they were satisfied with how they prepared for this • which other agencies and providers were involved • what happened to their records.	

10.5.3 Meeting the needs of the service users

Indicator of Quality	Criteria for evaluating whether indicator has been met	How to assess	Assessment and comments
Dignity and privacy are fundamental values underpinning service delivery	Are service users treated with dignity and respect at all times? Is service users' privacy and property respected?	Review the Mission Statement , aims and objectives (or equivalent) Observe how staff talk about, and to, service users Ask service users if: • they feel they and their views are respected by staff • their privacy is respected	
Service users are supported to lead their chosen lifestyle	Staff provide the right kind of support at the right time Do service users enjoy a full range of social relationships? Are service users safe and	Review personal housing plans Review: • Health and Safety policy • Risk assessment policy	

	secure in all aspects of their life including health and well-being? Do service users make use of other services and community facilities that are available to them? Are service users: • valued for their ethnic background, language, culture and faith • treated equally and free from bullying, harassment and discrimination • able to complain effectively without fear of victimisation?	Ask service users if: • the support is available when they need it • the support provided meets their practical and emotional needs? • They are satisfied with the range of relationships they have • They are supported to use the services and facilities they want to • If they feel safe	
The service provides support for specific needs	Information and assistance is available for people with specific needs e.g. visual or mobility needs Information and assistance is available for people from ethnic minorities	Review the housing support plans Ask service users if they get the support they need for specific needs	
Service users have choices	Do service users get help to fully understand the range of choices and to choose the one that is right for them? Does the service offer choice in: • Levels of support • Times which accord with users preferences?	Ask service users: • When and how they make decisions • If they are given enough information before making a decision • If the service is provided at the level and time of their	

	Can the service accommodate variations in need over time? Is the service accessible to people who want to stay in or near their town of choice?	choice	
Service users exercise their rights	Do service users know their rights and responsibilities and what they can expect of staff? Do service users know how confidentiality is protected and how they can access their information? Do service users have a named staff member? Does the provider continue the service to people after the age of 65?	Ask service users if: • their privacy is respected • their approval is obtained to share information with other professionals • they can access the records kept by staff • if they have a named staff member	
Service users exercise their rights as tenants or occupants	Is a Scottish secure tenancy provided where possible? Are rights maximised where service users use occupancy agreements? Are rights and responsibilities explained to tenants and prospective tenants? Are techniques used to inform service users of tenancy obligations e.g.:	Review tenancy / occupancy agreements etc. Ask service users if they have a copy of their agreement and understand it	

	- Information packs and handbooks - Verbal explanation of tenancy agreements		
Service users are involved in the service and able to express their views at all levels	Are service users involved in setting standards, policies and priorities Are mechanisms in place to get service users views? Are service users involved in monitoring and evaluation? Are ways of making complaints or challenging a decision promoted with service users? Are publications written in plain language and made available in different languages?	Review the Care Commission Reports Review: - User participation policy - Complaints policy Review notes of meetings e.g. service users meetings, tenants group, service user involvement on the provider's management committee etc	
Service users have access to advocacy	Is individual and collective advocacy available and offered to service users?	Review the information available on advocacy Review evidence of use of advocacy service Ask staff and service users about the process of obtaining advocates	

| Acceptability | Is the service non-stigmatising?

Does the service promote a positive image of people with mental health problems?

Does the provider make efforts to enhance service users status?

Would observers feel services were appropriate for their own family members or partners? | Ask service users, staff and other professionals about whether the service is acceptable | |

10.5.4 Accommodation

Indicator of Quality	Criteria for evaluating whether indicator has been met	How to assess	Assessment and comments
Service users have safe and acceptable accommodation	Is there a safe and healthy living environment? Are service users in their own tenancy supported to maintain the property and furnishings? Where service users have an occupation agreement, are the property and furnishings maintained?	Review policies and procedures for home safety issues Observation of accommodation and furnishings etc Ask service users if they get the support they require to look after the house	
Rent arrears policy	Is arrears advice and assistance offered pre-tenancy and through the tenancy?	Review policy Ask service users if they get support with rent and any arrears	
Antisocial behaviour policy	Is approach to management of antisocial behaviour publicised including support provided to service users?	Review policy Ask service users if they get support with any issues with neighbours / local community	

References

[1] East Lothian Council Homelessness Strategy 2003 to 2008 Consultative Draft

[2] East Lothian Council Homelessness Strategy Consultancy Report
Bob Widdowson and Christine Forrester, January 2003

[4] A Report into the needs of service users with schizophrenia in East Lothian,
Keith Brunton 2003

[5] Supporting People: Real change? Planning housing and support for marginal
groups Lynn Watson, Maryrose Tarpey, Kate Alexander and Caroline Humphreys,
Joseph Rowntree Foundation 2003

[6] Defining and measuring quality in the context of community care and best value
Summary of a research study, Robert Farquharson ,Community Care Providers
Scotland 2001

[7] Social service users' own definitions of quality outcomes, Shaping Our Lives Project
Joseph Rowntree Foundation 2003

Appendix A: **Prescribed Housing Support Services**

The Housing (Scotland) Act 2001 (Housing Support Services) Regulations 2002 prescribe the types of support, assistance, advice or counselling services that may be provided by local authorities using grants paid by the Scottish Ministers. The purpose of the support is to assist individuals with particular needs to occupy or continue to occupy, as that person's sole or main residence, accommodation other than-
(a) residential accommodation provided as part of a care home service; or
(b) accommodation provided under section 27B of the Social Work (Scotland) Act 1968 for offenders and persons under supervision. Prescribed Housing Support Services are:

1. General counselling and support including befriending, advising on food preparation, reminding and non-specialist counselling where this does not overlap with similar services provided as personal care or personal support.

2. Assisting with the security of the dwelling required because of the needs of the service user.

3. Assisting with the maintenance of the safety of the dwelling

4. Advising and supervising service users on the use of domestic equipment and appliances.

5. Assisting with arranging minor repairs to and servicing of a service user's own domestic equipment and appliances.

6. Providing life skills training in maintaining the dwelling and curtilage in appropriate condition.

7. Assisting the service user to engage with individuals, professionals and other bodies with an interest in the welfare of the service user.

8. Arranging adaptations to enable the service user to cope with disability.

9. Advising or assisting the service user with personal budgeting and debt counselling.

10. Advising or assisting the service user in dealing with relationships and disputes with neighbours.

11. Advising or assisting the service user in dealing with benefit claims and other official correspondence relevant to sustaining occupancy of the dwelling.

12. Advising or assisting with resettlement of the service user.

13. Advising or assisting the service user to enable him or her to move on to accommodation where less intense support is required.

14. Assisting with shopping and errands where this does not overlap with similar services provided as personal care or personal support.

15. Providing and maintaining emergency alarm and call systems in accommodation designed or adapted for and occupied by elderly, sick or disabled people.

16. Responding to emergency alarm calls, where such calls relate to any of the housing support services prescribed in other paragraphs of this Schedule, in accommodation designed or adapted for and occupied by elderly, sick or disabled people.

17. Controlling access to individual service users' rooms.

18. Cleaning of service users' own rooms and windows.

19. Providing for the costs of resettlement services.

20. Encouraging social intercourse and welfare checks for residents of accommodation supported by either a resident warden or a non-resident warden with a system for calling that warden where this does not overlap with similar services provided as personal care or personal support.

21. Arranging social events for residents of accommodation supported by either a resident warden or a non-resident warden with a system for calling that warden.

Appendix B

**EAST LOTHIAN COUNCIL SUPPORTING PEOPLE
MENTAL HEALTH - ACCOMMODATION & SUPPORT NEEDS
RESEARCH**

Brief assessment of individual's needs – please circle all that apply and provide information where it is requested. If unknown, please mark U. Completed by: ……………………………Designation: **CPN / Social Worker / Mental Health Officer / Occupational Therapist / Other ……Tel. No ….……… 1. Basic Information**

1.1. Referred by: Consultant / GP / Other: ……………………………………..

1.2 Other staff actively involved with individual: CPN / Social Worker / Day hospital staff / Other
……………………………………………………………………….

1.3 Gender: Male / Female

1.4 Date of birth: …………………

1.5 Ethnic origin: White / Black – Caribbean / Black – African / Black – other / Indian / Pakistani / Bangladeshi / Chinese / Other ………………………….

1.6 Diagnosis: …………………………………………………………………

1.7 Duration of mental health problems: Over 5 years / Over 1 year / less than 1 year

1.8 Additional issues: drug misuse / alcohol misuse / physical health needs / Other …………………………

1.9 Currently living in or near to: Musselburgh / Tranent / Haddington / Dunbar / Prestonpans / North Berwick / Other
…………………………………………………………

1.10 Current housing situation: Housing / Hospital / Other
…………………………………

1.11 Housing tenure: Owner – occupied / Rented from East Lothian Council / Rented from a private landlord / rented from a Housing Association / staying with family member

1.12 Household circumstances: On own / with partner / with partner and children / with children / with parents or family member / Other
…………………………………………..

1.13 Risk of becoming homeless: Yes / No

2. Housing Support Needs, if any

2.1 General counselling and support, including befriending, advising on food preparation, reminding person of e.g. taking medication, keeping appointments

2.2 Assistance with security of the dwelling

2.3 Assistance with maintaining safety of dwelling

2.4 Advice on use of domestic appliances

2. 5 Assistance with arranging minor repairs / servicing of domestic appliances

2. 6 Providing life skills training

2. 7 Assistance with engaging with individuals, professionals and other bodies

2. 8 Advice on equipment and adaptations

2. 9 Advice or assistance with personal budgeting and debt counselling

2.10 Advice or assistance with dealing with disputes with neighbours

2.11 Advice or assistance with dealing with benefit claims and other official correspondence

2.12 Advice or assistance with resettlement activities

2.13 Advice or assistance with moving on to accommodation with less support

2.14 Assistance with shopping / errands

2.15 Controlling access to individual's rooms

2.16 Cleaning of individual's rooms and windows

2.17 Encouragement of social intercourse and welfare checks

2.18 Arrangement of social events

2.19 **When Housing Support is required**: staff sleeping-in overnight / staff on-call overnight / staff available during office hours / evenings / weekends

2.20 **Length of time Housing Support is required for**: less than 6 months / up to one year / longer-term

3. Other Needs, if any

3.1 Personal care

3.2 Nursing care: Physical / Mental

3.3 Other:…………………………………………………………………………………

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4. Housing Needs, if any

4.1 Preferred household circumstances: On own / with partner / with partner and children / with children / with parents or family member / Other
………………………………..

4.2 Desired location in or near: Musselburgh / Tranent / Haddington / Dunbar / Prestonpans / North Berwick / Other
………………………………………………………………

4.3 Number of total bedrooms required: 1 / 2 / 3 / more: …………..…

4.4 Physical adaptations required: Yes / No If Yes, why:
……………………………….

4.5 Preference to share some facilities with other mental health service users e.g. communal lounge or flat: Yes / No

4.6 Preferred proximity to following services:……………………………………………
…………………………………………………………………………………………………
……

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5. Please use this space to add information about individual's needs, gaps in existing support services provided to individual etc. to aid future planning

Appendix C: Accommodation and housing support models

- Carr Gomm Edinburgh – Visiting Support Team, Registered Accommodation Team Visiting and Intensive Support Team with various tenancies
- Barony Care Services (Lothian) - individual tenancies and shared flats for up to 9 people
- Direct Payments Initiative, Borders Direct Payments Agency – individuals using Direct Payments and Independent Living Fund to purchase support
- Community Living Scheme Fife – people living with carers, families or single people
- Eildon Housing Association Housing Support Service – support to people in range of tenancies, some of which are clustered
- Glasgow Association for Mental Health – support to people, mainly single, in their own homes
- Advance Housing and Support Ltd, Gloucester, Hereford and Worcester: -
  - Honeysuckle Flats – 5 studio apartments and 3 one-bedroom flats
  - Core and cluster – office with communal lounge and 5 one-bedroom flats
  - Group homes – flats with shared kitchen, 2 living rooms and en-suite single bedrooms
- Penumbra: -
  - Borders Supported Living Services – individual tenancies
  - Supported tenancies Macduff and Peterhead – blocks of flats

Most of the above services provided support Monday to Friday 9am to 5pm, some with an on-call service to cover contact out of hours. The range of hours per person per week is:
- 1 to 2 hours
- 2 to 4 hours
- Flexible - up to 8 hours from time to time
- 57 hours shared by 5 and 3 people – average 10 hours
- 2 to 16 hours – average 5 to 6 hours
- 25 hours shared by 3 people
- 2 to 38 hours (for people with physical disabilities)
- 2 to 24 hours with staff sleepover
- 24 hour support service with staff sleepover.

Appendix D: Participants in research

Organisation / Group	Participants
East Lothian Involvement Group	Development Worker and 6 members (several regular members too poorly to attend)
Tynepark Carers Group and Carers of East Lothian	Worker and 7 carers attended Tynepark meeting. No-one attended Port Seton meeting
Pencraig ward patients	Group of 5 patients and 3 meetings with individuals
Carr Gomm	Cameron Cottage – 5 service users with 1 worker Tynepark Base - 2 service users with 1 worker
Woodside and Soutra Day service users	2 service users (1 from each service)
CAPS East Lothian	2 Workers
15-24 East Lothian Project	Pat Milligan, Worker
Changes	Gary Smith (telephone contact)
SAMH	Jim O'Rorke (telephone contact)
Stepping Out	Nikki Fox (telephone contact)
Healthcare staff in community and in Herdmanflat Hospital	Bill Riddle Consultant Psychiatrist Keith Brunton Robert Quate and Pencraig ward staff Dr Mercer (telephone contact after left post)
CPNs	Group meeting
East Lothian MH Forum	Worker and 6 professionals from statutory and voluntary organisations
Carr Gomm staff	Team Leader and 6 workers in Tynepark and 1 worker in Cameron Cottage
Mental Health/Community Care Team/MHOs	Marge Mather and 3 staff
Housing Staff	Meeting Housing Manager and Housing Officer, Tranent Office
Homelessness staff	Meeting 3 representatives from Supported Accommodation Team, Central Assessment Team, Homelessness Section
Woodside and Soutra Day staff	Meetings with Charge Nurses
Bridges Project	Jim Boyle
CAB Haddington	Anne Hastie
Castle Rock	Vivienne Gray (telephone contact)
Housecall	Worker (telephone contact)
Health and Homelessness coordinator	Sheena McLachlin (telephone contact)
Central Assessment Team	Louise Small (telephone contact)
Integrated Mental Health Planning Group	Meeting

Appendix E

sdc

scottishdevelopmentcentre
for mental health

**Planning to meet the accommodation and support needs of people
with mental health problems in East Lothian**

Information sheet for groups

Why you are being asked to discuss accommodation and support needs
East Lothian Council has carried out a Community Care Housing Needs Assessment and identified that there is a gap in the provision of accommodation and support services for people aged between 16 and 64 who have mental health problems. The Council has commissioned the Scottish Development Centre for Mental Health to research people's needs and preferences and then to produce a plan for developing accommodation and support services to meet these needs.
Your involvement We want to include your views about: • What people with mental health problems in East Lothian need • How well existing accommodation and support services meet needs • How existing accommodation and support services could be improved • The gaps in accommodation and support • What types of accommodation and support are wanted • Where accommodation and support should be provided • How to assess the quality of accommodation and support services.

Appendix E cont'd

Who else is involved

We are hoping to meet:
- people who use mental health services

- people who care for people with mental health problems

- staff in services in East Lothian.

These meetings will take place in June and July. They will be small and informal.

We then aim to hold a workshop in September to examine and shortlist the types of accommodation and support services wanted in East Lothian. People who have been involved in these discussions will be invited to the workshop.

A plan bringing together all the information and views will be produced at the end of October 2003. A summary of the plan will be circulated to groups which have taken part.

Confidentiality

All views will be reported anonymously. No names will be used. Only the names of participating groups and organisations will be used.

The Scottish Development Centre for Mental Health team

Carol Gortmans and Bridget Johnson from the Scottish Development Centre for Mental Health are facilitating these discussions.

If you would like more information, please contact:

Bridget Johnson
SDC
17a Graham St
EH6 5QN
0131 555 5959

Appendix F

Stakeholders Workshop

Meeting the accommodation and support needs of people with mental health problems in East Lothian, 12 September 2003

Carolyn Boardman	East Lothian Carers Forum
Marshall Boardman	Tyne Park Carers Support Group
Anne Browning	Social Worker, ELC
Viv Cockburn	
Gail Cunningham	Associate Consultant, SDC
Patricia Dailly	SAMH
Mo Dresser	Community Care Team Leader, ELC
Saartje Drijver	Outreach Worker, Carers of East Lothian
Gary Finnie	Care Manager, Carr-Gomm Scotland
Fiona Godfrey	Team leader, Carr-Gomm Scotland
Charlotte Haines	Housing Officer, Bield Housing Association
Ray Harris	Commissioning & Development Officer, ELC
Anne Hastie	Haddington CAB
Shirley Hopper	Mental Health Officer, ELC
June Irvine	
Andrew Jackson	SAMH
Bridget Johnson	Resource Officer, SDC
Ron Keilloh	Commissioning & Development Officer, ELC
Elizabeth Knight	
Tracey Kerr	Head of Housing, East Lothian Housing Association
Lorna Martin	Clinical Services Development Manager, Lothian PC NHS Trust
Marge Mather	Divisional Mental Health Officer, ELC
Ann McCarthy	Councilor, ELC
Allyson McCollam	Chief Executive, SDC
Jim McGill	
Rose McGowan	Link Living Services (Mid/East Lothian)

Craig MacKenzie	ELC
Neil McKnight	Director of Housing & Property, Ark HA
Ken Morrice	Project Manager, Tynepark
Archie Nelson	Carr-Gomm Scotland
Paul Noyes	Policy & Planning Officer, ELC
David Ogilvie	Strategic Policy Officer (Development Services) ELC
Julie Park	SAMH
Robert Quate	Lothian Primary Care NHS Trust
Bill Riddle	Consultant Psychiatrist, Lothian Primary Care Trust
Paul Roberts	Assistant Manager, Blue Triangle Housing
Graeme Robertson	Senior Support worker, Carr-Gomm Scotland
Anne Smith	Link Living Services (Mid/East Lothian)
Gary Smith	Co-coordinator, CHANGES Community Health Project
Jan Souter	SAMH
Karin Stewart	Allocations Officer, Bield Housing Association
Phamie Turnbull	
Bruce Walker	Director of Housing & Social Work, ELC
Stephen Wray	Health Improvement Officer, ELC

Appendix G

Analysis of Workshop Evaluation Forms

41 people attended on the day and 24 evaluation forms were completed. Unfortunately one was almost illegible and so only part of the response has been included. The comments made on forms have been included in full to illustrate the level of participation and feedback.

Ratings: A = Excellent   B = Good   C = Satisfactory   D = Poor   E = Very Poor

Speaker	Rating Content	Rating Delivery
Bruce Walker	A = 8% B = 58% C = 17 % Not stated = 17%	A = 4% B = 67% C = 12% Not stated = 17%
Gail Cunningham	A = 29% B = 58% Not stated = 13%	A = 21% B = 62% C = 4% Not stated = 13%

Other aspects of the workshop	Ratings		
Morning Group Discussion	A = 21%	B = 71%	C = 8%
Afternoon Group Discussion	A = 21%	B = 75%	C = 4%
Organisation of the Event	A = 63%	B = 33%	C = 4%
Content of the Delegate Pack	A = 37%	B = 42%	C = 21%
Content of the Event	A = 42%	B = 54%	C = 4%
Quality of the Lunch	A = 63%	B = 25%	C = 12%
Suitability of Venue	A = 54%	B = 38%	C = 8%
Accessibility of Venue	A = 67%	B = 25%	C = 8%

Key points to take forward from day:
- Need to map support services (particularly regarding resources to meet increased demands)
- Don't make this the excuse for setting up 'new' services at risk of existing provision therefore not Best Value!
- Client & carers needs
- Urgency in providing housing needs for mental health in East Lothian
- Education on mental health issues would reduce stigma
- Quotas not ideal, but probably essential
- Need to plan for move-on to avoid blocking, particularly in crisis accommodation
- Good range of options
- Flexibility (2)
- Choice!
- There is a willingness of people to work together and good ideas of how community resources should be organised. Some frustration on a personal level that budget holders and decision makers back a commitment towards providing services for people with mental health problems
- Public re-education around mental health housing seminars
- The momentum and ideas taken forward with the co-operation of all agencies involved – without traditional obstacles being placed in the way. Need for formulating a strategy in line with other initiatives e.g. joint futures and re-provisioning
- Development of a range of housing and support options to meet the various needs

- Not only is it important to have a range of housing with flexible support but also important is the effort put into ensuring that the ethos and management of the options chosen are given due weight
- Need for more co-ordinated strategy
- Need for more user involvement in planning
- Resources limited at present – need for investment
- Importance of person centred approach
- How this fits in with closure of Herdmanflat
- That services are provided around people and people are not "fitted" into services
- That people receiving the service are at the centre of all decision making
- To see all departments communicating
- I would like to see more supported accommodation and more respite houses in East Lothian
- Action
- A good day, good discussion, good ideas – host of various professionals/service users all had valid input. Hope all are listened to and suggestions acted upon. This forum is long overdue
- Want to emphasise the need for people to be able to access both collective and individual advocacy in relation to housing
- Want to see some progress/action from today's meeting
- Implementing change
- Inclusiveness of services and integrating services
- Educating key workers and policy developers – changes in staff (all levels)
- Holistic thinking by property developers and housing associations - changing quality of life for mental service users
- Stigma – no group house / homes, normalisation with 24 hour support to own home
- Shared ownership / ownership
- No service providers and more importantly no service users on Steering Group – hence not really person centred and recognising the user of services. Involvement of East Lothian Community Care Forum

3 things liked best about the event:
- 'Mix' of delegates working in a group (4)
- Venue (3)
- Lunch (5)
- Structure
- Good opportunity for discussion, almost everyone contributed (4)
- Atmosphere
- Organisation
- Discussion of topics (2)
- Chance to hear the views of service users
- Confirmation that issues are being addressed
- Informality (2)
- Participative
- Good opportunity to network (4)
- Meeting people from other agencies and brainstorming ideas
- Good to know that we all were working to similar ideas
- Simplicity of task
- Location
- Group structures with members across a range of interested fields
- Range of representatives (stakeholders) present (2)

- Interest expressed by participants in subject at hand
- Motivation in change
- The work done prior to the event ensured success
- Not too intensive (2)
- Facilitator for each group
- Good pace
- User friendly – no jargon
- Chance to contribute – open forum
- Good positive feel about discussion group
- Some really good ideas were raised
- Information and ideas

3 things liked least about the event:
- Need coffee before end (so don't lose delegates impetus!)
- Noise level of air conditioning (6)
- Darkness of table at which I sat
- Needed more time (2)
- No discussion / info on funding issues
- Heat in the room
- Acoustics could have been better
- Participants arriving late/leaving early
- Outcomes/future planning still a little unclear
- Event dominated by "professionals" only 10% service user attendees (Note: 10% is incorrect)
- Doing the option appraisal questions
- Making choices about cost/value for money
- Uncertainty as to whether this will come to fruition

Other topics for future conferences, seminars or workshops:
- Support services available to people with mental health problems (+ accessible!) in East Lothian – do people (providers/users) know who/what do?!
- Emergency health response services
- Young people and housing in East Lothian
- Continue to ask for a wide range of views from interested professionals, service users and others
- Housing & finance senior policy makers at this event (e.g. from Scottish Homes and housing associations)
- Work on overcoming stigma in relation to mental illness
- Services to other user groups that are being developed
- I would like more to be done for a respite house for people with a mental illness
- User involvement all the way in any topic
- O.T. input when planning interior of housing to make all accessible
- All resources for people with mental health problems in East Lothian
- Combating stigma
- Educating housing officers who don't think mental health problems are a disability
- User involvement in the planning process
- Access to both collective and individual advocacy in relation to housing
- Integrating mental health service users in the community
- More discussion on alternative centres for mental health users
- Changing attitudes and education in mental health throughout East Lothian.

Appendix H

Table 1: Location of:

- **Existing supported accommodation (*building-based)**
- **Existing housing with housing support (outreach / floating support)**

Location	Provider 1	Provider 2	Provider 3	Provider 4	Provider 4	Total
Musselburgh	8 * + 5	2	1	1	1	**18**
Wallyford (Nr Musselburgh)		1				**1**
Haddington	9	6				**15**
Tranent	4	1	1			**6**
Ormiston (Nr Tranent)	1	2				**3**
Elphinstone (Nr Tranent)		1				**1**
Dunbar	3					**3**
East Linton (Nr Dunbar)	1					**1**
North Berwick	1	1	1			**3**
Gullane (Nr North Berwick)		1				**1**
Prestonpans	2					**2**
Port Seton (Nr Prestonpans)	1					**1**
Cockenzie (Nr Prestonpans)	1					**1**
Total	**36**	**15**	**3**	**1**	**1**	**56**

Appendix I

Personal stories of homelessness

Mr A

Mr A had always been in some type of supported accommodation after being discharged from hospital. He had moved into supported accommodation in Bo'ness but this did not work out for him.

He is clear that living in a hostel is not appropriate. He was once offered hostel accommodation with Bethany but his view is that *"you are safer on the streets – if someone doesn't like you they plant drugs on you and you're chucked out"*.

He also has had a flat with visiting staff support. The level of support varied with each worker. He now wants a flat of his own with a CPN and support to complete forms and carry out practical tasks. He wants to stay in the area as he has support from his mother.

Ms B

Ms B's family had to leave the house they owned for financial reasons. They lived at first with one relative and then moved to a room in another relative's house. They applied to East Lothian Council for housing. Following this, a Housing Association informed them in a letter that a house was available. The letter did not include any information about the allocation procedure which would follow.

Ms B was then informed that a home visit would have to take place to 're-point' her application and that 4 other people were also being considered for the house. During the home visit, the HA housing officer described the interior of the house and she was told that it would take 7 to 10 days for a decision to be made.

Ms B was then told that it could be longer, as an inspection of the house had to be carried out.

It was like giving my son a sweetie and then taking it away with no explanation.

Ms B felt that the initial letter should not have raised their expectations about a house but only arranged a home visit, during which more information could have been given out. Their housing situation causes a great deal of stress.

If I don't get this house I'll be back (at mental health service) … I could lose the plot at the moment, it is so stressful.

Appendix J

Analysis of background information provided in 64 questionnaires

Table 2: Age

Age Band	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
16-19	1	1	0	0	**2**
20-24	1	0	1	0	**2**
25-29	6	0	0	1	**7**
30-34	4	0	0	2	**6**
35-39	5	2	1	2	**9**
40-44	6	1	4	1	**12**
45-49	4	0	1	3	**8**
50-54	1	1	0	3	**5**
55-59	3	0	1	0	**4**
60-64	1	0	0	1	**2**
Over 64	3	0	0	0	**3**
Not stated	2	0	0	1	**4**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 3: Gender

Gender	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Female	21	0	5	10	**35**
Male	16	5	3	4	**28**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 4: Ethnic origin

Ethnic origin	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
White	35	5	7	14	**61**
Black	2	0	0	0	**2**
Scottish	0	0	1	0	**1**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 5: Duration mental health problems

Duration	C/1 Accommodation and housing support needs	C/2 Accommodation (outside EL) and housing support needs	B Housing support needs only	A Accommodation needs only	TOTAL
Over 5 years	26	5	7	10	48
Over 1 year	9	0	1	1	11
Less than 1 year	2	0	0	2	4
Not stated	0	0	0	1	1
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 6: Diagnosis of people

Diagnosis	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Schizophrenia	11	2	5	3	**21**
Schizo-affective disorder	1	1	0	0	**2**
Depression	6	0	1	2	**9**
Depression and anorexia nervosa	1	0	1	0	**2**
Depression and anxiety	0	1	0	0	**1**
Anorexia nervosa	1	0	0	0	**1**
Bipolar	6	0	1	2	**9**
Bipolar and schizophrenia	0	0	0	1	**1**
Affective disorder	2	0	0	1	**3**
Anxiety and stress	1	0	0	1	**2**
Anxiety, trauma of domestic abuse	0	0	0	1	**1**
Bpd and depression	0	0	0	1	**1**
Borderline personality disorder?	0	0	0	1	**1**
Misuse of alcohol	1	0	0	0	**1**
Thought disorder and mood disorder	1	0	0	0	**1**
Depression with psychotic features	1	0	0	0	**1**
Psychotic episode / illness	2	0	0	0	**2**
History of self harm etc.	0	1	0	0	**1**
Uncertain / not stated	3	0	0	1	**3**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 7: Additional issues

Additional issues	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Epilepsy	0	0	0	1	**1**
Alcohol misuse	3	0	1	0	**4**
Drug misuse	6	1	1	1	**9**
Drug misuse and poor physical health	1	0	0	0	**1**
Alcohol and physical needs	0	0	0	1	**1**
Alcohol and drug misuse	1	1	0	0	**2**
Physical health needs	5	0	0	2	**3**
Learning disabilities	1	0	0	0	**1**
Profoundly deaf	0	1	0	0	**1**
Incapax	0	0	1	0	**1**
Other	0	2	0	0	**2**
None stated	20	0	5	9	**32**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 8: Other staff involved with people who have accommodation and housing support needs

Staff	Total
Axis 2/52	1
CPN	3
CPN and social worker	5
CPN consultant and GP	1
CPN rehab and OT	1
CPN, social worker, consultant, GP and Edinvar support workers	1
CPN, social worker and Psychiatrist	1
CPN, social worker, Tynepark Resource Centre and Befriending Scheme	1
Day Hospital	3
GP and Psychiatrist	1
In hospital	1
OT and social worker	2
OT helper and psychiatrist	1
Psychiatrist, Child and Family social worker and health visitor	1
Psychiatrist, Olivebank, health visitor, Family worker - SIP	1
Psychologist and respite staff	1
Specialist hospital outpatient support	1
Social worker	2
Social worker and residential support staff	1
Social worker, day hospital staff and consultant outpatient	1
Not stated	5
TOTAL	**37**

Table 9: Other staff involved with people who have accommodation (outside EL) and housing support needs

Staff	Total
CPN, day hospital staff	1
Social worker, young person's unit nurse therapist and support worker	1
CPN, social worker and support workers	1
Social worker	1
Not stated	1
TOTAL	**5**

Table 10: Other staff involved with people who have housing support needs only

Staff	Total
Social worker, day hospital staff	1
CPN and Psychiatrist	1
Social worker and specialist hospital staff	1
CPN and SW	1
Consultant, GP and Psychotherapist	1
CPN, SW and GP	1
Social worker	1
Social worker, Charge Nurse Rehab Ward	1
TOTAL	**8**

Table 11: Other staff involved with people who have housing needs only

Staff	Total
Carr Gomm	1
Careers advisor (Job Centre)	1
Carr Gomm, OT and psychiatrist	1
Carr Gomm and First Stop Family Support	1
Social worker, Carr Gomm and ward staff	1
CPN	2
CPN and Carr Gomm	2
Occupational Therapist	1
Social worker and Carr Gomm	1
Not stated	3
TOTAL	**14**

Table 12: Current location

Current location	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Musselburgh	8	1	3	4	16
Haddington	5	0	2	3	10
Tranent	6	1	3	0	10
North Berwick	9	1	0	1	11
Dunbar	1	0	0	4	5
Prestonpans	1	0	0	0	1
Aberlady	1	0	0	0	1
Gullane	2	0	0	0	2
Pencaitland	0	0	0	1	1
Humbie	0	0	0	1	1
Hospital	1	0	0	0	1
Homeless	1	0	0	0	1
Edinburgh	1	1	0	0	2
Not stated	1	1	0	0	2
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 13: Current housing

Current Housing	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Housing	28	3	6	11	**48**
Supported Accommodation	0	1	0	1	**2**
Residential care	1	0	0	0	**1**
Homeless	3	0	0	0	**3**
Hospital	5	1	1	2	**9**
Leave of absence	0	0	1	0	**1**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 14: Housing tenure

Housing tenure	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
ELC	10	1	5	5	**21**
Housing Association	3	3	0	2	**8**
Private landlord	2	0	2	3	**7**
Owner occupier	6	0	1	3	**10**
Parental / family member home	10	0	0	1	**11**
Caravan	1	0	0	0	**1**
Homeless	2	0	0	0	**2**
Not stated	3	1	0	0	**4**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 15: Household circumstances

Household circumstances	Accommodation and housing support needs	Accommodation (outside EL) and housing support needs	Housing support needs only	A Accommodation needs only	TOTAL
On own	12	2	7	5	**26**
With parents / family member	15	1	0	3	**19**
With partner	0	0	0	2	**2**
With partner and child/children	3	0	0	1	**4**
With child/children	3	0	1	2	**6**
Supported accommodation / residential care	1	1	0	1	**3**
Not stated	3	1	0	0	**4**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 16: Risk of homelessness

Risk of homelessness	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Yes	11	2	2	3	**18**
No	22 (+1 in past)	3	4	11	**41**
Already homeless	2	0	0	0	**2**
Not stated	1	0	2	0	**3**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 17: Designation of person completing questionnaire

Designation of questionnaire respondent	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Community Psychiatric Nurse	13	1	0	3	**17**
Charge Nurse	0	0	0	2	**2**
Staff Nurse	9	2	1	4	**16**
Mental Health Officer	0	0	0	1	**1**
Social worker	10	0	4	4	**17**
Carer	2	0	2	0	**4**
Divisional Mental Health Officer	2	2	1	0	**6**
Community Care Assistant	1	0	0	0	**1**
TOTAL	**37**	**5**	**8**	**14**	**64**

Table 18: Designation of referrer

Designation	Accommodation and housing support needs	Accomm. (outside EL) and housing support needs	Housing support needs only	Accommodation needs only	TOTAL
Consultant	13	2	1	4	20
GP	7	1	1	1	10
CPN	2	0	0	1	3
Day hospital nurse	0	0	0	1	1
Family member	0	1	0	1	2
Longstanding Section 18 client	0	0	1	0	1
SHO	1	0	1	0	2
Ward Nurse	0	0	1	0	1
Health Visitor	1	0	0	0	1
Hospital OT	1	0	0	0	1
Psychologist	1	0	0	0	1
Not stated	11	1	3	6	21
TOTAL	37	5	8	14	64

Appendix K

Options for accommodation and housing support

1. Supported accommodation for people with high level of housing support needs and who may have other needs

Support:

- Team of staff
- Support available 24 hours a day, seven days a week
- One member of staff sleeps in house or flat or lives in a flat

Accommodation:

Option 1a

Accommodation:

- Shared house

- 4 or 5 people sharing

- Bedroom for staff to sleep in

- Musselburgh and/or Haddington

Option 1b

Accommodation:

- Block of flats

- 3 or 5 people live in block

- Flat for staff base and communal use by tenants

- Musselburgh and/or Haddington
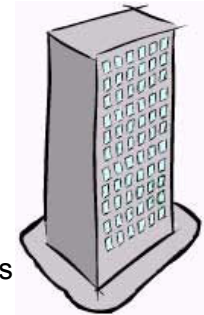
2. Supported core and cluster housing for people with moderate or fluctuating levels of housing support needs

Accommodation:

- Quota of bedsits, individual tenancies, shared tenancies and family tenancies

- Musselburgh, Tranent, Prestonpans, Haddington, Dunbar and / or North Berwick

- Team of staff based in either flat or office within walking distance of tenants

Support: Available according to needs

Option 2a

Support:

- Team of staff

- Available 7 days a week from 9am to 5pm, flexible for evenings and on-call overnight

- Range: 1 to 28 hours per week

Option 2b

Support:

- Team of staff

- Available 5 days a week from 9am to 5pm, flexible for evenings and on-call overnight

Range: 1 to 20 hours a week

3. Furnished supported housing for people who are homeless / in crisis

Support:

- Team of staff

- Support available seven days a week, 9am to 5pm and on-call overnight

- Staff team based in either flat or office

- Support available according to needs

Accommodation:

Option 3a

Accommodation:
- 6 furnished flats and/or houses

  - Flats/houses scattered in one or three towns - Musselburgh, Tranent, Prestonpans, Dunbar Haddington and / or North Berwick

Option 3b
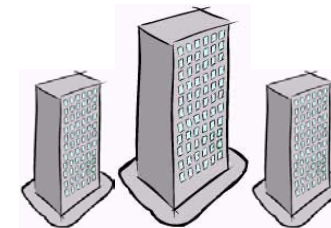
Accommodation:
- Block of furnished flats

  - Located in one or two towns - Musselburgh, Tranent, Prestonpans, Dunbar, Haddington and / or North Berwick

4. Scattered housing for people with minimal level of housing support needs

Option 4

Accommodation:

- Quota of housing

- Musselburgh, Tranent, Prestonpans, Haddington, Dunbar and/or North Berwick

- Staff team based in either flat or office premises

<u>**Support:**</u>

- Team of staff

- Support available 5 days a week, from 9am to 5pm

- Staff hold weekly tenant support meetings

- Support available according to needs

- Range from 10 hours a year to 1 hour a week

Appendix L

Option appraisal summary

Objective 1: to meet need for accommodation with a high level of housing support (and other needs)		
Criteria	**Option 1a** **Supported accommodation – shared house**	**Option 1b** **Supported accommodation – block of flats**
Desirability	Group 4:Medium Group 5: Medium	Group 4: High Group 5: High
Achievability	Group 4: Low Group 5: High	Group 4: Medium / High Group 5: High
Impact / Effect	Group 4: High Group 5: High	Group 4: High Group 5: High
Cost	Group 4: - Group 5: High	Group 4: - Group 5: High
Value for money	Group 4: Medium / High Group 5: Low (as places may lie empty)	Group 4: Medium / high Group 5: High
Summary of other groups' discussions	Group 2: Lower desirability Group 1: Lower desirability Group 3: Desirable but 1b more achievable	Group 2: Preference for this option but stigma? Group 1: Preference for this option Group 3: Desirable but more achievable than 1a

Objective 2: to meet need for accommodation with moderate and / or fluctuating housing support		
Criteria	**Option 2a** **Supported core and cluster – 7 day support**	**Option 2b** **Supported core and cluster – 5 day support**
Desirability	Group 4: High Group 5: High	Group 4: Medium Group 5: Medium
Achievability	Group 4: Medium Group 5: Medium	Group 4: High Group 5: Medium
Impact / Effect	Group 4: High Group 5: High	Group 4: Medium Group 5: High
Cost	Group 4: High Group 5: High	Group 4: Medium Group 5: -
Value for money	Group 4: High Group 5: High Group 3: High	Group 4: Medium Group 5: -
Summary of other groups' discussions	Group 2: Both options acceptable Group 1: Preference for this option	Group 2: Both options acceptable Group 1: -

	Group 3: Preference for this option but issues over access to housing.	Group 3: -

Objective 3: to meet need for accommodation with housing support for people who are homeless / in crisis		
Criteria	**Option 3a** **Furnished scattered supported housing for people homeless / in crisis**	**Option 3b** **Furnished supported housing in block of flats for people homeless / in crisis**
Desirability	Group 4: High Group 5: Low – prefer alternative of specialist housing support provided to existing and planned Homeless Persons' accommodation	Group 4: Low Group 5: Low
Achievability	Group 4: High Group 5: -	Group 4: Medium Group 5: -
Impact / Effect	Group 4: High Group 5: **-**	Group 4: Medium / High Group 5: **-**
Cost	Group 4: High Group 5: -	Group 4: High Group 5: -
Value for money	Group 4: Medium Group 5: Low (as properties may lie empty)	Group 4: Low - logistics Group 5: Low (as properties may lie empty)
Summary of other groups' discussions	Group 2: Preference to merge this option with Option 2a. Group 1: Preference for this option Group 3: Temporary housing not desirable	Group 2: - Group 1: - Group 3: Prefer alternative option – block of permanent furnished flats

Objective 4: to meet need for accommodation with minimal housing support	
Criteria	**Option 4** **Scattered housing with 9am to 5pm weekday support**
Desirability	Group 4: High
Achievability	Group 4: Medium
Impact / Effect	Group 4: High
Cost	Group 4: Low / medium
Value for money	Group 4: Medium / High
Summary of other groups' discussions	Group 5: Prefer to include this in Option 2a Group 2: Need for a diversity of housing options Group 1: Minimal housing support not appropriate Group 3: Desirable but issues over access to housing.

Appendix M

Table 19: Type of housing support needed

Support level	No. of people requiring housing and housing support	No. of people requiring housing support	Totals
Staff sleeping overnight	6	0	**6**
On-call 24 hours	6	0	**6**
Evenings and weekends	5	1	**6**
Office hours	17	9	**26**
Not stated	13	2	**15**
Total	**47**	**12**	**59**

Appendix M cont'd

Table 20: Core and cluster housing - summary of needs and preferences re:
- **Preferred location/s for housing**
- **Size of housing and/or**
- **Estimate of weekly hours of support required**

(Note that table does not include preferences of 6 people who require staff sleep-over in supported accommodation)

Town/s	Housing and housing support	Housing support only	Housing only	Total housing units	Total weekly hours housing support
Musselburgh	5 x 1 bed @ 10 = 50 2 x 1 bed @ 15 = 30 1 x 2 bed @ 15 = 15 1 x 2 bed @ 28 = 28	3 x 10 = 30 1 x 15 = 15 1 x Not stated (10?)	2 x 1 bed 1 x 2 bed 1 x 3 bed	**13**	**178**
Musselburgh / Tranent	1 x 1 bed @ 28 = 28	-	1 x 1 bed	**2**	**28**
Musselburgh / Tranent / Haddington	1 x 1 bed @ 15 = 15	-	2 x 1 bed	**3**	**15**
Musselburgh / Tranent / Haddington / Prestonpans	1 x 1 bed @ 28 = 28 1 x 1 bed @ 15 = 15	-	-	**2**	**43**
Musselburgh / Tranent / Haddington / Prestonpans / North Berwick	1 x 1 bed @ 15 = 15	-	-	**1**	**15**
Musselburgh / Haddington / North Berwick	1 x 1 bed @ 15 = 15	-	-	**1**	**15**
Musselburgh / Port Seton	1 x 1 bed @ 28 = 28	-		**1**	**28**
Town/s	**Housing and housing support**	**Housing support only**	**Housing only**	**Total housing units**	**Total weekly hours housing support**
Haddington	3 x 1 bed @ 10 = 30 1 x 1 bed @ 15 = 15 1 x 1 bed @ 28 = 28	3 x 10 = 30	6 x 1 bed	**11**	**103**
Haddington / Gullane	1 x 1 bed @ 10 = 10			**1**	**10**
Tranent	1 x 1 bed @ 15 = 15 1 x 1 bed @ 28 = 28 2 x 2 bed @	1 x 10 = 10 2 x 15 = 30 1 x 28 = 28	-	**5**	**141**

	10 = 20 1 x 3 bed @ 10 = 10				
North Berwick	1 x 1 bed @ 10 = 10 1 x 2 bed @ 10 = 10	-	1 x 1 bed	3	20
Gullane	1 x 1 bed @ 10 = 10 1 x 1–2 bed @ 10 = 10 2 x 1 bed @ 15 = 30	-	-	4	50
Dunbar	1 x 4 bed @ 15 = 15	-	1 x 1 bed 1 x 3 bed	3	15
Dunbar / North Berwick	1 x 2-3 bed @ 10 = 10	-		1	10
Prestonpans	1 x 1 bed @ 15 = 15	-	-	1	15
Town/s	**Housing and housing support**	**Housing support only**	**Housing only**	**Total housing units**	**Total weekly hours housing support**
Aberlady	1 x 1 bed @ 28 = 28	-	-	1	28
Saltoun / Pencaitland / Gifford	-	-	1 x 3 bed	1	-
No preference stated (1 Not Dunbar)	2 x 1 bed @ 10 = 20 1 x 1bed @ 10 (Not D) =10 1 x 1 bed @ 28 = 28		-	4	58
Totals	**41**	**12**	**17**	**58**	**772**

Appendix N

Indicative costs for models

Indicative costs A - Supported Accommodation 24 hours

1. REVENUE COSTS	2003 / 4		Notes
Support			37.5 hour week
Manager	5,763		0.25 time at point 32
Team Leader	21,046		Point 29
Senior Support Worker	17,340		Point 23
Senior Support Worker	17,340		Point 23
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Relief staff	2,935		£7.50 per hour and 2% of staff costs
Sub total	**149,690**	**149,690**	
NI	17,963		12% average
Pension	13,472		9%
Sickness	3,623		2% of staff costs
Travel	2,500		
Training	3,500		Basic and SVQ costs
Advertising / recruitment	1,500		
Sleepovers + NI	13,929		8 hours x minimum hourly wage @£4.50
Mobile phones x 4	840		Capital and revenue
Registration costs	3,000		Medium service
Disclosure Scotland costs	340		14 staff X £13.60 + £150 for organisation
Sub total	**60,667**	**60,667**	
Overheads	21,038		10% of budget
Staff base rent	1,900		
Sub total	**22,938**	**22,938**	
TOTAL SUPPORT COSTS		233,295	225 hours @ £19.94 per hour

2. HOUSING COSTS			
Expenditure			
Setting up costs	5,000		Furnishings over 3 years @ £15,000
Common area costs	4,680		Cleaning, heating, lighting etc.
TOTAL	**9,680**		
Service charge income			
Furnishings @ £30 pppw	6,240		Renewals, insurance, staff time replacing
Common area	4,160		cleaning etc less 20% voids
TOTAL	**10,400**		
Rent			
Rental charges	9390		5 flats at 1,878
Rental income	7,512		5 flats at 1,878 less 20% voids
			RSL to treat 3 months as voids until set up?

Appendix N cont'd

Indicative costs B - Core and cluster housing with housing support

1. REVENUE COSTS			
Support			37.5 hour week
Manager	5,763		0.25 time at point 32
Team Leader	21,046		Point 29
Senior Support Worker	17,340		Point 23
Senior Support Worker	17,340		Point 23
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Support Worker	14,211		Point 15
Relief staff	2,935		£7.50 per hour
Sub total	**135,479**	**135,479**	
NI	16,257		12% average
Pension	12,193		9%
Sickness	2,710		2% of staff costs
Travel	10,000		Between towns and to appointments etc
Training	3,500		Basic and SVQ costs
Advertising / recruitment	1,500		
Mobile phones x 4	840		Capital and revenue
On-call costs	8,875		7% of staff salaries
Registration costs	3,000		Medium service
Disclosure Scotland costs	340		14 staff x £13.60 = £150 for organisation
Sub total	**59,215**	**59,215**	
Overheads	19,470		10% of budget
Staff base rental	1,900		
Sub total	**21,370**	**21,370**	
TOTAL		**216,064**	**200 hours @ £20.78 per hour**
2. HOUSING COSTS			
Expenditure			
Setting up costs	2,000		Staff base