



Client Engagement: Mental Health Supported Living and Employment Support Services

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1 Introduction

In August 2019 Healthwatch Milton Keynes were commissioned by the Milton Keynes Council Commissioning and Contracts team to deliver engagement activity with people who currently use Mental Health Supported Accommodation and Employment Support services in Milton Keynes to support commissioners in directly remodeling and developing new services.

The engagement objective was to talk to current and former service users to improve understanding of four key areas:

- What works well with existing services?
- What could be improved?
- Are there any gaps?
- How would people like to see services work differently/ more effectively?

1.1 Milton Keynes Services

Milton Keynes Council asked Healthwatch Milton Keynes to capture and provide feedback from organisations such as:

- Richmond Fellowship Supported Accommodation - Repton House provides 24hr supported housing for adults who need support with daily living and social skills as the result of long term mental health problems.
- Homegroup Supported Accommodation - Step up and step down - transitional care services for people with mental ill health
- The Mix - A drop-in service in Milton Keynes that provides a place for meeting and sharing information about mental health services to promote self-help, peer support networks and further service developments
- Mental Health Partnership Board - A key space for service users, families, carers and voluntary groups to talk to those who pay for and provide services about their experiences and how services could be better for people using them
- The Neighbourhood Employment Programme (NEP) - for people who are experiencing or have experienced mental health difficulties looking to get back into work or who have an in-work support need.
- Rethink - Provides support to lead an independent life in the community working towards mental health recovery.

- Works for Us - Supporting people on their journey to economic independence by looking at their skills and abilities, their interests and achievements, and their work histories whether paid or unpaid

These descriptions of the organisations and the services they provide are taken from their respective websites, or from the Milton Keynes Council Service Directory web pages.

1.2 Our approach

We contacted the managers of the supported accommodation and employment services to give them an overview of the engagement and its purpose, and to arrange convenient times to come and speak to residents and clients. Healthwatch Milton Keynes manage and administrate the Mental Health Partnership Board and also have a volunteer representative on the Board to ensure that any information gathered by Healthwatch is included, as well as ensuring that information and issues are brought back to the organisation. As well as engaging with service users through organisations such as Rethink and The Mix, we have been having conversations with young people through our current work at various schools and academies across Milton Keynes. Using these relationships, we have been able to add depth to the findings in this report by adding those voices and experiences to those currently receiving services.

1.3 Data analysis and reporting

Every conversation started with an outline of the role of Healthwatch Milton Keynes and the purpose of the engagement, including an agreement that while direct quotes from individuals may be used in the report, there would be no details included that may identify that resident or client.

The conversations were guided by a set of prompts to ensure that the information gathered was relevant to the project brief and to be flexible enough to allow exploration of areas that the people spoken to were able to share their experiences freely. The conversation prompts are included in Appendix A.

Detailed notes were taken during the conversations and these written notes have been collated to provide this thematic report. A summary of the key findings and a set of conclusions and recommendations based on this evidence is presented to inform the remodeling of existing services and development of new services.

2 What we found: Supported Accommodation

The supported accommodation locations visited were all ‘time limited’ placements, where residents are placed to gain the necessary skills to be able to live independently. We spoke to twelve residents across three locations, and all reported being happy to have gained a placement in supported accommodation, although they did not feel as though there had been a choice. We were told by two people that they had been told that they were only given one right of refusal for a placement, no matter whether that was in regard to location or because of accessibility. There are few placements available to those who have physical disabilities, this also impacts on those who may require a move due to a decline in their physical health during their placement.

When we asked how long people had been in supported accommodation, we found that most people had moved straight from living with their parents or other family members although a number had been given placements after time in Mental Health Rehabilitation units. Two people we spoke to had come from other supported accommodation placements.

Healthwatch Milton Keynes were welcomed by the staff of both providers who provided introductions to residents, and one location had arranged for an interpreter to ensure that all residents had the opportunity to have their voice heard. The conversations with the residents were carried out in both communal areas and in individual flats according to the preference of each resident. Staff were not present in any location to ensure residents felt able to speak freely. We were given contact details for past residents who had consented to Healthwatch Milton Keynes contacting them, but we have been unable to gain a response to calls or text messages.

Did people feel ready to move on to independent living?

The general theme of the conversations around whether people felt ready to move on was resignation rather than aspiration.

One resident told us that they had asked to move to a step-down supported accommodation arrangement as they felt overwhelmed at the thought of going straight from 24 hour support to living independently.

Another person told us that they were moving into independent living in the next month or so following our conversation. They told us that they didn’t necessarily

feel ready, but that their placement was coming to an end so they would be moving regardless.

We were advised by another resident that as their care and housing needs had changed, they were waiting to speak to their Social Worker about their Support Plan. This person told us that the support staff had contacted their named Social Worker but had received a response advising that the Social Worker had moved teams but would pass the request on to the right person. That had been some weeks previously and, at the time of our conversation, there had been no contact from the Social Work team.

Did people feel they were learning how to live independently?

This part of the conversation delved into what skills residents thought they would need to have to be able to live independently such as budgeting, cooking, medication management, crisis management and how they were being encouraged to build networks of support. It then moved onto whether they had those skills already, whether they were being taught those things, and who was supporting them to gain these.

The residents in 24 hour supported accommodation were being more explicitly taught how to manage issues. One resident told us that they were not good at managing their medication, but this was something they really wanted to be in control of. The staff had created a plan where the resident had to present themselves, on time every time, with no reminders for a set period of time to prove that they were ready for the responsibility of self-management. The resident was very motivated to achieve this level of self-sufficiency.

Residents in the more autonomous accommodation had varying degrees of effective medicines management with half of the people we spoke to relying on Carers or clinicians to ensure these were taken appropriately.

None of the residents we spoke to in the more autonomous units had received any support with budgeting but felt that, because they were paying their rent and bills in the supported accommodation arrangement, that this meant they would be able to manage when living independently. One resident advised that they were fine because they had 'built up some savings while living at home' although, when asked, they admitted they were using their savings to live and did not appear to understand the concept of living within their means.

Two of the residents reported that they would like to learn how to cook for themselves but one reported being proud of themselves for making their first online order of food shopping.

None of these residents were aware of having a support plan in place and, while they referred to having a key worker, they were unable to tell us whether that was a support staff member or an assigned Social Worker.



In the 24-hour supported accommodation, there was a greater emphasis on providing residents with opportunities to gain these skills through individual support plans that the residents told us were reviewed regularly and changed according to their needs. These included being supported to be confident to use public transport, being encouraged to make and maintain contact with family and friends and organising regular visits from NEP.

While speaking with one resident in their flat, the fire alarm sounded and we had to evacuate. Once we were outside, I spoke to the resident to advise that, in the event of a real fire, the time they had taken to put on their coat, collect their things and lock their door would possibly have meant them becoming trapped in the building. Although these fire alarms are a regular occurrence, the resident did not display any understanding of what they should do in the event of an evacuation. They further told us that on the first fire alarm they experienced, they had called their family to ask what they should do.

Goals and Aspirations

Part of the conversations with residents focused on their goals and aspirations. The question of “what do you want your independent life to look like?” took many of the residents by surprise. Three residents in more autonomous accommodation told us no one had ever asked them this before.

The responses across the three locations were remarkably similar with the main themes being having loving relationships, having a job and being able to live their own lives, being able to go on a holiday, having friends. Day opportunity providers such as The Mix could be supported to provide coaching in the ‘soft skills’ that relationships and social interaction require.

In trying to have this conversation with one resident, we needed to have a longer conversation about thinking bigger, thinking about their ideal life. The resident began talking about their love of movies and their desire to perhaps work in the film industry. When we started talking about the types of jobs within the industry they would like to work towards, they talked themselves around to their aspiration being to become a cleaner in the care home a family member lived in. They finished this conversation with telling us that they had never really stuck at anything because they had never really felt they were good at anything they had tried.

Another resident told us of their wish to be an artist, and how much they enjoyed their art sessions at a Day Opportunity. This is part of their Support Plan and the funds to attend are accessed through the residents’ ‘Pay as you go’ card. This resident has been unable to attend since they moved in to their flat as transport from their location to the Day Opportunity would need to be a taxi due to their physical health issues and they are unable to use the funds for transport. When we



asked whether they had thought about asking for the funding to be applied to a closer art therapy session, they were unaware that there was one in close proximity.

Only one of the Supported accommodation locations has a large selection of pamphlets and information about various services and opportunities readily available to all residents. Residents in the other locations had no knowledge of this type of information being available to them.

One resident in the more autonomous accommodation suggested that being able to have pets would be useful both as therapy and as a responsibility. They also wondered about how understanding their eventual independent landlord would be around their particular needs as a mental health service user.

3 What we found: Employment Support

Healthwatch Milton Keynes visited the premises of Works for Us and the NEP and spoke with staff, volunteers and service users about the support available, whether this was working and what the barriers to employment were.

All of the people we spoke to were highly complimentary of the services provided by NEP and Works for Us. We were told of how supportive the staff were and how valuable clients found the courses and the advice that they were offered.

The Job Centre came under fire from clients for not having an understanding of mental ill health and how conditions may change from day to day. The encouragement that people talked about receiving from NEP and Works for Us were contrasted by stories of the Job Centre having no regard for the value of volunteering as a way to 'learn to have a job'.

Those clients with experience and/ or qualifications felt demotivated by the Job Centre staff advising them to lower their aspirations and look for jobs that required no qualification. People with years of administrative skills who had lost their jobs through redundancy and were experiencing depression and anxiety did not feel they were being well served by being advised by Job Centre staff to look for work as cleaners.

Every client we spoke to reported the loss of confidence and self-worth through making multiple applications and not even receiving a form letter acknowledging their application or any feedback from any of them. This was heightened if the client had attended an interview and there had been no contact from the interviewer even to let them know they had been unsuccessful. The support and



encouragement from the staff at the NEP and Works for Us were reported as being highly valued in supporting people's mental health through these demoralising moments.

One client asked why there were no adult 'apprenticeships' available to help employers to see that older people could still learn new skills and would be able to perform the duties. They also thought that work experience placements would be useful, if it did not affect Universal Credit benefits, especially if work experience guaranteed an interview when a position came up.

What would support you to stay in work?

Almost every person we spoke to said they would benefit from managers and co-workers who had an awareness and understanding of Mental Health issues and thought that all managers should be required to have some level of training in this.

Wellbeing rooms or quiet rooms were reported to be beneficial as was the need for zero tolerance bullying policies, and being able to trust that managers would not just brush off issues that were raised with them around interpersonal issues in the workplace.

Workplace mental health support groups were thought to be a good idea, as long as they were a safe place for people to discuss any difficulties they were experiencing or any support they might need.

If workplace support was not available, it may be a gap that a day opportunity provider such as Rethink, with a more formal activity structure, may be able to offer during their weekend sessions.

4 Conclusions and Recommendations

The Supported Accommodation premises we visited do not currently demonstrate a consistent model of supporting or empowering residents to live independently. From the conversations held with residents across the locations, the placement system appears to depend on availability rather than the level of support or type of living space required.

Healthwatch Milton Keynes observed a level of developing institutionalisation among residents who had been in the accommodation for more than a year. This perhaps stems from the lowering of aspirations by professionals (and families) for those with a diagnosis of any serious or long-term condition.

Day opportunity provision should include a mix of social opportunities and more structured life skill opportunities.

Recommendations - Supported Accommodation:

- That housing placements are suitable for the needs of the resident. For some residents, time limited placements may not be appropriate and other residents may need adjustments to be made for changes in their physical needs.
- Healthwatch Milton Keynes recommends that robust Support Plans that include ambitious goals, a conversation about what the client would like their life to look like, with strong support plans and pathways to achieve these, are agreed with the client before the placement begins.
- We would like to see support staff checking with residents, on a weekly or fortnightly basis, to ensure that any barriers or risks to the achievement are recognised and a plan for mitigating these are put in place in discussion with the client. For example; Transport to access activities contained within the support plan may become a barrier
- Provider support staff may need to work more closely with clients, and the support plan, to facilitate attendance at classes and courses which will help the individuals achieve the level of skills they need in order to live independently.
- We recommend that any person in living in supported accommodation is placed on a needs base rather than a predetermined length of time.
- It was noted that a number of residents had moved to their current placement from another Supported Accommodation provider or service. We would like to see clients empowered to move on, rather than be moved between services if they are not yet ready to live independently.



- We strongly recommend a floating support service that is able to develop and monitor achievement against support plans and are knowledgeable about, and able, to signpost people to agencies who can further empower clients to reach their goals.
- Many people we speak to are concerned about being ‘discharged’ from services, and this fear was reflected among the residents we spoke with. A floating support service that could provide short term support and/ or reassurance and advice would go a long way to allaying those fears and increasing the client’s confidence in moving on to independence.

Recommendations - Employment Support:

- Healthwatch Milton Keynes recommends Milton Keynes Council explore ways to use services such as NEP and Works for Us to service existing vacancies, although care would need to be taken with the number of hours offered as this can have catastrophic impacts on Universal Credit payments.
- We recommend that support with training, education and/ or awareness packages are offered and promoted to employers across Milton Keynes.
- Milton Keynes Council could explore the possibility of offering adult apprenticeships to allow people the opportunity to continue to raise their aspirations, especially where mental ill health has prevented them from taking opportunities at a younger age.

5 Provider Response

The user engagement was a great opportunity for us to get independent feedback from people who directly use these services on how we can do things better in the future. I was concerned that some of the accommodation services are in danger of institutionalising the people who use them and we are hoping to address this with developing new service specifications for these services and working with providers in the shorter-term to address some of these issues. Action that we are taking following receipt of the report:



- A new specification has been developed for the MH floating support service. The report recommending procurement of this service is going to delegated decision in Jan.
- We are re-specifying the other MH accommodation based services and this process will focus on recommendations in the report - being clearer about providers discussing what independent living means for each person supported and how the service will support them to achieve realistic goals. Services that have been “hands off” will be required to be more proactive in supporting people to achieve their goals. Draft specifications for these services will be circulated for comment in 2020 - The commissioners will be taking this forward and have clearer information about timescales in the New Year.
- The commissioner is taking forward the day opportunities/employment support work and I am sure is including the recommendations included in the report.

Thanks for your help with this, it was great working with you.

