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HOUSING DISCUSSION INVOLVEMENT EVENT REPORT

**IN PARTNERSHIP WITH VOICES OF EXPERIENCE
(VOX)**

FRIDAY 24TH SEPTEMBER 2010



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1. Background to the Event

Capability Scotland and the Glasgow Centre for Independent Living (GCIL) were selected through the Housing Voluntary Grant Scheme as the Scottish Government's key strategic partner for housing and disability issues.

A key part of this project is a series of seven involvement events giving disabled people the opportunity to tell the Scottish Government about their housing issues and ways in which the housing problems faced by disabled people can be solved. The involvement events are running from August to October 2010.

This information is intended to feed into the Scottish Government's discussion "Fresh Thinking, New Ideas" which is calling for radical solutions to the housing crisis in Scotland.

This is the report of the third event, held in conjunction with Voices of Experience (VOX), on Friday 24th September 2010 in Glasgow.

21 people attended the event with a range of experience of mental health problems, including depression, anxiety, manic depression and head injury. Some participants also had physical and sensory impairments.

2. Design of the Event

The involvement day was designed around four key discussion areas:

1. What makes a house a home?

The participants were asked to think specifically as disabled home owners or tenants and consider what makes a house a home.

2. Experience of the housing system and uptake of opportunities

This was an open discussion about disabled people's experiences of the housing system in Scotland. We were particularly interested in:

- Difficulties faced getting suitable socially rented housing
- Barriers faced by disabled people needing to adapt their homes or get specialist equipment
- Difficulties experienced by those wishing to buy
- Problems experienced by those renting privately or wishing to rent privately
- Issues of getting accessible and appropriate information and advice about housing

3. Priorities for Government spending

This was a group activity in breakout groups using an A3 activity sheet and pre-printed post-it notes. We asked participants to pick five priorities from the list below and rate them one to five:

- Building more low-cost housing
- Keeping rents low
- Giving disabled people priority for social housing
- Encouraging people to downsize and redistributing larger houses to disabled people who need them
- Making sure that new build housing meets the needs of disabled people
- Making sure that disabled people get the help they need to adapt their houses
- Designing homes that can be adapted much more easily
- Building more sheltered housing
- Building more residential care homes
- Making sure that disabled people get the help they need to move when their house no longer meets their needs

4. What should be state funded and what should be privately funded?

This was a discussion about what sort of adaptations participants thought should be funded by the state and what sort of adaptations disabled people should pay for themselves. Participants also discussed the factors that should influence this such as income levels and priority of need.

3. Results of the Discussions

3.1 What makes a house a home?

Following 10 minutes of group discussion, participants were asked to feed back their top three aspects of what makes a house a home. The following elements were chosen by the four groups:

Group 1:

1. Being close to family and friends
2. Being comfortable
3. Feeling safe

Group 2:

1. Having a secure lease and not fearing that the lease might be terminated
2. Having control of their environment and the ability to personalise the property
3. Being close to family

Group 3:

1. Feeling safe and secure
2. Having the required support to be independent
3. Comfort and privacy

Group 4:

1. Being in control of your environment and having your own possessions in the house
2. Being fully accessible inside and out
3. Having good neighbours and living in a good neighbourhood

The other issues that came up were:

- Being a sanctuary
- Having company
- Being in a sheltered community
- Good environment
- Proximity to amenities
- Having a 24 hour alarm system, including CCTV
- Garden
- Smoke alarms to ensure fire safety
- Care support
- Good space
- Being allowed to have pets
- Good neighbours

- Good soundproofing
- Quiet neighbourhood
- Food
- Television and other gadgets
- Heating
- Good natural light
- Sofas
- Music
- Toys
- Good parking that is not taken up by people who do not live in the area
- Good atmosphere
- Fun

These comments show that participants with mental health problems emphasise the emotional side of homes even more so than the previous groups spoken to in this programme of involvement.

Feeling safe and secure in the home was a strong theme. Noisy neighbours and disturbances on the street were reported as highly negative factors. People with mental health problems find that the stress and anxiety of this can make their conditions worse. Therefore the location of the home and the surrounding environment are highly important.

Participants also stressed the importance of having control over the contents of the house and compared this to the lack of control people have in hostels.

The following represent a consolidation of the views expressed:

- Take action to ensure that allocations policies take into account the needs of people with mental health problems in relation to the location of their house and the surrounding environment, safety issues in particular.
- Ensure that all relevant policies take into account the different needs and aspirations of people with mental health problems compared to other disabled people.

3.2 Experience of the housing system and uptake of opportunities

People with mental health issues often do not consider themselves to be disabled people. This means that government initiatives or opportunities aimed specifically at disabled people might not be picked up by people with mental health issues. This is due to the common misconception that only people with physical impairments, particularly wheelchair users, are covered by the term “disabled people”.

Overall, participants felt that housing plays an important role in maintaining wellness and keeping people out of hospital. It was felt that this is not always recognised.

Many participants stated that they had had to choose between the right house in a bad area or the wrong house in a good area. Living in a good area with a low rate of antisocial behaviour was a strong theme at the event.

One participant told the group about the issues she is experiencing due to living in a bad area. She is bipolar and says that her housing situation is making her condition worse, at one time resulting in a stay at the Royal Edinburgh psychiatric hospital. Her neighbour wrote “English Cow” on her door and on another occasion tried to burn her door down. The council refuse to re-house her despite her psychiatrist, doctor and social worker all saying that she should be moved. She stated “I don’t go out because I’m scared. I just want a want a peaceful life in a decent community.”

Difficulties faced getting suitable socially rented housing

One participant spoke of his positive experience of his local council placing him and his family in a private sector lease when they were in a homelessness hostel. The participant felt that he was in a nicer house and in a nicer area than he would be if he was in a council house. He felt that more people should be able to get private sector leases.

Several participants complained of not being given any points in relation to allocation for social housing on grounds of mental ill health. There was feeling in the group that people with physical impairments were given priority over people with mental ill health.

A participant told the group about a friend who is bipolar who was allocated a house in a cul-de-sac. As a result of her condition, she feels that all her neighbours are constantly looking at her house. Living in a cul-de-sac increases her feelings of paranoia. It was felt that it would be better for her mental health if she lived at the end of a row of houses.

The group agreed that social isolation is a massive issue for people with mental health problems. However participants felt that this is not taken into account in allocations policies.

One participant told of her experience of having to sell her house after becoming unwell but being refused a council house on grounds of having money in the bank as a result of the house sale. She was told she had to “live off what I had before they would help me”. She therefore started to rent a house that has 25 steps up to the front entrance. Her illness progressed and she now cannot leave her house during winter time as she cannot manage the steps in bad weather. She asked her local council to install a handrail but they refused and still refuse to re-house her. She told the group that all the phoning and letter-writing had caused her great stress and has exacerbated her condition.

Barriers faced by disabled people needing to adapt their homes or get specialist equipment

A hearing impaired participant who lives in social rented housing stated that he had waited six months to get an adaptation to his doorbell so he could hear it from his living room. He also had to wait nine months to get a vibrating alarm for under his pillow to alert him to a fire alarm when he was asleep in bed. The group agreed that having to wait for equipment that was fundamental to health and safety was particularly unacceptable.

A participant who is who often falls down lives in a ground floor cottage flat with a housing association in Govan. She talked of her experience of having to wait a long time for adjustments and equipment to be provided by an Occupational Therapist, including a bath seat and an adapted kitchen stool. After a particularly bad fall she started to use a wheelchair and the two steps at her front entrance were an issue. She said that she could not wait for months for the council to put a ramp in so her friends built a temporary ramp. She is now waiting for handrails to be installed at the front and back door.

A visually impaired participant told of her experience of asking an OT for a railing across her stairs on the first floor landing so that she could feel safe that she would not fall down their stairs. The OT could only offer her a stair gate designed for a toddler, which she did not feel was appropriate.

Issues of getting accessible and appropriate information and advice about housing

Participants reported many difficulties in obtaining information and advice about housing and adaptations. Participants who had tried to get information from their local council about what they were eligible for said that professionals were often pessimistic about what they could get.

There was a strong sense in the group that professionals do not listen to the needs and requirements of people with mental ill health. This can make people wary of articulating their needs. The group also felt that professionals do not understand the needs of people with mental health issues and sometimes do not make the effort to understand and assess people’s needs. The group felt that it was much easier for people to articulate their needs in relation to physical impairments and that professionals found these needs much easier to assess.

One participant spoke of their being a negative cycle in relation to what people can get from the state. He said “We don’t expect much, they can’t offer much, you don’t ask for much, you don’t get much.”

Participants had more positive experiences of obtaining advice from the Citizens Advice Bureau (CAB). One participant stated that local councils seem to trust what CAB advisers say but not what the individual says.

Participants stated that it would be helpful to have an advocate working on their behalf. One participant said that they could “fight more effectively against council practices”. It was agreed that the advocate should be independent of the local council so that there was no conflict of interest.

Participants felt that professionals in the housing sector are not sufficiently aware of what people need to maintain wellness. It was felt that councils should treat people with more dignity and “stop dehumanizing people” so that they can be open about their support needs. The group called for an honest dialogue about support needs so that people can get suitable housing. Participants felt that the housing system does not adequately take into account the needs of people with mental health issues.

The group felt that the system of requiring people to go for assessments with medical professionals who do not know them or understand their support needs contributes to this lack of awareness. The group felt that their GP’s could help with their housing situation but that often they were not listened to.

Participants agreed that it is difficult to obtain information about the accessibility of a potential house for people with mental ill health, including noise levels and antisocial behaviour. This problem should be rectified by the Scottish Accessible Housing Register being developed by Ownership Options and Glasgow Centre for Independent Living.

Several participants talked about the potential for a person’s tenancy to be at risk if they went into a psychiatric hospital under the Mental Health Act. It was felt that there is not sufficient support for people whose tenancy was at risk under these circumstances. Some people reported getting support in this area from their social worker, but not everyone has a social worker. There is anecdotal evidence that people can be discharged from hospital into a homelessness situation or with a high amount of rent arrears and other debts.

The following represent a consolidation of the views expressed:

- Develop and maintain a dialogue with mental health organisations so that the needs of people with mental health issues can be taken into account in housing policy development.
- Ensure that housing initiatives or opportunities aimed specifically at disabled people are marketed appropriately to people with mental health issues.

- Recognise the positive impact that Private Sector Leasing can have on people waiting for suitable housing and widen its application.
- Promote the importance of staff undergoing mental health awareness training so that they better understand the needs of people with mental health problems.
- Ensure that the antisocial behaviour agenda recognises the impact of antisocial behaviour on people with mental health issues.
- Ensure that housing policies and initiatives take into account the important role that housing plays in maintaining wellness and keeping people out of hospital.
- Housing and health departments should work together to ensure that people with mental health issues do not experience added stress when in psychiatric hospital in relation to losing their tenancy.

3.3 Priorities for Government spending

Following 30 minutes of discussion in three groups, the participants reported the following as their top five priority areas for the Scottish Government in relation to housing:

Group 1:

1. Making sure that disabled people get the help they need to move when their house no longer meets their needs

The group gave this top priority on grounds that a person's circumstances and support needs can change and in some cases moving may be the only option, for example if a person needs to be closer to their family.

2. Making sure that new build housing meets the needs of disabled people

Participants in this group felt that all new build housing should be as accessible as possible. It was agreed that new build standards should include the access requirements of people with mental health issues such as having plenty of light, sound insulation, quiet space, security and space to reflect.

3. Designing homes that can be adapted much more easily

The group felt that this was the next best thing to designing fully accessible homes. The group felt that if houses could be adapted more easily then fewer people would have to move when their support needs changed, which would be very positive as moving can be very stressful. It was also felt that this could reduce waiting times for what accessible houses there are

4. Making sure that disabled people get the help they need to adapt their houses

Participants felt that people with mental health issues should be given help to adapt their houses to suit their needs and that this could significantly help people maintain their wellness.

5. Giving disabled people priority for social housing

The group felt that people's mental health should be taken into account in allocations policies. There was feeling in the group that homeless people received unfair advantages in being allocated social housing.

Group 2:

1. Making sure that disabled people get the help they need to move when their house no longer meets their needs

This group felt that many people are stuck in houses that are not suitable as there is nowhere for them to move to. The group felt that if there was more fluidity in the housing market that people could more easily move to homes that were suitable for them, freeing up their own home to others who might find it more suitable than where they were living.

2. Making sure that disabled people get the help they need to adapt their houses

This group agreed with the previous group that it is cheaper to support people to adapt their homes than for people to move.

3. Designing homes that can be adapted much more easily

The group felt that if houses were designed in an accessible way in the first place that it would save money in the long run.

4. Building more residential care homes

The group felt that this was important as we have an aging population.

5. Building more low cost housing (for older people and disabled people)

Participants felt that affordable housing for older people and disabled people should be a priority as these groups often have low incomes.

Group 3:

1. Building more low-cost housing

Participants in this group felt that there is not enough housing available and therefore too much competition for what is available. Participants felt that with more housing available people would not have to wait so long for suitable housing, which would be positive for people's mental health.

2. Keeping rents low

Participants felt that this was important across all sectors of rented accommodation, private and social, because if more people could live in private rented accommodation it would free up more accommodation for people who would prefer to be in a social tenure.

3. Building more sheltered housing

This group felt that sheltered housing could be beneficial for people with mental health problems as the presence of a warden was likely to make people feel safer.

Also, one participant spoke of feeling vulnerable in her mixed community as she felt that her neighbours did not understand what she was going through. She said that she would rather live in a community of people who also had issues with their physical and mental health as they were more likely to understand.

4. Designing homes that can be adapted much more easily.

This group also felt that being able to adapt ones current home more easily was preferable to moving house in many cases.

5. Making sure that disabled people get the help they need to move if their house is no longer suitable

The group felt that if the house could not be adapted then support should be provided to take some of the stress and anxiety out of moving. This was felt to be important particularly as many older houses do not lend themselves to being adapted.

Participants also felt that supporting people to buy their own home should be a government priority. It was highlighted that many people would feel; more secure in their own home as they would know that they would not suddenly be asked to move out. However other participants stated that it would be too stressful for them to own their own home due to the responsibility and financial burden.

Across the three groups all priority areas were listed in the top five, but in a different order. The most popular were:

- Making sure that disabled people get the help they need to move when their house no longer meets their needs
- Designing homes that can be adapted much more easily
- Building more low-cost housing
- Making sure that disabled people get the help they need to adapt their houses

The following represent a consolidation of the views expressed:

- Give added weight to the following priorities:
 - Making sure that disabled people get the help they need to move when their house no longer meets their needs
 - Designing homes that can be adapted much more easily
 - Building more low-cost housing
 - Making sure that disabled people get the help they need to adapt their houses
- Ensure that support packages can be flexible to accommodate people's changing needs.
- New build standards should include the access requirements of people with mental health issues.
- Provide guidance to social landlords to ensure that people's mental health is taken into account when deciding priority for social housing.
- Recognise that moving house can be particularly stressful for people with mental health problems.

3.4 What should be state funded and what should be privately funded?

The group felt that funding for adaptations concentrates on adaptations for people with physical impairments and thought that it was unlikely that people with mental health problems would receive funding for the sort of adaptations that they might need to their homes such as:

- Soundproofing
- 24 hour security alarms
- Natural light lamps
- Locks on windows
- Rearrangement of rooms (for example swapping a bedroom with another room in a quieter part of the house)

There was agreement within the group that requirements are very personal to each individual and that what works for one person might not necessarily work for another. For example, many participants expressed a desire to have a soundproof house so that external noise did not heighten their anxiety or cause them stress.

But one participant stated that she would not want her house to be soundproofed as her neighbours would not be able to hear her calling for help.

On the issue of soundproofing, one participant suggested that the state should require noisy neighbours to soundproof their own houses as they were causing the problem.

Participants felt that it was unlikely that an Occupational Therapist would consider funding the type of adaptation listed above, particularly those that do not look like disability-related adjustments. However it was felt that if the state did fund adaptations for people with mental health problems it could help people stay well and save money in the long run as it could reduce hospital admissions.

Participants also felt that design standards do not adequately take into account the needs of people with mental health problems, emphasising instead the needs of people with physical and sensory impairments.

Participants felt that the lengthy delays often experienced by people waiting for state funding led many people to privately fund adaptations if they could, especially if the adaptation was fundamental to maintaining their mental wellness.

One participant told the group that her brother in law is a wheelchair user and was told by an OT that he could not have funding for a walk in shower as there was no budget available.

The following represent a consolidation of the views expressed:

- Take action to widen the type of adaptations that can be state funded to include adaptations required by people with mental health issues, and ensure that policies are in place to ensure that Occupational Therapists are required to consider these issues.
- Take action to tackle the lengthy waiting times experienced by people waiting for funding for adaptations recommended by OTs.
- Put policies in place to ensure that social, health and housing agencies promote the rights of people with mental health issues to request adaptations.

4. Summary of Views Expressed

- Take action to ensure that allocations policies take into account the needs of people with mental health problems in relation to the location of their house and the surrounding environment, safety issues in particular.
- Ensure that all relevant policies take into account the different needs and aspirations of people with mental health problems compared to other disabled people.
- Develop and maintain a dialogue with mental health organisations so that the needs of people with mental health issues can be taken into account in housing policy development.
- Ensure that housing initiatives or opportunities aimed specifically at disabled people are marketed appropriately to people with mental health issues.
- Recognise the positive impact that Private Sector Leasing can have on people waiting for suitable housing and widen its application.
- Promote the importance of staff undergoing mental health awareness training so that they better understand the needs of people with mental health problems.
- Ensure that the antisocial behaviour agenda recognises the impact of antisocial behaviour on people with mental health issues.
- Ensure that housing policies and initiatives take into account the important role that housing plays in maintaining wellness and keeping people out of hospital.
- Housing and health departments should work together to ensure that people with mental health issues do not experience added stress when in psychiatric hospital in relation to losing their tenancy.
- Give added weight to the following priorities:
 - Making sure that disabled people get the help they need to move when their house no longer meets their needs
 - Designing homes that can be adapted much more easily
 - Building more low-cost housing
 - Making sure that disabled people get the help they need to adapt their houses
- Ensure that support packages can be flexible to accommodate people's changing needs.
- New build standards should include the access requirements of people with mental health issues.

- Provide guidance to social landlords to ensure that people's mental health is taken into account when deciding priority for social housing.
- Recognise that moving house can be particularly stressful for people with mental health problems.
- Take action to widen the type of adaptations that can be state funded to include adaptations required by people with mental health issues, and ensure that policies are in place to ensure that Occupational Therapists are required to consider these issues.
- Take action to tackle the lengthy waiting times experienced by people waiting for funding for adaptations recommended by OTs.
- Put policies in place to ensure that social, health and housing agencies promote the rights of people with mental health issues to request adaptations.

This report is available in a variety of accessible formats. To discuss your requirements please contact the communications team at Capability Scotland on 0131 347 1052 or communications@capability-scotland.org.uk.

September 2010

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