

Julian Housing Support Trust Ltd

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Case studies

(Whilst there is no typical client, these examples, which have been anonymised to protect the privacy of our clients, demonstrate the range of interventions and support that the Project can give to clients using the service.)

INTRODUCTION

Julian Housing Support works to a “Strengths” model of care. This means that when we work with clients, although we recognise that they have problems, difficulties and weaknesses, we also know that they have strengths, abilities and talents. Sometimes it can take a while to uncover these as we help the client to manage their most pressing housing difficulties. Usually, as the trusting relationship with their support worker builds up, together they can begin to find and build on these strengths and talents.

1. LINDA

Linda is a widow in her forties. She has a long history of admissions to psychiatric in-patient care, often under a Section of the Mental Health Act. On average she had at least two compulsory admissions per year. When unwell her behaviour could be unpredictable and put her at risk. For instance, she felt unable to take her medication, would stop eating and neglect herself. Linda had poor literacy skills, and found it hard to cope with every day activities such as bill paying. At the time of the referral she was living in a two bed roomed house with two other adult members of her family. The household had substantial rent arrears. Her family members provided her with a lot of care, but the relationships tended to be very turbulent, and mutually destructive. Linda had no positive contacts in her life, was low in confidence and felt very isolated.

The Julian Housing support worker concentrated her efforts initially on finding alternative accommodation for the other family members, whilst also setting up budgeting plans to help Linda manage her rent arrears. Over a process of several months, through the positive, affirming relationship she has with her support worker, Linda has grown in confidence. Her tenancy is no longer at risk; she has a more positive and satisfying relationship with her family members who live nearby. She manages her bills herself through budgeting cards, rather than spending money she did not have. She has started cooking, and with advice from a dietician, for the first time is eating healthily. She feels better, both physically and mentally, and has not had a hospital admission this year. She has made contact with her sister, and has managed a train journey to visit her in another part of the country, three times this year. Linda is justifiably proud of these achievements. She feels empowered and

confident in being able to manage living alone. The support worker has introduced her to other people, and Linda has built up her social support networks, and now has friends who can offer her support when she feels more vulnerable. Previously she had called on mental health services at least twice a day. She has an integrated care package, and is offered the appropriate support when she needs it.

2. JOSIE

Josie is an Asian lady in her late thirties, who at the time of the referral was living with her partner, teenage daughter and son. The family were homeless and living in temporary accommodation in one of the high-risk areas of the County where they felt extremely vulnerable. They had been evicted twice previously owing to rent arrears. Josie cannot read or write, and has a limited understanding of English. She has had two long admissions to psychiatric care. Unfortunately, one child tragically committed suicide two days after we began working with the family. He had been rejected by the local GP practice when he asked for help to manage his depression. Josie, already traumatised as a result of racist abuse in the past, was further devastated by the untimely death of her son. The family's finances were in chaos, and they appeared to have little or no income.

The support workers first priority was to negotiate a change of accommodation, out of the area that had had such a negative impact on the family's mental health. As the result of much advocacy and negotiation with the local council, this was done fairly speedily. The support worker then helped the family to access the benefits to which they were entitled. The support worker became aware whilst building relationships with the family, that her other child was also depressed and suicidal, so ensured she was linked in with the appropriate services.

For the first time ever, the family are not in rent arrears, and they are working towards getting a secure tenancy. Also for the first time, Josie has aspirations for her future. She wants to work creatively, and is learning English. Her mental health is much more stable, she feels more relaxed, and is having bereavement counselling to help her through the grief of the loss of her child. The family have made improvements to their home, and now feel happier and more settled. It has been particularly important for Josie that the support worker was able to

recognise her cultural needs, enabling her to talk about her experiences of racism, in which she had been physically assaulted.

3. MARY

Mary is a woman in her late twenties, whose mental health needs mean that she is perpetually in chaos, accessing mental health services constantly. Most agencies had given up on her as they found it impossible to work with her. She had a job, but was often unable to attend work. Consequently her income was erratic. This meant that she was over £1000 in rent arrears, and was awaiting a visit from the bailiffs at the point of referral.

Mary has very low self-confidence, which has a major impact on her mental health. She says she feels “useless”, because this is what she has been told all her life.

It took a long time for Mary to trust that the relationship with her support worker was not going to follow what she perceived to be the usual path of “people giving up on her”. The support worker realised that giving Mary hope was vitally important. The support worker worked with Mary to look at her ability to keep a job whilst her mental health was so vulnerable. The support worker helped Mary to apply for benefits. She also negotiated with the Council to stave off eviction (three times). An important aspect of the support worker's interventions with Mary has been to build up a more supportive network around her, even whilst Mary was initially rejecting these. The support worker worked closely with the Housing department, helping them understand Mary's needs and why she behaves in the way that she does. The local mental health network has been encouraged to offer a more positive response to Mary.

The support worker focused on Mary's positive aspects, the things she could manage rather than her difficulties. This proved helpful to Mary, who was able to trust and confide in her support worker. Mary says she now feels more in control of her life, and has been able to focus on the things she would like to achieve in the future. She is working together with the support worker to achieve these goals. She trusts the support worker enough to share the painful experiences she has had in her life, that can cause her to behave in a way that others find challenging. She has more housing stability, a steady income, and an investment in her future. She now feels more able to manage her problems herself.

4. RUPERT

Julian Housing became involved with Rupert after he received a County Court summons for possession of his flat. On reading through the claim we discovered that Rupert was being evicted on three grounds: substantial rent arrears, non occupation of property and that the flat was a fire risk due to the large quantity of hazardous materials stored in it.

In order to keep Rupert in his flat we would need to provide a defence to the possession action and persuade the court of three things:

- a) That Rupert would pay the rent in full each week with repayments off the arrears.
- b) That the flat was clear of all hazardous materials.
- c) That Rupert had resumed occupancy of the flat.

With regards to the rent arrears we checked that Rupert was receiving all relevant state benefits and discovered that Rupert was entitled to approximately £30 extra income support per week. It was also discovered that the housing benefit claim had lapsed. A new claim was submitted and backdating requested. As Rupert would now be entitled to full Housing Benefit he would only need to pay the element for water rates. We also worked out an affordable arrears payment that would be acceptable to both the landlord and the court.

When we inspected the flat we discovered that the flat was filled with old furniture, wood, chemicals and general rubbish. A heavy surplus of unopened mail had piled up inside the front door that made accessing the property incredibly difficult. There was no doubt in our minds that the property was indeed a fire hazard.

After inspecting the property we estimated that at least three large skips would be needed to clear the surplus possessions and make the flat habitable.

Although Rupert was well known to mental health services he had no active input at that time. One of our first moves was to link Rupert into social services, partly to provide extra support and partly to obtain monies to finance the clear up of the flat.

Rupert was allocated a social worker and we requested enough money for three large skips. On the first day of the clear up we sorted through that large mountain of unopened mail. Amongst the usual circulars and junk mail we discovered a large quantity of un-cashed benefit giros. Although most had expired we managed to persuade the DWP to re-issue them. The cash value of the giros was sufficient to clear all of Rupert's rent and council tax arrears in full.

Finally the flat was cleared and we obtained a community care grant for essential items so that Rupert could move back into the flat.

We successfully defended the possession order, and Rupert, through ongoing housing support is now living in the property, claiming his full benefits and is up to date with all his bills.

5. JEAN

Jean is a woman in her forties, who prior to her move to one of our 24 hour supported Projects, had had lengthy admissions to hospital, and had led a rather solitary lifestyle returning to live in her own council flat between admissions.

Since coming to our Project, she has developed a pattern of voluntary work and belongs to a local church. She has also dealt with some very difficult situations including the illness and death of two very close family members and a special friend. Her mental health relapsed quite suddenly and dramatically, causing her fear, anxiety and confusion. She was given a lot of intensive support from the JH team, a night sitting service from Social Services, and extra support from the mental health team.

This support enabled her to avoid a hospital admission. When she recovered from this episode, Jean prepared a buffet lunch for everyone who had supported her, which she called her "thanksgiving buffet".

6. LIZ

Liz is a nineteen-year-old young woman who had lived in care for many years. She was homeless at the point of referral, having been evicted

from bed and breakfast accommodation. She was currently in acute psychiatric care, and demonstrated her distress by self-harming and other behaviour, which caused anxiety and upset to others. The support worker built a relationship with her, negotiated with the local housing provider, who agreed to housing and a Supporting People package of support from JH. The support worker supported her in a private bed-sit, assisted her to get the necessary benefits, and supported her to obtain work as a care assistant.

7. ANNIE

Annie is a woman in her forties, who has a child who has also been diagnosed with mental health difficulties. Annie applied for DLA for her child. The claim was refused and the support worker asked for a review of the decision. DLA archived the claim for no apparent reason. After many long and painful calls to the department, a valid claim was eventually found. The claim was revised in the client's favour and an award of low rate mobility and middle rate care made. This, plus passported benefits will increase the family income by £123 per week. Part of this can be backdated with an estimated payment of between £4-8000, being owed to her.

8. FRED

Fred, a homeless man in his thirties with mental health problems, was referred when the local housing department deemed him not to be in priority need regarding his homeless application. An appeal was lodged and our specialist advisor advocated on Fred's behalf at a review hearing. The council findings were overturned, Fred was found to be in priority need, and now has been housed by the council.

9. EMMA

Emma was on an acute ward when referred to Julian Housing. She was homeless. She was very anxious about the application and interview process with a housing provider. The support worker helped Emma to

prepare for the interview, by discussing strategies to help her manage it. They spoke together about Emma's strengths, and how they could help her in the interview process. The support worker helped Emma, who has literacy difficulties, to write down the things she wanted to say at the interview. Although Emma was not given housing by the providers, she sought her own solution based on the skill building the support worker had done with her. She and a friend decided to move in together, and formulated a well thought out plan that outlined their strengths, possible difficulties, and how they would resolve them.

10. DAVE

Dave is a young man in his thirties, who is a very talented artist. He is very troubled by his illness. His "voices" preoccupy him and he is very socially isolated. However, his main goal is to work, and he is very motivated to do so. He has been supported to do volunteer work at his own pace. He has been supported to access another agency specialising in work placements, and is now developing his computing skills by working in their admin department.

11. STEVE

Steve is a gentleman in his fifties, who had been living as a recluse, and had not engaged with mental health services for many years. Our support team was slowly able to engage with him, and help him move to more appropriate accommodation. He has now expressed an interest in doing voluntary work.

12. HARRY

Harry is a man in his late fifties, who has been isolated most of his adult life. He has been supported in all aspects of managing his tenancy, bills, benefits, living skills etc. The consistency and reliability of his support worker have been very important to him. He had had a fractured relationship with his extended family, and was trying to rebuild this. He invited his sister, niece, and great-niece for afternoon tea. They travelled 230 miles to see him. Harry was supported by the support worker to

prepare for this visit, making a lucky box for his great niece, and preparing tea. Harry told his support worker that the visit went well, and that he was pleased with how everything had worked out. He is now planning a 60th birthday party for himself, and plans to invite people who have helped him. He wants to introduce them to his sister and family. He is so pleased that he now has a better quality of life, and that people accept him.

13. SHEILA

Sheila is a lady in her forties, who has experienced a lifetime of trauma, which has adversely affected her mental health. At the time of her referral to Julian Housing, she had lived in her accommodation for ten years. She was very unhappy, rarely going out. Her house was bare, and her seating was a deck chair. Her curtains were permanently closed, and boxes and suitcases surrounded her. She felt trapped in an environment that reminded her of traumatic events. She felt isolated, was introverted and suffered from low self esteem. At times, a family member would stay with her, to act as her carer.

She was very difficult to engage in conversation, and it was difficult to know what she wanted, apart from recognising that she was very unhappy in her current situation.

The support workers advocated for her housing needs, but despite their best efforts, Sheila turned down several offers of suitable accommodation for non-specific reasons. As the relationship with her support worker developed, she was able to express her wish to live in a village. The support worker liaised with the housing provider who offered her a two bed roomed property, in a village, which would enable a carer to stay with her at times of crisis. This property was ideal, and Sheila was very happy at the thought of being able to live in a village environment. However, this offer was rapidly withdrawn, when the provider was told that the carer might not be available to use the second room. This was devastating for Sheila, and Julian Housing advocated strongly with the housing provider to change their mind. This advocacy was ultimately successful, and Sheila was able to move to the accommodation. This transition was very traumatic for Sheila, with lots of difficulties and complications, however, a year on, the picture is very different. Sheila has blossomed. She has renewed her interest in pottery, has saved to buy

a kiln, and attends an Art Centre, managing a long journey on public transport. She has attended a course to learn how to set up her own business. She has also taken the risk to try different things, temporary work, voluntary work, etc. to find out what her interests are. She has grown in confidence, and her relationships with family and others are much more satisfying for her.

Sheila's story demonstrates how important it is to take time with people who have experienced mental distress. Things do not always get sorted quickly, and need patience and perseverance on the part of the worker. It is important to work at the clients pace, and to build up a trusting relationship.

14. CHARLIE

Charlie has recently been referred to the Project. He is a man in his late thirties, who has a tenancy with a local housing provider. He has been referred because his tenancy is at risk due to huge debts he has accrued. Charlie becomes panicked when faced with any paperwork, and finds it impossible to deal with. His accommodation is very bare of furnishings. He feels trapped in his house, which has a mound of paperwork, which has not been dealt with. To escape from this, he has set up a tent in his back garden, and lives there. He has made himself some basic furniture out of crates. Charlie is very depressed and cannot seem to get past his terror of paperwork.

If Charlie's tenancy is to be maintained the support worker has to find a way of engaging with Charlie that he can accept. A first step will be to try and find out what Charlie wants, and what living in a tent gives him that currently helps alleviate his anxiety. The paperwork will have to be addressed, but at Charlie's pace and with his permission. There is likely to be important information regarding Housing Benefit, and Utility debts, which may need to be addressed with some urgency.

Based on previous situations with some similarity, the possible outcomes will be:

- A good relationship will be built up with Charlie, trying to understand things from his perspective.
- A method of going through the paperwork that Charlie can tolerate will be established.

- Urgent items that could result in a loss of tenancy will be dealt with first.
- Help will be given to clear the house of rubbish, and obtain furniture.
- Links will be made with family, friends, or resources that will help support Charlie.
- Charlie will be encouraged to move back into his home, particularly before winter sets in.

15. DOUG

At the time of referral, Doug was a young man in his late twenties. He had spent some time in a drug rehabilitation unit in his teens. He had never been in paid employment, but is a talented musician. Doug has a diagnosis of paranoid schizophrenia, and had had several Mental Health admissions. He used alcohol and illicit substances to manage his illness, and caused a lot of concern to those around him. He was about to be evicted for the third time, because of complaints from his neighbours about his anti social behaviour.

A relationship was built up with Doug, which focused on his interest in music. This helped to remove him from his environment, which then reduced complaints from his neighbours. Doug was encouraged to take responsibility for his behaviour. Interventions were made for him around his medication regime, so that he felt more empowered to make informed decisions about his medication choices. His tenancy is now stable, and he has no debts. He no longer uses illicit substances. He is a member of two local bands, and plays regularly at gigs. He feels happier and has found his place in life and the community.