



promoting equality in housing  
hybu cydraddoldeb ym maes tai

## Tai Pawb

### Response to:

Together for Mental Health Delivery Plan 2019-2022

Welsh Government

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## **Who we are**

Tai Pawb (housing for all) is a registered charity and a company limited by guarantee. The organisation's mission is, "To promote equality and social justice in housing in Wales". It operates a membership system which is open to local authorities, registered social landlords, third (voluntary) sector organisations, other housing interests and individuals.

## **What we do**

Tai Pawb works closely with the Welsh Government and other key partners on national housing strategies and key working groups, to ensure that equality is an inherent consideration in national strategic development and implementation. The organisation also provides practical advice and assistance to its members on a range of equality and diversity issues in housing and related services.

## **Tai Pawb's purpose is to Inspire Wales to be a Fairer Place to Live**

For further information visit: [www.taipawb.org](http://www.taipawb.org) // [@TaiPawb](https://twitter.com/TaiPawb)

Charity registration no. 1110078  
Company No. 5282554

## Summary

We welcome the development of this draft delivery plan. We welcome the recognition that mental health and wellbeing are inextricably linked to housing and that this plan offers an opportunity to not only consider how the two areas interact but also plan specific action aimed at improving mental health and wellbeing through housing. We welcome the opportunity to respond to the plan.

We welcome the introductory reference to housing as an important area of focus alongside education and employment. Our general impression however is that, while the actions related to education and employment are well developed - those pertaining to housing are generally limited (two actions related to homelessness) - our response expands on this view.

Our response has been shaped by consultation with our members during a seminar we organised in March 2019 on mental health and housing, which was attended by over 35 individuals. Further consultation with members was conducted via our board, in July 2019.

## General Comments

We welcome the fact that the introduction refers to the need to focus on more integrated working between a number of services and strategies. However, we note that actions throughout the Plan are heavily health-orientated – i.e. primary or secondary healthcare providers are expected to carry out the actions. We believe that the Plan could be more collaborative and upstream looking, if the point of reference were the needs of individuals, including their pathways through various services and points of contact: with actions aimed at a number of services where the impact on mental health (or potential to improve wellbeing) is greatest.

Whilst there is reference to Housing First and Rough Sleepers in two actions, there is no real recognition of the housing sector and in particular housing associations as anchor organisations through which mental health support is and can further be delivered – in some cases, housing associations are the only

point of contact for people with undiagnosed, lower level and preventable mental health issues.

Our general impression is that of the plan focusing heavily on the medical model of mental health which tends to focus on deficit and pathology - a model which dominates public and professional understanding of mental health issues. A study by JRF for example identified that the labelling and stigma following from a medical model of mental illness emerge as major barriers for mental health service users. <https://www.jrf.org.uk/report/towards-social-model-madness-and-distress-exploring-what-service-users-say>.

Service users partaking in this study saw social approaches to mental health issues as much more helpful. They felt that broader issues need to be taken more into account to counter the individualisation of mental health issues.

The social model of disability has highlighted the key role of social barriers in restricting the lives of disabled people and its value in challenging and overcoming these barriers is now recognised by the Welsh Government - social model of disability is indeed the model adopted by the Welsh Government.

We appreciate that the ideas related to social model of mental health are not perhaps as well developed as the social model of disability, nevertheless there is a growing body of research and evidence that shifts the emphasis from a medicalised and individualised problem to that of a social model of distress. We feel that this is worth exploring further, especially as the social model of disability has been adopted in Wales.

## **PRIORITY 1**

### **Preventing Suicide and Self Harm**

Actions could benefit from some focus on intersectional issues. For example, it is a well known fact that men are at much higher risk of suicide than women.

The same pertains to Trans\* people. The plan could address these issues through specific action.

## **Strengthening Protective Factors**

We note that all housing milestones are aimed at homelessness related services and initiatives. Whilst this is certainly crucial, more focus could be placed on a number of different elements of housing.

The role of social housing providers and housing management roles in supporting wellbeing, prevention and early intervention is not really recognised in the actions (although housing providers are mentioned as important in the introduction to the consultation document). Our RSL/Local Authority social landlords for example have been reporting for a number of years that their staff are now dealing with complex mental health issues amongst tenants with unprecedented frequency due to austerity and subsequent cuts to social care and other support services.

Many are developing initiatives and approaches aimed at sustaining tenancies, including supporting mental health. HAfod for example, developed a neighbourhood coaching model with a focus on 121 and face to face contact with tenants (and more housing officers in general). Initial reports from managers highlight evidence as to the effectiveness of this model in early intervention, including suicide prevention.

Another element which we feel is missing is lack of focus on the supply of housing. The introduction refers to strategic links between this document and a number of other strategies. It is of course important to link with the Rough Sleeper Strategy and Supporting People Programme but Affordable Housing Review and the government response (which includes a plan of action) should not be ignored. It is common knowledge that, the quality and suitability of new homes, as well as where and how they are situated has high impact on mental health and wellbeing - this should not be underestimated.

Future Generations Commissioner states that “Housing forms the cornerstone of the well-being of individuals, families and communities. The buildings we

live in may still exist in a 100 years or more, and so the decisions we make today will also have a big impact on the well-being of future generations.” Future Generations Commissioner’s office on many occasions stressed the importance of the right infrastructure and place and community making as part of housing. Many new current housing estates are referred to as having detrimental impact on mental health - with no transport links, few community facilities. no cycling or walking routes and no place for small businesses and social facilities which are often the hub of community life. We would urge the mental health team within the Welsh Government to devote some focus to this aspect of housing and its impact on mental health and wellbeing.

Housing and Health a Case for Investment from PHW, CHC and BRE.(  
<https://phw.nhs.wales/news-and-publications/publications/making-a-difference-housing-and-health-publications/phw-making-a-difference-housing-and-health-a-case-for-investment-pdf/>) identifies a number of areas where housing and health (including mental health) interact and have most impact. Apart from homelessness and quality of housing, they also talk about suitability of housing, for example an older disable person living in an inaccessible home. EHRC’s recent inquiry into disability and housing identified that inaccessible housing had significant impact on mental health. Therefore, suitability of housing and quality of supply are crucial elements to achieving better wellbeing and reducing mental health issues.

Allocation of housing is another area worth looking at as part of the mental health strategy. People with mental health problems will often be forced to overcome many hurdles for their condition to be recognised as crucial to determining their housing need and place on the waiting list. Current review of priority need commissioned by the Welsh Government will have a significant impact on the way housing is allocated to many vulnerable groups, including people with mental health issues - potentially leading to the creation of new priority groups or getting rid of priority groups all together and basing each decision on its individual merits. It would be important for this action plan to reflect this review and its findings and feed into implementation. The impact of mental health on allocation and vice versa is recognised by some local authorities which put extra resources into assisting homeless people and people in housing need, who are experiencing mental health issues. Caerphilly

Council and Torfaen Council for example fund specific posts in their housing options teams which assist people with mental health issues.

Another area of allocation, where mental health is influenced is accessible housing for physically disabled people. There are many links between physical disability and mental health, with disabled people reporting much worse mental wellbeing than the general population. This can be further exacerbated by issues faced during the allocation process. EHRC writes in their inquiry report: A major barrier in the allocation process is a lack of engagement with disabled people and misunderstanding on the part of local authorities of their needs. This can be exacerbated for people with mental health conditions. Individuals can face a huge amount of stigma from housing providers because of misconceptions and stereotypes. Research indicates that this additional stress can often aggravate or even cause mental health conditions (Mind, 2017). Tai Pawb is currently working on Accessible Housing Allocation Standard (under the auspices of Welsh Government Adaptations Steering Board) which will draw on good practice and develop a set of criteria which will hopefully lead to faster, more effective and more integrated allocation of social housing than currently - resulting in reduced negative impact on mental wellbeing of applicants.

Another area which is not referred to in the plan is that of the Private Rented Sector in housing. Private Landlords currently housing over 200,000 people in Wales. Due to the housing crisis, the size of the private rented sector has grown exponentially in the past 20 years and accounts for ca 14% of housing in Wales. Undersupply of housing, especially social housing, and the subsequent growth of the sector has led to a growing number of vulnerable individuals, including those with mental health issues, being housed in this sector as a longer term housing option. Since 2015, Local Authorities have also been using their new power to house homeless people in the PRS.

This leads to a number of challenges, including lack of support for tenants and landlords. In 2019, Tai Pawb carried out research for Chartered Institute of Housing Tyfu Tai project, resulting in a report entitled: Private Renting and Mental Health: A Way Forward. (

<http://www.cih.org/resources/PDF/Wales%20Policy/0409%20TTC%20private%20renting%20and%20mental%20health%20report%20FINAL.pdf>). The report carries a number of

recommendations for the Welsh Government, Local Authorities and other public sector bodies aimed at increasing access to information and support, including crisis interventions. We feel that the delivery plan would benefit from including an action on this important area, which is often overlooked.

## **PRIORITY 7**

### **Mental health and substance misuse**

Actions on mental health and substance misuse are very welcome,. Our members report increased issues with substance misuse amongst their tenants, many of whom will suffer from mental health issues. Actions in this area could be enriched by working with social housing providers and supporting people/staff in terms of the deep dive planned. This would enable a fuller picture of the pathways people take, instead of the focus being on clinicians - this further re-inforces the medical model of mental health and focus on health professionals, rather than expanding the evidence gathering and solution implementation cross sector. Organisations such as The Wallich, Hubbard, Llamau etc would be crucial partners in delivering the above.