

Social Impact Report

Supporting Independent Living:
Supported Living and Floating Support



Section 1: What is an impact report?

PSS has long been committed to delivering services that strengthen communities and empower individuals.

As an organisation that seeks to create improvements in society, we need to measure and quantify not only what we do, but also how many people we reach, how effective we are at what we do, and to place a value on services we deliver.

Having the evidence to demonstrate our social impact is important to us for two reasons: firstly, our commitment to quality means that in order to improve our services' and service users' stories of change we need to understand what does and does not work. Good impact reporting will help us to tell these stories more clearly and to focus on achieving even more for those we are supporting. Secondly, we are motivated by legislative and regulatory requirements such as the Public Services (Social Value) Act 2012 which place a duty on organisations like ours to demonstrate how our services might improve the economic, social and environmental well-being of society.

We prioritise social impact reporting because:

We want to demonstrate the difference we make

We are committed to delivering value for money

We want to see what does and does not work

We have embedded it in our key strategic objectives underpinned by our vision and values

This report which looks at how we support people to live independently focuses on the outcomes achieved by people who often have multiple needs, and have struggled to live alone and manage the tasks of daily living. The services at PSS which deliver this are **Supported Living** and **Floating Support**.

Where possible, we also give examples of how the outcomes that have been achieved on the cohort of clients we have reported on, have resulted in cost-savings for our different stakeholders.

Section 2: What is Supporting Independent Living?

Supporting Independent Living is quite a simple concept. The main goal is to provide a stable, safe, secure home where individuals with additional needs can reach their potential and live as independently as possible.

Most of the supported living we provide is long term placements for individuals who have lived in residential care, long stay hospitals, been homeless or can no longer be supported within the family home. It is also important to provide good quality housing which is crucial to maintaining good health – as it is estimated that poor quality housing costs the NHS £1.4bn per year¹.

Supported living offers a safe environment where individuals can get support to deal with day to day issues without the need for more expensive interventions such as residential care or long stay wards. We base our support on the basis of ‘just enough’, pitching the offer at the right level to maximise independence. We also have two projects where we support individuals on a shorter term basis. This, again is a positive solution to prevent admission to temporary residential care which can be very expensive.

PSS provides a number of services that support independent living including supported living and floating support. These are services that enable people to live in their own home, or a place that becomes their home with appropriate support depending on their needs to enable them to be as independent as possible. This is on a continuum with people moving along as needed. The aside chart shows where people have the most acute needs, and the aim is to move higher up to a more independent way of living.

Floating Support

Where people are generally independent and live independently in the community but can access support if needed

Self contained flats in a complex with shared support or small individual packages

Group Houses

3/4 individuals with shared support

Individual supported living packages

1-1, 2-1, 3-1

Small Residential Homes

(3 adults with severe mental health)

¹ BRE: The cost of poor housing to the NHS (update): Nicol, Roys, Garrett 2015

² LCC April - September 2015 : FOI request

³ LCC April - September 2015 : FOI request

Section 3: What we are looking to achieve

Often, people are not able to live in their own homes independently for a number of reasons. This could be because they have physical or learning disabilities, they could struggle with substance abuse, they could have mental health issues, they could have been homeless for a long time or it could be because their families or primary caregivers are unable to support them in the way that they would like.

Some people may simply have difficulty dealing with managing some tasks of daily living, and need support to achieve that kind of independent lifestyle. In the past, the accommodation and support options for people with these kinds of issues was limited – predominately to some kind of residential care solution or a long-stay ward in hospital. This obviously is not ideal, as residential care creates a level of dependence, and results in people becoming institutionalised when they needn't be, as well as being very costly in both the short and long-term. However there is now a much stronger focus on enabling people to be supported to live more independently, to remain part of the community and prevent deterioration and the need for more intensive support. In Liverpool - the Joint Health and Wellbeing Strategy identifies "**Health and Independence for all**" as one of its key strategic aims, with a focus on partnership working to help people achieve this.



Liverpool as a city has high levels of need for clients with mental health issues; and a high proportion of the individuals we support have experienced severe and enduring mental health conditions. Liverpool has the second highest prevalence of mixed anxiety & depressive disorders among the core cities and has large numbers of diagnoses for mental health conditions. However, we do not exclusively support this client group. We also support people with learning disabilities, acquired brain injuries, physical disabilities and sensory impairments – all of which are key client groups for Supported Living. Helping these service users to live as independently as possible, with a focus on not just their housing needs but their wider health outcomes is essential, not just for their own wellbeing, but for wider society.

⁴ Liverpool JSNA Statement of Need Update 2014

⁶ Liverpool JSNA Statement of Need Update 2014

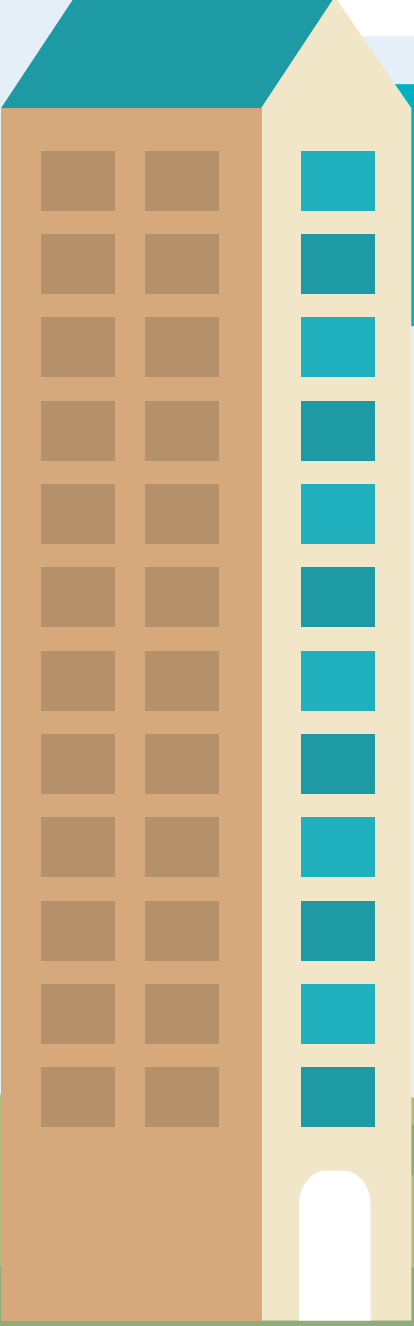
⁵ Liverpool JSNA Statement of Need Update 2014

⁷ Projecting Adult Needs & Service Information (PANSI) – Health Survey for England

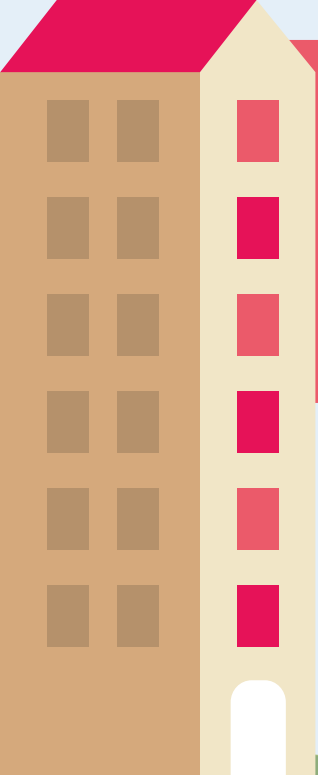
Section 4: What does the Supported Living offer look like?

Floating Support consisted of 9 properties where we supported 34 individuals with mental health issues and substance misuse problems.

These were shared accommodation with communal living space. Individuals received low level support with the main service being tenancy support, ensuring that they are able to live independent lives whilst managing mental health conditions.




Newby House is 12 self-contained flats for adults with severe and enduring mental health problems. The aim at Newby is to enable individuals to relearn skills needed for independent living following periods of mental ill health. Most people will move on within two years.



Arundel Avenue is 6 self-contained flats for women with additional needs including drug and alcohol misuse, learning disabilities and mental ill health. This is a two-year project where the women will learn new skills to move on to independent living.

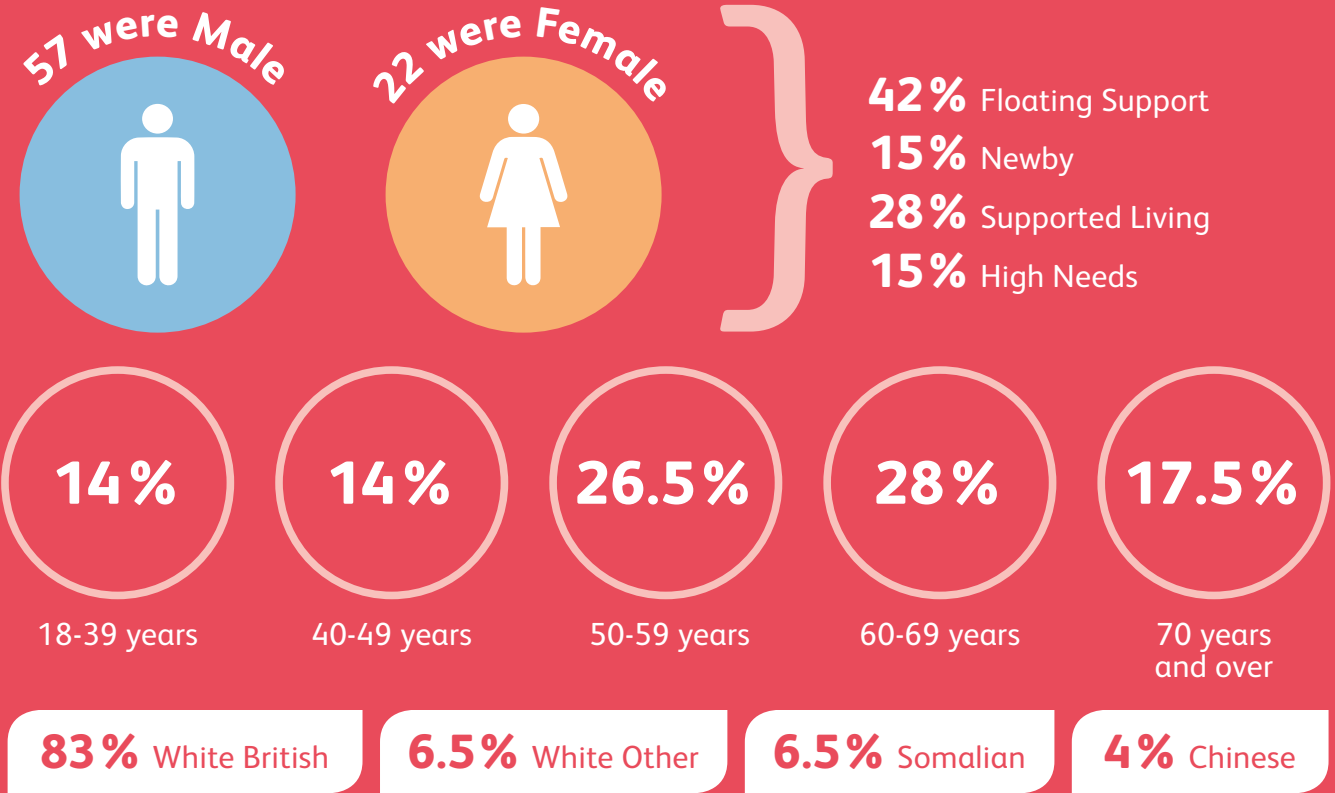
In addition we ran 2 small **residential homes** in 2015/2016. These were both 3 bed properties to provide residential care for adults with more complex enduring mental health conditions. These offer a high level of care and support, whilst still retaining a homely feel.



Section 5: Who we work with

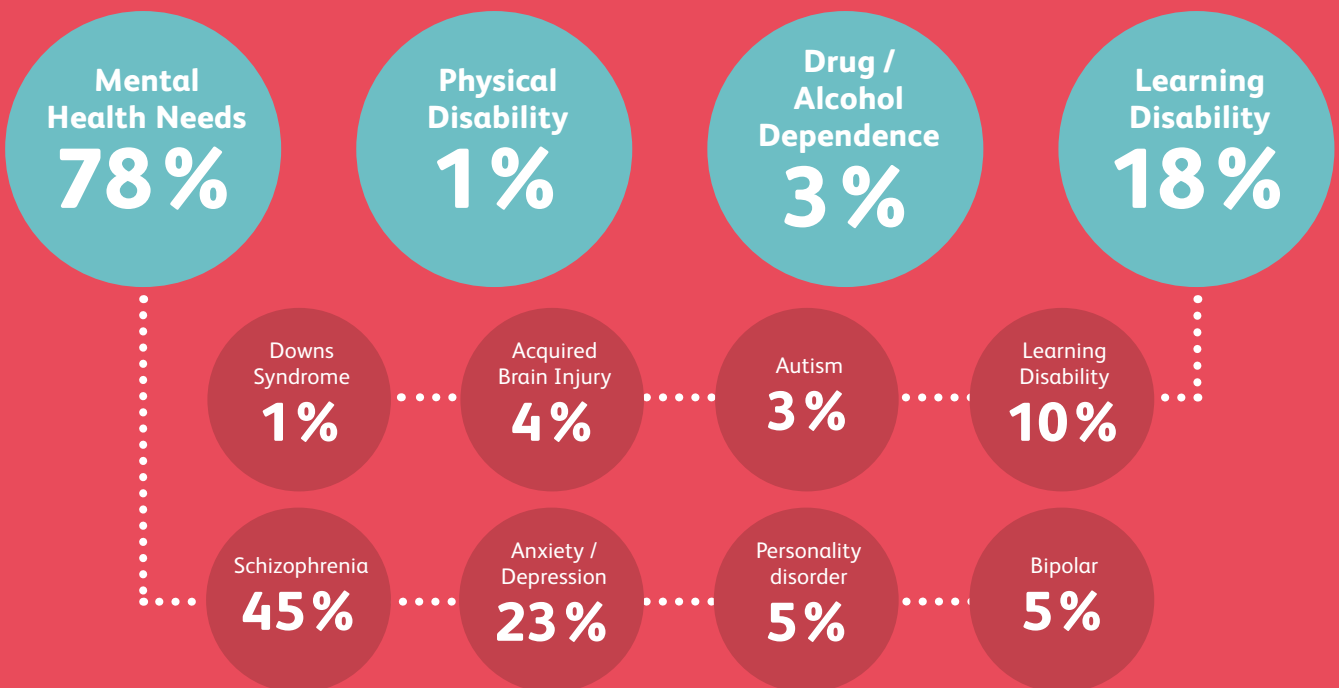
About the people we work with...

In 2015-2016 we worked with 79 service users:



Primary Care Needs

We support people to live independently with a range of different care needs as follows:



Section 6: What our clients' journey is like

1

Stage 1: Referrals can be received by Local Authorities, CCGs, Advocates, Hostels and Social Workers when vacancies to support different types of clients become available. We can also take self-referrals and family referrals for low levels support.

Stage 4: If the person likes it, we will go ahead and start making arrangements for the service to be commissioned and for the person to move in. For individual packages we will recruit staff with individuals and their families based on their preferences and needs. In addition, specific training is sought based on individual needs.

4



5

Stage 5: Person moves in.

6

Stage 6: Initial person-centred support plan drawn up within 24 hours of starting a service with us. We work with the individual, their family and others to ensure the plan reflects their goals, the outcomes set by the commissioner and what PSS will do to help them achieve them. These are individual to the person and can range from maintaining a stable tenancy to a move on to independent living within a specified timeframe.

7

Stage 7: After moving in there is a 6 week review with the social worker, family and any other important people. This looks at how things are going, whether the outcomes for that individual are realistic, and most importantly, whether they are happy with the placement.

2

Stage 2: Initial assessment undertaken by PSS as to whether the service can meet the individuals needs and whether there will be compatibility with the others in the house. Occasionally we will set up a service working with an individual or their families. In this case we will work with our housing partners to find properties.

3

Stage 3: Initial visit to the property to see if they like it and get on with the other people in the house.

8

Stage 8: PSS will continue to work with the individual and review their support plan every 3-6 months depending on needs and changes, whilst continuing to help them achieve their goals which could include moving into their own property, manage their medication independently or to enter employment.

Section 7: What we have achieved in 2015/16



- We received £2.4m from local authorities, CCGs and individual clients to provide support to help people to live independently.
- We delivered an average of 3043 hours of support a week.
- 10 of our service users moved out of Supported Living - 4 to independent living and 6 stepped down to sheltered accommodation.
- 60 referrals were received by the service and a number of bids made, of which 16 were taken up.
- 16 new people came into the service - 4 from a residential setting coming back to the community, 3 from a long-stay mental health ward, 3 from another service, 2 who were homeless, 2 from their own home, and 2 referred from social services.
- Almost 100 individual goals were set by the service users in the following areas:
 - Improve and Maintain good mental health
 - Keep Family Contact
 - Employment & Education
 - Maintain and improve overall health and wellbeing (incl. substance misuse)
 - To secure and maintain a tenancy
 - Stay out of hospital
 - Leisure & Hobbies

Our Goals

To improve and maintain good mental health	12
Maintain and improve health wellbeing	10
To secure and maintain a tenancy	21
Keep Family Contact	13
Stay out of hospital	14
Employment & Education	7
Leisure & Hobbies	20

There is also the major goal and outcome for many users - to move out of Supported Living and to have the skills to achieve independent living.

To improve & maintain good mental health

Many of the clients in Supported Living came to the service at a time when they were struggling with mental health issues; be this depression, anxiety or schizophrenia – often coupled with difficulty managing medication and substance misuse.

Housing problems are common among people with mental health conditions. In England, nearly half (24,429) of all clients with disabilities accessing Supporting People housing-related support in 2008/09 defined themselves as having a disability specifically in relation to their mental health⁸. By supporting people on a one-to-one basis and encouraging social integration and meaningful activity, good mental health can be achieved and maintained.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> 78 % of the clients we support experience mental health problems In addition to the tenancy, we provide support with medication, 1-2-1 contact, help with daily living tasks and to attend medical appointments Clients have stated that the peer support in the supported living environment prevents social isolation and helps to improve their mental health and wellbeing. Support with activities, holidays and events to encourage social integration. 		<ul style="list-style-type: none"> Service users who had stopped self-medicating and had to be prompted are now self-medicating successfully Service users who relied on alcohol as a result of poor mental health have since stopped drinking and maintain good mental health. Service users who have been supported to maintain good mental health have now entered into employment. Service users have improved their mental health to the point where they are able to live independently without support. 	
Stakeholder		Outcome and Value Added	
NHS and Health Partners	The financial costs of the adverse effects of mental illness on people’s quality of life are estimated at £41.8 billion per annum in England, and 13.8 % of England’s health budget goes on mental health ⁹ .		
Local Authority	<ul style="list-style-type: none"> The mean average weighted cost per contact with a community mental health team specialist for adults with mental health problems was £189¹⁰. Improvements in mental health will result in fewer contacts and needs for re-reviews and assessments. The average cost of residential care for people with mental health problems is £801 per week. Supported living costs are significantly lower. PSS took on 4 new service users in 2015-2016 from residential care who are now supported at £661.30 per week rate - resulting in an estimated annual saving to the LA of £29,057.60. Further placements to supported living from residential care could realise further cost savings for local authorities. 		
Social Value and Economy	<ul style="list-style-type: none"> Wider costs to the national economy in terms of welfare benefits, lost productivity at work etc. as a result of poor mental health amount to some £77 billion a year¹¹. All work to support good mental health will help reduce this cost. Costs of mental health services can be reduced by half when people with severe mental health problems are supported into mainstream employment. 		

⁸ Mental Health and Housing: National Mental Health Development Unit

⁹ The cost of mental ill health: National Mental Health Development Unit

¹⁰ Unit costs of health and social care 2015: PSSRU

¹¹ The cost of mental ill health: National Mental Health Development Unit

To secure and maintain a tenancy

Simply maintaining a tenancy is a key outcome for many people with mental health issues or learning disabilities. People with mental health conditions are more likely to live in rented accommodation than to be owner occupiers.¹²

Similarly only 15 % of adults with learning disabilities have a secure long-term tenancy or their own home. This is in comparison with 70 % of the general adult population who own their own home and nearly 30 % who rent¹³. Poor housing is often cited as a reason for a decline in wellbeing as well as physical and mental health, and rent arrears are often cited as a reason for evictions where people have been unable to maintain payments on their tenancies.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> • Service users have been supported to maintain their tenancy payments to ensure they are not at risk of eviction for non-payment. • Where service users are identified at risk of a relapse in their mental health – they are supported to seek professional help or supported with medication to ensure they don't breach conditions of their tenancies. • Support is provided with daily living activities to ensure that tenants keep their living accommodation at a suitable standard. 		<ul style="list-style-type: none"> • No service users have been evicted or have fallen into arrears. • The service has worked with service users who are not meeting their obligations under their tenancy to ensure they don't continue to breach this and put themselves at risk of eviction. • 3 people at Newby House have had a relapse in their mental health, and were supported to attend hospital. Following medication changes they were then discharged back to supported living. 	
Stakeholder		Outcome and Value Added	
NHS and Health Partners		The cost of homelessness to the NHS is £64 million a year, with homeless people 3.2 times more likely than the general population to be an inpatient admission according to a Department of Health study in 2010. Supporting individuals to maintain tenancies will help to reduce admissions.	
Local Authority		<ul style="list-style-type: none"> • As noted for the previous outcome, the costs of helping someone maintain a supported living tenancy are significantly lower than supporting someone in 24 hour residential care. • Local authorities' expenditure on homelessness in 2010-11 totalled almost £345m. Of this around £100m is providing temporary accommodation¹⁴. Supporting people to maintain tenancies will reduce the homelessness rates associated with rent arrears and evictions, as well as the costs to the LA of providing emergency accommodation. 	
Social Value and Economy		Wider costs to the national economy relating to homelessness cover criminal justice, substance misuse, homelessness services, as well as health and social care costs. This can range from approx. £26,000 per annum for 'work-ready' homeless people to over £400k per annum for those with complex needs ¹⁵ .	

¹² Johnson R, Griffiths C, Nottingham T (2006). *At home? Mental health issues arising in social housing*. London: NIMHE

¹³ *Supported Living: Making the Move: NDTI 2010*

¹⁴ *Evidence review of the costs of homelessness: DCLG 2012 p4*

¹⁵ *Evidence review of the costs of homelessness: DCLG 2012 p5-6*

Case Studies:

Terry - Improving mental health with support and stable housing

Terry has suffered from depression and anxiety most of his adult life which led to him relying on alcohol which compounded his mental health problems and resulted in his divorce from his wife. Following this, Terry was admitted to a long-term hospital stay. Terry, following discharge, was introduced to PSS supported living where he has now been for six years, and acknowledges that since living with PSS his life has changed. As Terry has stated “I feel a lot of pressure has been lifted and I have no worries over bills or money. There are people around who I can talk my problems over with. I receive support with my problems with alcohol. I never feel isolated or lonely as there are other people around most of the time”.

Terry is now encouraged to get involved in activity groups which builds up his confidence and means he doesn't turn to alcohol to help with his problems. He has made new friends within the Project and has even had a holiday to Spain. He has also recently saved up and bought a television and hi-fi system for his room. Terry is now in a much better frame of mind and is settled within Supported Living and enjoying good mental health.

Susan - Support to secure a tenancy and settle in

Susan is a lady in her 50s with a moderate leaning disability. She has lived all her life in the family home supported by her parents. Both her Mum and Dad are in their 80s and were starting to struggle to meet her needs.

Working with the social worker, Susan and her family viewed several supported living properties but were very apprehensive about her leaving home and being able to cope with independent living. However after viewing a PSS property they all agreed that this was the best option. They all felt that the house was very homely, the staff very professional and caring and that this could be a home for Susan.

Initially she visited several times, coming for dinner with the other people living in the property and this then built up to an overnight stay. Susan then signed a tenancy agreement with the service. Admittedly there were difficulties in settling in; however Susan now considers PSS home and gives lots of praise. She has been on holiday and now has a busy schedule supported by the staff. Susan's parents are very grateful for the support that she has had with PSS and they feel safe in the knowledge that Susan is well supported if anything were to happen to them.



Improve and maintain overall health and wellbeing (incl. substance misuse)

An important desired outcome for people who use supported living services is ensuring their physical health and wellbeing is improved and maintained. This is even more important for those who have a history of substance misuse with drugs and alcohol, of which there are a high proportion; and ensuring that they remain substance-free brings benefits to their health and wellbeing, as well as ensuring the stability of their tenancy and living situation.

Settled housing is essential if people are to address their substance misuse and other physical needs and wellbeing. With substance misuse this applies at all stages of the “treatment journey” and beyond, whether adopting a harm minimisation or an abstinence approach. For physical health, this includes having access to a GP and support to maintain physical health and attend medical appointments. Housing-related support is just as important. It helps people to remain in their existing housing, or prepares them for independence in anticipation of moving on from supported housing¹⁶.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> Refer service users to drug/alcohol support agencies, encourage the person to take more responsibility for their tenancy. Support with health needs to attend doctor’s appointments. Support with wellbeing (diet, weight loss, medication, treatment). Support which takes into account the day-to-day realities of the lives of service users who will be at different stages of improving their health or working towards abstinence. 		<ul style="list-style-type: none"> 3 service users who identified as having a dependence on alcohol have all been supported to reduce their alcohol intake significantly. 8 tenants have been supported to commence a 6 week health programme with GP in Knowsley called “Fitness for Life”. They have reported that this has improved their wellbeing and health as they are now exercising regularly and have improved their diet. 	
Stakeholder		Outcome and Value Added	
NHS and Health Partners		<ul style="list-style-type: none"> It has been estimated that having people living in poor quality housing costs the NHS £1.4bn per annum¹⁷. Supporting our service users to live in well maintained tenancies will help reduce the associated health costs. The latest data for 2014/15 shows that the rate of alcohol-related hospital admissions on the broad definition has continued to rise steadily to 2138.7 per 100,000 with a 1.3 % rise in the latest year. Stable accommodation will also reduce these admission rates for alcohol specific conditions. 	
Local Authority		Reductions in substance misuse and improvements to health reduce the overall burden on the Public Health budget.	
Social Value and Economy		<ul style="list-style-type: none"> The total annual cost to society as a whole of alcohol-related harm is estimated to be £21bn¹⁸. The cost to the economy specifically is £7bn¹⁹ and the NHS incurs £3.5bn a year in costs related to alcohol²⁰. By supporting people into drug treatment whilst in settled accommodation, £1 on drug treatment saves £2.50 in crime and health costs of drug addiction²¹. 	

¹⁶ Substance Users and Supported Housing: What’s the score, 2007

¹⁷ BRE: The cost of poor housing to the NHS (update): Nicol, Roys, Garrett 2015

¹⁸ Alcohol Treatment in England 2013, p3

¹⁹ Alcohol specific activity in hospitals in England: Nuffield Trust 2015

²⁰ Alcohol Treatment in England 2013, p3

²¹ Tackling drugs and alcohol; Local authorities new public health role, LGA 2013

Case Studies:

Alan - Support to maintain a tenancy

Alan, aged 59, had previously lived with his parents and acknowledged that he had everything done for him growing up, leaving him with very little experience of doing things for himself or managing a home. Both his parents passed away within 2 years of each other, and as a result Alan struggled to cope with daily life. He found it difficult to maintain his home and pay his bills and had unpleasant encounters with his landlord who harassed him and made it difficult for him to live in the property. This ultimately led to Alan suffering a breakdown, leaving the property and becoming homeless. Alan lived in a hostel for 18 months, and looking back states that “it was a very scary place to live and was a real eye opener for me. I could not believe my life had come to this in such a short period of time. I was living with drug dealers and alcoholics”. However following an appointment with his doctor, Alan realised he wanted to get his life back on track and make a change, and after meeting with his resettlement office, was referred to PSS. Shortly after his first meeting with PSS, Alan visited a property, where he immediately felt comfortable and at home with the people also living there; and which has now been his home for 5 years. Staff support him with daily living tasks, monitor him to ensure his health doesn’t decline and provide 5 hours of one-to-one support each week.

Alan reflects that it would have been easy for him to have turned to alcohol to deal with the difficulties in his life, but is pleased that he was referred to PSS and is in a much better place. As he stated himself “now I am in a stable environment and I am happy with my life. I have the freedom to come and go, to keep in touch with friends and family members, my aunties and cousins and attend get-togethers. I am hoping that one day I can gain employment and be able to feel confident enough to live on my own.”

Joe - Support to recover from substance misuse in a stable environment

Before coming to live with PSS four years ago, Joe used to live over a pub, which due to its proximity meant that more often than not he was in a drunken state. As a result of his lifestyle he became very ill and was admitted to the Royal Liverpool Hospital suffering from jaundice and problems with his liver. He spent two months in hospital receiving treatment. Since he has been living with PSS, he says that his life has changed completely due to the support he receives. He has regular meals and is encouraged to manage his money so it can last. He no longer spends it all on alcohol although he is at a stage now where he can still go to the pub and enjoy a drink in moderation. He also has washing and shower facilities which he didn’t have before.

Joe told us “I now feel happy, secure and settled in my life with PSS due to all the help, support and encouragement I receive from the staff here. When I look back at my life before PSS I feel bad I allowed it to happen”.

Michael - Moving on with support to gain qualifications, train and gain employment

Before Michael came to PSS, he stayed in a hostel in Toxteth where he struggled with alcohol misuse and managing his mental health. Over the last 12 years, the Support Workers at PSS have helped him to build his self-confidence which he did not have before. He notes that he is now even able to manage his money better and save to go on holidays, whereas before he came to PSS he had never been out of the country. He has been to Spain, Turkey and Greece but his favourite place is called Benalmadena in the Costa del Sol. While with PSS, Michael has also been encouraged to attend two day centres. One was called Dove Designs and the other was Alternatives, where he gained several qualifications such as French polishing, hand crafting furniture, furniture restoration, maths, English, IT, food hygiene and cooking.

Michael says that “through hard work and the support of the dedicated staff at PSS working to keep me sober and managing my mental health I was able to get a job as a French polisher and furniture restorer. To start with this has been voluntary but will hopefully lead to becoming a paid worker. The confidence this has given me has enabled me to now move on to my own flat. I still call in to see the team and am grateful to all they have done for me”.

Support to move to independent living

For many people who have complex needs, supported living is a long-term solution which enables them to live as independently as possible. However for some clients who experience life events which are short-term and can ultimately be managed - supported living or floating support can be a stepping stone to an even more independent life.

Newby House which is run by PSS has 12 flats, and was initially intended to be a property where people were to have tenancies for up to two years during which they would be supported to improve their lives to the stage where they can move on to independent living. The service acknowledged that initially this was not successful because the majority of people moved from the long term residential service. In general people's mental health improves greatly whilst at Newby and there has not been a willingness for service users to move on as they feel safe and secure. The model of support did not focus enough on move on. However since early 2016, further efforts have been put into supporting specific clients and 4 clients have moved to independent living as a result.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> • Support to achieve qualifications, carry out training and enter into employment. • Support to budget and manage own money and medication. • Initial support during the transition to independent living. • Approaching the subject sensitively. 		<ul style="list-style-type: none"> • 4 clients have been supported to live independently with floating support since January 2016, with another 2 waiting to move on. • Qualifications secured, we have 4 people in college taking classes for arts, cookery, card making. • Have 6 people currently undertaking work in charity shops and voluntary roles. • Greater sense of achievement and control over own life. • Integration back to local community, making friends and connections. Getting involved in church groups. 	
Stakeholder		Outcome and Value Added	
Local Authority	Supported Living costs £661.30 per week. The floating support for the 4 clients who now live independently is £90.65. This represents a saving of £570.65 per week per client – and an annual saving of £118,695 per year for these four clients.		
Social Value and Economy	<ul style="list-style-type: none"> • Positive contribution to the economy through volunteering • Positive contribution to mental health and wellbeing through training, volunteering and steps towards greater independence. • Reducing need for further care and support. 		



Section 8: What else have we done to add value?

Newby house is involved as a collection and drop off point for Knowsley food bank.

We have had a successful service user forum where about 20 of our service users attend bimonthly meetings and discuss matters affecting them. They approve local policy and have guest speakers - this has included local politicians, the fire brigade, speakers about universal credit and the impact on them.

Last year we worked closely with Career Connect to provide work experience for 20 secondary School students interested in working in health and social care. They attended for a week at a time and experienced different parts of the service in action. Feedback form the schools was very positive.

We also were able to offer two long term work experience positions over 3 months to students through career connect who were on a programme teaching them employability skills. They worked in the office and picked up skills around handling telephone calls, data entry, correspondence and general office tasks. For one student, as a direct result of her placement with us she was successful in obtaining a paid apprenticeship.

Case Study: Raymond - Improving skills and confidence to live independently

Raymond is a very quiet man who likes his own company. He has been known to services for approx. 6 years. Due to habitual drug use, he had developed issues with his mental health and had originally been in rehab before moving into Newby House in October 2013. It was thought independent supported living was the next step in his long term plan to recovery. When Raymond first came to Newby House he isolated himself from staff and other tenants and spent long periods of time in bed. He would not cook for himself and was non-compliant with his medication. He had no motivation to clean his flat so staff at Newby agreed to support him three times a week to clean through the flat. As time went on Raymond would have already cleaned his flat before staff came to help him. With support from his key worker and care co-ordinator, he slowly began to engage with staff. He was supported to budget his money, set up monthly payment plans to ensure all his bills were being paid, self-medicate, and he started becoming involved in activities in the local community. With the support of his key worker he attended a 6 week mindfulness course which involved art and crafts, self-reflection and skills for wellbeing. He became very friendly with another tenant living at Newby and this also helped him to gain more confidence.

Conversations about moving on were always met with reluctance from Raymond but as his confidence in self-medicating, shopping, cleaning and engaging with those around him grew, he began looking for a move to a more independent style of living. Ultimately Raymond was supported by Newby House staff to register for the property pool and he was successful in gaining a flat in an area closer to his family. Staff at Newby helped him to pack his belongings and to move into his new flat. They also continued to make visits to Raymond during a settling-in period to ensure he was not isolating himself again. Raymond is still doing well and living independently.

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