Case Study: Housing offer contingent on care

Introduction

Shelly is a 56-year-old woman with a long history of rough sleeping, severe mental health difficulties, self-neglect, and complex support needs. Over several years, repeated attempts to sustain accommodation had broken down due to deteriorating mental health, difficulties managing physical health needs, and a range of perceived risks that prevented access to suitable housing.

This case highlights how the Changing Futures programme worked alongside housing, adult social care, mental health services, and accommodation providers to overcome multiple systemic barriers. With the use of a personal budget, safeguarding escalation, and the establishment of a funded care package under Section 117 aftercare arrangements, Shelly was ultimately able to access and successfully sustain supported accommodation.

Background

Shelly had experienced entrenched homelessness and rough sleeping for several years. She had previously stayed in a range of temporary accommodation services, including the Macari Centre and Snow Hill, but repeatedly lost placements due to worsening mental health and an inability to manage her personal care and support needs independently.

Shelly had a diagnosis of schizophrenia and received regular depot medication through mental health services. Professionals also suspected learning difficulties, and concerns were raised about her ability to understand and manage risks associated with her homelessness. During periods of rough sleeping, Shelly was often found in poor condition, presenting in soiled clothing, visibly unkempt, and demonstrating significant self-neglect. On one occasion, during severe weather, Shelly declined support and stated she would be "okay" because she had a tent and wanted to see a friend, leading professionals to question her capacity to make informed decisions about her wellbeing at that time.

A safeguarding referral was submitted due to concerns about Shelly's vulnerability, rough sleeping, and care and support needs. As a result, emergency discretionary accommodation was secured at the Crown Hotel while longer-term options were explored.

Barriers Identified

Shelly faced a combination of personal, systemic, and structural barriers that significantly limited her housing options:

Housing Exclusion

- A previous homelessness application had been assessed as intentional homelessness.
- Housing services determined that circumstances had not changed sufficiently to alter this decision.
- Shelly was therefore not owed a housing duty, restricting access to accommodation pathways.

Complex Care and Support Needs

- Severe and enduring mental health difficulties.
- Self-neglect, poor personal hygiene, and incontinence.
- Difficulties engaging with professionals due to a limited attention span and distractibility.
- Suspected learning difficulties affecting understanding and decision-making.

Risk of Accommodation Breakdown

- Accommodation providers reported they could not meet Shelly's care needs without additional support.
- There was a significant risk of returning to rough sleeping if the Crown Hotel placement ended.

Fire-Setting History and Stigma

- Previous fire-setting incidents had been associated with several accommodation placements.
- Although there had been no criminal convictions or custodial sentences, Shelly had become widely known among providers as someone who posed a fire risk.
- Referrals to several supported housing providers were declined because of this reputation.
- Limited access to factual information regarding historical incidents created further barriers and assumptions about risk.

Funding and Systemic Challenges

- The discretionary housing funding at the Crown Hotel was time limited.
- Housing services maintained that accommodation funding would cease despite ongoing safeguarding concerns.
- Multiple agencies disagreed regarding responsibility for funding Shelly's support needs.

Safeguarding Concerns

- Shelly reported being drugged and raped whilst staying at the Crown Hotel.
- Although safeguarding processes were initiated, this did not alter her housing status or entitlement.
- The risk of homelessness continued despite significant vulnerability.

Customer goals

Throughout the intervention, Shelly identified several personal goals:

- To have a safe and stable place to live.
- To eventually have her own home.
- To avoid returning to rough sleeping.
- To continue receiving her depot medication and maintain her mental health treatment.
- To improve her overall wellbeing and "get into a much better place."
- To become more independent while receiving the support she needed.

Although Shelly's longer-term aspiration was to live independently, she agreed that shared supported accommodation would be an appropriate stepping stone towards this goal.

What we did

Safeguarding and Advocacy

The team raised safeguarding concerns regarding Shelly's rough sleeping, self-neglect, vulnerability, and potential lack of capacity to make informed decisions about her welfare. These concerns helped secure emergency accommodation and maintained focus on identifying suitable long-term support.

Preventing Placement Breakdown

Recognising that eviction from the Crown Hotel would likely result in a return to rough sleeping, Changing Futures worked closely with accommodation providers to identify practical solutions that would enable Shelly to remain in placement while more sustainable options were found.

Using the Changing Futures Personal Budget

A flexible care package of three hours per week was commissioned through Triband using a Changing Futures personal budget.

Support was delivered around Shelly's fluctuating needs and levels of engagement. This included:

- Supporting access to healthcare services.
- Obtaining incontinence products through the GP.
- Improving personal hygiene and self-care.
- Providing consistent support and monitoring.
- Reducing the risk of accommodation breakdown.

As a result, concerns regarding hygiene and incontinence reduced significantly and Shelly's self-awareness improved.

Escalating Funding Responsibilities
As housing funding approached its end, the case was escalated through safeguarding processes, senior managers, and multi-agency forums, including the Multi-Agency Resolution Group.

Professionals identified that Shelly was eligible for Section 117 aftercare support. The case was subsequently presented to a Section 117 funding panel, which agreed a 50/50 funding arrangement between Adult Social Care and the NHS.
This secured continuation of the care package originally funded by Changing Futures and provided long-term support stability.

Addressing Housing Provider Concerns
To tackle barriers created by Shelly's fire-setting history, professionals sought factual information regarding previous incidents and worked to move discussions away from assumptions and stigma.

Through MARAC processes and with Shelly's consent, relevant information was obtained from partner agencies. A formal fire risk assessment and risk management plan were developed and shared with accommodation providers.
This evidence-based approach provided reassurance that risks could be managed safely and enabled providers to reassess Shelly's suitability for accommodation.

Multi-Agency Working
The intervention involved close collaboration between:

- Changing Futures
- Housing Services
- Adult Social Care
- NHS Mental Health Services
- Greenfields Mental Health Outreach Team
- Triband Care Agency
- Haworth Housing
- Safeguarding Services
- MARAC
- Probation Services

This coordinated approach ensured risks, funding responsibilities, housing needs, and care requirements were addressed collectively.

Outcome

After approximately 130 days of stable accommodation at the Crown Hotel, with a funded care package in place and a clear risk management plan established, Shelly was offered supported accommodation with Haworth Housing.

The placement was dependent upon ongoing care support being maintained through the Section 117 funded package. Shelly moved into shared accommodation with one other female resident and immediately engaged well with the placement.

Since moving into Haworth Housing:

- There have been no significant incidents or tenancy issues.
- Shelly has successfully maintained her accommodation.
- She continues to receive tenancy support from Haworth Housing.
- She remains engaged with mental health services and depot medication.
- She receives ongoing care and support funded through Section 117 arrangements.
- Her wellbeing, self-care, and stability have improved significantly.

Most importantly, Shelly has achieved her primary objective of moving away from rough sleeping into safe and sustainable accommodation. This case demonstrates that for individuals with multiple and complex needs, access to accommodation may depend not only on housing availability but also on coordinated care, effective risk management, flexible funding, and persistent multi-agency advocacy.