

Allison Savory BA (Hons). MA (SPC(Open)) PGLTHE

Punitive Mechanisms, Mental Health and the Social Housing tenant.

“How does the governance of Anti-Social Behaviour (ASB) through social housing regulations create tensions between housing professionals, mental health professionals, the community and tenants with variable mental capacity?”

Summary of research:

The research explores how the governance of ASB through social housing regulations can create tensions between HPs, MHPs, the community and tenants with VMC. Within the literature it is discussed that there is an issue of competing mechanisms of ASB legislation and the care in the community (Parr 2010). The ASB legislation makes it a statutory duty for housing organisations to provide a system so that the community can complain if they are suffering from ASB. However, Brown (2004) points out that by doing this, it can create problems that have to be managed where without such structures the concept itself may not exist. This is something I wanted to explore further and found that there is some merit to this theory. Like Squires (2008) there is a concern shown here that what is happening is a criminalisation of nuisance. This widens the criminal justice net to catch people who would not normally be within it. This research suggests that those people include social housing tenants with VMC.

The concept of ASB itself is not a definitive one, as the literature can attest to (Jacobson et al 2008). The research illustrates this when discussing the different ways the HP has to manage ASB complaints. ASB as a concept and the overall effectiveness of governing people through the agenda has been written about. However, mechanisms used when managing those tenants who exhibit ASB when going through a mental health crisis, is missing from extant academic work. What is written on the topic of mental illness and ASB is that the process requires the tenant to engage in support solutions or be subject to punitive housing regulations. The data collected here suggests this is what is done in practice. However, it illustrates the disquiet among HPs of having to follow this process. There is a desire to do what is best for the tenant, although there is an understanding that this may not be the best for everyone. What can be suggested is that the professionals are still aiming to achieve the ‘docile body’ (Foucault 1977) within an individual society (for more on this concept see Bauman 2001). This can be perceived as a tension in itself.

The present Government wants the citizen to take on social responsibility with the enacting of the Police Reform and Social Responsibility Act (2011). The literature on governance encourages people to take responsibility for their own and others’ actions within the ‘culture of control’ (Garland 2002). Specifically notable is the literature and governance of the ‘responsible tenant’ (Flint 2004) and the conditionality of ASB within social housing (Flint 2014). That is to say, social housing is given and maintained on condition the tenant exhibits good behaviour at all times. Responsibility requires intent and good mental health at all times. What is not discussed is that those whose mental health is variable can have times of crisis where they cannot be held responsible for their behaviour. What is found in this study

is there is an expectation of the tenant to be responsible and active in his or her own recovery. This is illustrated in the professionals' view that the tenant not engaging is a problem they face when managing the situation. That said, HPs wish for the state support services to take on the non-engaging tenant and say them not doing so is more of a problem. In practice, what is missing is a middle path, a way to encourage the tenant to engage.

Minor nuisance behaviour can now be regulated. The behaviour may not cause serious harm, but is an irritant to the community. Nevertheless, the harm that can result from the management of ASB can be great for the tenant. ASB action has the real possibility of eviction for the perpetrator. The statistics of eviction shown here are small, but as the tenant does not reveal their mental health and the housing organisations are not actively seeking this information, it can be suggested that the number is much larger than what has been recorded. With eviction comes the real possibility of homelessness. Recent American studies have shown the death and illness rates of homeless people are above average. Also shown in these studies is the large number of homeless people suffering from some form of mental illness.

In order to research this topic, I started by interviewing HPs and MHPs at two research sites; city/urban and suburban/rural. There was little difference of attitude between the two sites. There was concern over this issue and an acceptance of the governance mechanisms in place to resolve ASB. What varied most was the team the HP worked in. If they were part of an ASB team they were more likely to take a structured procedure to resolve the issue. The interviewees in the general housing team tended to take on a more supportive role. This is reflected in the online survey that was sent out nationally to all housing organisations in England and Wales.

The interviews with MHPs illustrated the miscommunication between the agencies. What evident is the tenant needs to fulfil certain mental health criteria before the relevant services provided any support. This is illustrated within the observation of the multi-agency meeting I attended. Also tense and confused working relations were apparent during the observations at the day centres and informal conversations I had with the staff.

Summary of main findings:

HPs identify the following tensions:

- HPs state that the mental health services do not provide support for tenants if they are undiagnosed and/or do not fulfil the criteria for treatment.
- HPs states MHPs do not provide the information that could assist in a supportive action, leaving them with no option but to use enforcement mechanisms to resolve ASB.
- The community is aware of the legislation and practices that are available to housing agencies to evict a tenant who is causing ASB. They urge the HPs to use this to rid themselves of the problem.
- The tenant themselves not engaging with housing and support services is a barrier to a successful resolution of ASB and provision of help for the benefit of the tenant.

- The community is reassured when professionals are involved, leading to tensions when support agencies are not able to resolve the problem. These tensions then lead to the option of enforcement mechanisms, which the HPs are reluctant to use against tenants they suspect are vulnerable to mental health crisis.
- Protocols and standard procedures are effective if followed. The tension arises when there are different, conflicting, practices being followed.

MHPs identify the following tensions:

- Those with a diagnosed mental health condition are not responsible for the majority of ASB. The tension is with the tenants who are undiagnosed but whose behaviour has a mental health element to it. HPs expect the MHPs to provide support for these tenants.
- Those with VMC are more likely to reside in the over regulated world of social housing, reflecting the residual housing approach.
- The confidential nature of mental health overrides the needs of the community and the housing agencies.

Recommendations; the way forward:

1. Only have ASB teams in areas that have a high rate of ASB. Allow the situation to guide the role and not the other way round. Consider disbanding ASB teams when the ASB rates and types of ASB are of a low level nuisance.
2. All agencies in a partnership approach to examine the root causes of the tenant's behaviour rather than going for the 'quick' solution of injunctions and/or eviction.
3. Liaison between relevant agencies to be strengthened by a clear and transparent path for the housing professional to take in order to access mental health services. This can be done without the need for the tenant to engage at the first instance.
4. Local policies, protocols and practices to be shared between all professionals; HPs, MHPs and police, or any relevant organisation that can provide succour to the tenant. This can include mental health charities and advocates. The sharing of what information and how it can be shared can be crystallised within flexible protocols.
5. HPs to engage with private agencies and charities. It is acknowledged that resources are over-stretched within government and local authorities. Private agencies and charities could aid the HP by providing the evidence and justification for the inclusion of NHS services, as they will have more expertise in the MH field.
6. More inclusion of the tenant within the social housing community. This can be led by housing organisations. Day centres were seen as a haven by the tenants who were interviewed for this piece of research. HAs have more access to funds than the more overstretched LAs. They can take the lead in creating day centres for ALL their tenants in order to prevent or detect early any budding issues.

7. Those tenants with mental health problems interviewed within the day centres all appreciate the work that the staff do and appreciate the existence of such centres. A recommendation of this research is to ensure such centres are given a priority when deciding on where funding is going.
8. Housing should be seen as more of an equal partner in discussions about issues that are likely or may probably include those people who reside in affordable housing. Although not every tenant has VMC, those with VMC are more likely to dwell in social housing.
9. The above recommendations have been collated through this study and suggested by its author. However, other interpretations are possible. Therefore, the final recommendation of this study is that it should be disseminated to housing organisations, mental health services and other relevant agencies for them to read and suggest their own way forward to manage the problem of tenants with VMC causing ASB.

Limitations and future research.

During this research, there were setbacks which meant the data was collected over 2 years. The interview data was collected 3 years ago and the online survey was completed under a year ago. This is a concern as new ASB legislation has been enacted between the interviews and the online survey. The interviewees will not have been working with this new ASB legislation so have not been able to discuss it. It is unknown whether the online participants took this into account when answering the questions. The views of the participants and respondents could be outdated. Future research could include a revisiting of professionals once the new legislation has been embedded within the organisations.

Existing good practice example:

Wiltshire NHS invites the housing officer who covers a particular area in Salisbury to monthly team meetings. Whilst they do not always have a 'solution', they will offer to go on joint visits and accept referrals where it is appropriate.

Implications to services:

Recommendations are that there are stronger links to be made between professionals and for social housing organisations to be part of the mental health service delivery on a more regular basis. Implications for this would be a more joined up approach to ensure that the client is supported rather than punitively treated, with the potential of making them homeless.