EVALUATION REPORT

A HOME OF MY OWN

Experiences of Moving from Mental Health Congregated Settings

DORAS & SLÁN ABHAILE PROJECTS

Evaluation of specialised floating support services to enable independent living for people with enduring mental health difficulties

HAIL
Housing Association for Integrated Living

HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

GENIO

wrc
WORK RESEARCH CENTRE

An Roinn Tithíochta, Pleanála, Pobail agus Rialtais Áitiúil
Department of Housing, Planning, Community and Local Government

ACKNOWLEDGEMENTS

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Finally, particular mention must be made of the staff from HAIL who provided much information and data about the projects as well as making a major contribution to the organisation of the research and facilitating the linking up of clients with the researchers. In this regard, Anne Mulligan, Louise Byrne and especially Paula McNulty who acted as liaison between WRC and the two projects deserve special thanks.

CONTENTS

1 INTRODUCTION

This chapter introduces HAIL and the Doras and Slán Abhaile projects, presents an overview of the policy context and existing evidence base, and outlines the methodology employed in the evaluation.

1.1 HAIL AND THE DORAS AND SLÁN ABHAILE PROJECTS

HAIL is a specialist housing association whose mission is to provide quality housing and individually tailored services to support tenants and clients, primarily those with mental health difficulties, to integrate and live independent lives in the community.

HAIL's support service is a vital part of the service package offered. For many people, particularly those with mental health difficulties, a place to live may not in itself be enough to give them complete security. HAIL offers housing with supports aimed at maximising tenants' and clients' abilities to sustain their tenancies.

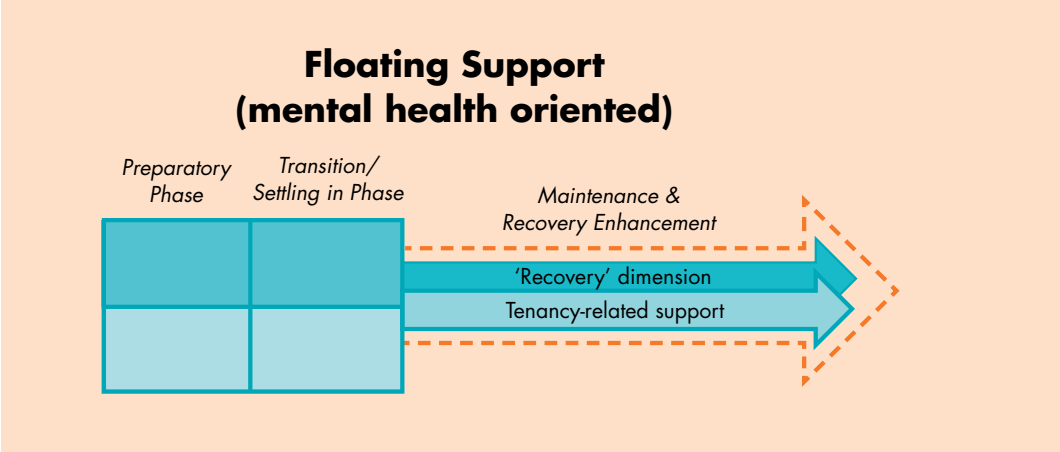
In recent years, HAIL has expanded its support service to encompass a wider client base than its own tenants. Two pilot projects funded under the Genio programme - Doras and Slán Abhaile - developed and tested this approach in Dublin North City in collaboration with the HSE Mental Health Rehabilitation Teams in the area. Mental Health Rehab Teams in CHO Area 9, specifically Blanchardstown, Whitepoint and Fairview participated in the research. The aim of these services was to source accommodation and offer support to those who were living in HSE residential services to move to independent living, if desired by the client, and if this was expected to be positive for them. The two projects operated consecutively from 2012 until 2016[1].

If effective, this floating support service can make an important contribution to policy goals in mental health and housing. Mental health policy, as articulated in *A Vision for Change*, commits to supporting people with mental health difficulties living in HSE hostels to move to independent living in the community. Housing policy, as formulated in the *National Housing Strategy for People with a Disability*, and in homelessness policy and other areas, also incorporates commitments to address the needs of people with mental health difficulties.

1. The period covered by the evaluation. The Slán Abhaile project has since been extended into 2017.

The nature of the supports provided

The process of enabling and supporting a move to independent living for a client involves a number of phases, including preparatory work, help with the move and settling in, and ongoing support after this. In housing and social care terminology, this is delivered as a tenure neutral 'floating support' service as opposed to accommodation linked support services in congregated settings.



The nature and intensity of the inputs required at each phase varies. For example, the preparatory phase tenancy-related activities included selecting suitable candidates for inclusion in the project, making applications to housing authority lists, supporting prospective clients with self care and living skills, where needed. At the transition phase, clients would typically be asked to approve accommodation before committing to it and then supported in obtaining a rental agreement, in acquiring fixtures and fittings for the new accommodation and in the logistical aspects of moving in. Following the move, much of the work involves monitoring the client's wellbeing and integration, supporting social activities and troubleshooting accommodation and tenancy-related problems that might arise.

At the same time as these housing and independent living supports were being provided, a range of clinical supports were also provided by the HSE Rehab team. These related to the management and monitoring of the individual's health condition and varied somewhat less in nature than the housing and independent living supports. They could include inputs from the full range of team members (psychiatrist, psychiatric nurse, psychiatric social worker, occupational therapist, and psychologist). In addition, in the preparatory phase, while clients were resident in HSE hostels, they received a range of supports from housekeeping staff which were no longer required following the transition.

Although HAIL key workers did not provide clinical inputs, they were involved in supporting clients and contributing to their recovery while they were in their new accommodation. The provision of these services and supports required a continual level of collaboration between HAIL and HSE staff. This issue was also investigated as part of the evaluation study.

1.2 THE POLICY BACKGROUND AND EXISTING EVIDENCE BASE

A Vision for Change[2] (AVFC) has provided the national policy framework for developing mental health services since its publication in 2006. Prior to this there has been a policy of de-institutionalisation since the 1980's, including moving people with mental health difficulties from hospital based accommodation to hostel based accommodation in the community. *A Vision for Change* concluded that many people with mental health difficulties who were in HSE hostel accommodation would be better served living more independently in the community. It recommended that the housing and mental health sectors work together to achieve this, and clarified the respective roles of the two sectors. Specifically, Target 4.7 states: *The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.*

On the housing policy side, the national *Housing Strategy for People with Disabilities 2011-2016*[3] addresses the issue of housing for people with mental health difficulties. In particular, it points to the need to ensure better access to local authority housing supports as well as calling for the supports to be put in place for people with mental health difficulties who are living in the community. The Disability Act (2005) places obligations on public bodies to address housing needs for people with disabilities, which also encompasses many people with enduring mental health difficulties.

However, as noted by the Mental Health Commission and others, progress in this area has been relatively slow. The economic crisis deflected resources and attention in the early years after the publication of *A Vision for Change*. Other factors have also resulted in slow progress. These include a general shortage of housing and delays in Local Authorities providing sufficient numbers of housing units that are suitable for this purpose.

A recent review of progress towards meeting the targets of the Vision for Change policy by Mental Health Reform,[4] estimated that there were substantial numbers of people living in HSE medium and low support accommodation in 2014. In addition, in 2013 the Housing Agency identified more than one thousand households qualified for local authority social housing support because of disability needs due to mental health difficulties.[5]

Commentators such as Mental Health Reform acknowledge that some progress has been made since 2006, especially through the medium of Genio funded projects. However, Mental Health Reform also point to the fact that *'There is currently no dedicated funding stream for tenancy sustainment support for individuals with a mental health disability and no national programme to transition people from HSE to local authority-controlled housing, though plans are in train' (p.12).*

More recently, the HSE has issued guidelines[6] on how to support people with mental health difficulties to access housing in response to the AVFC and national housing strategy policies.

2. Expert Group on Mental Health Policy. A Vision for Change: Report of the Expert Group on Mental Health Policy, 2006. The Stationery Office: Dublin.
3. National Housing Strategy for People with a Disability 2011 – 2016. Department of the Environment, Community & Local Government, (2011).
4. Mental Health Reform (2014). A Vision for Change – 9 years on. A coalition analysis of progress. Mental Health Reform, Dublin. https://www.mentalhealthreform.ie/wp-content/uploads/2015/06/A-Vision-for-Change-web.pdf.
5. Housing Agency (2013) Summary of Social Housing Assessments 2013 Key Findings https://www.housingagency.ie/Housing/media/Media/Our%20Publications/19-12-13-Summary-of-Housing-Needs-Assessment-2013-Key-Findings-final.pdf
6. HSE (2016). Supporting people with disabilities to access appropriate housing in the community: A guidance document. http://www.hse.ie/eng/services/list/4/disability/congregated-settings/guidancedocon-HousingOptions.pdf

The Doras and Slán Abhaile projects were developed within this policy context. To date they are by far the most extensive initiatives to implement national policy on supporting people with mental health difficulties to move from HSE hostels to independent living in the community, and to support sustainment of independent living thereafter.

Existing evidence base

In addition to the policy rationale, there is also evidence which points to the benefits and value of moving people from hostel based accommodation to independent living arrangements. At system level, there are inefficiencies in maintaining people in hostel accommodation. For example, the Department of Health and Children estimated in 2009[7] that up to a third of people in hostel care were inappropriately housed and were receiving higher levels of support than they needed. At the level of the individual, benefits in terms of mental health and wellbeing, improvements in social inclusion and reduced hospitalisations have been cited for programmes delivering the types of supports offered by the Doras and Slán Abhaile projects.

The Housing Agency report on housing and support options for people with mental health difficulties,[8] cites evidence from the UK that a floating support model is cost-effective for services supporting a range of client groups, including people with enduring mental health conditions. It can help reduce rent arrears, prevent tenancy breakdown and resulting costs, and reduce the costs of hospital admissions and facilitate timely discharge. In Northern Ireland, the Supporting People programme funds floating support type services helping vulnerable people to live independently, including people with mental health difficulties. A review[9] of the financial costs and benefits of the programme found a strongly positive financial case. Overall, across all supported client groups, the analysis estimated a net benefit of £1.90 for each £1 spent on the programme.

7. Department of Health and Children (2008). Value for Money and Policy Review of the efficiency and effectiveness of long-stay residential care for adults within the Mental Health Services: Response Department of Health and Children. http://health.gov.ie/wp-content/uploads/2014/03/vfm_review_dohc_response.pdf

8. https://www.housingagency.ie/Our-Publications/Housing-for-People-with-a-Disability/Review-of-the-Housing-and-Support-Options-for-Peop.aspx

9. CEE (2016). The Financial Benefits of the Supporting People Programme in Northern Ireland. A report for NICVA. Centre for Economic Empowerment. http://www.nicva.org/sites/default/files/d7content/attachments-resources/web_report.pdf.

For people with mental health difficulties the estimated net benefit was even higher, at £2.51 for every £1 spent, with a major element of saving being made in health service costs. In the wider UK context, an earlier evaluation in 2009[10] of financial benefits of the Supporting People programme for people with mental health difficulties also yielded a net benefit of more than 2:1.

Taken together, the policy background and the international evidence on the value case indicate the potential importance of the type of service provided by the Doras and Slán Abhaile projects in the Irish context. The following chapters examine the effectiveness and feasibility of the approach implemented in these two pilot projects and the case for their continuation now that the pilot funding has ceased.

1.3 EVALUATION APPROACH AND METHODOLOGY

HAIL engaged the Work Research Centre (WRC) to undertake an evaluation of the Doras and Slán Abhaile projects. This took place between August 2016 and March 2017. The evaluation aimed to assess the effectiveness of the Doras and Slán Abhaile projects and to examine how well the services supported clients to transition to independent living, the outcomes for clients, and the value for money provided.

The methodology employed a mixed-methods approach, including both qualitative and quantitative data, and triangulation of data from a range of sources. This encompassed an assessment of client perspectives and outcomes, analysis of the nature and volume of supports provided by HAIL and HSE services, the perspectives of key stakeholders, and the overall value case and value for money of this type of floating support service.

Client experiences

A particular concern of the evaluation was to ensure that the clients' voices received prominence and this was reflected in the overall approach taken to the research. The evaluation assessed the direct experiences of a random sample of 26 clients (46% of the number of clients who had moved) through a mix of individual interviews and focus groups. HAIL support workers (for 26 clients) and HSE staff (for 14 clients) also provided assessments of how the move had worked for a random sample of clients. This was achieved by asking key workers to complete assessments of how clients were managing in a range of areas and to assess the extent to which the move to new accommodation had influenced these key aspects of their living. Together, these approaches provided a client level perspective on 37 clients overall, representing 66% of the number of clients who had moved to independent living.

10. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

Amount and type of support

For the sample of clients, key workers from HAIL and from the HSE Rehab team were also asked to outline the amounts and types of supports provided at three key stages in the process of moving to independent living for a client – preparation for moving, the move process and after the move to independent living.

Stakeholder perspectives

Four focus groups were conducted with other stakeholders. These included a sample of family members of clients, HAIL staff, Rehab team staff and external stakeholders from housing authorities and training organisations. Family members were asked by HAIL staff if they would like to volunteer and share their views and experiences. All HAIL staff and HSE staff who had knowledge and experience of the projects were invited to take part. The focus groups addressed issues appropriate to the perspective of the participants, including perceptions of how the supports had worked for clients and the views of various organisations with a stake in the projects.

Ethical approval

Given that the evaluation study would be interviewing and obtaining information on vulnerable people, ethical approval for the study was sought. This was granted in October 2016 by the Research Ethics Committee of the HSE in North Dublin. As part of the approval of the project methodology, procedures were put in place to ensure that informed consent to take part in the study was obtained from all clients and that the confidentiality and anonymity of all information collected was maintained.

2 OUTCOMES FOR CLIENTS

This chapter presents the outcomes for clients along a number of dimensions, including perspectives on their new accommodation, life satisfaction, management of mental health and social integration. Direct reports from clients are a core source of evidence, with perspectives also provided by HSE mental health services, HAIL support workers and family members.

2.1 MAKING THE MOVE TO INDEPENDENT LIVING

The two projects operated consecutively over a five-year period. Overall, they engaged with 69 people with mental health difficulties who were candidates to move to independent living. At the time of the evaluation study, 56 of these had made the move to living independently in their own accommodation. Some 13 people were either still preparing for a planned move or were assessed as being unsuitable for moving at that time.

The project participants were predominantly middle-aged or older, with an average age of 48 (only 5 participants were under 30 years old); male (75% were male); and a large majority had a diagnosis of schizophrenia, schizoaffective disorder or dual diagnoses. Much smaller numbers were diagnosed with depression or bipolar disorder. Of the 69 people engaged with by the projects, 62 were initially living in HSE hostel accommodation. Others had spent long periods in hospitals or in homeless facilities, and also had little experience of living independently. For others, inability to maintain tenancies had been an issue in the past. For many, living in hostels had become an almost permanent arrangement, with significant numbers having spent much of their adult lives in this situation (a majority of participants had spent more than 10 years in their previous accommodation).

All but one of the 56 people who made the move managed to sustain living independently in the community. This alone is a remarkably positive result, and especially so in the light of the very positive wellbeing outcomes for clients reported below.

2.2 THE EXPERIENCE OF THE CLIENTS - OVERVIEW

Clients were asked how they felt about their new accommodation and how it compared to their previous living situation, as well as about their ideal place to live. They were then asked about a number of dimensions of their move to independent accommodation and its impacts, including:

- Managing mental health
- Life in general
- Autonomy
- Activities of daily living
- Loneliness
- Interaction with family and friends
- Community and social life
- Treatment by neighbours.

In addition, HAIL and HSE key workers were asked to give their perspective on client outcomes in relation to a number of dimensions including management of mental health, management of the activities of daily living, changes in client wellbeing and the impact of the transition on the client's recovery.

Results from the clients' own assessments were very positive along the various dimensions addressed. Some highlights include:

- Happiness with the new living arrangement (67% '*great*'; 33% '*good most of the time*'),
- Managing mental health issues (47% '*much better now*'; 47% '*somewhat better now*'),
- Life satisfaction (an average increase from 5.4 to 8.2 on a 10-point scale since the move),
- Autonomy - change since the move (80% '*a lot more now*'; 20% '*a little more now*'),
- Daily life activities (67% now '*managing very well*'; 33% '*managing fairly well*').

The HAIL support workers and HSE staff assessments of client outcomes were similarly positive. For example:

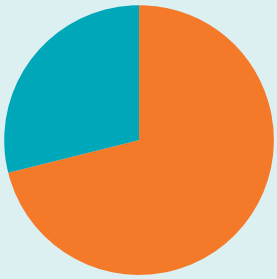
- Managing mental health – HSE key workers rated 57% of clients as managing '*very well*', with a further 29% doing '*OK*',
- Changes in wellbeing – HSE key workers rated 54% of clients as being 'Much better than before', 15% as being '*Better than before*' and 23% as being '*about the same*'; for 71% the new accommodation had contributed to improvement in wellbeing '*A lot*', while for a further 21% it had contributed '*A little*',
- Recovery - HSE key workers felt that the change in accommodation had contributed to the recovery of their clients '*A lot*' in 69% of cases and '*A little*' in 31% of cases,
- Daily life activities - HAIL key workers rated 70% of their clients as managing their daily life '*Very well*' with a further 27% as doing '*OK*'.

2.3 SATISFACTION WITH THE NEW ACCOMMODATION

Clients held very favourable views of their new accommodation, with two-thirds considering it '*great*' and the remaining one-third considering it '*good most of the time*' (see Charts below).

Residential satisfaction and preferences

How good is it to live here?

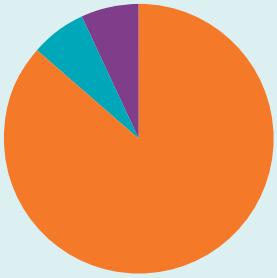


66.7%
Great

33.3%
Good most of the time

0% answered not good/good sometimes

Comparison of current/previous residential situation



86.7%
A lot better now

6.7%
A little better now

6.7%
About the same

0% answered a little/a lot worse then

In comparison to their previous residential situation, a large majority felt that it was '*a lot better now*'.

'Having my own place, I feel secure, more in control of my life. It is much better now.'	*'It is good for studying, it is quiet and the accommodation is good'*	*'It was very cold in the hostel in the winter time. It was difficult with regard to tea and coffee, the times you could get it, the tea and coffee that you would like…Had to take what you were given.'*	*'There is a nice park down by the canal and I go for walks there and I found a nice pub where I go for my dinner sometimes.'*
'My new accommodation is invaluable for recovery – I have time and space to work things out on my own.'	*'Living in the hostel was OK, but sometimes it wasn't. When people weren't well it could be a problem.'*	*'Sometimes that there was too much interacting - they wanted to know your business and all about you.'*	*'The shops, post office and the bus stop are all within a few minutes' walk; also the pharmacy. I can pay bills in the shop. My mother is not too far.'*

Reasons given for preferring their new living situation varied, including a mix of positives about the new accommodation and negatives about living in a hostel. Some respondents did not like the hostel as there were too many people around whom they had not chosen to live with. Others pointed to the difficulties that they had in recovering from their mental health issues in hostel accommodation. In part this was because of privacy issues, but it was also because they had to cope with the demands of other people's problems as well. There were a number of students interviewed as part of the evaluation and they tended to have different accommodation concerns. Good conditions for studying were important for them, and having accommodation near their place of study.

Some clients interviewed would ideally like to live in another area or type of accommodation if they could. Reasons for this included proximity to amenities or to family and friends. These are common aspirations shared by many other people in the general housing market and no client wished to return to where they had lived previously. Within the lifetime of the projects, a small number of clients were facilitated to move from their initial home allocation to another more preferable one.

'My new home allows me time and space to deal with issues which I couldn't have in the hostel.'

'I am a lot happier now since the move, I am much more carefree now.'

2.4 MANAGING MENTAL HEALTH ISSUES

A key factor in whether the move to new accommodation is a success, is the extent to which the client can manage their mental health issues in an independent living situation. Most of the clients gave positive ratings on their capacity to manage their mental health since the move (47% '*managing much better now*', 47% managing '*somewhat better now*'), while none of them rated this as being worse than before (see chart).

'I am seeing more of health staff now.'

[monitoring of health status was taking place on a more regular basis]

Clients gave a range of reasons for feeling better able to manage. These included the general benefits of the move for them, the increase in self-management and life skills that they had experienced and, in some cases, improved access to health care staff.

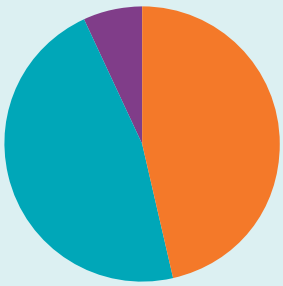
'My mental health is good…No problems at the moment.

I do sometimes get a bit worried if things aren't going right for me –

but generally I know that things will work out and my mental health team agree.'

Managing mental health

How well managing mental health



46.7%
Much better now

46.7%
Somewhat better now

6.7%
About the same

0% answered a little/a lot worse now

2.5 MANAGING EVERYDAY LIFE ACTIVITIES

Another important indication of whether clients are able to cope with independent living, is their capacity to manage daily activities such as washing, cleaning, shopping and cooking. Two-thirds of clients felt they were managing these activities '*Very well*', while the remainder felt they were managing '*fairly well*'.

'I am saving now and paying my bills. This was not something I could do before.'

'I am well able to look after myself, no problems.

Well able to pay my bills and rent, go out and do my shopping, go for walks, go to the cinema, clubhouse.'

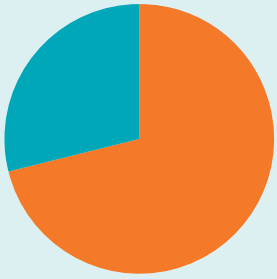
'I have no problems with these activities, but sometimes I put things off.

Sweeping, for example... Much better now than a few months ago.

My nurse has helped out a lot.'

Managing mental health

How well managing everyday life activities & looking after self



66.7%
Managing very well

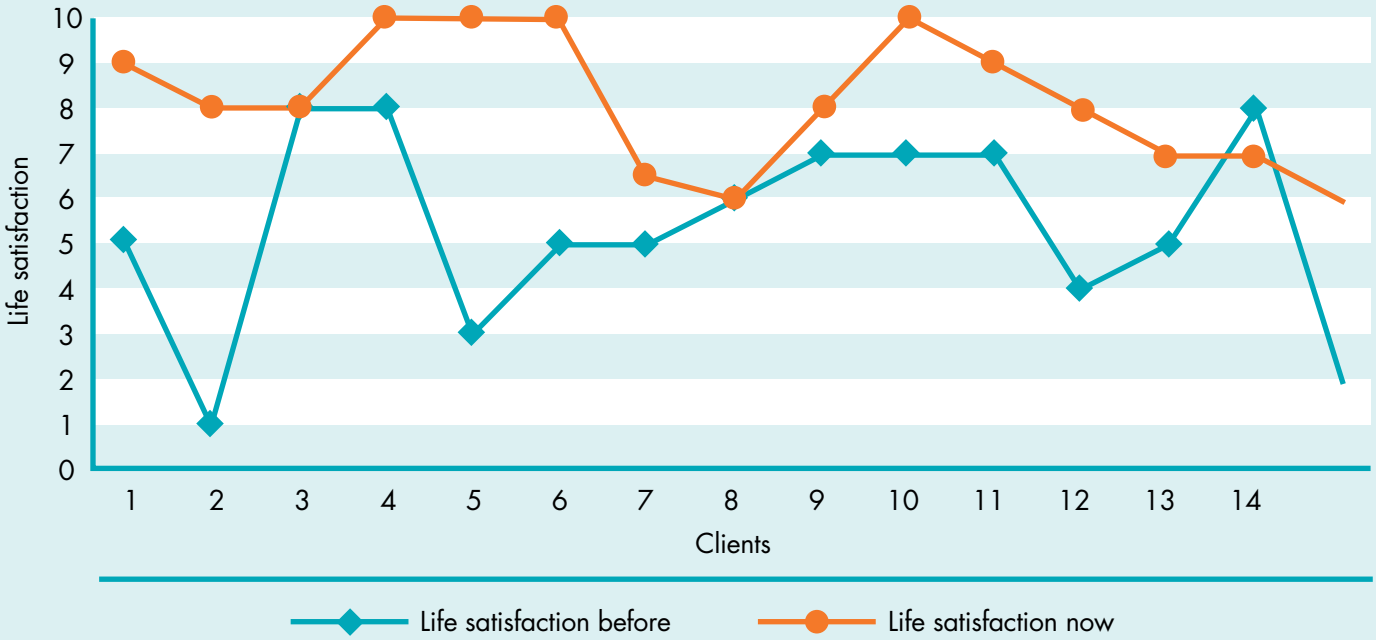
33.3%
Managing fairly well

0% answered not managing well

2.6 LIFE SATISFACTION

Perhaps the most important single indicator of the impact of the move to independent living is overall life satisfaction. Interviewees were asked to rate their life satisfaction before and after the move on a 10 point scale, with 10 being completely satisfied. Here the results were very clear – there was an almost 3 point average increase in levels of life satisfaction since the move to new accommodation, from an average of 5.4 before to an average of 8.2 currently. The figure below shows how clients rated their life satisfaction, retrospectively (before they moved) and now.

Overall life satisfaction



For 12 out of these 15 clients, there were increases; for 2 there was no change; and for one client there was a 1-point decrease in life satisfaction. These findings show that moving to living independently was generally associated with increased life satisfaction, but also that life satisfaction is influenced by factors other than the possibility for independent living, *per se*. For the majority of clients, there were substantial gains in life satisfaction but, for a minority, other factors had a dampening effect, even if the move to independent living was still rated positively.

Many of the positive experiences mentioned above contributed to the increases in life satisfaction. Some additional reasons cited were:

'The other patients living in the hostel annoyed me.'

'Not having my own personal space was a problem before.'

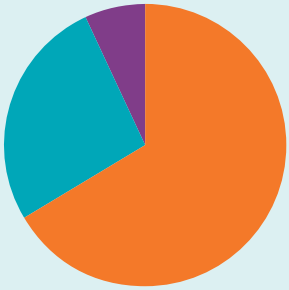
'I am trying to get a job now and I am doing other things. This wasn't possible before.'

2.7 LONELINESS AND SOCIAL CONTACT

A successful move to independent living cannot be expected to be a panacea for all of the issues that this client group face. One area of potential concern is loneliness. The Charts below show how clients reported this aspect of their lives, both currently and in comparison to their previous situation.

Loneliness

Ever feel lonely

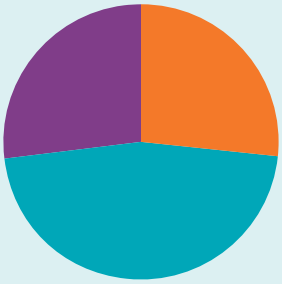


66.7%
Hardly ever or never

26.7%
Some of the time

6.7%
Often

Comparison with previous situation



26.7%
Less lonely now

46.7%
About the same

26.7%
More lonely now

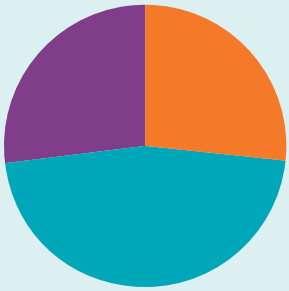
For two-thirds of the clients, loneliness was not an issue, but for one-third it was an issue, at least some of the time. Comparisons with their previous situation showed that for almost one-half of the respondents loneliness levels were about the same now and before, with about one-quarter reporting being less lonely now and one-quarter being more lonely now. The impact of the move on levels of loneliness depends on many other factors such as closeness to family and friends and the way the person regarded their social contacts within the hostel setting.

To a certain extent, and for some clients, some degree of loneliness may be a price that has to be paid for the other benefits of independent living, particularly in the early stages of the move. However, the feedback indicates the importance of providing ongoing supports for clients to seek ways of addressing loneliness and to help clients access desired forms of social engagement.

This theme also arises in the data on social contact and broader participation in the community. The chart below shows that about one-quarter of clients reported seeing family and friends 'more often now' and one-quarter saw them '*less often now*'.

Social contact and engagement

See family and friends

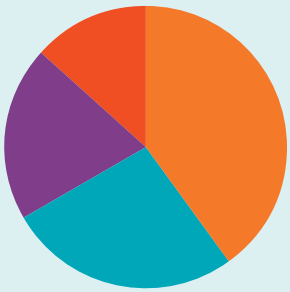


26.7%
More often now

46.7%
About the same

26.7%
Less often now

Community/social activities



40.0%
A lot more now

26.7%
A little more now

20.0%
About the same

13.3%
A little less now

0% answered a lot less now

For some, this was not necessarily a negative thing. For others, it was not by preference but was concerned with transport difficulties between where they were now living relative to the location of family/friends. However, almost two-thirds reported engaging in more community/social activities now compared to before, with just a small percentage reporting doing '*a little less*' now. This may reflect the efforts of the support service to facilitate and encourage community connection for clients.

'I felt a little lonely, but only at the start.'

'Loneliness is an issue for me. I am happy enough in my own company, but I would like more social activities. I wasn't as lonely in the hostel, because there are more people there to talk to.

At the moment, I go to a coffee shop and the people there are polite and civil, but they don't really talk to me other than saying hello and goodbye.'

2.8 FAMILY PERSPECTIVES

A focus group was held with an invited group of family members of some of the clients. Participants in this focus group included parents and in some cases siblings of clients. The discussion aimed to explore family experiences of the process of transition to independent living and their perceptions of the impacts of independent living for the client. The client impacts noted by family members included:

- Clients developed an interest in the property – they became house proud. One mother noted '*I go in and start cleaning and am told don't do anything, it is not your place!' Another said 'He wants to put his own stamp on the place, he wants to choose a new shower curtain*',
- Increased independence and autonomy amongst clients – they can handle the activities of daily life better now,
- Improvement in relationships with families – better quality interaction and an improved ability to take the initiative in these relationships,
- Improvements in mental health – families noted things such as fewer worries, being calmer and having a better one-to-one relationship.

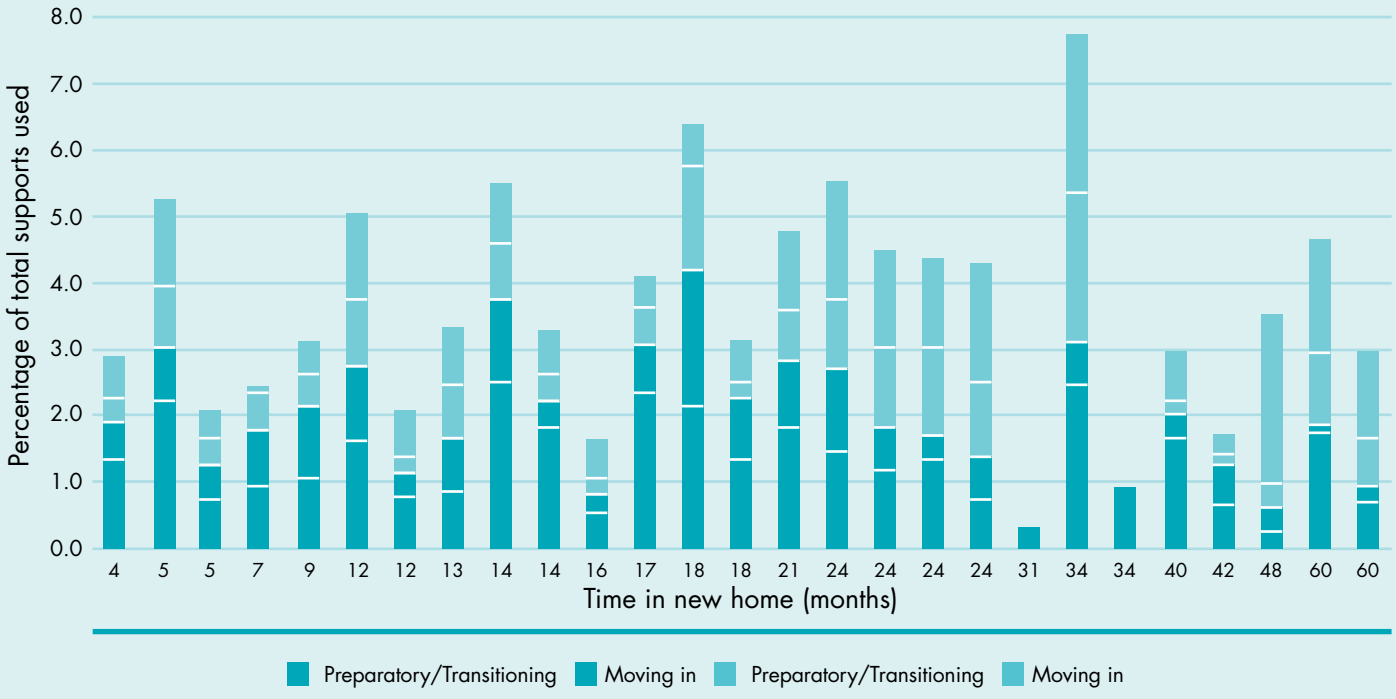
3 PROCESS EVALUATION

This chapter presents results of the evaluation of the project processes. One aspect focuses on the levels and types of support provided to clients. The other aspect concerns views on how the service provision process worked in the pilots. Perspectives from clients and their families, HAIL and HSE staff, and wider stakeholders provided insights on this.

3.1 THE NATURE AND LEVELS OF THE SUPPORTS PROVIDED

For a random sample of 28 clients, HAIL key workers estimated the amount of time they had spent supporting each client during their period on the project (direct support hours only). The data shows considerable variation across clients in the total amount of support provided. This is influenced by extent of need for support and by the duration of time being supported. Clients were recruited on a rolling basis during the projects, with clients for this analysis receiving preparatory/transitioning supports and then an average of about 2 years of supports after their move.

Levels and types of support requirement



On average across 27 clients (data was unavailable for one person), more than half of their total support was provided during the preparatory/transitioning and moving-in stages, with varying levels of support required after this. The ongoing support included both tenancy sustainment elements and recovery-related elements (including support with community integration and non-clinical supports for mental health related matters).

3.2 VIEWS ON HOW THE PROJECTS OPERATED

Client experiences

Clients had very positive views on the quality of the supports provided by the projects, even if they were not always entirely clear about the details of the processes involved (a lot of HAIL support work was in the background, engaging with housing providers and organising the many practical aspects of tenancy set-up for the clients). It was clear however, that clients had no specific problems with how the process had proceeded and that they felt very well supported throughout all stages of the move process.

When asked about aspects of the process that were particularly helpful, most clients did not feel that any specific element stood out. However, some clients did point to the fact that they were gradually introduced to their new accommodation and that this was particularly helpful (they could, if desired, move between the hostel and the new accommodation until they felt comfortable in their new surroundings). Some others mentioned that being offered a choice of accommodation was particularly positive for them. Finally, many clients noted that the practical help they received in acquiring furniture and the decoration of their new accommodation was very helpful.

A number of themes emerged from the focus group with families. Overall, the family members were very positive and reported very few problems with the services supplied by the projects. One negative issue was the perception that the links between the projects and external employment and training services were sometimes weak in cases where these were relevant and important for the client.

The initial stage of the process, where the client was being assessed for suitability for the transition, was often quite stressful for families. Many initially believed that their family member would not be able to make the transition and they needed reassurance that sufficient support would be available to make the transition a success. However, many of the problems that they had anticipated might happen did not materialise, e.g. problems with neighbours or with maintaining the property. A key element in ensuring the success of the projects was to include families at an early stage in the process. This had the effect of reassuring families as well as capitalising on the support they could bring.

The families also identified a number of other success factors. Improving clients motivation was important – the process would not work if clients were not motivated. It was felt that this could be affected by levels of medication that clients were taking - too high a level can lead to lethargy. Being able to provide long term tenancy arrangements was very important, as was having good monitoring of clients on an ongoing basis. Many also noted that the teamwork between the HSE and HAIL staff was very good and that this high level of co-operation was required if the transition was to be a success.

Families also pointed to some worries they had with regard to the projects. These included concerns about the long-term sustainability of the project in the absence of long-term funding provision and the capacity and willingness of communities to continue absorbing people with mental health difficulties.

HAIL and HSE staff

Two separate focus groups were held with staff from the HSE and HAIL project teams, aiming to identify and learn to guide the future implementation of a floating support service.

The main findings from the HAIL group included:

- **Communications and awareness raising** – there is a real need to effectively communicate about these projects as the stakeholders within other organisations (and sometimes within the HSE) are not necessarily familiar with the nature or activities of these projects, even though they may have a formal responsibility within the housing process.
- **Capacity development** – there is a need to ensure that all people within the process receive adequate training. Barriers arise where there is lack of a common understanding of what is needed across the main stakeholders.
- **Role definitions** – the boundaries of the roles between housing and mental health rehabilitation team members is not always clear, especially in relation to the monitoring of clients once they have settled in to their new accommodation.
- **The need to maintain organisational independence** – it was felt that having two separate organisations - HSE and HAIL - working together and bringing different but complementary skills was the best model; this was preferred by staff of both organisations and was judged the most effective way to deliver the required mix of ongoing supports for recovery and living independently with enduring mental health conditions.

The main findings from the HSE group included:

- **Collaboration between the partners** - This generally worked well. Both sides valued the learning opportunities that it provided as well as the effectiveness of the services, and this led to a high level of collaboration between the partners.
- **Having a non-health professional on the team** – HSE staff saw the value of having non-HSE staff on the team, especially where clients might have uneasy relationships with HSE clinical staff.
- **Having continuity of contact with key workers** – One of the advantages of the model is that there is continuity of HAIL staff support to clients. Having a single source of support is of benefit, especially where there is often discontinuity or multiple points of contact within the health system.
- **Advocacy for the client** – The approach allows for advocacy to be delivered on behalf of the client by the HAIL key worker. This help is less stigmatising for the client compared to when they are accompanied by HSE key workers. HAIL key workers are seen as a source of support rather than as treating clinicians.
- **The care planning for clients worked well** – this is a crucial issue for ensuring success.

3.3 OTHER STAKEHOLDERS

A focus group was also held with representatives of other stakeholders who had involvement or interests in the projects. This aimed to obtain views on how the process of the projects had worked and how they might be improved. Participants included representatives from two local authorities and from training agencies that had interacted with the project.

In general, these external stakeholders were very positive about the projects. They recognised that it helped them to fulfil their own roles and policies - to house people with mental health difficulties and provide access to a relevant trainee group.

The external stakeholders did note some initial problems with the process of implementing the projects. One aspect was a lack of awareness on their part with regard to the nature of the service that was being offered.

Another issue mentioned was the sometimes bureaucratic procedures within the local authorities and the education/training providers. For example, the projects can be flexible enough to bridge bureaucratic and information gaps between the main providers of services. Education and training providers in some cases could not supply training to people who were in hospital or to people on a part time basis. The flexibility of HAIL in dealing with these issues was a key to ensuring the success of the project.

For housing providers, prior experience of tenants with mental health difficulties indicated that they could be a problematic group from the point of view of tenancy sustainment. This had led to reluctance and a lack of expertise on their part to engage with this group. More generally, local authority housing providers had not fully operationalised their obligation to provide housing for people with mental health difficulties and there was a lack of capacity on the part of housing providers to engage with the target group in a way that would meet their needs. Given these issues, the flexible service provision by the project partners (both HAIL and HSE) was vital in ensuring the projects were successful. The capacity of the projects to provide an extended care and support service over time to tenants was an essential element of this.

Focus group participants also pointed to the fact that HAIL (both its staff and the organisation itself) were not viewed as being part of the mental health system. This had the effect of de-stigmatising the clients in their own eyes and of reducing stereotypes on the part of housing providers.

4 VALUE FOR MONEY AND SUSTAINABILITY

There are a number of ways to consider the value for money of the HAIL support service provided under the two pilot projects. At an overarching level, the key consideration is whether the support service delivers on mental health and housing policy in this area in an effective and affordable manner. Also of central relevance is whether the clients of the projects perceive value in the outcomes of the project for them. This latter issue was covered in chapter 2 so the remainder of this chapter addresses the issues of value for money and sustainability.

4.1 EFFECTIVENESS AND AFFORDABILITY

The results described in previous chapters clearly demonstrate a high degree of effectiveness, both in enabling successful transition to independent living and its sustainment thereafter, and in facilitating other important aspects of recovery such as return to education and employment, where appropriate. As acknowledged by the range of stakeholders internal and external to the projects, it is unlikely that this level of success would be possible without a specialist service provider such as HAIL that can operate flexibly at the mental health and housing interface in the manner required.

Affordability concerns the cost of providing the service and the feasibility of funding this for the parties who would pay. Indicative costings prepared as part of the evaluation exercise would appear to be affordable and represent good value for money in achieving policy objectives and in operational terms for the mental health sector (HSE) and housing sector (local authorities).

HSE data provided for this study estimate that staff costs within hostels are an average of €314 per week for residents, which gives an annual total cost of €16328 per resident.[11] HAIL's average actual costs of providing the floating support service to a client on the project was €8340, with this covering an average of about 2 years of support per client following the move.[12] The analysis of the patterning of support provision indicated that, on average, about one-half of the support is needed in the preparatory/transitioning and moving/settling-in stages extending over the initial 6 months or so. This then tapers to a lower ongoing level of support, with periodic bursts of increased support when tenancy-related or other crises arise.

Data provided by HSE key workers on HSE staff time inputs suggest that once clients have moved into the post-transition phase, the inputs of clinical staff may reduce compared to when clients were resident in the hostel and preparing for the move. Taking these figures together, substantial cost savings seem possible and these would more than cover the cost

11. Source: HSE (2017). Personal communication. Based on the costs of three low and three medium support hostels for combined pay and non-pay costs from which the patients contribution to rent is deducted. The pay element is based only on the non-clinical staff working in the hostels as well as clinical staff attached to the hostel. It does not include any back office expenses (payroll, administration etc.).

5. Source: (HAIL 2017). Personal communication.

of providing the HAIL service. In addition, there may be potential for other cost savings from areas such as reductions in hospitalisations and health care usage.

Chapter 2 has already presented evidence indicating the substantial return on investment found for floating support services in England and Northern Ireland that operate under the Supporting People programmes in those jurisdictions. The approach aligned well with strategic aims of the stakeholders providing financing and can enable provision of more services to more people in a cost effective manner because of flexibility and streamlining. The Housing Agency concluded that floating support arrangements with voluntary housing associations such as HAIL provide an example of how the UK model, i.e. separating the support from both housing and health services, could be applicable in an Irish context. This evaluation of the Doras and Slán Abhaile projects provides strong concrete evidence to support this.

The research cited by the Housing Agency and the other sources examined for purposes of this evaluation also provide data on actual costs for these services. The indicative costings for the HAIL service are in the same range as those reported for floating supports for people with mental health difficulties in Northern Ireland and England, and may possibly be somewhat lower.

4.2 VALUING WELLBEING GAINS FOR CLIENTS

The achievement of policy objectives in this area would be worthless if the persons concerned, the clients themselves, are not benefiting from the support to live independently in the community. The evaluation of the two pilot projects clearly shows the important wellbeing gains for clients who successfully made and sustained the transition, and many considered these to be really life-changing. Such qualitative wellbeing gains alone could be viewed sufficient to justify public investments of the order required.

Recently there has been growing interest in approaches to monetising the value of wellbeing gains and to demonstrate value in concrete terms for resource allocation decision-making.[13] A conservative application of this approach to the two pilots gives a monetised valuation of the life satisfaction gains across the 56 clients substantially greater than the overall costs of the pilot projects and of an ongoing and scaled-up floating support service of this nature.

4.3 OTHER GAINS FOR SERVICE PROVIDERS

The evaluation also indicated other areas of gain for service providers. For the HSE, the programme has resulted in a reduction in crowding in hostels, in some cases from as many as 3 or 4 people per room to people having their own room. Where appropriate, some hostels may close down completely or the freed-up capacity may enable effective utilisation of scarce resources. For example, at least in principle, revamped and appropriately resourced hostel facilities could provide temporary accommodation for people discharged from hospital, transitional arrangements for people moving from homelessness, or for a variety of other crisis situations arising for people with mental health difficulties.

13. Fujiwara D (2013) A General Method for Valuing Non-Market Goods Using Wellbeing Data: Three-Stage Wellbeing Valuation. CEP Discussion Paper No 1233, July 2013. http://cep.lse.ac.uk/pubs/download/dp1233.pdf

5 SUMMARY AND CONCLUSIONS

The following were some of the key findings from the evaluation study:

- A majority of clients successfully managed to make the transition from hostel based accommodation to independent living arrangements; no client wished to return to hostel based accommodation.
- Clients mainly reported very positive impacts of the transition in areas such as managing mental health and wellbeing, happiness with their new living arrangements, life satisfaction, levels of autonomy and managing daily life activities.
- Some clients were lonelier living independently than when in a hostel but this would not make them wish to return there; ongoing social supports may be useful for such clients.
- Key workers generally rated the impact of the transition very positively in regard to health and wellbeing and recovery for clients.
- External stakeholders were positive in their assessments of the projects – they saw benefits for clients as well as enabling their own organisations to successfully implement policy.
- Both the preparatory and transitional supports provided by the HAIL team to clients and the subsequent ongoing floating support service were essential to successful transitioning to independent living and its sustainment thereafter.

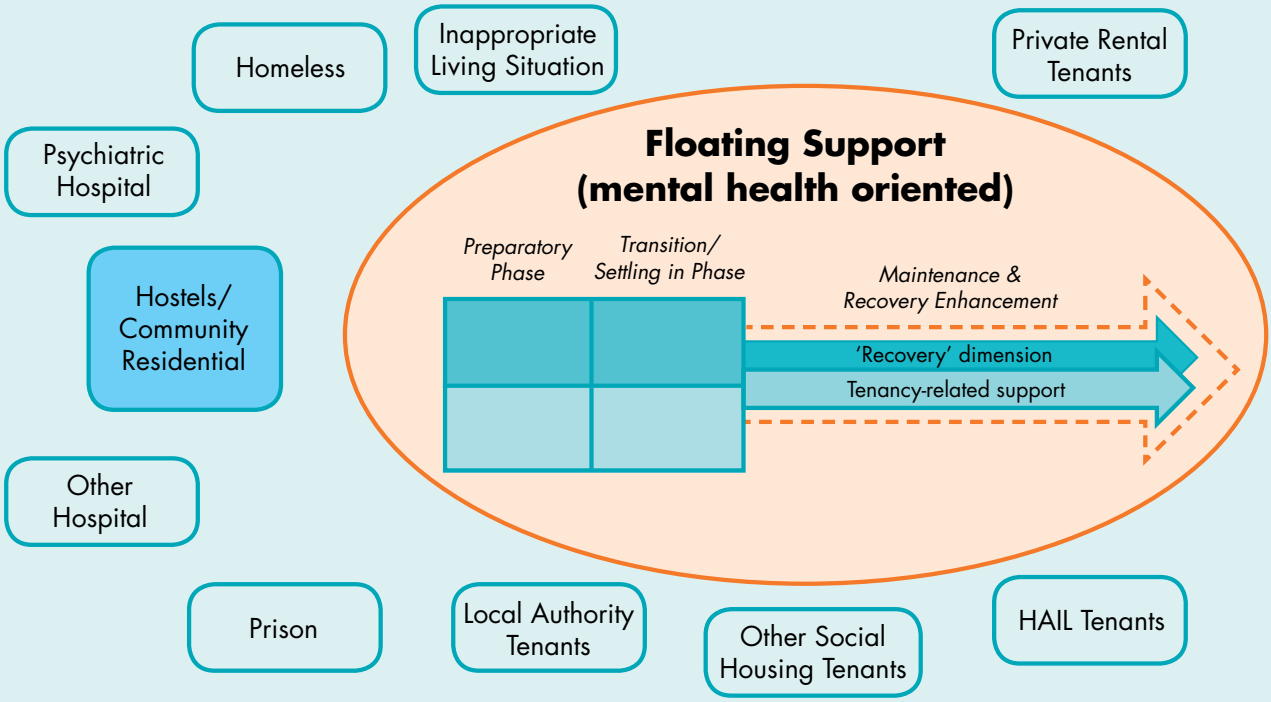
Based on these findings on client outcomes, the analysis of resource inputs and the perspectives of key stakeholders, the evaluation found a very strong value case and value for money argument for continuation and expansion of the HAIL floating support service.

In the evaluation study, most but not all clients were moving from hostel accommodation. There were small numbers who came from other settings, including psychiatric hospitals or other hospitals, private rented accommodation, or living with family or friends. This illustrates the potential to successfully expand the model to other settings and client groups.

DORAS AND SLÁN ABHAILE PROJECTS

The schema below presents some key features of the HAIL support service provided in the pilot projects. It shows the main phases of support - preparatory, transition/settling-in and ongoing maintenance and recovery enhancement. As well as suitable clients currently in community residential facilities, the schema also shows some of the wider range of client groups that such a floating support service could benefit.

Some key features of the HAIL support service provided in the pilot projects



CONCLUSIONS

The evaluation results are consistent with evidence from other jurisdictions on the role that floating support services can play in delivery on mental health and housing policy in a cost-effective manner. Without such services, it is difficult to envisage effective and wide-scale implementation of the recovery philosophy for people with mental health difficulties who have housing challenges. This conclusion was strongly supported by stakeholders from within and outside of the project.

Housing Association for Integrated Living
Second Floor, Central Hotel Chambers, 7 – 9 Dame Court, Dublin 2, D02 X452
Tel: 01 6718444 Fax: 01 6719591 Email: info@hail.ie

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HAIL's mission is to provide housing and individually tailored services to support people, primarily those with mental health difficulties, to integrate and live independent lives in the community

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