HAIL
Housing Association for Integrated Living

EXTERNAL **EVALUATION**

of the Housing Association for Integrated Living (HAIL) In-House and Regional Visiting Support Services

28th May 2019
Anne Eustace & Ann Clarke
Eustace Patterson Ltd

ACKNOWLEDGEMENTS

We thank all the management and staff in HAIL for their active and open engagement with the evaluation process. We are particularly grateful for the support we received from staff in completing the in-depth case stories. This was an ambitious, sensitive and labour intensive methodology and its success was dependent on the active support of staff to generate samples and encourage their tenants and clients to participate. We are grateful for the collaborative way that everyone in HAIL worked with us and we also extend our gratitude to the tenants, clients and Peer Support Volunteers who gave their time and life experience to contribute to this research. Stakeholders in surrounding organisations, including health care, social care and local authority management and staff, also freed up valuable time to give their views on their experience of HAIL support services. Thank you all.

Ann Clarke & Anne Eustace
May 2019

CHAPTER

CHAPTER ONE
INTRODUCTION

The Housing Association for Integrated Living (HAIL) was founded in 1985 in response to the needs of homeless adults with mental ill health. It has evolved into an Approved Housing Body (AHB) that provides quality housing and support services. HAIL supports its own tenants and clients living in other forms of accommodation.

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

HAIL's values include dignity, empowerment, equality of access to good quality housing, outstanding services, high standard governance and relationships built on respect and trust with tenants, clients, partners and staff.

1.1 HAIL Services

HAIL has a dedicated team of community based Mental Health Tenancy Support Workers providing a range of individually tailored services to support people with mental health difficulties to integrate and live independent lives in the community.

The main services are the In-House Tenant Support Service ('In-House Service') and the Regional Visiting Floating Support Service ('Regional Service'). The former provides tailored supports to HAIL tenants who have a diagnosis of severe or enduring mental ill health. The latter works with people with a mental health diagnosis who are already accommodated in the community by others such as Local Authorities, AHBs or private landlords. These two services are the subject of this evaluation.

1.2 Terms of Reference for the Evaluation

HAIL commissioned this evaluation early in 2019. The overall purpose of the evaluation was to facilitate a better understanding of the needs of service users and how to meet these needs, to look at the impact of the work of HAIL on the lives of service users and to prioritise outcomes to improve efficiency, effectiveness, performance and quality.

1.3 Methodology

The evaluation methodology involved a blend of quantitative and qualitative data analysis and interactive consultations designed to meet the terms of reference. This included desk research to review relevant background documents and analysis of statistical data (Salesforce); meetings with management and staff teams; interviews with tenants/service users and peer support volunteers; case stories with a sample of 15 tenants, interviews and focus group with a further sample of 17 clients/tenants; and consultations with surrounding stakeholders (23).

1.3.1 Case Stories

A central aspect of the methodology involved the evaluators completing 15 in depth case stories to understand the experience of tenants who have benefitted from HAIL support in recent times.

1.3.2 Further Consultations with Tenants/Clients

The in-depth case stories were the corner stone of the methodology in terms of understanding the HAIL service through the eyes and experience of clients. This was validated through face to face feedback with a further sample of clients from each service through a focus group and one to one client feedback sessions. This means that a total of 27 HAIL clients gave their views to the evaluation. The locations used for interviews with clients included their own homes, HAIL's offices and public spaces.

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1.3.3 Consultations with HAIL Support Workers

We also met with the HAIL support workers. These meetings explored the process of supporting tenants. The meetings were semi structured and centred on discussing what worked well; the challenges encountered and how these were and are being addressed; the supports and tools the support worker relies on; the difference support is making in the lives of tenants; how time is allocated between different activities and emerging needs. Future development needs, supervision/support, team work and suggestions were also discussed.

1.3.4 Consultations with Other Stakeholders

Following the visits with tenants and discussions with their support workers we consulted with a sample of surrounding stakeholders (23). These included mental health teams, social workers, Local Authority staff, the Central Mental Hospital, the HSE and in some cases, family members who support the tenants.

CHAPTER TWO

POLICY CONTEXT

This chapter sets out the policy context as relevant to the work of HAIL.

2.1 Homeless Policy

Care and case management are at the centre of the *Pathways to Home* ('Pathways') model of service delivery. The aim is to ensure that the housing and non-housing needs of clients are met by relevant agencies.

According to Phillips (2013)[1], Pathways is a complex, integrated programme involving multiple components and stakeholders from the statutory and voluntary sectors whose work is mutually interdependent. The different homeless partners/service providers collectively offer a suite of interventions designed to prevent and eliminate homelessness. There are no linear cause and effect relationships between an agency's actions and outcomes. A successful outcome will come about, in its totality, through multiple actions and interactions working in unison.

2.2 Mental Health Policy

In 2006, *Vision for Change*[2] set out future national mental health policy. The aim is to provide access to local, specialised and comprehensive mental health services of the highest standards. *Vision for Change* identified recovery as a core value to inform mental health policy. It was informed by work carried out by the Mental Health Commission amongst others. Important concepts that underpin recovery, discussed by the Commission, included optimism about recovery, personal meaning, person-centred services, mobilising personal resources, peer support, respect for lived experience, social inclusion and respect for multiple perspectives and approaches. These concepts underpin the philosophy, ethos and work of HAIL.

In 2018, the HSE developed a *National Framework for Recovery 2018-2020*. The core themes underpinning the framework are Connectedness, Hope, Identity, Meaningful Role and Empowerment. Through the process of developing the framework, the following understanding of recovery emerged: recovery is intrinsically about people experiencing and living with mental health issues in their lives and the personal goals they want to achieve in life regardless of the presence or severity of those mental health issues[3].

The framework states that a *'recovery-oriented service is built on a culture of hope and expectation that the person can recover their mental, health challenges and build a fulfilling life of their own choosing… the role of the service provider is evolving to one that empowers and facilitates the process of an individual's self-determined recovery'*.

Vision for Change spoke of services being built around responding to the practical needs of service users and *'the need to recognise that service users are primarily held back from recovery by practical problems of living rather than by their symptoms'*.

Accommodation, in terms of bricks and mortar, plays an important role in recovery. Feeling safe and secure is a necessary condition and foundation for people to begin to live independently, to settle into living well with themselves and their story, enjoying life and creating a social network or sense of belonging, in tune with their needs and preferences. The support provided by HAIL is vital is this regard as it provides tenants with a human presence and connection to settle in, sort out practicalities of daily living and being able to feel their way into creating routines and a pattern for life that will sustain their wellbeing and ultimately their tenancy.

[1] Phillips, S., 2013, *Position Paper to inform the Development of a Programme Evaluation of the Pathway to Home model of integrated services.* DRHE: Dublin.
[2] Expert Group on Mental Health, 2006, *A Vision for Change: Report of the Expert Group on Mental Health.*
[3] HSE, *A National Framework for Recovery in Mental Health.*

CHAPTER THREE

CASE MANAGEMENT

This chapter looks at case management and the processes and systems that characterise and support the HAIL way of working.

'A recurring theme throughout the evaluation was the enormous value that is gained from communication and nurturing relationships between and across service providers. '

3.1 Recovery

Recovery is central to the work of HAIL and informs all the steps and stages of the support process. Figure 3.1 shows the signs or indicators of recovery from the various stakeholder perspectives and experiences. These are the main progression milestones and developmental signs that HAIL supports clients to work towards.

Figure 3.1

Recovery Signs

- Client feels a sense of autonomy
- Client enjoys having own space
- Client is developing his/her own identity
- Client displays hope and optimism
- Client is living well
- Client shows and feels less need for his/her support worker
- Client shows interest in and/or becomes involved in education and training

- Client shows signs of needing less contact with support worker
- Client shows signs of becoming independent and self-reliant
- Client begins participating in education and training
- Client is engaging with the community
- Client is showing signs of developing and improved self-confidence
- Client is shows signs of becoming empowered

- Client is complying with medication regime
- Client is attending appointments and engaging with treatment

3.2 HAIL Case Management

The features of the HAIL care and case management system are summarised in Figure 3.2.

Reviews of initial assessments take place after six months in the In-House Service. The aim is for reviews in the Regional Service to take place regularly with the referring agent through a combination of formal meetings and informal telephone contact. Given the nature of the work and the unpredictability of clients' lives this is a vital communication process. It is central to the way of working as it creates and sustains relationships between all stakeholders and allows space for open discussion and response as issues arise.

Case reviews can be internal or external. Internal reviews can be between the client and support worker, the support worker and their supervisor or between the client, support worker and supervisor. HAIL staff attend external case reviews with the Rehabilitation teams and Central Mental Hospital. However, HAIL staff do not usually attend Community Mental Health Team (CMHT) reviews and staff believe this would be valuable. A recurring theme throughout the evaluation was the enormous value that is gained from communication and nurturing relationships between and across service providers. This is in the best interest of clients as it prevents information being lost or missed and increases the likelihood of an early and appropriate response to needs as they arise. This can, although not always, prevent crisis or escalation of a crisis for a client.

3.3 Client Engagement Processes

HAIL has developed a range of client engagement processes and each serves to draw in clients and encourage participation and belonging in their recovery journey. Figure 3.3 summarises the engagement process.

The schedule of informal events is client-led and these events are sometimes used to engage with clients who, for some reason, refuse formal visits from support workers.

Figure 3.2

HAIL Case Management

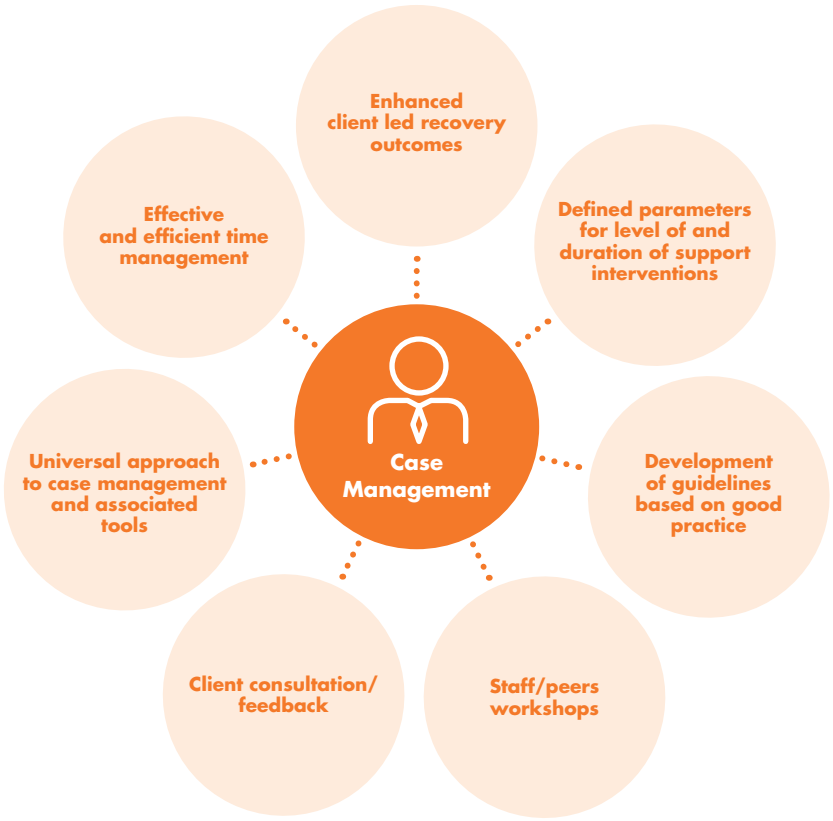


Figure 3.3

HAIL Client Engagement Processes

3.4 Definitions of Support Need

HAIL clients are categorised into four levels of support need: High, Medium, Low and Liaison.

High support needs arise when there is a diagnosis of serious enduring mental health and other health or intellectual issues. They may lack insight into their mental health difficulties or not comply with treatment plans. They may have moved from a protected or controlled setting and may have limited or no independent living skills. They may have experienced serious personal trauma or a crisis. They have significant debt or financial issues and their tenancy is at immediate risk for this or other reasons. They have an enduring history of homelessness. They have no links to social welfare or limited other supports and there is limited or no contact with family or friends. The client may have low self-esteem or confidence, poor socialisation skills and lacks activities to occupy their time. They may have a history of risky behaviours or compulsive behaviours. They may feel vulnerable or stigmatised.

High support averages around five to six hours a week for six to nine months and in some cases longer.

Medium support needs arise when a client has a diagnosis of a serious enduring mental health issue. This may give rise to stigma and/or vulnerability. They may only partially accept their mental health difficulties and not fully comply with treatment plans. They have external supports but these may not yet be fully embedded. They have on-going education or employment needs. They have few friends and limited contact with family and there is a risk of isolation and loneliness. Their basic skills require further development. There is a risk of crisis other than mental health issues and re-admission to hospital.

Medium support averages two hours per week for between three and six months.

Low support needs arise when there are enduring mental health issues triggered by events. The client might feel vulnerable or stigmatised. They may have experienced significant change leading to anxiety. There is a risk of isolation or loneliness. The client may be over confident and/or there is a risk of deteriorating mental health.

Low support averages a half hour a week for three to six months.

Liaison arises when the client has a diagnosis of enduring mental health issue and additional enduring health related issues. They may be at risk of isolation or loneliness if their circumstances change. They may feel vulnerable or stigmatised. There is a risk of a mental health or other crisis. The client has experienced relationship breakdown. The client requests support as a result of new issues arising. Liaison averages a half hour a week on an on-going basis.

3.5 Support Planning

Team discussions in 2018 highlighted the importance of support plans being led by the client and being a collaboration between them and the support worker. Supports plans are used as active tools until the client makes an informed choice that a support plan is no longer required. The client decides whether or not the plan can be shared with family, friends or sponsors.

Assessment, risk assessment and support plans are the main tools used to support clients with recovery. In addition, HAIL support workers have access to a Mental Health Toolkit which includes a number of measurement tools which they use from time to time. These include Skill Set & Behavioural Assessments, SHS Subjective Happiness Scale, Hamilton Rating Scale for Anxiety, SUDS Subjective Units of Distress Scale, WRAP, Individual Crisis Management Plans, Alcohol/Drug Diaries & Inventories, Cognitive Behaviour Therapy (CBT) tools, DSH Safe Plans and Building Resilience Workbooks.

Consultations with staff indicated that Motivational Interviewing (MI) was an important tool that they use to support their work. Some also use the principles of the Wellness Recovery Action Plan (WRAP)[4] and Solution Focussed Therapy.

The signs that staff look for that indicate positive movement towards mental health recovery for a client include:

- The person has a good quality of life that goes beyond taking medication
- The person is participating to the extent they are able to – *'pushing boundaries without pushing the person too far'*.
- The person has a meaningful life
- The person has hobbies or activities to enjoy and look forward to
- The person is connected into the community – this is important when HAIL supports pull back
- The person has autonomy, control and privacy
- The person takes things at a manageable, reasonable pace and has realistic expectations
- The person is motivated to do something
- The person is connected to and has good relationships with their mental health team.

3.6 Staff Training & Competence

All staff must have a recognised relevant third level or QQI Level 7 qualification in social care. Staff have at least five years' experience in homeless/housing services or three years in mental health recovery promotion and/or resettlement. Training provided by HAIL includes key working, case management and case planning, crisis intervention, motivational interviewing and SafeTalk. During a facilitated session held in August 2018 staff expressed a need for additional training in recovery, recovery tools and WRAP training (for staff and clients).

[4] WRAP is a wellness and prevention process.

3.7 Monitoring Systems

All inputs, outputs and outcomes are recorded on a bespoke client database using Salesforce software. The system has assessment, risk assessment and support plan templates. It includes a Community Integration Measure (McColl et al 1988) and the Rosenberg Self-Esteem Rating Scale (1995).

A commissioned review of data recorded on Salesforce as of September 2018 mapped incomplete data that staff were then asked to address.

Outcomes of the support provided are captured. These include housing outcomes, community integration, reduction in symptoms and relapse prevention. The key outcomes that HAIL works towards are management/sustainment of tenancies; budgeting/money management; general well-being and mental health; alleviate problematic substance use; community integration; and participation in education, training or employment. All of these outcomes are indications of progression on recovery pathway. It is important that this data continues to be collected consistently by all staff.

3.8 Client Profile

A review of Regional and In-House clients showed that the majority of In-House clients had a diagnosis of schizophrenia, followed by depression, bi-polar disorder and personality disorder. The majority of Regional clients had a diagnosis of schizophrenia, followed by dual diagnosis/co-morbidities, depression and personality disorder.

> ‘The key outcomes that HAIL works towards are management/ sustainment of tenancies; budgeting/ money management; general well-being and mental health; alleviate problematic substance use; community integration; and participation in education, training or employment.’

CHAPTER FOUR
IN-HOUSE TENANT SUPPORT SERVICE

The In-House Tenant Support Service ('In-House Service') is a collaborative project funded by the DRHE and HSE. It aims to sustain HAIL tenancies and reduce the risk of homelessness, and to support mental health recovery in a community context.

4.1 Service

Clients must be resident in a property owned or managed by HAIL and to have a HAIL tenancy. They must also be linked into a mental health team. Clients can be supported from the start of their tenancy including moving in or at any time during their tenancy. Clients can be living on their own or in shared accommodation.

Support includes the following:

- Preparing clients to move into a HAIL tenancy or supporting a housing transfer request.
- Practical support to manage money and prevent debt.
- Maintaining recovery goals.
- Motivating and encouraging clients and developing their self-esteem.
- Independent living skills and self-care.
- Establishing daily or weekly routines.
- Accessing training, education or employment.
- Accessing social activities, local groups or taking part in non-isolating hobbies or voluntary work.
- Supporting general health and well-being.
- Helping with legal issues.

4.2 Aims and Objectives

The aims and objectives of the In-house Service are to:

- Provide housing and individually tailored services to support people with mental health difficulties, to integrate and live independent lives in the community
- Reaffirm HAIL's commitment to its current tenants and clients, and to ensure that the standards of housing and support services provided are maintained at the highest level
- Actively seek out, evaluate, and pursue opportunities for partnership and collaboration with other organisations to further the capacity of HAIL to meet the needs of its tenants and clients
- House clients from Local Authority housing waiting lists who are in homelessness, residing in congregated settings or institutions and/or unsustainable accommodation
- Resettle clients post referral and provide floating visiting support services to them in their homes
- Work with clients to maintain their tenancies and ensure they do not fail hence returning or entering homelessness
- Work with clients to support them in making safe decisions with evidenced capacity if they wish to or have to end their tenancy
- Work with local Mental Health Teams to support a client in maintaining their mental health stability within the community
- Support clients and their teams in times of crisis/emergencies in gaining admission to hospital for treatment
- Introduce clients to opportunities for friendships/work/training/social activities/supports in the community not necessarily related to Mental Health service providers.

4.3 Client Profile

Clients are HAIL tenants who have been referred to the In-House Service. Between 2017 and 2019[5] there were 39 new tenancies created in the In-House service. Local Authorities nominate potential clients with mental health issues for access to HAIL tenancies. The In-House Project Leader then approaches the person's Community Mental Health Team (CMHT) or Rehabilitation Team about the suitability of the referral. If the referral is accepted pre-tenancy support is then provided, followed by signing the tenancy agreement and keys being handed over. Support then begins.

The average caseload per support worker is 35. Clients with high support needs receive up to three visits a week. Several visits are necessary due to a range of issues. These include clients settling into a new tenancy or returning home, for example from hospital. Others experience mental health relapse or express distress. Others may be engaging

[5] January to April 2019.

in antisocial behaviour. They are supported with initial move in, crisis intervention, independent living skills, dealing with anxiety and advocacy.

Clients with medium support needs are visited maybe once a week or once a fortnight depending on their circumstances. They also receive phone contact in between visits and sign-posting.

Clients with low support needs receive visits monthly or less frequently dependant on the client's choices and assurances that their tenancy is not at risk and that their mental health is stable. These clients are capable of following up on sign-posting themselves.

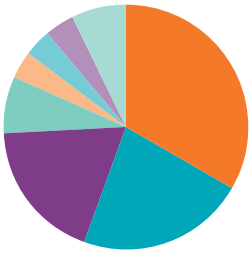
All clients have mental health issues. The main diagnosis is schizophrenia.

Fifty-eight per cent are male and 42 per cent are female. The average age for males is 46 with an age range of 30 to 74. Females are a little older with an average age of 51 and a range of 32 to 69.

Prior to referral to the In-House Service clients had been residing mainly in HSE hostels, homeless accommodation, private rented accommodation or staying with family or friends and acute hospitals. The majority had been on Local Authority housing lists for some time.

27 Referrals to In-House Service
2017-2019

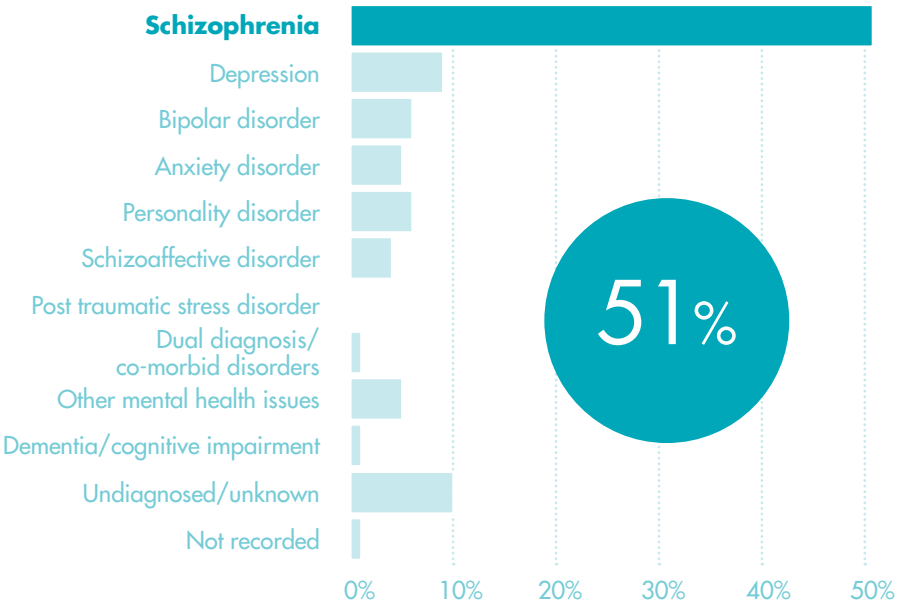
DCC	9
DLRDCC	6
Offaly	5
Kildare	2
SDCC	1
Fingal	1
Laois	1
No local authority area*	2



Level of Support Required by 210 Tenants
February 6th 2019

High	17
Medium	48
Low	37
CES[6]	108

Mental Health Diagnosis and Percentage of Clients[7]



Length of Time on Local Authority Housing Lists

Two years or less	34%
Between three and five years	28%
Between six and ten years	21%
Over ten years	9%
Not on a housing list*	7%

[6] Client Engagement Service, an aftercare service introduced in 2018.
[7] As of February 21st 2019.
* Due to data not recorded on data management system-local authority not identified.

4.4 Approach

The In-House Service employs a project leader, plus 2 part time and four full time staff. At the time of the evaluation there were two staff vacancies (one due to maternity leave).

An assessment of need is conducted by the support worker. It explores how the client is managing and sustaining their tenancy; budgeting and money management; general health and well-being and mental health; problematic substance use; community integration; and education, training and employment. The assessment feeds into the development of a support plan. The support plan is developed prior to the client moving into a tenancy. A risk assessment and risk management plan are also completed.

Clients are supported initially for between six and nine months. An extension of a further three months may be approved by the In-House Project Leader.

A review of a random sample of 46 clients indicated that key-working/ support meetings accounts for the bulk of the work with tenants[8]. These typically range in time from 10 minutes (typically phone contact) to 60 minutes, but in times of crisis can be much higher.

The main focus of key-working is on mental health wellbeing and recovery, managing/sustaining tenancies, independent living skills, money management and community integration.

Clients are given plenty of notice about when their support is due to end (i.e. case closure). The support worker reviews the client's support plan and goals with the client prior to case closure. Goals in respect of local links, mental health links, daily activities, daily routine and tenancy sustainment are reviewed.

Client Contact Activity (2018 to 12th Feb 2019)	Hours[9]	Percentage
Key-working/Support meetings	**482.67**	**77%**
Three-way meetings/Case conferences	54.75	9%
Crisis Intervention	27.42	4%
Networking/Partnership	20.67	3%
Assessments/Reviews	15.58	2%
Community development	8.92	1%
Outreach	6.50	1%
HAIL social events	7.00	Neg.
Phone support	1.83	Neg.
Referral	1.00	Neg.
Advocacy	0.50	Neg.

Main Areas of Key-Working Focus[10]	Interventions[11]	Percentage
Mental health well-being and recovery	**326**	**40%**
Managing/sustaining tenancy	144	17%
Independent living skills	113	14%
Money management/budgeting	64	8%
Community integration	38	5%
Physical/general health	34	4%
Sourcing education and training	27	3%
Accommodation transfers/moves	26	3%
Problematic substance use	22	3%
Legal issues	14	2%
Employment	7	1%
Hoarding	3	Neg.
Isolation and loneliness	5	1%

[8] Excluding non-contact work such as staff meetings, supervision, administration, etc.
[9] Based on records for two staff members.
[10] Based on 2 workers from 1st Jan 2018 up to 12th Feb 2019.
[11] Based on records for staff members.

> 'Peers are trained in peer support. They work alongside HAIL staff and the client in the delivery of recovery outcomes.'

Peer Mentoring Service

In 2016, HAIL set up the Peer Mentoring Service to complement the work of the In-House Service. Peers are trained in peer support (10 trained originally of which 6 are currently active and a further 11 are being trained at present). They work alongside HAIL staff and the client in the delivery of recovery outcomes. They meet clients in the community and do not do home visits. They manage monthly client social events, mental health events such as Green Ribbon and Neighbours Day and set up the football team. They have assisted in research projects and attend mental health forums. Peers attend staff meetings, supervision and training and follow similar procedures to staff.

Some clients may have 'sponsors' who play an active role in their recovery such as family members, friends or colleagues. The In-House support workers maintain regular contact with these sponsors to keep them abreast of HAIL's work and to obtain their opinions.

HAIL has a quarterly newsletter for tenants and hosts larger events such as a Christmas Party, Summer BBQ and Neighbours Day.

Client Engagement Service

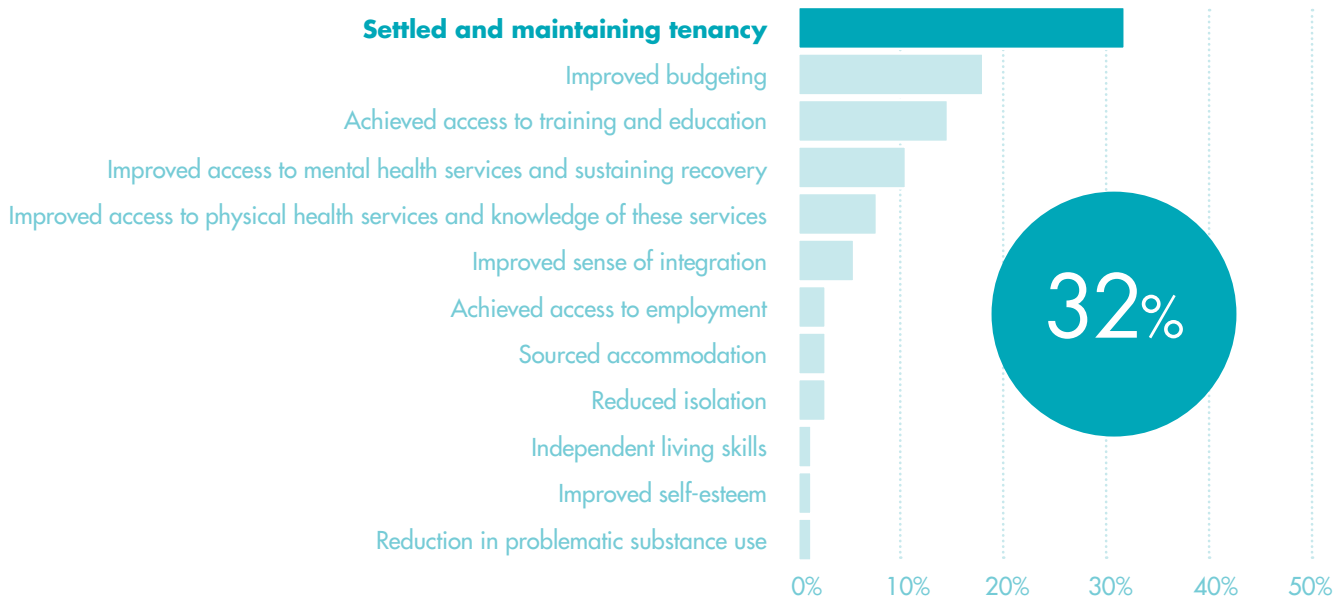
In 2018, the Client Engagement Service ('CES') was developed to complement the In-House Service. It engages in early intervention, identifying HAIL tenants who need reconnecting to mental health or community supports or a brief intervention that would limit the risk to the client's tenancy. All referrals to CES are from the In-House Service.

In 2018, the Client Engagement Officer worked with 130 clients meeting them 1:1 from 9am to 5pm Monday to Thursday. Clients had been stable in their tenancy for some time and had not required formal supports for long periods but had potential for deterioration in their mental health or ability to manage their tenancy. Tenants were offered a visit to update their last needs assessment and advised of HAIL social events, Peer Support, training opportunities and other opportunities to engage. Tenants whose support needs were deemed high were referred to a Support Worker.

4.5 Outcomes for Clients

Support plan outcomes are recorded for clients. Based on an analysis of Salesforce data for 2018 and 2019 for a random sample of 46 clients, one-third were settled and maintaining tenancies, 18 per cent had improved budgeting skills, 14 per cent had accessed education and training, and 11 per cent had improved access to mental health and recovery services. Other outcomes included improved physical well-being, community integration and employment.

Support Plan Outcomes for Clients



HAIL has a strong tenancy sustainment record and compares well to the Housing Association sector average.

The void rate in HAILs properties averaged at 4% of the total stock in the period 2016-2018.

HAIL served Notice of Terminations on less than 1% of supported tenancies each year which led to an eviction or the return of the property.*

	HAIL	Sector Average	HAIL	Sector Average	HAIL	Sector Average
	2016		2017		2018	
Void properties as a percentage of stock	5%	5%	4%	9%	3%	9%
Rent arrears as a percentage of overall rental income	2%	5%	2%	5%	3%	5%

* As per the ICSH Housing Association Performance Management (HAPM) returns.

> 'Satisfaction with accommodation and with staff was high. Tenants felt safe and felt that HAIL staff were responsive and easy to contact.'

HAIL conducted a Tenant Satisfaction Survey in 2018 covering all its tenants. One hundred and forty-six responses were received. Satisfaction with accommodation and with staff was high. Tenants felt safe and felt that HAIL staff were responsive and easy to contact. These findings are validated through the results of this evaluation.

Tenants felt they could get in touch with the right member of staff in HAIL and were happy with the speed with which their query was dealt with and the helpfulness of staff. Ninety-four per cent of respondents indicated they understood HAIL's support service and 93 per cent indicated they knew who to contact for support.

Most clients felt involved in their support plan.

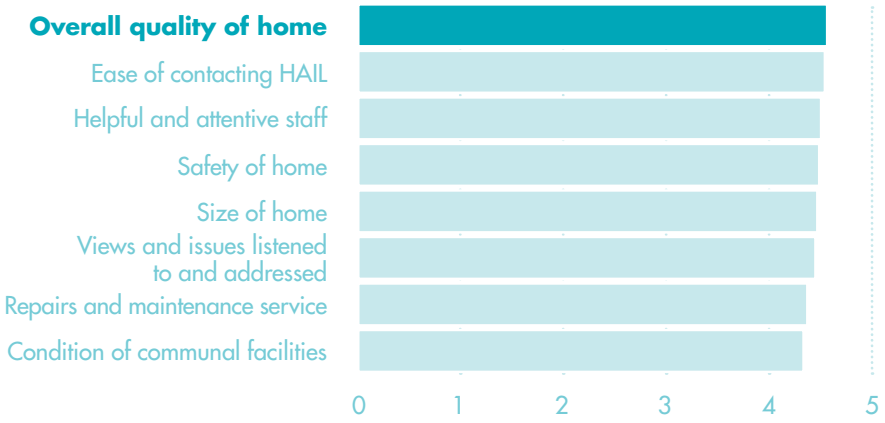
Eighty-eight per cent felt they had benefitted from HAIL support. Support received was rated highly.

Two-thirds of clients who no longer require active support work indicated they had been in contact with the Client Engagement Service and all found it useful.

Just over two-thirds were aware of Peer Support but only 26 per cent indicated they knew what Peer Support does. Three-quarters had attended HAIL social events.

Satisfaction Levels

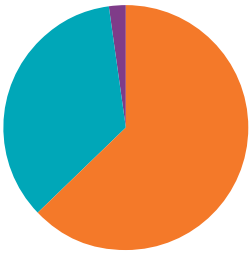
Mean Score (range of 1 to 5: 1= very dissatisfied and 5= very satisfied)



Involvement in Support Plan

(N=46)

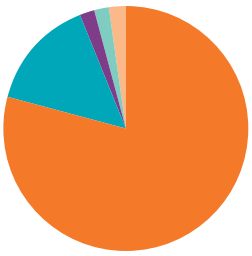
Very involved	63%
Involved a little	35%
Not involved	2%



Rating of Support Received

(N=55)[12]

Very good	80%
Good	15%
Neither good nor poor	2%
Poor	2%
Very poor	2%



(Source: HAIL Tenant Satisfaction Survey, 2018)

[12] Ratings by clients who had moved into HAIL housing in the past three years who received support in the past six months.

CHAPTER FIVE

REGIONAL VISITING FLOATING SUPPORT SERVICE

The Regional Visiting Floating Support Service ('Regional Service') was set up by HAIL in 2012. It is a collaborative project funded by the Dublin Regional Homeless Executive (DRHE) and the HSE. The service aims to sustain tenancies, to reduce the risk of homelessness, and to support mental health recovery in a community context. None of these clients are HAIL tenants.

5.1 Service

The Regional Service works to prevent homelessness by supporting people with mental ill health through a crisis and helping people with mental ill health to establish and retain new and existing tenancies. The Regional Service has built on HAIL's well established strong links with statutory housing and mental health services[13].

The Regional Service aims to support recovery and facilitates links with community mental health services, helps people to integrate into their community and focuses on relapse prevention.

Clients can be residing in private rented, Local Authority or AHB accommodation. Clients can also be moving into any such tenancy from homelessness or as a result of a housing transfer or being discharged from hospital. The 4 Dublin Local Authorities, the HSE and Homeless Service Providers make referrals to the service. Visiting support is offered for three months, six months or nine months depending on needs. Clients are visited in their homes and support is provided on a one-to-one basis.

The Regional Service helps brings services and supports to the doorstep of clients. Supports include:

- Intervention to manage complex and challenging behaviour and conflict management
- Maintaining links with or reconnecting a client to mental health services and other local health services such as pharmacists, GPs, primary care, etc
- Pre-tenancy training
- Developing independent living skills such as personal hygiene, shopping, cooking, budgeting, attending to repairs, setting up utilities, furnishing, cleaning, etc. and providing assistance where necessary
- Developing interpersonal skills and life skills
- Supporting family liaison, family relationships and parenting support
- Maintaining safety and security
- Accessing welfare entitlements and meaningful activities such as attending support groups, training, education and employment
- Developing links with local social networks
- Managing the tenancy if a client is hospitalized for a specified time
- Helping with appointments such as GPs and courts
- Helping with registration or maintenance on a housing list with homeless priority or notifying the Local Authority of long-term housing options that may be required
- Supporting stabilization of drug/alcohol or anti-social or challenging behaviour
- Supporting recovery and preventing relapse
- Motivating the client, encouraging self-esteem and reducing stigma
- Supporting well-being and physical health.

5.2 Aims and Objectives

The aims of the Regional Service are to:

- Work with clients who have a mental health diagnosis, whose existing tenancies are at risk and who may enter/re-enter homelessness
- Work with clients who have a mental health diagnoses who are exiting homelessness and establishing a new tenancy, on occasion their first independent home
- Support clients with a mental health diagnosis who are in receipt of a Local Authority housing transfer and require support to resettle
- Reduce homeless numbers
- Reduce unnecessary hospital admissions and delayed discharges.

[13] HAIL, 2013, *Housing: A Platform for Recovery and Preventing Homelessness. Regional Specialist Mental Health Housing Support Service. Celebrating 12 Months Service Delivery.*

- Work with clients to ensure their mental health needs are being met by local mental health services. This includes first referrals, re-referrals, advocacy and case conferences
- Support clients in achieving their recovery goals
- Encourage community integration and promote social inclusion
- Promote good neighbourhood behaviours.

5.3 Client Profile

The Regional Service is currently provided to Local Authorities in the Dublin region, but HAIL plans to expand the service to other regions. Referrals are on a rolling basis. Referrals also come from CMHTs, hospitals, homeless services, self-referrals, Tusla, AHBs, community and voluntary services.

The referrals reviewed showed the type of accommodation people were in when they were referred to HAIL.

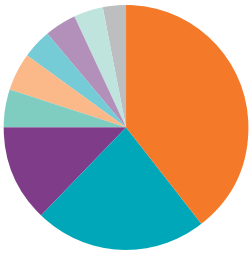
The majority of clients referred between 2014 and 2019 were referred because of mental health issues (59%). Other reasons alongside a mental health diagnosis included unfit accommodation, anti-social behaviour and rent arrears.

Fifty-five per cent of clients were male and 45 per cent were female. The average age for men was 50 and for women it was 43.

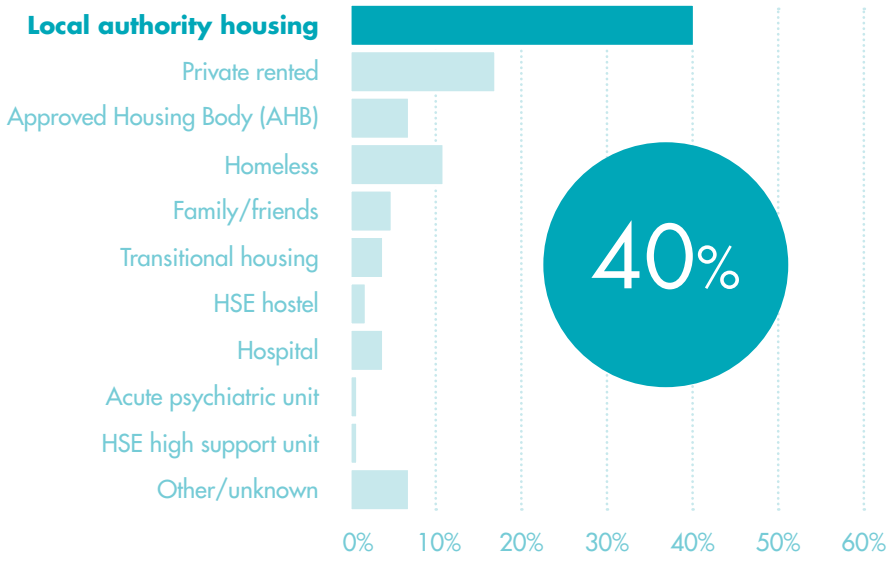
Rolling Active Caseload	Total Number Clients
2015	76
2016	80
2017	60
2018	71

Sources of Referral

Local authorities[14]	40%
Community Mental Health Teams	23%
Homeless services	13%
Community and voluntary organisations	5%
Social services including Tusla	5%
Acute hospitals	4%
Forensic mental health services	4%
Self-referral	4%
Approved Housing Bodies (AHBs)	3%

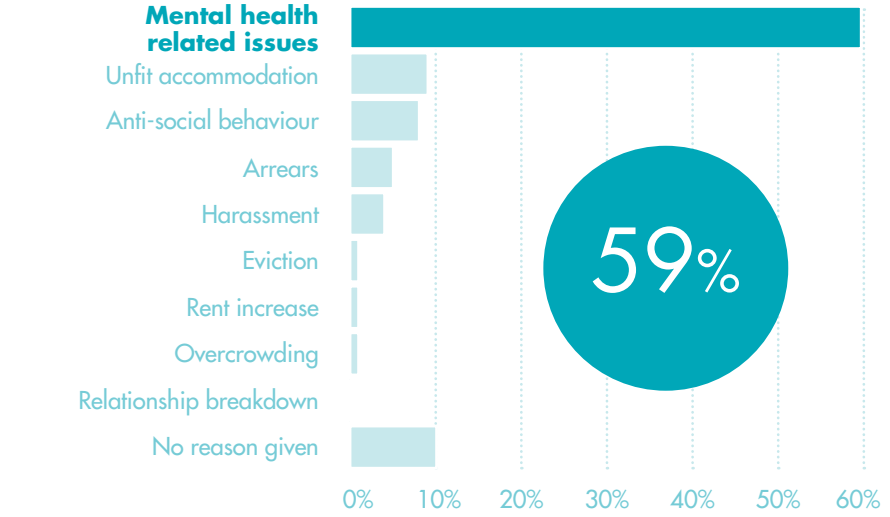


Accommodation at Time of Referral



Reasons for Referrals

(made between 2014 and Feb 2019)



[14] The highest number of referrals came from Fingal, followed by Dublin City, then South Dublin and Dun Laoghaire Rathdown.

While in theory the maximum caseload at any one time is 40[15], in practice the average caseload per team member can be higher. For example, in 2017 it was 44 and in February 2019 it was 45.

For the period June 2012 to February 2019, 404 unique individuals were referred to the Regional Service. 45 of these clients are currently active (March 2019). 28 tenancies of the 404 were un-sustained and 30 clients choose not to engage with the service when it was offered.

The remaining 346 tenancies were sustained.

The length of time clients were with the Regional Service ranged from one month to twenty-two months. The average was 7.3 months.

Around half of clients needed support frequently.

Clients often have multiple care and support needs. These can include mental ill health and/or dual diagnosis; a history of homelessness, substance abuse, anti-social behaviour and/or offending; disability or mobility issues; and learning difficulties. Some clients may become vulnerable because of their age or changing housing and support needs.

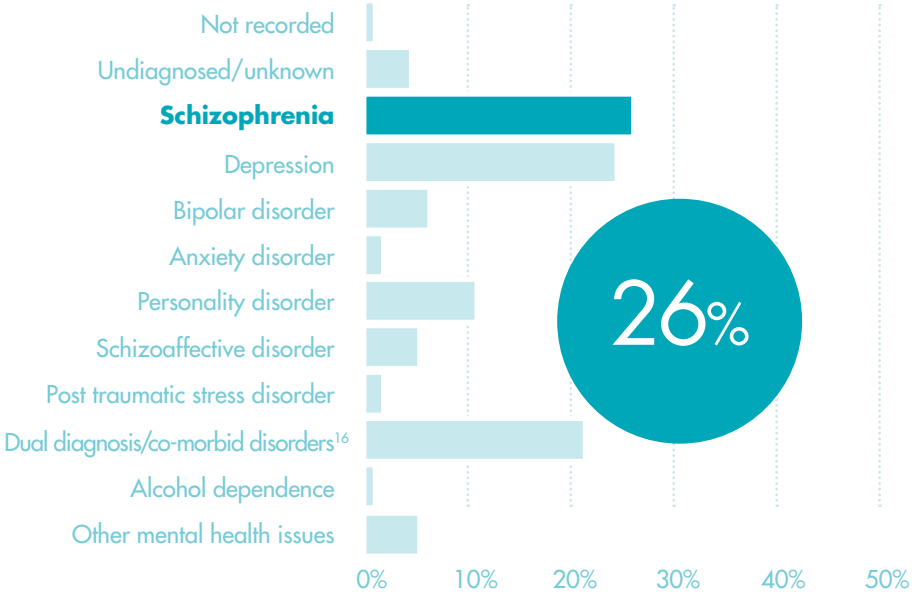
5.4 Approach

The Regional Service employs a team of four including a project leader, who also works with cases and three supports workers.

HAIL has in place a referral protocol and referral & risk assessment form. Clients are assigned a support worker who provides one-to-one support. An assessment of need is conducted which determines the support plan. In 2018, 42 clients had supports plans in place and in 2019, 44 clients had support plans.

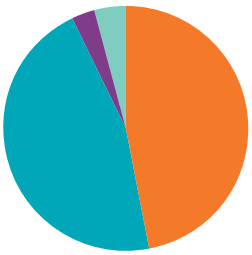
Care and case management inter-agency protocols have been agreed between the DRHE and homeless services and these are used to guide the work.

Mental Health Diagnosis of Caseload and Percentage of Clients (as of April 2019)



Support Provided to Referrals (made between 2014 and February 2019)

Frequent support	47%
Occasional support	46%
No support/independent	3%
Not recorded	4%



Main Areas of Key-Working Focus	Interventions	Percentage
Managing/sustaining tenancy	**117**	**42%**
Mental health well-being and recovery	53	19%
Accommodation relocation/moves	42	15%
Physical/general health	20	7%
Community integration	8	3%
Independent living skills	8	3%
Sourcing education and training	7	2%
Problematic substance use	4	1%
Legal issues	3	1%
Isolation and loneliness	1	Neg.
Hoarding	-	-
Employment	-	-
Money management/budgeting	-	-

[15] The Service Level Agreement allocates the caseload between Local Authorities as follows: 19 from Dublin City Council, 7 from South Dublin County Council, 7 from Dun Laoghaire-Rathdown County Council and 7 from Fingal County Council.

[16] Includes anxiety/schizophrenia, depression/anxiety/bi-polar, depression/bi-polar, depression/personality disorder, depression/PTSD, depression/schizophrenia.

'HAIL has in place a referral protocol and referral & risk assessment form. Clients are assigned a support worker who provides one-to-one support. An assessment of need is conducted which determines the support plan.'

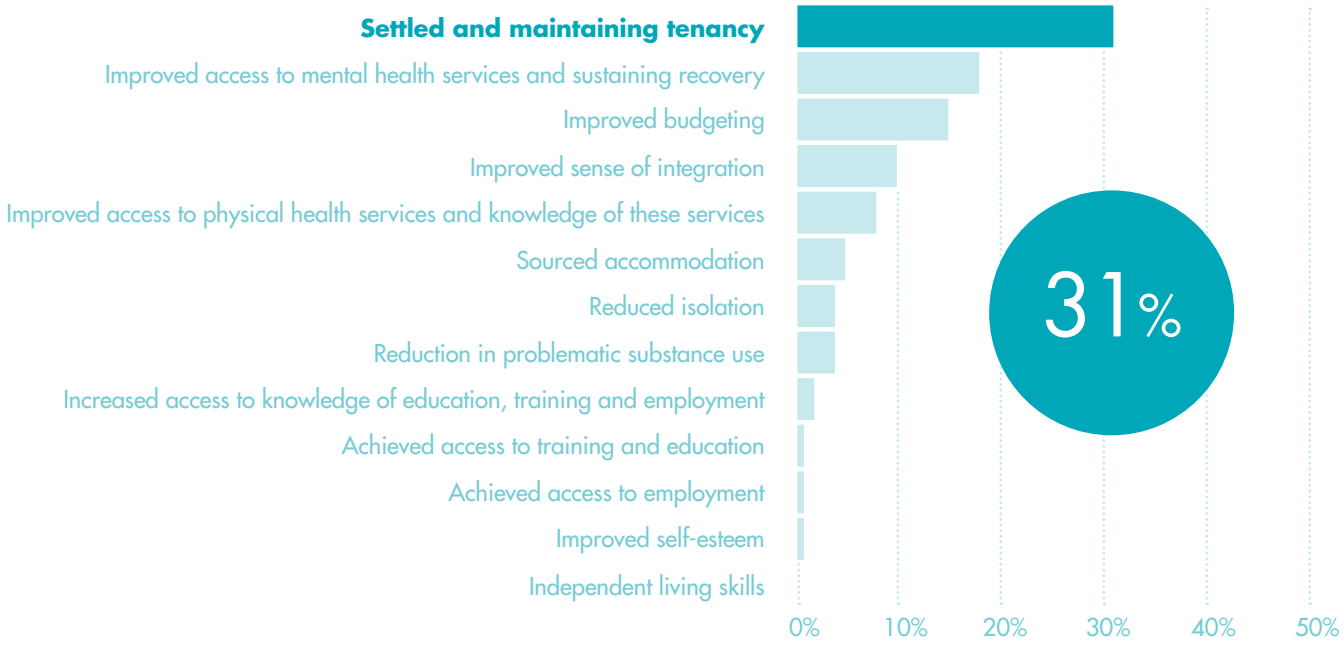
In general, the Regional Service is provided for up to six months at which point the case is reviewed and in certain circumstances the service might be extended. Decisions to extend the period of housing support must be agreed with the Local Authority concerned. Decisions to extend non-housing support are agreed with the Local Authority and/or HSE as appropriate. The same case closure procedures outlined in the In-House Service are applied.

Based on a random sample of clients, the main focus of key-working is on mental health wellbeing and recovery, managing/sustaining tenancies, independent living skills, money management and community integration.

5.5 Support Plan Outcomes for Clients

Support plan outcomes are recorded for clients. Based on an analysis of a random sample of clients for 2018 and 2019, the main outcomes were that thirty-one per cent were settled and maintaining their tenancy, 18 per cent had improved access to mental health services and were sustaining recovery, 15 per cent had improved budgeting skills and 10 per cent had a better sense of integration.

Support Plan Outcomes for Clients



According to HAIL, success is something worked towards by the client themselves. HAIL research[17] indicates that clients are seeking support in Personal Recovery Areas where hope, self-identity, meaning/purpose in life and personal responsibility are foremost in their minds. The relationship is central to recovery and this occurs through the positive relationship that is formed between the client and his/her support worker.

[17] HAIL, 2013, *Housing: A Platform for Recovery and Preventing Homelessness. Regional Specialist Mental Health Housing Support Service. Celebrating 12 Months Service Delivery* (p.18).

CHAPTER SIX

PERSPECTIVE OF CLIENTS

Twenty-seven clients were consulted during the course of the evaluation.

6.1 In-House Clients

Ten in-depth interviews were conducted lasting between 30 and 40 minutes. This was followed by a focus group with five other clients, all of whom were involved in peer support.

Twelve of the clients were male and three were female. One male and female lived together as a family unit and the rest were single. They ranged in age from their 20s to their 50s. All had enduring mental health issues and some had dual diagnosis. These included schizophrenia, depression and anxiety disorder. Some had been engaged with forensic mental health; others had a prior history of addiction. Some had been in hostels, high support units or hospitals.

They have been in a HAIL tenancy from one year to 22 years. Some had originally moved into a shared tenancy and had since moved to a tenancy on their own; others had moved into accommodation on their own from the start. Some were relatively new clients and were meeting their support workers every week or two weeks. Others had been with HAIL for some time and met their support worker monthly or less frequently and yet others engaged with the CES on an occasional basis.

All were grateful for the support received from HAIL and valued the relationships they have with their support worker. They also named the valuable role that psychiatric nurses or social workers from CMHTs or Rehabilitation Teams in supporting their recovery.

The descriptions below summarise how the clients experienced HAIL support and the effect that this support had upon them.

Client One

He found the move to HAIL accommodation very difficult but the support worker helped. He got help with moving in, setting up utilities, filling in forms and looking after himself and his home. He feels he has moved on and is feeling stronger in himself and no longer feels suicidal. He is coping better than before he moved into HAIL and is glad he has moved to a HAIL tenancy. His support worker has helped him to feel better. His confidence has improved compared to the past when it was very poor. He now cooks, which he never did before. He is involved in day programmes which gives him something to do and knows his neighbours and others in the community. He feels more hopeful about the future. He values his independence.

Client Two

Getting help from the support worker made the moving in process much easier. He is coping much better than before and he feels his mental health is good. HAIL gave him back his independence. He manages daily living better than before. He is involved in the HAIL football team and is in education and wants to continue in education. His confidence has improved and he feels in control of his life. He feels safe and that he is now living a life of his choosing. He does not need to be engaged with other people and rarely feels lonely. He feels confident about the future.

Client Three

He found the move into HAIL tenancy stressful. He was helped by the support worker to shop for furniture, filling in forms and setting up utilities. He feels he is now coping better with life and managing his mental health better. He believes his mental health has improved because he is in secure and better accommodation and because he has back-up support when needed. He has stopped smoking. He had peer support at the start which helped him to get out and about. He met the peer every week and went on walks, to the cinema and played pool. He is linked into a drop in centre, a befrienders club and takes part in HAIL social events and the football team. He feels he has his independence. In previous accommodation he had been hospitalised three times in one year. Since moving to HAIL four years ago he has only been hospitalised once and it was a short stay. HAIL helped him overcome worrying that can lead to paranoia.

Client Four

The support worker helped with moving in, getting furniture and white goods and filling out social welfare forms. He likes having his independence back and being able to cook for himself so he can manage his diabetes. He meets with friends and is mending bridges with his family. He feels part of the community and knows other tenants and neighbours. He feels safe and secure, unlike when he was in homeless accommodation. His addiction is under control and he is feeling well in himself at the moment. He is unable for education or employment now but he hopes he will be in the future when his mental health improves. His condition means he can find it hard to get out and about but with the help of his mental health team and support worker he no longer dreads going out.

Client Five

The support worker gave plenty of help during and after the move to HAIL housing. There was a lot of pre-planning about what to expect before the move and this helped for a smooth move. He feels he is coping well, with a daily routine that includes work (Community Employment) being an important contributory factor. His confidence was always good and remains so. He meets his mother weekly and his psychiatric nurse every month. He attends a local gym four nights a week, does pitch and putt in the summer months and makes an effort to get out at weekends by going to Mass and doing the shopping. He feels in control of his life and feels he is independent, which he believes is very important. Things are good and he feels hopeful for the future. He likes living alone and feels safe.

Client Six

He was excited about moving to HAIL accommodation in an area he had specified and knew well. He had worried that the move might not go well but with the assistance of the HAIL support worker it went smoothly. Previously he had been in emergency accommodation nearby and felt an enormous sense of satisfaction moving into his own home. He attends a day programme and hopes to start a work placement soon. He believes work is very important for his recovery, dignity and self-esteem and wants to keep busy and alert. He would hope to engage in part-time employment after the work placement. He relies on his network of friends to help him cope and feels he is coping fairly well. He feels hopeful and confident about the future.

Client Seven

The HAIL support worker helped him with moving in. He had been working part-time and he was very excited that he got HAIL accommodation so close to his place of work. He feels his tenancy is secure and the apartment feels like home but acknowledges that he also has put in a lot of time to make the move work. From his workplace and socialising he has developed a network of friends and likes the area he now lives in as it is quiet and safe. His family do not live nearby but he visits them and they visit him. He feels he has a good outlook for the future and is confident and optimistic.

> ‘Setting small goals with their support workers, but at a pace they could cope with, helped them to make positive progress.’

Client Eight

Prior to moving into HAIL accommodation he had been living at home. He was excited to get his own place as this was the first time he had lived on his own. Because of this he had been a bit anxious about the move but his relatives and the HAIL support worker helped him with the move. He wants to live completely independently but for the moment he relies on the help of others to deal with his mental health. He believes that HAIL staff care, have a personal touch, are passionate about their work and have a good balance between being a housing association and dealing with mental health issues. He sees his support worker regularly and this consistent linking in is important to him, as well as knowing that the support is there when needed. He feels comfortable and secure and feels he can put roots down.

Clients Nine and Ten

Both these clients live together as a family unit and both have a mental health diagnosis. They had previously been in hostels. Both feel very lucky to have secured a tenancy and are very happy with it. One is engaged in a course of self-study and hopes to attend third level next year. They both do shopping, cooking and cleaning and feel they are managing daily life well. They have family and friends nearby and are friendly with their neighbours. One takes part in gardening and pool events organised by the Rehabilitation Team and the other takes part in local social events in the community centre. They like that HAIL provides accommodation, support work, social events and maintenance all in one package and that support workers link in with the mental health teams.

Focus Group

The group of five clients agreed that the relationship with their support workers was very important. They recalled moving into HAIL housing and the help received with daily living, and help with settling in. Some found changes in staffing difficult to deal with because structure and routine is important to them, while others did not find these changes a challenge. They appreciated that the support was tailored to each individual and that they were treated with dignity. Setting small goals with their support workers, but at a pace they could cope with, helped them to make positive progress. Having support has reduced hospitalisations.

Being part of the peer support service has boosted their confidence and encouraged a feeling of being empowered. This has opened doors to education for some and participation in sports and physical activity for others. They like being able to help others and would like to do more. Giving to others has a known feel good factor. It has also given them a purpose and focus. It has opened rather than closed doors (they felt that when you get a mental health diagnosis a lot of doors close).

6.2 Regional Clients

A total of twelve clients were consulted to gain feedback on the support received from HAIL's Regional Service. Five in-depth interviews were conducted each lasting between 30 and 40 minutes, followed by a series of one to one interviews with seven other clients.

Of the five case story clients, three were male and two were female. All were aged over 50 and were living alone. All were on disability allowance and had a mental health diagnosis, including schizophrenia, depression and dementia. All were quite isolated with limited or no contact with family members. The majority had physical, as well as mental health, issues. Three were professional people who had lost their employment or were no longer working due a range of reasons including trauma and mental ill health. Two had spent extended periods in hospital due to mental ill health. All mentioned that they were lonely and suffered from anxiety. All were positive in their feedback about HAIL.

Client One

This client received nine months of HAIL support and his case is now closed. He continues to maintain his tenancy with the Local Authority and keeps his home well. He received weekly visits from his support worker. He is very comfortable with his support worker and to him she embodies HAIL - he never met anyone else from the organisation and never heard of HAIL beforehand. He is grateful for her support from when he first moved into the house. It was mainly social support, e.g. sitting with him, calming him, bringing him to a local coffee shop. The benefits included someone to talk with, listen and be at the end of a phone line if needed. The connection, the trust, the relationship are all important. He valued the fact that his support worker persisted with him, treated him as an equal.

Client Two

The client was referred to HAIL by his social worker based on his need for support as he moved from care to independent living. The first meeting with his HAIL support worker was in a residential home before the client moved to independent living. The support has been mainly practical and social in nature, such as spending time with him, helping him with his household budget, paying bills and managing his money himself and encouraging him to start saving. He says he valued the connection, the trust and the relationship with his HAIL support worker. He feels more independent and likes his home. He expressed gratitude for the support received from his support worker and the strength and trust of the relationship.

Client Three

The client experienced an extended period of hospitalisation with little hope of recovery or ever living independently. He was referred to HAIL by his mental health social worker and his HAIL support worker met with him in hospital a number of times before discharge. The client recalls this as vital as it helped him transition and he valued the way that the social worker and the HAIL support worker collaborated to facilitate his move to his own house. The main support he received were weekly meetings, help furnishing and equipping his home, setting up utilities and TV. He feels his confidence slowly returning and he has a sense of hope in recovery that he can start new hobbies and activities and resume some that he had stopped for awhile. His anxiety has lessened, he lives better with it and he manages his money better and his decision making powers are returning.

Client Four

The client is female and living alone in Dublin. She values the support from HAIL both emotionally and practically. The main benefits have been help with information, problems with damp in her apartment, fixing utilities, social welfare, applying for medical priority and other benefits and allowances. The companionship and listening ear is important to her and helps her to feel normal. She worries about her health and her future and this is alleviated through her conversations with her support worker and key worker at a day centre that she attends. She feels hopeful for her future with the support of HAIL.

'All said that they felt heard, understood, more confident and less isolated as a result of the support from HAIL. Safety and trust were very important features of the relationship. '

Client Five

The client was referred to HAIL by the Local Authority and met with her support worker whilst living in homeless emergency accommodation. She described herself as a loner with no friends and distant from her family. Her relationship with her support worker is built on trust. She feels understood and accepted and can be herself in the presence of her support worker. Her support worker visited her once a week and is also available by text or mobile phone. This reassures the client as she feels she can call on her support worker in times of distress or when she feels sad. She feels better able to manage her money as a result of support from HAIL and she is no longer in arrears and her bills are paid and this brings a sense of control and calm.

Client Consultations

Seven clients were interviewed to supplement the previous case stories. Four of the clients were female and three were male. All were aged over 40 and had a medical diagnosis of mental ill health including schizophrenia and depression. There were also cases of agoraphobia, hoarding, domestic violence, suicide attempts and post-traumatic stress disorder (PTSD). Some had a prior history of addiction. All live alone and all said they experience anxiety and loneliness. The clients were referred to HAIL by their mental health social worker, psychiatric social worker or the Local Authority. Some initially did not want the service and only accepted it because they thought it would affect their housing. Those that were reluctant told of being completely turned around and impressed by the support they received.

The main forms of support cited were practical and emotional. The practical support included form filling, letter reading and writing, support with budgeting, banking, utilities, shopping, applying for social welfare, information about training, education and social events. The emotional support included talking, listening, reassuring, going for coffee, accompaniment to medical appointments and being present.

Three clients said they valued the encouragement to be positive and to take steps for themselves, such as taking charge of their life and getting out and about. The sense of friendship and the naturalness of the relationship was valued and viewed as distinct from a medical or pathological way of working. All said that they felt heard, understood, more confident and less isolated as a result of the support from HAIL. Safety and trust were very important features of the relationship.

6.3 Client Suggestions for Improvement

Clients were asked to provide suggestions for improvement to the services.

Only a few In-House clients provided any suggestions and these were as follows:

- One felt it important that as HAIL grows it does not forget its mission and where it came from.
- Another would like to see more social activities because getting out and about is so important.
- A third felt it important that HAIL continue to develop strong links with CMHTs and to work together to support clients.
- A fourth would like activities for weekends.

All the Regional clients consulted said they would recommend the service to others and very few had any suggestions for improvement or development of the service into the future. The suggestions included continuance of the service and more social outings, gatherings, group activities and events tailored to the needs of clients.

CHAPTER SEVEN PERSPECTIVE OF SURROUNDING STAKEHOLDERS

Surrounding stakeholders were either interviewed face to face or by telephone interview. A total of twenty-three were interviewed. These included managers in the HSE, Local Authority staff in housing sections, service staff in the DRHE, the Central Mental Hospital, social workers, occupational therapists and psychiatric nurses working in CMHTs or Rehabilitation Teams supporting the clients interviewed.

7.1 In-House Service

The understanding of the In-House Service was clear amongst professional staff on mental health teams. Examples of descriptors used included:

- Providing accommodation and support for people with mental health issues
- Providing clients with a key worker who checks in regularly and gives the client time
- Helping clients to move in. This can be a very stressful period and overwhelming for some clients
- Providing practical help with managing rent, setting up utilities, paying bills, accessing social welfare supports, managing a home
- Supporting clients to engage with mental health services.
- Helping clients with mood regulation
- Getting clients motivated
- Building on the strengths and interests of clients
- Liaising with mental health services, especially when signs of relapse are emerging or the client is encountering difficulties
- Helping clients to become connected and involved in the community and to develop their own support networks, which is an important part of mental health recovery
- Helping clients to engage in meaningful activities such as training, day centres, sports activities
- Providing a safe and secure home which gives clients hope and aids mental health recovery
- Helping clients with their confidence and self-esteem.
- Combatting isolation
- Helping clients in shared tenancies to communicate with each other and in resolving conflicts
- Crisis intervention and early intervention.

The distinguishing features of the In-House Service were named as being:

- Clients are met on a one to one basis in the community and in their homes
- Positive relationships are developed with each client
- HAIL staff are considered to be friendly, trusted and very person centred
- HAIL staff understand mental health and how to support clients with mental health issues. However, they offer support that is not medical and is not perceived by clients to be medical
- Staff spend time planning with clients and with mental health teams when issues arise
- The service is focussed on quality of life and managing life in a very practical way
- The service provided to clients can be extended beyond 9 months if this is necessary
- Staff are considered to be efficient, responsive, collaborative, easy to work with and excellent communicators
- There is joint working with HSE staff supporting clients and HAIL staff flag when issues are arising especially in respect of possible relapse. This enables early intervention
- HAIL supports clients who have to go into hospital by ensuring their tenancy is maintained, e.g. utilities and rent are paid
- HAIL complements the mental health teams and provides tenancy support that teams have limited capacity to do because of resource constraints
- HAIL encourages clients to participate in HSE client forums.

Relationships between HAIL staff and clients were described as easy going, positive, relaxed, friendly, supportive, informal and individual.

> 'The belief is that HAIL offers practical support, the staff are capable and calm, they know that the issues are entrenched and may not easily be resolved. HAIL is seen as a positive influence on the lives of clients.'

The benefits of the In-House service for clients (in general and specifically) were named as being:

- Providing safe, secure accommodation and tenure. Accommodation is generally close to amenities, important services such as pharmacies, and transport links
- Ensuring clients get settled and stable
- Giving clients a sense of ownership and pride
- Giving clients choice
- Giving clients their own space, privacy and independence
- Giving clients hope
- Sustaining tenancies that might otherwise break-down
- Having a friendly face that regularly checks in with the client
- Supporting clients with mental health recovery and to manage symptoms
- Helping clients to improve their physical health
- Getting clients involved, e.g. in HAIL social events, football club, accessing training
- Identifying risk of relapse early and intervening to support the client and to connect them with mental health services.

Without HAIL it was felt that many clients would struggle, relapses would increase along with hospitalisations and tenancies would break down. Clients might also not engage with mental health services as much.

No specific challenges were identified in working with HAIL.

Suggestions for improvement included:

- Having the support worker involved at an earlier stage in planning for hospital exits after relapses and involving them in ward rounds prior to discharge
- More regular communication about what HAIL does with clinical directors, consultants and senior managers in mental health services, for example by doing presentations at the end of mental health team meetings to demonstrate the value of HAIL's collaborative approach
- Clearer communication about HAIL's current way of working compared to the past, especially with regards to housing allocations. This is particularly important for healthcare staff that do not work directly with HAIL
- More regular communication about HAIL's plans for future housing
- More information about other HAIL supports such as peer support, social events and the football team
- Greater clarity over the circumstances in which HAIL might refuse a referral, especially in times of elevated staff change within the health system
- Reinforcing with new tenants that HAIL does work with the mental health teams
- Providing an evening service and weekend social events. Isolation was named as an important challenge that many clients face, particularly at night time. Suggestions included an evening roster, a telephone call-in service that clients could access after-hours[18] and social groups.

There was some discussion in health services about the current method of housing allocation with some managers expressing a wish for a return to former pathways whereby the mental health services could negotiate with HAIL for accommodation directly rather than having to make referrals for people on the Local Authority housing lists. This would have implications for future funding models for HAIL.

7.2 Regional Service

The feedback from stakeholders relevant to the Regional Service was broadly positive particularly as it related to the on the ground practical support given to clients. All those consulted value the practical support that HAIL offers and many believed that it would not happen without HAIL and this would have a negative impact on clients. The Regional Service is seen as an important complement to the medical model and fits well with the wrap around service that is needed by the target group. HAIL staff enjoy a good reputation and are considered competent mental health workers, approachable, collegial and client centred.

The practical and emotional support and time that the Regional support workers provide to clients is valued.

The results indicate that where relationships are strong historically and well established, the service works well and referral in and follow up happens with relative ease. HAIL's reputation is positive and there is confidence in the staff and their competence to work effectively with the target group who are recognised as challenging. However, in instances where staff in surrounding organisations are new or have never had an opportunity to form a relationship with or get to know HAIL, there are some misconceptions about the

[18] Clients are already provided with emergency contact numbers and have access to the mobile numbers of their support workers.

extent and boundaries of the service. This is of concern as unless expectations are clear and managed there are risks of confusion and dissatisfaction.

Stakeholders that know HAIL pointed out that they value when they can work alongside HAIL, and with consent from clients, share certain information and specifically with certain services providers. The view is that this works well as the services can then talk together, know what each other is hearing from the client and respond appropriately. This is especially helpful in times of crisis as clients can become overwhelmed. When services are talking they can take a more measured and supportive approach to a crisis and be clear about what each is doing for and with the client.

The services that feel that they know and understand HAIL value the team for being practical and clear about what they offer, visits to clients in their homes and spending quality time with them. They named practical things that support workers do that make life easier and reduce stress for clients. It is all about life skills and independent living skills and helps keep clients stable and out of crisis. Stakeholders pointed out that while the HAIL staff are not clinicians their work is informed by mental health awareness and competence. Many believe that HAIL support workers are clear about their remit and are considered steady and reliable. Interagency work is vital so that people are supported and do not fall through gaps. The belief is that HAIL offers practical support, the staff are capable and calm, they know that the issues are entrenched and may not easily be resolved. HAIL is seen as a positive influence on the lives of clients.

The main suggestions for improvement are under the recurring themes of strategic communication, relationships and becoming a more distinctive presence:

- Communicate clarity as regards the precise role and fit of the Regional Service within the greater suite of services provided by other agencies within the sector, i.e. convey the features that are distinctive about HAIL and the specific areas of competence of the staff
- Clearly communicate the beginning, middle and end of the service
- Communicate more clearly and consistently the acceptance criteria. When a referral is rejected, give clear transparent feedback to the referring organisation, preferably face to face. This will ensure that people get a full sense of the referral criteria and the HAIL way of working within the area of enduring mental health
- Provide clear guidelines about referral criteria and the assessment processes
- Continue accepting, from time to time, referrals that are slightly out of the ordinary and using them as test cases to show how the service responds and works in unison with other service providers
- Manage the boundaries of the service and ensure clients do not become dependent
- Network and build relationships across the range of relevant stakeholders. Show more clearly the competence and repertoire of the staff team, particularly their capacity to work well with the target group and mental ill health in general.

CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

This chapter draws conclusions arising from the evaluation process and presents recommendations for the way forward.

8.1 Conclusions

The In-House and Regional Services aim to sustain tenancies, to reduce the risk of homelessness and to support mental health recovery in a community context. The results of the evaluation indicate that both services are succeeding in these aims.

Caseload

The In-House Service, supports over 240 clients each year. Around half require low levels of infrequent contact from the Client Engagement Service. Of the remaining half, around 18 per cent have high support needs, 49 per cent have medium support needs and 33 per cent have low support needs.

The Regional Service works with over 110 clients each year and on average supports 40 clients at any one time.

This means that in any given year these HAIL services, between them, support around 350 clients.

Mental Health Diagnoses

The majority of clients (47%) have schizophrenia/ schizoaffective disorder, 11% have depression, 8% have personality disorder, 6% are bi-polar and 4% have anxiety disorder. A further 9% have dual diagnosis or co-morbidities such as depression and anxiety disorder, anxiety disorder and schizophrenia, depression and personality disorder. The remainder have other mental health issues.

Accommodation and Support

Provision of accommodation that is safe and secure supports tenancy sustainment and facilitates mental health recovery. Clients and external stakeholders considered this provision to be an important component of the In-House Service and a solid platform to support people on their recovery journey. The fact that clients were supported to retain their tenancy during periods of hospitalisation, sometimes for extended periods, was a noted strength.

While the Regional Service has no control over housing, the support provided is considered to be an important component in tenancy sustainment. The moving in process and subsequent settling in period can be very stressful, as a transition, for people who are experiencing mental health challenges. This is particularly pronounced when they are transitioning from a congregated setting.

The unique combination of practical and emotional support that is provided in a consistent manner both during the transition period and in the early months of a tenancy is considered an important strength of both HAIL services.

HAIL Way of Working

The HAIL way of being and working with their clients is considered an important signature strength. This was described as being collaborative, informal, person-centred, natural and non-medical. Having access to a non-medical support worker that understands mental health was considered particularly important by mental health teams as part of the network of supports surrounding a person who is experiencing mental ill health and/or related challenges.

The greater flexibility in terms of provision by the In-House Service to match the level of supports that a person may require over their tenancy was considered a benefit when compared to the nine month cut-off point that the Regional Service works with. However, the results indicate that clients value and rely on the fact that they still feel they can call their support worker, even many months after the formal period of support has ended. They may rarely or never call the number, but just the very possession of the contact is reassuring.

Mental health teams commented on the positive role HAIL plays in flagging issues with them that clients may be facing that can impact their mental health. This feeds well into the practice of early intervention and preventative work to support the person with their mental health and to remain in the community.

Staff also support clients with mood regulation, motivation and ensuring they link in with mental health teams. Some teams felt that without HAIL support and encouragement some clients might not link in as much as they currently do. Mental health teams expressed a desire to continue working with HAIL in the future and to cultivate good working relationships.

The Regional Service is well received and valued by surrounding services. There are signs of fluctuations in the number of referrals into the service and variation across the Local Authorities. Relationships are vital and ongoing

communication is necessary to constantly and consistently market the Regional Service and to ensure clarity around referral processes, assessment protocols and criteria.

Overall Themes Emerging from the Case Stories

The results of the client case studies and consultations reveal a number of recurring themes. These include the power of relationship, trust, time, practical support, emotional support and firm encouragement towards empowerment. There is a great sense of gratitude, from all clients, for their support worker.

The majority showed visible attachment to and appreciation for the presence of their support worker in their lives, even if only for the prescribed period of time

Many said that they experience loneliness and in some cases the only human contact, within a week long period, was the visit with their support worker. The relationship is paramount and the experience of relationship and the power of the good and trusting relationship has had a positive impact on clients.

In some cases the relationship between the client and their support worker is the only positive relationship that the clients have in their lives. This in itself is therapeutic and fits with the recovery model and the human connection - a listening ear from one reliable person who comes to visit and spend time are unique and positive features of HAIL support. Persistence and patience are important and the regular visits and listening help to build trust and optimism over time.

The service is a human response. It is intuitive, practical and a social link and fits well with the wider suite of services and supports that some clients receive, e.g. medical, psychiatric and occupational therapy.

Benefits

The overall conclusion is that the HAIL support services are greatly appreciated and valued by clients. All reported improvement in their lives as a result of support received. This was across all the domains within the recovery model, including increased sense of hope, self esteem, self confidence and sense of responsibility. All were grateful and many expressed their gratitude vehemently. They were glad of the opportunity to contribute to the evaluation process as a mark of their gratitude to their support worker.

Despite these positive results the evaluators encountered frailty in those they met and interviewed. Many of the clients were over fifty and their physical and mental health was impacted by their life experience as well as natural aging. There were also some signs of reliance on their support worker, even alongside their growing sense of independence. We recognise the human fragility and the precarious aspects of the lives of the people that HAIL work to support. The possibility of relapse or crisis is an ever present reality and with this backdrop the supportive and sustaining work that HAIL does and the tenacity and competence of the HAIL teams must be noted.

Clients and mental health teams named the benefits arising from the support that map onto the literature about recovery, the National Framework for Recovery 2018-2020 and Advancing Recovery in Ireland.

These included:

- Practical help such as setting up utilities, making connections with Community Welfare Offices, form filling, helping to establish a daily routine around shopping, cooking and cleaning, helping to source furniture and white goods, setting up rent payments and direct debits, etc
- Connecting to local services and activities and, in some cases, HAIL's social activities
- Feeling more hopeful
- Having choice and a life of one's choosing
- Feeling an increase in self-confidence
- Feeling improved self-esteem
- Feeling good about self and place
- Coping better with life and life's experiences
- Being more in control
- Engaging in meaningful activity
- Feeling safe and secure
- Being engaged
- Feeling a sense of independence.

> 'Clients in the Regional Service often described feeling lonely and the Peer Support service may be an avenue to combat this.'

> 'Tenancy sustainment is high. Some clients indicated they had reduced hospitalisations and mental health teams believe that without the HAIL presence and support the rate of relapse would be higher.'

Staffing

The evaluators' experience of the staff over the course of this evaluation was positive as reflected in the level of commitment and support in organising client case stories and meeting with the evaluators. The feedback from clients is all positive and the work of the HAIL team is valued and appreciated. Similarly the feedback from surrounding stakeholders is positive and HAIL staff are noticed and appreciated for the work that they do and its' fit in the collaborative way of working.

Staff have participated in training in mental health recovery and this needs to continue and to become an integral part of the work, while at the same time keeping the focus on the very practical support that is already provided.

Peer Support

Co-production is an important recovery principle and way of encouraging recovery. The clients who participated in the Peer Support programme described how it had valued their lived experience, empowered them and given them purpose and focus. The training helped them to learn more about their own recovery journey and to bond with other people with mental health issues.

Clients in the Regional Service often described feeling lonely and the Peer Support service may be an avenue to combat this. Clients who were accommodated in HAIL housing appeared to be more connected, integrated and settled in their communities.

Relationships

Positive relationships between HAIL staff and mental health teams are built on practical day to day working between frontline staff, investment in relationships and generally good understanding about the role and function of HAIL's services.

Challenges

Over the course of the evaluation a number of challenges became apparent. These are noted and require attention and consideration, operationally and strategically, as the services evolve into the future. These challenges are:

- Definition's of mental health and the variations in understanding of mental health terminology and the implications for expectations of the HAIL service, referral processes, assessments, etc.,
- Strategic relationships with Local Authorities, mental health teams and surrounding stakeholders.
- Ever changing environment and policy context for housing and homelessness beyond the control of HAIL, e.g. housing allocations.
- Being strategic in the way the organisation communicates and markets each component part of the HAIL service and HAIL's position and distinctive value in the sector.

Impact

The results indicate that the HAIL services are having a positive impact and making a difference to the lives of tenants.

Tenancy sustainment is high. Some clients indicated they had reduced hospitalisations and mental health teams believe that without the HAIL presence and support the rate of relapse would be higher.

The In-House clients named close friends or family as their first port of call in a crisis, followed by their mental health team and then possibly HAIL. The Regional Service clients seem more isolated and show a greater tendency to view their HAIL support worker as the first person they would call in a crisis.

While both services have development needs, overall they have achieved their stated aims and objectives, particularly the aims of supporting mental health recovery, thus sustaining tenancies and preventing homelessness.

8.2 Recommendations

The conclusions point to a number of recommendations for HAIL to consider in order to strengthen the services provided through the In-House and Regional Services. The main themes are strategic relationships, clear communication, careful positioning, developing peer support, managing data and service delivery.

Strategic Relationships

The HAIL way of working is collaborative and collegial. This is a strength that we recommend building upon very carefully over the coming months and years. The nature of the housing and homeless environment is that it is ever evolving and HAIL is well positioned to stay centre stage as a service provider and yet must be strategically prepared, poised and strongly focused in this regard.

We recommend that HAIL continue to identify the relationships that matter, particularly within the HSE, the CMH and the Local Authorities and proactively work to nurture these relationships.

We recommend regular meetings at the highest levels within these organisations and case conferences at the operational levels, particularly when problems arise or challenging cases present.

Communication

The results of this evaluation could be used as a platform of evidence to support the case for collaboration and wrap around support within the frame of the recovery model. The same applies for collaborative work with the Local Authorities.

We recommend ongoing clear communication about HAIL, overall as an organisation, and also the component parts of the services offered. This involves purposeful marketing of the services, their distinctive features, offerings and boundaries. This is particularly important for the Regional Service, as this is the lesser known of the suite of services.

Developing Peer Support

Peer led services and peer support have grown in importance in mental health recovery.

We recommend further development of the Peer Support model with consistent supervision, defined edges and clear boundaries. Consideration should be given to developing supports to combat client isolation and loneliness, especially at evenings and weekends.

Data Management

The results of this evaluation indicate that there is scope for much better and more strategic use of the data gathered by HAIL through Salesforce.

Service Delivery

The evaluation points to a number of recommendations specifically related to service delivery.

We recommend that HAIL seek inclusion and involvement in hospital discharge planning early on in the process.

We recommend extending a CES-type model to the Regional Service for clients who may require support after case closure.

We recommend further embedding the Advancing Recovery Ireland Framework into the way HAIL staff work.

We recommend that ways be found to provide out of hours support for clients. This could involve more flexible work arrangements in time, working creatively with Peer Support and/or volunteers or collegial arrangements with other organisations in similar positions.

‘The results of this evaluation indicate that there is scope for much better and more strategic use of the data gathered by HAIL through Salesforce.’

‘The nature of the housing and homeless environment is that it is ever evolving and HAIL is well positioned to stay centre stage as a service provider and yet must be strategically prepared, poised and strongly focused in this regard.’

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HAIL
Housing Association for Integrated Living

www.hail.ie

Second Floor, Central Hotel Chambers, 7 – 9 Dame Court, Dublin 2, D02 X452
Tel: 01 6718444 Email: info@hail.ie

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