Service Evaluation of Focus Ireland Long-Term Supported Housing:

Review of Congregate and Clustered Housing

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SERVICE EVALUATION OF FOCUS IRELAND LONG-TERM SUPPORTED HOUSING: REVIEW OF CONGREGATE AND CLUSTERED HOUSING

SECTION ONE: INTRODUCTION

1.1   Background

Focus Ireland delivers a range of housing support services which broadly fall into two categories:

> (i)   Support in establishing a sustainable tenancy. This support is typically provided to households moving out of homelessness. It is time-limited, with disengagement based upon a series of 'settlement indicators'. The housing units are typically in the private rented sector or social housing owned by another provider.

> (ii)   Long-term supported housing (LTSH). This support is typically provided to households indefinite in provision, discontinued generally due to the customer moving of their volition; death of the customer; or where a higher level of support or different support (e.g. Nursing) is required. The housing units are typically owned by Focus Ireland.

Focus Ireland has a commitment to commission/undertake evaluations of its services, and this evaluation is the third phase of a series of related pieces of work concerning Focus Ireland's LTSH. The first phase was a review to ensure that all tenants of Focus Ireland LTSH have a current support plan on file. The second phase was an audit of all services to ascertain the level of compliance with the full range of Focus Ireland housing standard procedures.

As one element of this third phase, the Centre for Housing Policy (CHP), University of York was commissioned by Focus Ireland to evaluate two forms of Long-Term Supported Housing (LTSH) provision, congregate residential settings and clustered housing:

- Congregate residential LTSH provides self-contained accommodation within shared blocks with 24 hour support.
- Clustered LTSH provides housing on a shared site, with 24 hour support or visiting support.

A further part of this third phase will be an evaluation of Focus Ireland's scatter site housing.

1.2   Research aims

The aims of the project were to:

- Provide a statistical overview of the LTSH programme, the needs, characteristics and experiences of the tenants supported by LTSH.
- Describe the evolution and current approach to the provision of LTSH by Focus Ireland, contextualising this in national policy.
- Explore the development and role of congregate and clustered housing within the wider LTSH programme.
- Review the referral and acceptance processes used in different congregate and clustered LTSH.
- Review the on-going practice of housing support in congregate and clustered LTSH.
- Review the balance of responsibility between tenants, other organisations and Focus Ireland on a range of issues within congregate and clustered LTSH, drawing comparisons with international best practice. Make recommendations on if Focus Ireland is housing tenants who are appropriate to its skills, experience, standards and resources.
- Make recommendations for Focus Ireland practices and policy in relation to congregate and clustered LTSH, including a framework for identifying the likely extent and duration of support needs and a consideration of the strategic role that congregate and clustered forms of LTSH could potentially play within the wider LTSH programme.

1.3   Methodology

1.3.1 Profiling of all LTSH tenants

CHP used anonymised data supplied by Focus Ireland to profile the people who are tenants in congregate and clustered LTSH schemes. This data was used to assess the age profile of tenants, in order to provide a context for the discussions by respondents in the later sections of the report. The data also informed the development of a purposive sample of current LTSH tenants living in congregate and clustered settings.

1.3.2 An overview of Focus Ireland LTSH standards, policies, and procedures

CHP reviewed Focus Ireland's standards, policies and procedures that define and govern the current LTSH model in relation to congregate and clustered LTSH. This review provided a framework for the qualitative assessment of actual practice, and

shaped the development of the topic guides for the staff and tenant interviews/focus groups.

1.3.3 Semi-structured qualitative interviews and focus groups with residents in congregate and clustered LTSH

Tenants were interviewed in four locations in Dublin (Stanhope Green, George's Hill, Basin Lane and Aylward Green) and one location in Waterford (Grange Cohen). Twenty nine tenants were interviewed in total, either individually in face-to-face interviews, or as part of focus groups. These interviews focused on tenants' experiences of congregate and clustered LTSH, their views on how support needs are assessed and reassessed, the level and appropriateness of support provided, and whether there are unmet support needs (for example, employment and training support). A profile of the characteristics of tenants interviewed is provided in Table 1.

Table 1: Profile of tenant participants in the research

Characteristic	Number	%
Gender		
Female	20	69
Male	9	31
Age		
25 - 29 years	2	6.9
30 - 34 years	1	3.4
35 - 39 years	2	6.9
40 - 44 years	4	13.8
45 - 49 years	6	20.1
50 - 54 years	5	17.2
55 - 59 years	4	13.8
60 - 64 years	5	17.2
Children in household		
Dependent children living with	9	31
No dependent children living with	20	69

1.3.4 Semi-structured qualitative interviews with LTSH staff members and managers

Eight telephone and face-to-face interviews were undertaken with senior managers and Board members. In-depth face-to-face interviews and focus groups were conducted with seventeen staff members and managers at each of the five LTSH

sites. These interviews focused on the assessment and reassessment of support needs and the delivery of support in practice, including any problems (for example, inadequate training and/or excessive case-loads). The interviews also provided an opportunity to explore the views and experiences of staff in relation to Focus Ireland standards and policies, and patterns of service delivery and service outcomes in congregate and clustered settings in LTSH.

1.3.5 A comparison of Focus Ireland's model against other models

CHP reviewed the international evidence of good practice and innovation in the delivery of housing support in order to make comparisons with Focus Ireland's LTSH model and its strategic objectives. This stage of the research involved a comparison with the British and wider European evidence base, alongside the results of service evaluations undertaken in Australia, Canada and the United States.

1.3.6 Ethical considerations

The project was approved by the University of York, Social Policy and Social Work Departmental Ethics Committee. Participation was on the basis of informed consent. That is, staff and tenants were given an information sheet outlining what the project was about, and the nature of their involvement. All participants were asked to sign a consent form, which highlighted that they would not be identified or named in any reports from the evaluation; they did not have to answer any of the questions if they did not want to; and could stop the interview at any time. It was also made clear that if a participant told the researchers something that made them concerned for the tenant's well-being or the well-being of others, then we would discuss the matter with them about reporting the issue.

1.4   Report Structure

Section Two provides a comparison of Focus Ireland's model against other models by examining international evidence of good practice and innovation. This section explores the international debate on Housing Led Services, before moving on to discuss new roles for LTSH. The section then explores using a Housing Led approach with a mixed needs client group, and finally considers future strategic roles for congregate and clustered LTSH services.

Section Three explores the national context that underpins the provision of congregate and clustered LTSH. This section firstly describes the evolution of congregate and clustered LTSH by Focus Ireland, as well as current policy debates

on the role of these types of provision. Secondly, this section considers the demographic profile of tenants in LTSH, and the wider implications of an ageing society on the configuration of housing with support services in the future.

Section Four examines the current role of clustered and congregate LTSH in Focus Ireland. As part of the assessment of the current role of LTSH, this section discusses a number of aspects of the service, including: the referral and acceptance process, views on housing support and management, move on arrangements and expectations, and whether LTSH fosters independence or sustains dependence, recording and monitoring arrangements, and staff training and skills.

Section Five draws together the conclusions of the report and makes recommendations for the future.

SECTION 2: A COMPARISON OF FOCUS IRELAND'S MODEL AGAINST OTHER MODELS - INTERNATIONAL LESSONS

2.1   The International Debate on Housing-Led Services

2.1.1 Housing First and Step-Based Service Models

Long-term supported housing for formerly and potentially homeless people is relatively unusual elsewhere in Europe and in North America, though it is not unknown (Meert, 2005). Much of the international discussion and debate that surrounds the introduction of housing-led services is centred on the merits and de-merits of using Housing First models versus linear or step-based services, a form of temporary supported accommodation, rather than LTSH services (Pleace, 2008).

Step-based services are designed to help people with high needs who are homeless, or at risk of homelessness, progress to housing readiness. Each step moves someone further away from institutional settings and towards the experience of living independently in their own home. Sometimes this involves a physical move between stages or steps; sometimes there is an alteration in rules, organisation and expectations at each step. The potential strength of the step-based model is that formerly high need homeless people who are engaged with psychiatric treatment, are drug and alcohol free and in all other respects equipped to live independently at the end of this series of steps (Rosenheck, 2010).

Criticism of the step-based approach centres on some people becoming 'stuck' on specific steps. This means they are unable to progress through the steps thought necessary to be able to live independently. The sometimes strict regimes, which demand compliance with treatment and abstinence from drugs and alcohol, which lead some service users to abandon step-based services have also been described as dehumanising. Combined with these criticisms, it is uncertain how far the step-based approach really prepares high-need homeless people for the reality of independent living (Sahlin, 2005). The reality of relatively high costs and rates of successful re-housing for step-based services (which could be less than 60% - and sometimes as low as 40%) have been emphasised by the advocates of Housing First, who have instead argued that their model, rehousing at least 80% of service users in one year, was significantly more effective (Pleace, 2008; Tsemberis, 2010).

There are those who doubt and openly question the efficacy of Housing First compared to step-based approaches (Stanhope and Dunn, 2011; Waegemakers-Schiff and Schiff, 2014). However, while step-based approaches evidently work for a significant number of high-need homeless people (Rosenheck, 2010), the argument against housing-led services, specifically forms of Housing First, is less compelling. The problem with the argument against housing-led services centres on the apparently repeated success of Housing First in many different contexts. It has become harder to argue against Housing First when housing sustainment levels that

are very close to, or exceed, 80% are being reported in Denmark, Finland, France, the Netherlands, Portugal and the UK, alongside the successes of the Canadian national Housing First programme (Busch-Geertsema, 2013; Bretherton and Pleace, 2015; Goering et al. 2014).

Housing-led services, which in the international context in reality means Housing First, are advocated on the basis that they are more effective than a step-based model that is by definition temporary. Given that, internationally, the argument for housing-led services centres on how they should replace step-based services, the possible roles for congregate and clustered LTSH has received less attention. However, there are some examples from international experience that can help inform how LTSH might be adapted to a national policy context where housing-led services are being advocated (O'Sullivan, 2012).

2.2   Finding New Roles for LTSH

2.2.1 Converting Congregate and Clustered LTSH to Housing-Led Services: Arguments Against Using Congregate and Communal Housing

From the perspective of those advocating a particular form of housing-led service, the pioneer model of Housing First, the clustered and congregate nature of LTSH is a problem (Tsemberis, 2010 and 2011). The issues centre on the nature of the housing being provided.

The modification of congregate LTSH into flats addresses one concern of advocates of the pioneer model of Housing First, i.e. that housing must be self-contained and that each service user has their own front door. However, the use of clustered and congregate housing is still seen as a problem by the advocates of the pioneer model of Housing First because it undermines what is seen as a core component of the approach.

The pioneer model of Housing First is built around the assumption that settled, ordinary housing, which is scattered across ordinary communities, is the foundation on which a process of resettlement, recovery and social integration is built (Padgett, 2007). Housing is seen as connecting users of the pioneer model of Housing First service with a community, facilitating processes of normalisation by integrating service users into "normal" life (Tsemberis, 2010).

This role for housing in the pioneer model of Housing First has been criticised as being imprecisely defined, i.e. it is not clear exactly by what mechanism normal scattered housing, in and of itself, produces a wider process of normalisation (Johnson et al., 2012; Pleace and Quilgars, 2013). The evidence that the pioneer

model of Housing First produces consistent gains in health, well-being and in social integration is also patchy (Padgett, 2007; Pleace and Quilgars, 2013).

However, there is an assumption - which is partially supported by the research reported here on LTSH - that congregate and clustered housing that is physically distinct from the surrounding housing might be potentially stigmatising, creating a potential disconnect between service users and a community. This is a concern which has also been raised in other contexts, notably Finland, and which has been employed to argue against the idea that congregate and clustered housing can be modified into Housing First (Busch-Geertsema, 2010; Tsemberis, 2011).

The other concern about modifying congregate and clustered supported housing to become Housing First centres on management. The pioneer model of Housing First avoids the management issues that can potentially arise when people with high support needs, including problematic use of drugs and alcohol, are in close proximity to one another, because it scatters them across different neighbourhoods. In Finland, some congregate models of Housing First initially encountered management problems, including challenging behaviour and disruption (Kettunen and Granfelt, 2011). A recent experiment with a congregate model in Australia, the American 'Common Ground' approach, in which social integration is attempted by placing ordinary citizens and homeless people with high support needs into purpose built supported apartment blocks, also ran into significant management problems (Parsell et al., 2013). There is also some evidence from Denmark that congregate models of Housing First may be less effective than scattered housing approaches, although both models were still relatively successful (Benjaminsen, 2013).

2.2.2   Examples of Congregate Housing First services

There is however some international experience that makes the possible use of congregate and clustered versions of Housing First services look potentially viable. The main example is Finland, where much of the Housing First service provision uses congregate housing, including apartment blocks with in excess of 90 residents. In reality, these Finnish 'Housing First' services were developed mainly with reference to existing Finnish experience in homelessness service design. However, the Finns also saw that the approach they were taking was closely related to the Housing First model and therefore formed international links as they implemented their national homelessness strategy, beginning in 2008 (Pleace et al., 2015).

Finnish experience suggests that both the potential challenges around social integration and the risks of internal management problems can be successfully managed in a congregate model of Housing First. This management takes significant resources, with Finnish congregate Housing First services devoting specific staff resources to creating and maintaining a positive relationship between their service,

their residents and the surrounding community. Internally, sufficient staffing and careful management has produced congregate Housing First services that, although are based around single, large apartment blocks, are stable, safe environments in which evictions are now rare - albeit that there was a small amount of churn that saw some residents leave in the early stages (Pleace et al., 2015). In the USA as well, Housing First has been developed and managed as a clustered or congregate service model and, as in Finland, successes are reported (Pearson et al., 2009; Larimer et al., 2009; Pleace and Bretherton, 2013).

Alongside these examples of working congregate services, some questions also need to be asked about some of the assumptions within the pioneer model of Housing First. While it is obviously the case that housing has to be chosen with as much care as possible, the realities of budgets and housing markets mean that this choice is necessarily constrained, which may have negative consequences.

British experience with housing-led services, which use a low intensity housing related support model primarily focused on case management using ordinary scattered housing, shows that outcomes can be variable. The problems found, in relation to resettlement of former psychiatric patients and also long-term and recurrently homeless people, has been one of what are sometimes termed 'toxic neighbourhoods'. These are areas in which surrounding households are not necessarily welcoming, social capital is low and there is a real risk of stigmatisation which can turn into violent persecution. Avoiding toxic areas, when resources are limited and the choice of housing restricted, can be challenging. Equally, while it has become evident that the right mix of housing, a suitable neighbourhood, and mobile support can effectively end homelessness for people with high support needs, British experience is that boredom, isolation and a lack of structure can become problems over time. In other words, the assumption that ordinary, scattered housing can facilitate normalisation processes that generate social integration is rather dependent on which ordinary housing, in what sort of location, is being talked about and what sort of activities a formerly homeless person can access (Pleace with Wallace, 2011).

Social support, in the form of peer support and mentoring, can be an integral part of a successful Housing First service. There is potential for congregate or clustered models of Housing First to create opportunities for peer-support and companionship that is positive. While the presence of others with similar needs reinforcing harmful behaviour (i.e. drug and alcohol use) is also there, the potential for positive support does need to be acknowledged (Pleace et al., 2015). Fear of isolation and boredom does exist among some long-term homeless people when they are presented with the option of using a pioneer model Housing First service. The possibility that, within Ireland, some homeless people with high needs may prefer the kinds of living

arrangement offered by a congregate setting with on-site support must also be considered (Pleace and Bretherton, 2012).

Congregate and clustered services, if support is provided on-site, may have another potential advantage over scattered housing models of Housing First for some service users. People who represent a particularly high risk, and who are judged as requiring very regular monitoring, may be better served by supported housing in which support services are immediately to hand (Pleace and Quilgars, 2013).

2.2.3   Different Forms of Housing-Led Approach

Practically, neither the pioneer model of Housing First nor the various congregate versions of Housing First that exist can be portrayed as a perfect service model. Clearly, there will be people with high support needs who will not manage well in a congregate model and those for whom the pioneer model of Housing First, or other models of Housing First using scattered housing, are not suitable. However, while there are inherent risks in both congregate and scattered housing approaches to Housing First, there is also evidence that these risks can, for the most part, often be successfully managed.

In recent years, the attitudes of those advocating the pioneer model of Housing First towards congregate and clustered supported housing has undergone an important change. Tsemberis, who created the pioneer model of Housing First, has proposed an alternative approach to homeless services, in which the default position for any homeless person with support needs is to move into a scattered Housing First service, with the option also being available to provide more intensive support in congregate settings when that is the appropriate or preferred option (Pleace and Quilgars, 2013).

While scattered and congregate versions of Housing First may have differing strengths and weaknesses, it is nevertheless clearly the case that successful outcomes for all forms of Housing First services centre on adherence to a common philosophy. Support must be provided in set ways if positive outcomes are to be achieved by any form of Housing First.

Housing First is sometimes portrayed as providing housing and support, while making very few demands on service users, but this is an inaccurate picture. Housing First services that are effective strike a balance between separation of housing and treatment, harm reduction, and a client-led approach to service planning with pursuing a recovery orientation with active engagement. Housing First is not a passive service model. While those using Housing First have a high degree of choice and control, and are not required to stop using drugs or alcohol, the recovery orientation of Housing First services centres on nudging and encouragement

towards using treatment, harm reduction and social integration. The goal of Housing First is the same as that of the step-based services that it originally sought to largely replace (Hansen Löfstrand and Juhila, 2012). The key differences lie in *how* Housing First tries to bring high-need homeless people to a point where they are securely housed and, insofar as possible, socially integrated and enjoying the best health possible (Pleace and Bretherton, 2013).

2.3 Working with Mixed Needs

2.3.1 Using a Housing-Led Approach with a Mixed Needs Client Group

A key challenge around the possible use of congregate and clustered LTSH to deliver a housing-led/Housing First service model is the mixed needs of the current Focus Ireland LTSH tenants. Looking at examples of congregate Housing First services from Finland and the USA, it is evident that these services were built, as was the pioneer model of Housing First, with a particular group of homeless people in mind. Housing First is targeted to homeless people with severe mental illnesses, problematic drug and alcohol use, poor physical health, limiting illness and often recurrent and sustained experience of homelessness, who often have low, or very low, levels of social support. There are successful examples of lower intensity, housing-led services, for example in Britain, but, again, these are intended for high-need groups, not for homeless people with low support needs (Pleace, 2008).

However, there are a few examples from international experience that may be useful when looking at the potential roles that clustered and congregate LTSH may take. In a number of British examples, Housing First has been delivered using an organisational model that provides differentiated levels of support in the same team. Support in the same team can be scaled, ranging from a low intensity service that provides support for those with few support needs, through to providing intensive 'Housing First' level support as it is required (Bretherton and Pleace, 2015). In the case of the LTSH discussed in this report, providing intensive support at something equivalent to Housing First levels might, for example, be organised by using a mobile team providing intensive support across all the congregate and clustered LTSH sites.

2.3.2 Targeting Intensive Housing-Led Services in Congregate and Clustered LTSH

It is theoretically possible to re-purpose the existing congregate and clustered LTSH for use as an intensive, housing-led service, modelled on congregate models of Housing First. This would mean moving existing tenants with low needs, who have been promised a home for life, into suitable alternative housing, which might be challenging to access. Another issue with moving to an intensive Housing First

model might be the likely size of the target population, as while the homeless population contains people with very high needs, they are unlikely to be very numerous, which could mean some LTSH units would be potentially underused (O'Sullivan, 2012; Pleace et al, 2015).

A key challenge, if congregate and clustered LTSH is to be used as a form of housing-led service that can support people with high needs, alongside other functions, is to determine which of the people living in these LTSH services might require higher levels of support. International experience shows that there are various ways in which support needs can be assessed and tracked over time.

To work effectively for those with higher support needs, congregate and clustered LTSH will need to be able to monitor which people have high needs at any one point, and to predict the rate at which individual support needs might be likely to increase. This is particularly important with regard to older LTSH residents, whose support needs are likely to intensify over time, and which may arise earlier than in the general population, as sustained or recurrent experience of homelessness can produce effects akin to accelerated aging (Jones and Pleace, 2010). Equally, the risk that a modified congregate or clustered LTSH service would provide more support than was wanted, or was necessary, to lower need individuals must also be controlled for.

There are two main sets of systems for monitoring the support needs of homeless individuals, and these can be summarised as follows:

- Using established diagnostic or assessment tools. For example, access to a higher intensity service for homeless people with a severe mental illness may be determined by whether or not a certain threshold has been passed. Examples include the Modified Colorado Symptom Index, which has been used with Housing First services (Tsemberis et al., 2004). It is also possible to repeatedly use the same measure of symptoms or health, such as the Modified Colorado Symptom Index, to test whether there are positive or negative changes for service users over time.

- Using specially designed monitoring systems which determine the status of an individual person at point of first contact with a homeless service, then continually updating with new information to check whether their support needs are changing over time. Alongside being used to assess eligibility, this kind of monitoring can be used to trigger changes in support service delivery, assess service performance over time, and determine when and if support should cease. Examples include the Outcomes Star and the Self-Sufficiency Matrix (Pleace, 2013).

2.3.3 Examples of Diagnostic Tools and Specialist Monitoring Systems

Using an established diagnostic or symptom measure as a threshold for service delivery has the advantage of simplicity. For example, using a score system from something like the Modified Colorado Symptom Index, or one of a number of other validated (i.e. repeatedly scientifically tested) means of measuring mental well-being such as GHQ-12, gives a clear and consistent way of determining who is and who is not eligible for a service (Pleace, 2013). These kinds of measures use plain English questions, which mean they can be administered by staff undertaking an assessment. Taking the example of the Colorado index, questions are asked about feelings of nervousness, tension, worry and frustration, alongside questions about depression, with the index working towards questions on thoughts about harming oneself or others (Tsemberis et al., 2004).

The problem with using this kind of measure to allocate services is that it leaves less room for interpretation than an assessment. This can lead to potentially poor decisions. For example, if a homeless service is allocated on the basis that someone must score a given amount on a given scale, they might be refused the service one year, experience deteriorations in health and well-being, be assessed again the following year and then be found eligible. Individual assessment, based on a skilled worker's interpretations of need within a clear framework, may work more effectively than a standardised scale as a means of determining service eligibility, for example because it should be possible to assess that the onset of higher support needs is likely if help is not provided (Pleace, 2013).

Equally, the scales in use tend to be designed for groups other than homeless people. Whilst these scales use validated measures as a proven method of establishing the level of support needs of people with mental health issues, the suitability of these measures as a means to assess the specific needs of a homeless population, for example, is debatable.

Using a specially designed scale to monitor changes in well-being of homeless people over time is, as noted, both a means to assess initial eligibility for a service and to assess progress and needs over time, including an assessment of when a service can be withdrawn. One option – already familiar to Focus Ireland – is the Outcomes Star, which was originally designed for homeless services by Triangle Consulting in the UK, is designed specifically to track changes in homeless people's support needs over time. The Outcomes Star, now known as the Homelessness Star, monitors ten areas or domains, which are centred on the individual, rather than the service, i.e. all the outcome measures are focused on individual well-being, based on information collected from and/or shared by each individual service user:

- Motivation and taking responsibility
- Self-care and living skills

- Managing money and personal administration
- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Managing tenancy and accommodation
- Offending

The star itself is a scale, rated from 1-10, against which progress against these sets of measures is recorded over time. Someone might start using a homeless service with self-care and living skills rated at 1 and, ideally after contact with that service, move to a score of up to 10. Each element, ranging from emotional and mental health through to drug and alcohol use, is measured in the same way. The scores are designed to represent the following situations:

- 1-2 represents a 'stuck' position, i.e. support needs are present, but are not being met.
- 3-4 represents 'accepting help', i.e. services move into place and are being used.
- A score of 5-6 represents a 'believing' position, which is defined as a formerly homeless person wanting to change their lives.
- When scores of 7-8 are reached, this represents a situation where a formerly homeless person wishes to cope on their own and is actively seeking to do so.
- Scores of 9-10 represent a position of self-reliance, where a formerly homeless person is coping well with independent living without support.

The advantages of using a tool such as the Outcomes Star approach are that it gives a fairly standardised measure across an organisation and can be used as a means to allocate, monitor, assess and change service delivery, including providing guidance as to when service delivery should end. Importantly, the Outcomes Star has the capacity to record 'uneven' progress, which can then be used as a reference point to determine specific mixes of support service.

The Outcomes Star is also attractive to homeless service providers because it can show progress and changes over time. This allows a homeless service to draw on the outcomes approach to argue that while, simple, hard outcome indicators, such as whether or not someone remains housed or enters paid work, may not always be easily met, Outcomes Star data can show progress towards these goals.

Setting different thresholds within this kind of framework could also provide a structure around which different levels of support could be organised. For example, a congregate LTSH scheme could offer three or four levels of support, ranging from

low intensity support designed for initial resettlement that also included occasional checks on well-being, through to the equivalent of a full Housing First support service. It is possible to see how different levels of support could be tagged to specific sets of scores on a measure like the Outcome Star.

There are, however, some important limitations with the Outcomes Star approach. First, interpretation as to where someone is on a scale will vary between individual service users and support workers, meaning this is not a scientific (robust) measure. Second, where support workers are involved in completing returns, there is a potential incentive to show progress rather than falling backwards. These issues are important, because it means that one of the main intended roles for the Outcomes Star - to show clear progress for homeless people using a service over time - can carry little weight with policymakers and service commissioners used to a clinical standard of proof (Pleace with Wallace, 2011).

Third, the outcomes approach reflects the same logic as step-based services. Progress is assessed in terms of progress towards a particular form of independent living, which is determined by behaving strictly in accordance with very set rules. A Housing First service delivering sustained exits for a very high-need population for years (Padgett, 2007) could be assessed as failing on multiple measures using the outcomes approach. For example, if some of those service users were still drinking. The outcomes approach measures only a specific set of ideas about what constitutes 'success' for homeless service (Pleace, 2013).

A number of staff consulted as part of this evaluation were positive about the use of the Outcomes Star. In spite of its limitations, the Outcomes Star thus offers a structure around which particular levels of support could be potentially organised. This potentially suggests a wider use within Focus Ireland than is currently the case, and a mechanism that can help inform the Logic Models for each service.

It is, of course, possible to develop a similar system to that employed by the Outcomes Star, but to use a different set of measures. The Self-Sufficiency Matrix (SSM) developed in the Netherlands is an example of a similar approach. The SSM is a modified version of a scale developed in the USA and focuses on a very similar, though not identical, sets of measures to those found in the Outcomes Star (Pleace, 2013):

- Sufficient income
- Structured and meaningful activities (daytime activities)
- Housing (quality and sustainment)
- Domestic relations within families and two person households
- Mental health
- Physical health
- Addiction

- Daily life skills (dressing, washing, toileting, feeding and more complex skills including caring for others when children are present)
- Social networks (friendships, family relationships and partnerships)
- Community participation
- Contact with the criminal justice system.

As with the Outcomes Star, there is a score attributed to each element, which in the case of the SSM is between 1 (acute need which is not being met) through to 5 (completely self-sufficient). As with the outcomes approach, there is a shared, consistent system of measurement across services when they use the SSM. The risks are also similar - SSM is reliant on potentially varied interpretation; there is a risk of an incentive to show progress; and the SSM also follows a clearly implied set of strict criteria as to what constitutes a 'successful' service outcome (Pleace, 2013).

Identifying the level of ongoing needs

Predicting need is not something that can be reduced to a simple formula. There can be a complex interplay of individual health care needs, other support needs and wider contextual factors that influence health, well-being and social integration. Generally speaking, if required treatment is in place, housing is suitable, secure and affordable and an individual has access to structured, productive activity during the day, combined with social and emotional support, their support needs are more likely to fall and less likely to increase. However, the detailed pattern of need, prediction of future need and the mix of services required by each individual can vary considerably.

2.4   Finding a Strategic Role

2.4.1 Innovative Use of Existing Congregate and Clustered LTSH Services

Housing First, along with other housing-led service models, is intended to operate as one part of an integrated homelessness strategy. There are countries, Canada and Finland being examples, where the use of Housing First approaches for homeless people with high support needs has become widespread. However, in both countries, Housing First is one homeless service among many others. There are preventative services, specialist services, other forms of housing-led service, emergency accommodation and some step-based services running alongside Housing First services (Goering et al., 2014; Pleace et al., 2015). To work well, housing-led services must be part of an integrated homelessness strategy that includes multiple responses to homelessness problems, which can exist on several levels and in several forms. Homelessness among families, young people and women may be different from that experienced by single men and require various forms of service responses (Pleace, 2013).

As noted, some advocates of Housing First now argue that there is also a place for congregate services within an effective homelessness strategy (Pleace and Quilgars, 2013). The movement towards greater use of Housing First and housing-led models in North America and Northern Europe must also be seen in the context of some continued successes being achieved by existing services, including step-based approaches (Rosenheck, 2010).

From this observation of international experience, it is possible to see that a resource on the scale of the congregate and clustered LTSH in Focus Ireland need not be used in one set way. It could be possible to provide different tiers of support in congregate and clustered LTSH. As noted, there are British examples of Housing First services that are an integral part of existing mobile support services, that also provide lower intensity support services which can respond with differing levels of intensity depending on the set of needs they are presented with (Bretherton and Pleace, 2015). It is possible to imagine congregate and communal LTSH, building on their existing shared allocation and outcome monitoring systems, providing support that is differentiated according to individually assessed need.

There is also nothing contradictory in a housing-led or Housing First service that uses congregate and clustered housing, which offers both a tenancy for life and the opportunity to move on, if someone wishes to do so. The Finnish congregate models of Housing First operate on this basis, providing a supported home for life for those who wish it, but also facilitating moves into ordinary, scattered housing if someone wishes to take that step (Pleace et al., 2015).

It is also possible to consider moving into new areas of service provision. For example, congregate or clustered LTSH could provide temporary accommodation for those homeless people with low support needs who immediately require somewhere to live, but with the intention being that as soon as ordinary housing can be found they will move out and are supported by a mobile low-intensity support worker during the process of resettlement.

However, functioning as a means by which people can opt to move on, as well as providing the option of a permanent supported home, could be potentially disruptive within a single LTSH scheme - undermining social cohesion within that scheme - yet different services may be provided by allocating set LTSH services for different functions. Finnish experience has shown that remodelling existing homeless services can provide housing in contexts where securing new housing supply is challenging and expensive, and that the nature of support provided - and how it is targeted - can be successfully changed within existing homeless services (Pleace et al., 2015).

Finally, it is important to note that the original function of congregate and clustered LTSH in Focus Ireland as a means to provide safe, secure and affordable accommodation with support for homeless and potentially homeless households may

still be valuable. The original goal for LTSH may continue to be a valuable role that these services can provide. There are international examples, for example the Danish Skaeve Huse approach, which provide settled congregate housing with on-site support and which can also bring about an end to homelessness for some people with high needs (Meert, 2005).

2.5   Summary

This section identified a range of models that Focus Ireland could adopt and adapt with regard its congregate and clustered LTSH:

- A shift towards providing a high intensity Housing First service within congregate settings. This option would require a radical change in direction for Focus Ireland, requiring the organisation to drop its commitment to sustaining balanced and mixed communities within congregate schemes, with tenants requiring low levels of support to be encouraged to move on. Both practically and ethically, this option would be unrealistic as tenants have secure tenancies, and would need a strong incentive to move home.

- A Housing-Led Approach with a mixed needs client group would offer a model much closer to the current configuration of services in Focus Ireland congregate LTSH. Evidence from range of experiences in different countries points to how such a model might operate, including some of the pitfalls that other providers have negotiated (including Finnish congregate settings, approaches in the US and British contexts, and the Common Ground model in Australia). An alternative approach would be to have a dedicated mobile team who deliver Housing First to tenants with high support needs.

This section also identified specific aspects of housing-led service models that have particular resonance with the way that congregate and clustered LTSH operate. The first is that a separation of housing and support is an important principle underpinning successful housing-led approaches. Secondly, peer support and mentoring often feature as an integral part of successful housing-led services. The mixed needs congregate and clustered settings in Focus Ireland would appear to readily lend themselves to this approach.

Predicting the length of time that support needs will exist is not something that can be reduced to a simple formula. If required treatment is in place, housing is suitable, secure and affordable, and an individual has access to structured, productive activity during the day, combined with social and emotional support, their support needs are more likely to fall and less likely to increase. However, the detailed pattern of need,

prediction of future need and the mix of services required by each individual can vary considerably.

SECTION 3: LTSH AND THE NATIONAL CONTEXT

3.1   Evolution of the provision of LTSH, including the development of congregate and clustered housing as part of the wider LTSH programme

Focus Ireland started to provide supported housing in the mid-1980s. The initial acquisition and development of long-term supported housing was described by Focus Ireland (2011a). Staff and management respondents discussed the rationale for acquiring the accommodation and emphasised the gap in provision at that time (mid-1980s) to meet the immediate needs of households, especially those moving on from institutional settings. The first housing was made available by donations of former convent buildings which were then converted, with some additions, into housing units. Stanhope Green housed a proportion of people stemming from the closure of wards at St Brendan's Hospital as part of the Irish government's strategy of care in the community. What is clear from the 2011 publication is that the mixed portfolio of properties acquired during this period could not, for various reasons, be sustained (Focus Ireland, 2011a). This meant that the smaller schemes that perhaps might have lent themselves to effective remodelling for a current supported housing role were lost to Focus Ireland, leaving what several respondents described as the large legacy schemes such as George's Hill and Stanhope Green. Subsequent changes in government policy and good practice in later years regarding the resettlement of homeless people were reflected by Focus Ireland in discrete or pepper potted housing (Focus Ireland, 2014b). From the 1990s onward, the organisation grew its housing stock through the acquisition of housing units on a scattered site basis in Dublin. Housing provision in Waterford developed on a different trajectory, through the development of a number of linked purpose built housing estates. Grange Cohen in Waterford was established in 2000 as a long-term, low support, social housing project, and initially comprised 50 units of accommodation.

An evaluation of homeless services in Ireland defined supported housing as part of a typology of accommodation options including mainstream housing, supported housing, nursing homes or similar, or other (Brooke, 2008: 19). As part of this typology, supported housing was identified as:

- Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and no staff are on the premises at night.

- Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and a caretaker lives on the premises or there is a staff sleepover arrangement.

- Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and where there is a 24 hour waking cover.

Focus Ireland's Housing Policies and Procedural Guidelines (2014b) set out the overall role of supported housing:

Supported housing, as provided by Focus Ireland since 1991, meets the needs of families, couples and single people who require support to live independently prioritising people who have experienced homelessness or who are at risk of homelessness. Our model of housing supports our residents to live independently with a level of support that enables them to sustain a long-term tenancy and achieve their desired quality of life.

(Focus Ireland Housing Policies & Procedural Guidelines, 2007, p.2)

Descriptions of the five congregate and clustered LTSH schemes included in this study are provided below.

3.1.1 The five congregate and clustered LTSH schemes

This evaluation looks at the properties which were acquired in the first phase of Focus Ireland's development. These include:

- Three former convent buildings in Dublin which have been converted to housing (with additions)
    - George's Hill
    - Stanhope Green
    - Basin Lane
- One purpose built terrace in Dublin (Aylward Green)
- One housing estate in Waterford (Grange Cohen)

George's Hill

George's Hill is a housing project, off Halston Street, Dublin 7 owned and managed by Focus Ireland since 1997. The project comprises four blocks of four-stories over the basement of a 17th and 18th century convent, and school buildings forming a terrace to George's Hill. The original convent and school buildings were refurbished and converted into apartments with ancillary staff offices and communal dining and recreational and crèche facilities in 1995-1997, along with a new four storey

apartment block built on the North side of the site, and a new three storey apartment block built on the east side. The scheme provides long-term housing, and short-term accommodation. The 73 residential units in total include a 5 bedroom shared house counted as 5 units and 2 long-term voids in the basement. Forty-two of the units provide LTSH.

Staffing arrangements:

- Services Manager x 1
- Project Leader x 1
- Assistant Project Leader x 1
- Project Worker x 2
- Caretaker x 1
- Reception staff x 1
- CE Scheme x 3
- JI Scheme x 2

Stanhope Green

Stanhope Green is a housing project in Stanhope Street, Dublin 7 owned and managed by Focus Ireland since 1991. The project comprises a row of ten two-storey houses forming an entrance green and court in front of a three-storey 19th century convent building. The scheme originally provided 96 long-term and short-term units aimed at single people, families and couples who have support needs, although four of the original units were turned into two disabled access apartments. Stanhope Green has undergone a process of redevelopment that began in 2013 and was due for completion in 2015. The redeveloped scheme has 71 units in total, including 51 LTSH units.

Staffing arrangements:

- Services Manager x 1
- Project Leader x 1
- Assistant Project Leader x 1
- Project Worker x 6
- Reception staff x 4
- CE Scheme x 2
- JI Scheme x 3
- Cleaner x 2

Basin Lane

The Basin Lane apartments were converted from a convent that was built between 1897 and 1903. The scheme also includes a chapel building. It is in essence a two-storey building, however the roof space has been converted into a third floor providing living accommodation. It was redeveloped into 15 single person apartments in 2000, and the residential units are let as long-term social rental housing. The Chapel is also let on a licence agreement to Fountain Resource Centre, which is a community based project running a children's breakfast club and various other youth activities.

Staffing arrangements:

- Services Manager x 1
- Project Leader x 1
- Project Workers x 3
- Property Management Officer x ½

Aylward Green

Aylward Green in Finglas, Dublin 11 is a housing project developed, owned and managed by Focus Ireland since 2000 on a site acquired from the Sisters of the Holy Faith. The site previously comprised a convent that was demolished in the development process. A terrace of 11 houses with communal parking and private gardens is set to the east of site. The remainder of the site is separately gated and contained with a purpose built set of buildings configured to a triangular layout around a green area, with 13 terraced and semi-detached houses and a block of communal buildings comprising office, staff accommodation, laundry, catering and childcare facilities. The scheme provides purpose built 13 emergency and 11 long-term family social rental units.

Staffing arrangements:

- Services Manager x 1
- Project Leader x 1
- Team Leader x 1
- Project Worker Case Management x 3
- Family Support Worker x 1
- Contact Worker x 6
- Cleaner / Cook / Maintenance x 3
- Reception staff x 2
- CE Scheme x 1
- CSV x 1

Grange Cohen

Grange Cohan, St John's Park, Waterford is one and a half miles from the city and is a suburban housing project developed, owned and managed by Focus Ireland since 1998 (although 16 of the units were built in 2004-2005). The scheme provides 68 social rental housing units used primarily as long-term housing and short-term accommodation with administrative, community service and childcare service facilities. Nursery facilities are also provided. Forty-nine units provided LTSH in 2015.

Staffing arrangements:

- Services Manager x 1
- Project Leader x 1
- Project Worker x 3
- Contact Worker x 3
- Property Management Officer x 1
- Tús Cleaner x 1

Whilst the schemes, such as Stanhope Green and George's Hill, can be viewed as increasingly anachronistic - in spite of remodelling - there is nevertheless an ongoing debate about the future role that congregate and clustered accommodation can play. Brooke (2008) undertook a series of interviews with service managers and focus groups with staff in Dublin which explored respondents' views on the main barriers facing people who are homeless. The study found that the highest proportion of respondents (37 per cent) identified a lack of long-term supported housing as a barrier; 37 per cent also noted problems with the private rented sector. Furthermore, the focus groups with staff were near unanimous in their view that there was a shortage of long-term supported housing.

However, one point to note is that there is a divergence of views about the future role of congregate settings in Ireland. In its response to 'Ending Homelessness: Towards a Housing Led Approach', Focus Ireland highlighted the apparent contradiction between a consideration of a Congregate Housing First approach and the perspective set out by the Working Group on Congregated Settings Health Service Executive (2011b). The Pathway to Home model states that a small cohort of formerly homeless people who live with complex health and social care needs may not be able to live independently (see Murphy, 2011). Recent work within the Simon Communities has also emphasised a demand amongst some service users for congregate settings (see Bevan and Pleace, 2014).

3.2   Statistical overview of the LTSH programme

This section of the report explores the demographic profile of tenants currently residing in Focus Ireland's congregate and clustered LTSH. It first examines the age of tenants in the congregate and clustered settings, compared with other Focus Ireland LTSH and the wider population of Ireland. The overview then describes tenants' length of residence and gender.

A key trend in Irish society is the ageing of its population. By 2046, approximately 21 per cent of the Irish population will be aged 65 years or older compared with a figure of 11.6 per cent in 2011 (Tilda, 2015). Research has highlighted some of the specific issues facing older people in Ireland who have experienced homelessness, especially in relation to their health concerns and end of life care (Walsh, 2013). A particular issue is the life expectancy of people who have experienced homelessness and also the impact of people's life experiences on healthy ageing. A recent internal review by Focus Ireland has also examined some of the wider implications of an ageing society for the organisation, as well as a specific consideration of the needs of older Focus Ireland tenants (Lewis, 2013).

Figure 1 shows the age profile of tenants in Focus Ireland's LTSH schemes in 2015, compared with the general population in Ireland in 2011 (drawn from Census 2011). The age bands of tenants in the congregate and clustered LTSH schemes suggest an ageing profile in comparison with the overall Irish population, as well as other Focus Ireland LTSH schemes. There is a pronounced 'bulge' in the age range of tenants in congregate and clustered LTSH schemes between the ages of 40–64, with fewer tenants in younger age groups.

Figure 1: Age profile of Focus Ireland congregate and clustered LTSH schemes (percentage of tenants in each age band)[1]
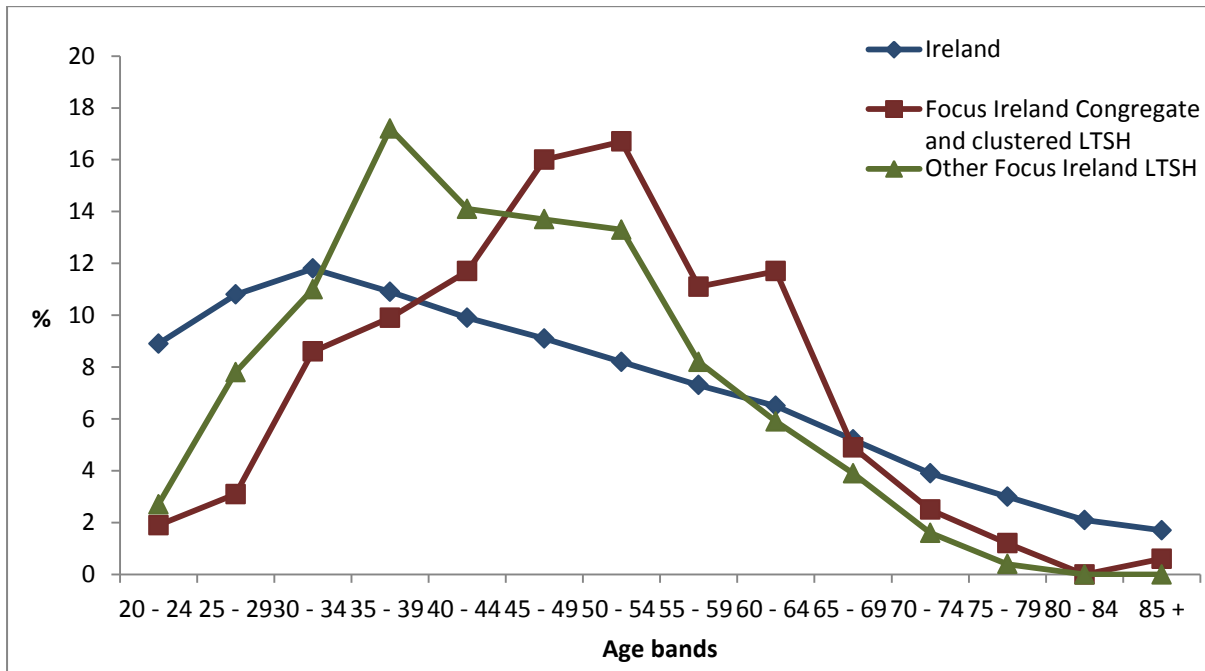
[1]Appendix 1 sets out the percentages for each age band in detail

Just under half of the tenants have lived in LTSH for less than five years (Table 3). However, this trend was less apparent in some of the congregate and clustered schemes, where a number of tenants had lived for longer periods of time. Some tenants in George's Hill and Stanhope Green in particular, have lived in these schemes for fifteen years or more (with nine tenants in Stanhope Green having lived there for over twenty years).

Table 3: Tenants' length of residence in Focus Ireland congregate and clustered LTSH

	Basin Lane	George's Hill	Stanhope Green	Aylward Green	Grange Cohen	Other LTSH
2011-2015	2	17	9	3	19	110
2006-2010	4	9	12	0	11	56
2001-2005	9	8	12	3	4	5
1996-2000	0	9	8	0	4	0
1991-1995	0	0	9	0	0	0
Missing values	0	1	1	4	12	97
Total	**15**	**44**	**51**	**10**	**50**	**268**

The majority of tenancies were held by women in three of the congregate and clustered schemes; George's Hill, Stanhope Green and Aylward Green (Table 4). A greater number of tenancies were held by men in Basin Lane and Grange Cohen.

Table 4: The gender of tenants in Focus Ireland congregate and clustered LTSH

	Basin Lane	George's Hill	Stanhope Green	Aylward Green	Grange Cohen
Female	6	26	30	4	22
Male	9	18	21	2	25
Missing values	0		0	4	3
Total	**15**	**44**	**51**	**10**	**50**

As Table 5 shows, the majority of tenants were not living with dependent children. However, Aylward Green provides long-term family sized social rented units, and this is reflected in the large number of families living there. A higher proportion of tenants living at George's Hill also had dependent children compared with Basin Lane, Stanhope Green and Grange Cohen.

Table 5: Households with children in Focus Ireland congregate and clustered LTSH

	Basin Lane	George's Hill	Stanhope Green	Aylward Green	Grange Cohen
Households with children	1	14	9	9	7
Households without children	14	30	41	1	34
Missing values	0	0	1	0	9
Total	**15**	**44**	**51**	**10**	**50**

3.3   Summary

The initial acquisition and development of long-term supported housing by Focus Ireland in the mid-1980s helped to meet a gap in provision at that time with regard to the immediate needs of households, especially those moving on from institutional settings. Subsequent changes in government policy and good practice in later years regarding the resettlement of homeless people were reflected by Focus Ireland in discrete or pepper potted housing acquisition. Congregate and clustered LTSH

currently provide accommodation for single people, families and couples who have experienced homelessness and who have support needs. A number of tenants in the congregate and clustered have lived in their current homes for longer periods of time compared with the wider LTSH provided by Focus Ireland[1]. A key issue is the ageing population of tenants who live in congregate and clustered accommodation LTSH compared with both the wider Focus Ireland LTSH, and the overall Irish population.

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[1] With the caveat that there was a high number of missing values in the data on the length of residence of tenants in the other LTSH projects.

SECTION FOUR: THE CURRENT ROLE OF CONGREGATE AND CLUSTERED HOUSING

4.1   The current role of congregate and clustered housing

Building upon Focus Ireland's customer standards developed in 2007 (Focus Ireland, 2007), a recent internal audit provides a quantitative assessment of current standards in long-term supported housing (see Focus Ireland, 2014). This section explores the views and perspectives of staff and tenants in relation to the current role of LTSH, including views on policies and protocols; how these work in practice; and what this means for the tenants.

Staff respondents explained that Focus Ireland provides three types of services – homelessness prevention, homelessness support, and housing including transitional and long-term housing with support for single people and families. Whilst the use of transitional housing was discontinued in Dublin in 2008, it continues to be provided in Waterford. Focus Ireland's long-term supported housing (LTSH) is intended to provide safe, secure, and affordable accommodation and support for households that have been homeless or are at risk of homelessness and require ongoing support to maintain their tenancies. The stated aim of Focus Ireland's LTSH is to help tenants achieve independent living, although there is no expectation that tenants will move on - support is not time limited and LTSH tenancies are life-time tenancies.

The congregate and clustered sites contain a mix of family and single person accommodation provided in family houses and apartments. Some sites also provide short-term or transitional housing for families and single people including ex-offenders. The congregate sites have some bedsit accommodation, but this is currently being redeveloped into self-contained flats. Some of the sites are staffed 24 hours a day, whilst others are staffed for only part of the day but are covered by an on-call system. The Dublin sites all have secure entry systems and in some cases security guards on site at night. The role of Grange Cohen, Waterford, has altered to reflect the needs of tenants, and also has the capacity to accommodate and respond to people with higher support needs. Staff respondents noted the increase in staff presence at the scheme with an extension of hours into the evenings to make it a 12-hour a day, seven day presence.

Clustered accommodation was thought by the respondents to fit well into local communities. Staff respondents explained that the design of the estates, which are low-rise and low density, meant that they did not stand out from other estates in the area despite having on-site support. These respondents explained that tenants living in clustered housing were encouraged to become involved in the local community and Focus Ireland services, such as childcare, are made available to the local population in an effort to encourage/improve integration.

Opinions on the extent to which congregate accommodation fit into local communities varied. Tenants living in Dublin city centre tended to talk about being close to shops, transport links, and all the facilities available in the city centre. A few respondents attended classes or activities in the local community and this participation was encouraged by Focus Ireland staff.

Some project workers, however, felt that congregate accommodation was a 'strange' environment and an 'unreal' one which was perceived as 'apart' or different by the local community.

> *I mean it's not, for want of a better word, a normal living environment, and if you are capable of managing a tenancy…you don't need to be here.* [Site] *is a lovely complex, and you would be just another tenant in the public sphere…whereas* [another site] *- people refer to it as a hostel. The locals say "That's the Focus Ireland hostel", so they're labelled* (Focus Ireland staff member).

Tenants living on sites with congregate accommodation did not appear to mind being 'apart' or living on a site that was different from other local housing estates. They, like those living in clustered accommodation, liked living in a secure environment. They could come and go as they pleased, but appreciated being safe once they entered the project site. They also appreciated having people they knew around them, including support workers and security staff.

> *I feel so safe because I've got loads of people around me and plus the fact that there's a few caretakers here…I just feel so safe…I really do. I go to bed at night and I go to sleep, I wake up in the morning and say "isn't it brilliant". Oh, I really do feel safe* (Tenant).

Whilst tenants generally felt that LTSH accommodation was safe, a number across the sites complained about the behaviour of other tenants and/or their visitors. They remarked that there was often trouble, that 'it's always going off' and that the Gardaí were frequently called. Nevertheless, the onsite security appeared to mitigate this and they felt their accommodation was safer than living in a 'normal' social or private rented sector housing with no security. For example, changes in staffing arrangements at Grange Cohen, with a staff presence into the evenings and at weekends, had provided a calming influence on the estate. Indeed, one indication that the stigma associated with the scheme was receding was an increase in people making enquiries about vacancies.

Some respondents felt that congregate and clustered accommodation with on-site staff allowed support workers to monitor tenants and note changes in behaviour or routines, which might indicate that a tenant was having problems.

…it's a monitoring of behaviour and really being very attuned to the needs of the tenant in these settings and to be able to identify triggers or changes that are happening for them. And to get in there early to sustain their tenancy…(Focus Ireland staff member).

However, others felt that the presence of staff and on-site security was not necessarily helpful as it undermined tenants' independence and encouraged them to rely on support workers (e.g. tenants would leave their children unsupervised because they felt the site was secure). Attempts had been made to address this problem and staff had explained to tenants that their children were their responsibility and that they should never be left alone even for a short period.

Tenants did not always feel that their living environment fostered a sense of community. Whilst some tenants said they knew their neighbours, many did not and some asserted that they were discouraged from mixing with their neighbours. For example, one female tenant living in congregate accommodation felt that:

> *Well, we are not allowed to be over in the houses and…the people that are in the houses, as far as I know, are not really allowed in here…*(Tenant).

Another tenant explained that the location of her apartment within a scheme meant that she sometimes felt isolated.

4.1.1 The characteristics and support needs of LTSH tenants

As noted above, Focus Ireland's LTSH is intended to provide permanent accommodation and support for households that require ongoing support to maintain their tenancies. There were some differences of opinion about the level of need amongst LTSH tenants and the extent to which LTSH helped tenants achieve independent living. It should be noted here that there was some anecdotal evidence that Focus Ireland was accepting tenants with more complex/higher support needs than in the past.

> *…* [the congregate and clustered accommodation] *that's the high need support, the households have been assessed through processes that have been tried and tested to identify people who have ongoing long-term support needs.* (Focus Ireland staff member).

> *The congregate and clustered accommodation would be long-term supported housing where we would have staff on-site...*[this accommodation is for] *households that have particular needs that require monitoring and a support network and a safety net…*(Focus Ireland staff member).

However, few respondents felt that many of the tenants in LTSH required high levels of support; they explained that only a small minority of current tenants have high or medium levels of support needs and that the majority have 'no to low' support needs.

> *I would say…off the top of my head…about ten per cent would be fairly high needs in terms of input…maybe two to three hours per week from as support worker…Another 20 per cent who support workers would definitely see once a week…The other 70 per cent would be people who I believe experience support by virtue of knowing that there's someone there even though they might not use them…*(Focus Ireland staff member).

Project staff also had different opinions about the reasons why tenants required supported housing in the first place. One member of staff expressed the view that:

> *I suppose people in the long-term housing are probably more capable of managing a tenancy with little support…In general they are people who have been living here a long time. Presumably it's because when they first moved in it was really just a housing need quite a lot of them had – especially the single men…*(Focus Ireland staff member).

On the other hand, respondents explained that new tenants often present with few problems on referral but their needs become apparent over time. This was in part thought to be that people want to create a good impression at the interview stage, and also because people's needs change over time and they may suffer relapses or crises that again affect their ability to cope. Respondents described causes of homelessness and support needs commonly associated with tenancy breakdown and homelessness, such as substance misuse, mental health problems, being discharged from an institution and chaotic behaviour.

> *So, it's the usual – mental health, it's the usual addiction, it's the usual family breakdown, being released from institutions, it's all of those things right.* (Focus Ireland staff member).

> *…there are others who are pretty vulnerable, probably wouldn't survive in private rented accommodation because they would get into arrears and they would be out on their ear, or they would be shouting in the corridor…*(Focus Ireland staff member).

However, as noted in Section Three, the nature of tenants' needs is changing as long-term tenants age and require care. The trend indicated in Table 2 was also reflected in the discussions with staff respondents in Focus Ireland. The ageing profile of tenants was viewed as a significant challenge for the organisation and has particular implications for the focus of this study. On one hand, service providers need to respond to the growing pressure on services of people who live with physical, sensory and/or mental impairments and conditions as a consequence of

general ageing. On the other hand, there is a specific pressure on supported housing providers that arises with tenants or service users who have experienced homelessness. For example, one respondent highlighted the growing number of tenants living with dementia:

> *We're seeing a level of dementia that we wouldn't have had to deal with in the past; a level of confusion that wasn't there. We don't see much Korsakoffs[2], but in the process we're talking about I can think of one [tenant] who has since gone into nursing home care. That's in the last twelve to twenty-four months. But I think what we're seeing is more and more the effects of long-term or previous drug use. Either legal or illegal drug use. And certainly the burn out that can come with chronic mental health problems* (Focus Ireland staff member).

The Review of Support Plans by Focus Ireland identified one issue within schemes with regard to the difficulty of securing care packages that allow tenants to remain in their accommodation for as long as possible before they need to move to care settings (Focus Ireland, 2014b). Staff respondents in this study reported variable experiences with regard to the provision of homecare by external services. One respondent noted that their experience of the provision of older people's services into their scheme was very positive. However, another respondent felt that there was an increasing challenge in getting nursing care for tenants in one scheme due to financial constraints on partner agencies.

> *I think one of the things we've noticed… is that our role has crept from support into care. So that's a massive concern for us, and in fairness to the lads [staff] they've always stepped up to the plate and tried to do the best for the tenants. It's not their role, the care role, but unfortunately because that resource isn't available anywhere else, we end up having to bridge that gap.* (Focus Ireland staff member).

On one hand this reflects the humanity of the staff concerned, but on the other hand it leaves them exposed to risks as they go beyond their support remit in order to help people. The dilemma facing staff was summed up by a support worker in another scheme who reflected on working with people of any age, not just older people.

> *They say "well, your role is just housing", but the human side of anyone, if someone is in crisis in front of you….naturally you're going to try* (Focus Ireland staff member).

This issue also raises a danger that, as external services erode, Focus Ireland and other landlords are exposed to greater risk.

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[2] Korsakoff's syndrome, sometimes called Korsakoff's dementia, is a brain disorder associated with heavy alcohol consumption

The implications of ageing raise ongoing challenges for schemes as communities; that is, for all the people who live and work there – both staff and tenants. The following quote illustrates a single case from a few years ago and highlights a positive example of how both formal and informal support, and the attitudes of neighbours, can provide assistance for an individual tenant.

> *The Public Health Nurse used to callout; that person had great support from her daughter – so she would be in and out as well. But just a case of locking herself out; thinking she'd locked herself out and the door would be open. Or just kind of wandering. But again the neighbours were very good. Some of them said "I want to mind my own business". But there are great ones who go "Come in. Have a cup of tea with me". And they'll phone call to the office and go "I'm worried about this person"* (Focus Ireland staff member).

A longer term consideration might be training and awareness raising amongst staff and tenants to sustain schemes as safe, tolerant and respectful places; as individuals within them potentially live with a range of physical, sensory and mental impairments and conditions associated with ageing (in addition to the level of needs currently presenting). One example is the development of accredited dementia-friendly communities. A further issue is how Focus Ireland responds to the risks to staff, and the wider organisation. An increasing challenge will be how the support planning process responds to the needs of an ageing population within schemes in the future.

A further issue for the future is the physical design and accessibility of schemes – both in terms of internal layouts of people's homes, and wider access within communal and outside areas. Part of this issue relates to the range of options available to tenants across Focus Ireland, which will include the Harold's Cross development in Dublin. Focus Ireland (2010) has previously highlighted the limited options available to tenants with physical impairments within schemes, and the potential to develop partnering arrangements with external agencies to help tenants meet their needs in appropriate settings with support as necessary.

Although developments such as Harold's Cross will provide a wider range of options for tenants in later life, Focus Ireland will be planning for an increase in support and care needs as these tenants get older. Evidence on the health needs of older people who have experienced homelessness also suggests that tenants will need increased help at relatively early age. To some extent, the type and range of support required amongst older tenants may be more predictable in the long-term than is evident with the ebb and flow of support needs of younger people. That is, prognoses flowing from the specific diagnosis of a number of chronic conditions and impairments experienced in later life will suggest established care pathways. These will enable long-term care and support packages to be put in place (up to the point where the LTSH schemes can no longer provide the level of care necessary without a move to

another setting). In this specific respect, the development of a template for predicting low, medium and high support needs amongst this particular group of tenants may be possible. If the current group of tenants choose to continue living in their present homes, then the long-term needs of this group into the future will create a very different 'feel' to the experience of living in LTSH communities.

4.1.2 Tenants' views on their support needs and provision of support by Focus Ireland

Overall, it appeared that many of the LTSH tenants interviewed had low to no support needs. However, it should be noted that many tenants found it difficult to explain why they had been allocated supported housing, or indeed what their support needs were at the time of interview. Many reported that their main need had been housing and it was therefore not clear why they had required supported housing in the first place.

> *I needed a bigger place to live – that was the support I needed* (Tenant).

Other tenants had moved from transitional accommodation, often after having spent some time in emergency accommodation, and required support to settle into their new homes. Some tenants spoke about having being stressed or depressed, fleeing domestic abuse, having problems managing their children, or recovering from substance misuse, and these respondents clearly had support needs when they moved in. A few tenants who said that they had no support needs when they moved in did encounter problems later. For example, a number reported racist attacks and abuse from neighbours and/or their visitors, whilst others experienced traumatic events which affected their ability to manage their tenancies. These tenants all appreciated the support of LTSH workers at the time and felt that they would not have managed without this support.

> *I feel at peace here now, you know at the beginning…we had problems…loads of problems…racism and this with different neighbours, and some of those people moved out…some were kicked out…*(Tenant).

Tenants' views on the support they received were mixed. Many said the level of support was appropriate for their needs and they appreciated having someone to call if they had a problem. Most of those interviewed who were living in congregate housing said they could call their support worker any time, and if they were unable to meet then the worker would call them back. People appreciated having someone to talk to and to help them with paper work and bills and, in some instances, making sure that they were well; taking their medication; keeping appointments; and paying their rent. Tenants in one focus group remarked that there were some people who

could never manage alone, as they were illiterate or unable to manage for other reasons.

> *I do like it because of the amount of support that you get…There are times when you're living on your own as a single parent and when I get into a lot of problems with different things, there's always someone there I can talk to…*(Tenant).

> *..we all have our key workers out here like if we have problems, like some people can't read or write so...if they get letters, they bring them down...*(Tenant focus group).

At most of the project sites, the tenant respondents talked about having a key worker, or they named 'their' support worker, but this was not the case everywhere. As noted elsewhere, some tenants claimed that they never saw support workers apart from when they undertook property checks.

Tenants also said that they liked having staff on site to report maintenance problems, however many were not satisfied with the response. Two tenants said that they had only agreed to be interviewed because they hoped this would lead to improvements in Focus Ireland's maintenance services. People complained, for example, about long standing dampness throughout their property, broken kitchen units, bathroom tiles falling off the walls, cracked toilet bowls, and general disrepair. A few tenants across the sites complained that responses to requests for maintenance or complaints about the state of their property were ignored or that it took some time for Focus Ireland to respond. A common response from LTSH tenants in clustered housing was that they often undertook repairs, improvements and renovations themselves.

> *Most of the things…I tend to do myself because it takes them too long…at times when you ask for things to be done they are not done on time and it is frustrating. So, as you can see – what you see here, most of this is just coming from our own pocket…*(Tenant).

> *When my tiles fell off my bathroom [wall] and they came over…it was like 'tell her to do it herself'. I'm not a builder…I couldn't do tiles…I just rang head office and an inspector came out and he said 'No, that's our job to do that'* (Tenant focus group).

All but one of the tenants interviewed at one project site that provides both long- and short-term housing, said they did not receive the same level of support as they had received in the past. A number remarked that they only saw LTSH staff in passing or when the staff visited to undertake property checks. They explained that there had been a sudden and unexpected change in the staffing of the site and since that time they rarely saw support workers and no longer received support. A few tenants

explained how upsetting this had been, as they had built relationships with the support workers and trusted them. In one case a tenant explained that it had taken a very long time for his wife to form a relationship with her support worker and she had been very upset when the worker left without any explanation. He claimed that:

The staff that went and left, they lost their jobs, they were brilliant…nobody explained to us…it was a shock for us, especially my wife, she was so down…There was one case worker, she was a very good lady and then one day we wake up and she'd gone…(Tenant).

We had loads of staff, and staff we'd had for years and we trusted and we could find them. And then they got rid of the staff. Like all of them together, it wasn't just like one here and there. They got rid of all of the staff…(Tenant focus group).

It should be noted here that although some people living on this site, as well as other sites, complained that they did not see support workers, they also often found it difficult to explain what support they required. A few complained that they did not receive support, but then explained that they disliked what they saw as 'interference' from support staff (e.g. around child protection). It appeared that they missed having support workers visiting to have 'a chat' and to make sure that all was well.

Another problem in mixed sites (where there is long- and short-term accommodation) was that long-term tenants felt they were neglected or 'left out' because they did not receive the same level of support and/or service as short-term tenants. There was particular resentment that children in LTSH were not allowed to participate in activities, such as after-school clubs and social events, as they had done in the past. It may be the case that Focus Ireland withdrew support and encouraged tenants to become more self-sufficient and independent and seek services such as after school clubs and social events out in the wider community themselves. However, this was not clear from the interviews and, if this was the case, tenants did not appear to understand this and simply resented losing services, activities, and facilities they used to enjoy.

It should be noted here that there appeared to be some differences between sites, as a couple of tenants living in other LTSH sites, including one tenant who had been living in Focus Ireland LTSH for nine years, said they were able to make use of Focus Ireland services such as after-school clubs and a drop-in service where they could leave children while they attended appointments. Other long-term tenants at the same site talked about coffee mornings and children's parties organised by Focus Ireland staff.

Tenants' views on support from Focus Ireland workers in finding employment, training, education, and leisure opportunities varied. Some tenants were in work and/or had informal support networks and required no help, whilst others, including

people who were unable to work because of ill health, explained that Focus Ireland workers had encouraged and helped them find work or other activities they enjoyed by signposting relevant services and agencies.

> *Well they helped me to get a job…There's a place…a disability place where they help people like who's on disability, like myself to get a job and I'll be starting a job there maybe in two weeks…they helped me get a job like…*(Tenant focus group).

Many tenants in congregate housing did not appear motivated to find employment or other activities, but would have liked Focus Ireland to organise social events and trips, whilst a few people living in congregate housing and a number living in clustered housing said that they, or their neighbours, were bored and isolated. A couple of respondents in two sites explained that they did not feel part of the community they lived in or part of the wider community.

> *...I think a lot of people here are bored...some people just sit in their house all day and do nothing but when they do something, they probably drink or...watch telly...There's a lot of people...who drink around these houses...*(Tenant).

Many tenants wanted Focus Ireland to organise more social events, such as street parties and trips, and to provide communal areas, as according to tenants Focus Ireland had done in the past. Tenants in congregate accommodation explained that in the past Focus Ireland had provided classes and activities on site as well a communal areas and a dining room – all of which they missed. Again, it might be that these facilities and activities had been withdrawn in order to encourage independence and make the living environment less institutional. Whatever the case, tenants did not appear to understand why these changes had taken place and were unhappy about this. There was also resentment that short-term tenants were enjoying social activities organised by LTSH workers which, they claimed, long-term tenants were excluded from[3].

> *It's a nightmare. When I first moved in there were loads of services provided, and things have just gone downhill…It's like you're not part of the community…They have like the after-school clubs and the day trips and everything…there's no services with the staff over here…*(Tenant).

> *Everything has changed...years ago there was a school for little kids...but everything is different now. It's not the same...I think it could be because of*

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[3] Focus Ireland noted that activities are not organised for long-term tenants. Instead, staff aim to support LTSH tenants to engage in their local community. Activities are organised for short-term tenants to help them settle into their home and build up the required skills for them to live independently.

the cutbacks, the canteen has been turned into an office. I'd eat there, have a cup of tea. They did classes there years back. (Tenant).

When I first moved in there was support, I guess, but when I hear that word 'support' I don't feel I am getting that kind of support. All I'm getting really is they check up and make sure you are OK and that (Tenant).

A number of tenants across the project sites said they would like to have more opportunities to raise their concerns and opinions, and suggested that Focus Ireland should have regular tenant meetings – although it should be said that some tenants felt that when they had these meetings in the past they had not proved very constructive or useful. Similarly, at one site where regular tenant meetings were still held, tenants complained that nothing ever came of these.

…it's a committee kind of meeting every so often. It's just to talk about what can be done around the estate and all that. They were meant to paint the houses but things move slowly out here…you take an idea to them and they'll go "Well, mm, we have to bring in health and safety considerations…" and you know, you just go "let's not bother" (Tenant focus group).

It should be noted that at the time of interviews, Focus Ireland was engaged in a process of developing tenant engagement.

4.1.3   Tenants' views on their future accommodation requirements

Most tenants stated that they were happy to remain in LTSH, and very few had a strong desire to move on. A few people said they would like to live in another area or to have accommodation more appropriate to their needs (e.g. a wheelchair user and a tenant with a disability). A few tenants interviewed were frustrated about not being able to move (see below) as they felt they did not require support and/or disliked living in congregate or clustered accommodation.

The vast majority of tenants expected to remain in their homes forever; they understood that they had lifetime tenancies and could stay as long as they did not breach their tenancy agreement. However, tenants in family housing were aware that a number of three or even four-bed properties were being, or would be in the future, occupied by only one or two household members as the household composition changed (e.g. as children grew up and left home). They felt this was a waste of scarce accommodation and that tenants should be helped to move on to more appropriate accommodation, with support if necessary, so that much needed supported accommodation could be provided to other households in need.

I shouldn't really be up there. Those houses shouldn't be for long-term because I don't really need…I'm taking up a four bedroom house somebody

who needs help and support could do with, but then I'm not going to move to a tip of a place either (Tenant).

Even people who were quite happy in their accommodation said they would be willing to move to a smaller house, but only if this accommodation was in a similar estate with on-site security or on a safe estate in a 'good' neighbourhood. However, they recognised that it would be very difficult to move to a property and area of their choosing unless they had the money to buy a property. A number of tenants explained that they could apply for local authority housing but that this would involve a very lengthy wait, as they are housed and would be considered a low priority. Further, they were wary of moving to local authority estates as these were perceived as unsafe. Only a couple of people consulted mentioned the possibility of moving into the private rented sector, but they understood that rents were high and that they would not be able to afford decent accommodation. Many (but not all) tenants interviewed explained that Focus Ireland rents were very low compared to those charged by other social housing providers and the private rented sector. The absence of affordable, decent, secure accommodation in a safe environment was the biggest barrier for those who felt able to live independently.

…a girl who recently moved out…and she was saying to me "You know, I wish I could move out" and…where she is now, she's having trouble with people on the road and drinking…she didn't appreciate what she had (Tenant).

A number of tenants in clustered housing were reluctant to move, even though they no longer needed such a large property and/or support, because they had invested a good deal of money in their homes.

I've put tiles…I've put wood...cupboards, a very nice kitchen – a very expensive one...(Tenant).

...I'm actually putting a lot of money into the house as well. All the bed rooms have wooden floors...the back decking is all what I've done to it (Tenant focus group).

Those who had never had independent accommodation tended not to be aware of other housing options, and for the most part did not wish to move as they did not feel they could cope.

4.2 The referral and acceptance process

There were two key points raised by the staff consulted that contextualise the LTSH policies and standards in relation to the referral process. The first point was the low number of referrals into LTSH compared with short-term accommodation. The

second point was that the mechanism for referrals has been centralised, with local authorities now driving the process. Both points have implications for the balance of needs in the longer term. The view of one respondent reflected a widely held view that schemes had less control over referrals:

> *You see there's been a huge shift in that…..we said "look we can take so many with addiction, so many with mental health, and we had control over that". The difficulty now is that all our referrals come from the local authority, so we have less control over that* (Focus Ireland staff member).

Nevertheless, some respondents highlighted the referral and acceptance mechanisms as a process of ongoing discussion and review with partner agencies. With the shift towards a local authority-led referral system, respondents discussed the parameters of these discussions, with Focus Ireland staff reflecting on the potential impact of incoming tenants on current tenants, as well as the capacity of support staff with regard to the configuration of high support needs within their current case loads across a scheme.

Staff also discussed a perceived shift towards people who had already been through a range of housing and support options before moving to accommodation with Focus Ireland.

> *When I started…it was definitely more of a mix, and there were people that would have quite a lot of need, but their predominant need was that they were homeless. Once you'd put the support in, independent living skills, they were able to pull themselves together regardless of their addiction and their mental health. Now they're starting off having already gone through therapies, accommodation in the private rented sector or whatnot. So we used to be their first port of call, but now it's they've tried everything else and there's nothing else that's worked.* (Focus Ireland staff member).

This also points towards a potential future role for congregate LTSH within a wider housing system using the principles of Housing Led services.

The ongoing balance of low, medium and high needs specifically within LTSH will of course be influenced by the degree to which individuals may stabilise over time, with a consequent moderation in the need for support. However, with an albeit slow shift towards higher needs, the ongoing balance between low, medium and high needs will exist in the medium-term by virtue of historic acceptances and the slow rate of turnover of tenancies. Nevertheless, the long-term trend suggests an organisational shift towards meeting higher needs, with implications not only for how the organisation positions itself within the wider housing system, but also for how the organisation defines its schemes as balanced communities.

A further dynamic is that Focus Ireland provides tenancies for partner agencies, with the support function undertaken by other organisations. One respondent highlighted their scheme as an accommodation provider for people who have experienced homelessness via a Housing First project, as well as providing tenancies for a partner agency that addresses the needs of people who live with learning disabilities. Again, this trend points towards schemes meeting higher needs in the future, whilst also helping to break down the notion of 'Focus Ireland' communities.

The policies and protocols that were in place offered a robust mechanism for the process of accepting new tenants into Focus Ireland LTSH. Staff respondents noted that an assessment of the degree of 'fit' between the Focus Ireland offer and the level of support needs of a potential incoming tenant was undertaken with regard to the current balance of needs and mix of individuals within a scheme at any one time. This highlighted the very fluid and ever changing degree to which a scheme can respond to the needs of particular individuals. Staff respondents highlighted a number of key characteristics that might preclude an individual being accepted into a scheme. This included, for example, applicants with a history of violence, especially with a consideration of the number of families within a scheme, or consideration of the existing number of active substance users within a scheme. Another example was that an individual might be deemed unsuitable not because of their individual characteristics, but because of the potential for a clash where there was a history of problems between particular families. Thus the interviews with staff suggested that very careful *qualitative* consideration was given to the overall balance of needs at any given time, as a key aspect of moving through the protocols for accepting applicants.

At the same time, respondents also noted limitations to the process of accepting new tenants in terms of achieving a full understanding of the needs that an individual may be living with. One issue was acknowledging the pressure that applicants were under, and the perception by some applicants that if they did not 'say the right thing', they would not be accepted by Focus Ireland. Similarly, some applicants may be in a personal space where they feel able to express some needs but not others. Staff respondents noted examples where underlying needs sometimes emerged over time, and not at the initial interview stage. A further challenge with regard to ensuring a 'fit' between the Focus Ireland offer and applicants was that the intensity of support required may result from the activities of an applicant's friends and associates, rather than the specific needs of the individual concerned. One respondent highlighted the support required to help some tenants to 'manage their front door' in the face of pressure from associates intent on causing problems.

4.3 Views on housing support and management

Underpinning the discussions with staff was the pace of recent change within Focus Ireland with regard to the role of support, and the way that support is structured. One of the challenges facing Focus Ireland, similar to any landlord that also offers housing support, is that if a gap emerges in the services provided by an external agency, then there is considerable pressure on the landlord to act in order to help the tenant in question and to prevent the tenancy potentially unravelling. A respondent highlighted that Focus Ireland staff were undertaking care activities to help tenants in order to meet a gap that should be provided by external providers.

> *What we're finding is that our staff are more and more being expected to provide an element of care, as in healthcare they would not previously been expected to provide. That goes hand in hand with the reduction in services available through the statutory organisations, through the health service primarily. What we're finding is that...because people that run healthcare know that there is a level of supervision and a level of additional care provided in out on-site units, they're less likely to see those clients as a priority for the package of services from themselves. They're more and more falling to us.* (Focus Ireland staff member).

A similar issue was raised earlier in this section by other staff in relation to the provision of care for older tenants. An alternative view was put by a different member of staff who noted the need to be assertive about the boundaries of responsibility between themselves and the partner agency.

A number of staff also discussed the problem of gaps in support provided by external agencies in relation to situations where tenants - most often in short-term or transitional accommodation – had a dual diagnosis (also noted by Focus Ireland, 2014). This example illustrated the pressure on staff and the need to see schemes in their entirety – that is, not just to focus on the long-term supported housing, but to look at how schemes work as single communities, including both short and long-term accommodation.

4.3.1 Staff/tenant ratios

An important measure of the capacity of staff to provide support is the staff/tenant ratios in each scheme. Respondents reported variable trends with regard to staff ratios. One respondent noted that the workload as measured by staff/tenant ratios had increased over time, and was currently between 1:27 – 1:30. In contrast, another scheme noted that ratios had been at a much higher level, but had been falling with case managers now handling about 1:33. This figure was felt to be still too high (a

previous Focus Ireland publication discussed a ratio of one staff member supporting 25 households in relation to the generic elements of housing support, assessment and planning within the organisation (Focus Ireland, 2007b)). A detailed assessment of staff/tenant ratios[4] within Focus Ireland identified a wide range of ratios across the various schemes, from 1:13 to 1:32, and referred to the ratio recommended by the Dublin Region Homeless Executive (DRHE) of up to 1:30 with regard to the provision of low care and support in long-term supported accommodation (Focus Ireland, 2015). However, as this assessment noted, Project Workers were not solely dedicated to long-term supported housing work, and this factor influenced the intensity of support required for some tenants.

One point made by a staff respondent was that it is important to acknowledge the specific roles that individual staff members play, and only to include appropriate staff in calculations of staff to tenant ratios. This issue becomes more pertinent with a clearer separation of housing and support functions within the organisation. A respondent argued that staff with a maintenance role should not be included in staff to tenant ratios, which are connected with support. Individual staff respondents also identified other pressures on staff, such as the number of frontline staff available to cover the 24/7 rota in one scheme.

Pleace and Quilgars (2003) and Bretherton and Pleace (2015) provide a reference point in terms of a comparison with other providers, especially in relation to average staff/service user ratios:

- Low intensity support, which would involve regular checks to see if someone was ok, coordination and arrangement of necessary services (case management to ensure health, social work and welfare service inputs are in place) - approximately 25-40 people per worker, on the basis that initial contact would be relatively frequent, perhaps 2-3 times a week, falling away to once a fortnight, as someone became more settled. There is no fixed rule, and depends on budgets. No evening or weekend cover or maybe an emergency only number. Example services: UK tenancy sustainment teams for homeless people funded by local authorities. Low intensity accommodation based services (supported housing). Note: Usually time limited.

- High intensity, 24/7 availability (at least in terms of there being a number to call), 3-4 times a week or daily contact (especially initially), falling away as needs lessen (but with the possibility of reactivating more intensive support, if necessary) caseloads of between 3 to 10 per worker, but usually less than 10. Example of service: Housing First, high intensity accommodation-based services. Note: More likely to be open-ended. While an intensive service,

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[4] These ratios included Project Workers, Contact Workers and Property Officers within the calculations.

these will be more likely to work in coordination with health and social work services rather than directly provided medical or personal care.

4.3.2 Separating housing and support

A number of respondents discussed achieving a separation of housing and support. One of the difficulties for support workers in carrying out a dual function is that a need to address rent arrears with tenants did not sit easily with the support work they were undertaking, and could undermine the latter.

> *I think the housing management versus the support function probably will always be a challenge...when you get one worker to fill both roles that makes it doubly difficult and I'm pleased that we will be trialling separation of the roles. It'll take a couple of years before the evidence will be there to suggest whether or not it's a better way to work, but we believe it will be...*(Focus Ireland staff member).

The above quote illustrates the ongoing process of change taking place at the moment within Focus Ireland, and a couple of staff respondents noted the particular challenge in helping tenants to understand that staff roles were changing in this regard. One difficulty noted by these staff respondents was that some tenants were unclear as to why support workers did not deal with housing management issues, especially in relation to maintenance. Nevertheless, achieving a separation of housing and support is worth persisting with in relation to working towards the principles that underpin Housing Led services in Ireland.

Part of the discussions with staff also covered the separation of functions undertaken by support workers and contact workers. The aim of the new structure is to provide greater opportunities for support workers to undertake purposeful support, with contact workers undertaking essential practical tasks. Again, the process of change was creating some difficulties in helping tenants to understand the different roles, and that there are specific boundaries around the work that contact workers could undertake. As noted in Section 4.7, there was some concern within one staff focus group that greater attention in the organisation could be focused on career opportunities and training for contact workers. A valued aspect of support highlighted in the wider literature is having a stable workforce so that tenants/service users in any setting have a consistent ongoing relationship with specific individuals. It may be that the organisation feels that this role can be performed by support workers. However, Focus Ireland could explore the reasons for the high level of turnover of contact workers identified in recent reviews (Focus Ireland, 2014b).

4.4   Move on arrangements and expectations

Research within Focus Ireland (2010) noted the low level of enquiries by tenants about rehousing, as well as a 'massively incongruent' difference between tenants' positive statements about their level of independence and their stated need for continued support. For very practical reasons, there is little incentive for tenants to move, as Focus Ireland rents are relatively very low; tenants have a secure tenancy; and live in relatively safe environments. However, staff respondents noted that a few tenants had expressed a wish to move on from congregate settings and/or supported housing. It was thought that they would be capable of independent living, whilst others would most likely be able to cope in dispersed housing if they received floating support/tenancy sustainment. Focus Ireland staff reiterated a point made in earlier studies to this effect (see Focus Ireland, 2014b).

> [More appropriate housing] *isn't available…I would say a lot of people who we house now don't need the level of support that's available anymore, but we have no leverage to move them on at all...* (Focus Ireland staff member).

Other tenants expressed a wish to move, but were not thought capable of living independently by staff.

Focus Ireland staff members consulted felt that this was a waste of scarce accommodation and that tenants should be helped to move to more appropriate accommodation – with support if necessary – so that much needed supported accommodation can be provided to other households in need.

> *There isn't movement between schemes and it is the bane of my life...the way the Irish system operates is that we are duty bound to offer people life-long tenancies, unless of course they contravene any of the tenancy agreement...* (Focus Ireland staff member).

Whatever the wishes of tenants and their capabilities, the lack of sufficient affordable, good quality accommodation in areas perceived as desirable and safe limited opportunities for move on. In some ways this external situation was felt by staff to be worsening, with reports that some local authorities are increasingly suggesting that tenants should seek tenancies in the private rented sector, rather than tenancies within their own social housing stock. The notion that tenants would voluntarily give up a lifelong tenancy in order to move into the relative insecurity of the private rented sector is clearly unrealistic. However, a move towards a housing-led system requires housing providers to be signed up to the principle of access into their accommodation as part of 'pepper potting'. A couple of staff respondents expressed the view that the responses of local authorities in practice was very variable in this regard.

4.5 Fostering independence or sustaining dependence?

As noted earlier, the aim of Focus Ireland LTSH is to help tenants achieve independent living. However, there was disagreement amongst respondents about the degree to which this happens in practice. Further, there is perceived to be a culture of support which tends to sustain dependency.

> *...in all honesty...that would very much depend on the individual case worker...but the model that operates in Ireland generally is quite a patronising one...* (Focus Ireland staff member).

It did appear that some tenants were managing well with little or no support, but others continued to require support to maintain their tenancies and would continue to do so. The Focus Ireland (2010) report noted that the staff perception of the length of support needed by tenants was higher than the support requirements self-reported by tenants.

> *One of the things we did was interview the customer... and the support worker separately and it was very interesting...how often the customer said "I think I might be ready to move on with a bit of help" and the staff member would say "no, I don't think they can move on at all"...* (Focus Ireland staff member).

One aspect of independent living is responsibility for paying rent. Respondents reported high levels of rent arrears, and there was a clear divergence between Focus Ireland policies and practice in response to rent arrears. As is often the case, there is a tension between housing management and support roles, in particular, the need for Focus Ireland to reduce arrears and the reluctance of the organisation to enforce tenancy agreements and sanction tenants in arrears.

> *...one of the things we do is we tie our workers hands behind their backs because on the one hand we have, like any good housing association, policies, systems and procedures. We say to people from the start...that they need to pay rent in advance...If they don't, we have a warning system that's supposed to lead to eventual loss of tenancy but...we've never ever asked someone to leave because of rent arrears...* (Focus Ireland staff member).

Focus Ireland is taking steps to resolve this problem by separating housing management and support roles in a number of project sites (as noted above).

A compromise solution to the management of rent arrears could be to have the rent paid directly from the government to voluntary housing organisations/associations. However, this again fosters dependence as it does not help people with the responsibility of paying rent and preparing for independent living.

Respondents also noted recent changes in the nature of support to facilitate a cultural shift towards a greater degree of autonomy amongst tenants. One example cited was a shift towards tenants having greater ownership of the repairs and maintenance process, rather than Focus Ireland staff undertaking tasks for them.

Another policy which appeared to conflict with the objective of independent living is what people referred to as the 'three-day rule', whereby Focus Ireland workers in Stanhope Green and George's Hill must check on the well-being of any tenant they have not seen for three days at the project site. The other congregate and clustered LTSH schemes operate a variety of less stringent procedures. Tenants appeared to understand why Focus Ireland workers 'checked up' on them, but did not always appreciate this and felt that this was an intrusion. This was particularly the case for long-term tenants and those who reported having low to no support needs and who were trying to live 'normal' independent lives (e.g. going to work, going on holiday, staying with friends for a few days, or even simply living peacefully at home). Staff also reflected on these procedures.

> *These people [tenants], they're happy enough. It might start off with high support needs and over time you are stepping back more and more…but then, if something goes wrong it's like "Well, why didn't you keep the contact up more?" So I suppose it's getting a balance…* (Focus Ireland staff).

> *I think it would be a real imposition on people to be ringing them every three days and hoping he's still alive…we rely on our knowledge of people to notice if* [a tenant] *hasn't been in touch for a while and hasn't been answering the door…*(Focus Ireland staff).

A few respondents – including tenants and Focus Ireland workers - remarked that the organisation's procedure to check on people who are managing well day-to-day seemed to reflect a concern for the organisation to 'cover its back' in case anything untoward happened to a Focus Ireland tenant. Unless tenants were under constant surveillance, such events simply could not be avoided.

> *It's always the first question if something happens "When was the last time you saw them?"…if they are living on their own there could be a trip or a fall…it could be anything…*(Focus Ireland staff).

There is a wider issue here about defining independent living and the boundaries of housing support (or care); how these are articulated by the organisation and how they are understood by tenants and the broader community. Anecdotally, a number of housing with care schemes in the UK have noted the difficulty of achieving a clear

understanding of their role as housing providers that promote independent living amongst the communities they serve.

4.6 Recording and monitoring arrangements

4.6.1 Support plans

The support plan process provides an overarching mechanism for charting needs within the context of the ongoing relationship of support between staff and tenants. As one respondent noted:

> *We use the support plan to enable us to be flexible. At any point the person might be so called 'well', have no support needs. But then in 'x' amount of time they could have that, so the support plan is used as an ebb and flow. So when they're fine, there's minimal contact 'hello', coffee mornings, things like that. But on the other hand, it could be issues will arise in the future, and then they can be brought back into the fold.* (Focus Ireland staff member).

There were mixed views amongst tenants about the support plans. One perspective was bemusement and antipathy amongst some tenants about the requirement, which seems to contradict the notion of independent living. As one staff respondent commented:

> *Most people are like "You know me. I don't need that and you're just doing this". And it's like: "No. You know I'm living here. I won't cause any hassle. I'm paying my rent".* (Focus Ireland staff member).

Nevertheless, staff also noted that the process does provide an additional opportunity to identify hidden needs, or as a way of helping to identify emerging needs.

> *Before, I really felt that like "oh this is a paperwork exercise and I'm doing work anyway. People know where I am". But actually when you do the review some people are like "Actually I need some help with that". So it's good* (Focus Ireland staff member).

In spite of the mixed feelings about the support plan process, and the view that it may feel intrusive for some tenants with minimal support needs in the current context, the process may come increasingly into its own in the future given the high support needs of incoming tenants on one hand, and escalating needs amongst tenants in later life on the other.

4.6.2 Case files

The analysis of a small sample of tenant case files highlighted a number of challenges for the organisation (Walsh, 2015). Firstly, individual case files in reality relate to information kept in a variety of locations, on paper and in a number of databases (including PASS and Omniledger). A key conclusion by Walsh (2015) was that clarification is needed in relation to the purpose of the paper file for Focus Ireland going forward. Walsh (2015) identified a range of potential useful purposes for the paper file, which might include:

- Holding essential useful contact information in an emergency;
- Holding confidential information for the tenant and support workers;
- Holding confidential information to facilitate the transfer of a tenant from one case manager/key worker to another; and
- Holding information that would enable the effectiveness of the support provided by Focus Ireland to a tenant to be regularly reviewed.

Secondly, a particular challenge for Focus Ireland is that a number of tenants have not given consent for their data to be recorded on PASS (it is also important to note that it is not a requirement for tenants (i.e. not a condition of tenancy) in LTSH to engage in support services).

Thirdly, Walsh (2015) highlighted the variety of templates and headings in use within Focus Ireland project sites. This issue created a challenge in terms of locating relevant and the most up-to-date information. Two conclusions flowed from this finding:

- Focus Ireland long-term housing projects could consider using the same file headings, and have a common understanding of what is to be included under each file heading;
- Removing or leaving out material defined as extraneous and non-useful material (e.g. round robin letters to tenants) from the files. This point links back to the fundamental question as to what the purpose of the paper file is.

One way forward is to move towards a situation where all data is computerised using relational databases. This could be an 'off the shelf' generic management information system (say for social housing management or housing related support services), but which could be customised to a certain degree to suit the specific needs of the organisation. It is also quite possible to use desktop software like Microsoft Access. Relational database systems use a series of flat files - a flat file would be the equivalent of an old paper file - with different aspects of recording about a service user/client separated according to whatever their administrative structure and processes require. The way a relational system works is through a primary key, which is a unique identifier for each individual client, and each flat file

about that client (say there are 5 or 6 sets of records about that person) contains the primary key. The primary key can then be used to pull together any combination of information from any of the flat files about the client or service user. These systems can be used to generate system wide reports about every individual and also offer various levels of username and password security, from almost no access beyond being able to type in a few basic records, through to being able to range across the whole database. An essential aspect of a system for Focus Ireland would be that tenants who have not given their consent for PASS would not have their files linked to PASS.

A number of staff respondents noted that PASS was not as user friendly as it might be. PASS did not lend itself to working on several cases at one time, and in this respect, was quite slow and cumbersome to work with.

4.7   Staff training and skills

The discussion with staff about training and skills provided an opportunity to explore views on the current training on offer, as well as any gaps in terms of current or emerging issues that staff are dealing with in relation to the support needs of tenants. The Annual Service Reviews provided a forum for identifying ongoing gaps in training for staff, as well as monthly team meetings. Although mechanisms were in place to look at training needs, respondents identified a number of issues:

- The accessibility of training for staff in Waterford if training packages are provided in Dublin (which was a point discussed in more detail in the review by Mary Jennings, 2005);
- The availability of training for contact workers;
- The increasing financial constraints facing the organisation and the availability of training beyond core training. Linked with this issue was a query by a staff member over the requirement to undergo annual refresher training as part of the TCI programme; and
- The importance of achieving consistency of approach to the delivery of support through consistent learning; that is that all staff should attend, rather than one person who then feeds back to the others.

One staff member reflected the concerns of a focus group in relation to the availability of training for career development.

> *I suppose one of the things for me, just over the last few years there hasn't been a lot of money for career development. Some of the training courses run at the moment, some people will be on a particular level and they'll want to do training that will be available to maybe project leaders and managers so that*

they can advance through the organisation. That's not the case at the moment. (Focus Ireland staff member).

The Support Plan Review (Focus Ireland, 2014b) reported that staff were skilled in money management, independent living skills, advocacy, stress management techniques, conflict resolution, and are able to assist customers in dealing with these issues locally. Housing staff were also able to manage multiple systems, for example, negotiating housing authorities and the HSE (Focus Ireland, 2014b, p6). Respondents identified a number of topics where training would be valued, including training on mental health; and practical aspects of support such as key working. One respondent noted that training needs to some extent depend on responding to issues as they emerge amongst tenants. For example, at one stage a particular scheme was seeing a higher number of people with psychiatric needs, and so they worked with psychiatric services and Community Psychiatric Nurses on training available in this area and in updating the skill base of staff. At present current needs amongst tenants were more in relation to drugs, so the scheme is currently exploring training on that issue. There was also an issue about emerging challenges that training and skills development would need to respond to in the future. Supporting people in later life featured as one theme.

> *…the elderly tenants will be challenging for us. But there's a different way of working with older people in comparison to working with young people who are displaying transient behaviour….I feel that the organisation would maybe at some point address it really, because I think we're using our common sense when it comes to that. Common sense is a great tool, but there is a certain way of dealing with elderly people because of the needs that they are presenting with…Our team still do that, but it doesn't quite match is what I'm saying.* (Focus Ireland staff member).

4.8   Views on the future of clustered and congregate housing

Project staff consulted as part of this evaluation explained that congregate accommodation was regarded as appropriate in the 1980s when the properties had been acquired, but felt that this type of accommodation was no longer appropriate for the vast majority of Focus Ireland tenants.

> *It was also envisaged at the time that this was good…You have to remember that in the '80s there was a big drive on care in the community and a lot of people who were discharged of psychiatric services. Communal congregate settings were seen as an ideal form of rehousing…because things hadn't gone very well for them in the community* (Focus Ireland staff member).

Project workers felt that clustered or dispersed housing would be more appropriate for the majority of Focus Ireland's tenants and that Focus Ireland should place more emphasis on tenancy sustainment and the prevention of homelessness. In the past, Focus Ireland's strategy was to 'own and retain properties,' but more recently there has been a recognition that Focus Ireland can, with other housing providers (e.g. local authorities), deliver preventative services/tenancy sustainment support to people in their own homes (i.e. not only tenants living in Focus Ireland housing stock).

> ...if it was an option in the future, I wouldn't choose those large congregate settings again...I'd certainly choose individual and dispersed units or smaller congregate settings...Even 14 units I think is quite a lot in one place when you've got similar people with quite similar challenges and issues... (Focus Ireland staff member).

> The whole notion of off-site housing…came up later…We were beginning to think that this congregate setting didn't suit the majority. In fact, it only really suited the minority, its structure itself and people's sense of independence…(Focus Ireland staff member).

Although Focus Ireland staff members in general did not feel that large congregate sites were desirable, there was a feeling that Focus Ireland had no choice but to continue to use this form of accommodation. As noted earlier, work was underway to improve accommodation and a great deal of money had been allocated to these redevelopments. It was felt highly unlikely that Focus Ireland would sell these sites in the short to medium term.

Some respondents felt that there were, and there would continue to be, some households for whom congregate settings with support would be most appropriate for their needs. However, it was thought that there might be alternative ways to deliver support in the future.

> …the one thing that we will always require…and maybe Housing First will finally change my mind… We will always require a small element of congregate housing because of the structure and the companionship it will offer an individual. Or even the healthy distraction it offers some individuals who need it…(Focus Ireland staff member).

Another concern, as noted above, was that it would be increasingly difficult to provide support and care for ageing tenants in the current congregate accommodation.

> We as an organisation really need to have a strategy...for the increasing number of older tenants that we're housing...There's obviously design issues that we can't possibly tackle in the congregate settings we have...A lot of the

units really aren't appropriate...We never planned for it...and we just don't have the resources in wider society for the number of older people. Given that our customer group tend to have more intensive needs, it's harder still to get the correct services for them when they need the support (Focus Ireland staff member).

4.9   Summary

Tenants across the sites had very different views about the level of support they required, as well as differences of opinion about the level and nature of support offered by Focus Ireland. There was a lack of clarity about what tenants could expect from Focus Ireland and some discontent about the support and services provided amongst some tenants, whilst others spoke very highly of the support they received. There were some differences between tenants living in different types of accommodation; long-term tenants in congregate accommodation (i.e. those who had lived there for some years) seemed to require and expect support with every day tenancy sustainment as well as emotional support. However, it appeared that some long-term tenants in clustered accommodation on some sites were also receiving relatively high levels of support.

There was little expectation amongst tenants that they would move on from LTSH and little incentive for tenants to do so. For many, their aspiration was to remain where they were. Few people wanted to move, but those that said they would be willing to move or would like to move recognised that they were unlikely to be given a property in an area they wanted at a rent they could afford. Importantly, nearly everyone who talked about moving said they would be worried about their safety and security on an 'ordinary' estate. The key feature of the congregate and clustered accommodation that was attractive to tenants seemed to be the sense of security and safety compared with accommodation in either the private rented sector or social housing. Nevertheless, some tenants who were happy to stay felt that it was wrong for them to be living alone or with only one other household member in a three or even four-bedroom apartment or house.

Most tenants understood that support was available as and when they needed it, and greatly valued this aspect of the service. However, a number were unclear as to why activities were available for people in transitional accommodation, but not necessarily for them. If support needs reduce over time and support is gradually withdrawn, Focus Ireland must ensure that tenants understand why this is happening as well as reassuring tenants that support will be provided when necessary and that they can approach staff at any time if they require support (e.g. at a time of crisis or ill health).

A significant theme underpinning the discussions with staff was the impact of an ageing population, which many respondents returned to time and again. One implication for the organisation is how it responds to this trend in the future in terms of the suitability of its stock, and meeting support and care needs in the future. However, a concern expressed by a number of staff was the efficacy of *current* care and support by external agencies, with very mixed views evident amongst staff about how well this is working. In situations where Focus Ireland staff are already reportedly plugging gaps in care, there needs to be an immediate appraisal of how the organisation can best achieve appropriate outcomes for these tenants, and the level of organisational support necessary for the staff working in these situations.

There was a concern amongst staff about staff/tenant ratios, which were felt to be too high. A starting point for comparison is with staff/service user ratios in services provided in a British context. However, it should be noted that the staff/service user ratios cited were for staff working only with people with low support needs (25-40 per worker), or for staff working only with people with high support needs (3-10 per worker), rather than the mix of support needs in the five LTSH schemes.

There were mixed views about the support plan process. In particular, there was a view amongst some staff and tenants that the process felt intrusive for some tenants with minimal support needs. However, the process may come increasingly into its own in the future given the high support needs of incoming tenants on the one hand, and escalating needs amongst tenants in later life on the other. In some respects the process reflects an inherent difficulty of finding a balance in processes geared towards meeting high support needs and monitoring changes in needs amongst a very diverse population within the schemes, which includes some people who may feel that they only need housing, not support.

Focus Ireland tenants must continue to be encouraged to understand the importance of engaging with support planning[5]. However, there was some evidence that Focus Ireland workers were reluctant to insist that tenants who did not want to engage did so. Some staff suggested that it might help if it was explained to tenants that needs assessments are necessary to make sure people are receiving the appropriate support they require.

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[5] The Support Plan Review found that 96 per cent of tenants in the schemes included in the review had a current support plan signed by the tenant (Focus Ireland, 2014b).

SECTION FIVE: CONCLUSIONS AND ISSUES ARISING FOR FOCUS IRELAND

This Section draws together the main conclusions from the research and identifies issues arising for Focus Ireland for future actions.

Although Focus Ireland has robust policies and protocols in place, the organisation faces challenges from a number of directions in terms of matching its support provision with the levels of support that tenants require, both now and in the future.

- Firstly, the poor range of alternative accommodation options in comparison with what is provided by Focus Ireland (i.e. low rent, security of tenure, a safe environment, support when required) means that there is very little incentive for tenants to move on. In some ways this external situation is worsening, with reports that some local authorities are increasingly suggesting that tenants should seek tenancies in the private rented sector, rather than tenancies within their own social housing stock. Nevertheless, research within Focus Ireland (2010) noted the low level of enquiries by tenants about rehousing, as well as a 'massively incongruent' difference between tenants' positive statements about their level of independence and their stated need for continued support.

- Secondly, Focus Ireland faces a very different challenge in terms of the level of support needs of incoming tenants into the future. One challenge is that aspects of the referral process has been centralised, with local authorities now driving the process. With regard to the process of accepting new tenants, there are very clear Focus Ireland policies in place. Staff respondents also noted a very careful qualitative assessment of the capacity of individual schemes to accommodate incoming applicants, within the wider context of the balance of existing needs within respective schemes. One concern for the future is the changing balance of support needs amongst tenants in the long-term. The future suggests an increasing proportion of tenants with high support needs, although the pace of change within LTSH will inevitably be slow given the wider housing context, and limited prospects for tenants to move on. However, if there was a more rapid flow of tenants with low support needs from Focus Ireland LTSH, or a more substantial reconfiguration of congregate settings as part of a future response to embracing housing-led approaches (see Section Two), then Focus Ireland's objective of having balanced communities within schemes would need to be reviewed (see argument presented in Focus Ireland (2010), which highlights a concern about an escalation in chaotic behaviour within schemes).

- Thirdly, ageing presents an increasing challenge to Focus Ireland in terms of meeting the needs of tenants who are appropriate to its skills, experience,

standards and resources. In addition to responding to demographic change in the future, there is also an immediate concern amongst some of the staff about meeting current needs. There was a view that some staff members are going the extra mile to plug gaps in the provision of care services. Other respondents highlighted positive joint working arrangements with external partners, including being assertive about boundaries of responsibility. Nevertheless, the development of care needs in the future suggests that the organisation may increasingly be pulled into a model of provision that it may not necessarily be comfortable with.

Staff/tenant ratios

One pressure identified in terms of sustaining appropriate support is the workloads of staff offering support, and the level of staff to tenant ratios. There was a concern amongst staff about staff/tenant ratios, which were felt to be too high. Staff/service user ratios in services within a British context were highlighted, which could be used to make a comparison to the situation in the five LTSH schemes. However, it should be noted that the staff/service user ratios cited were for staff working only with people with low support needs (25-40 per worker), or for staff working only with people with high support needs (3-10 per worker), rather than the mix of support needs in the five LTSH schemes.

One concern was that appropriate staff should be included in the calculation of ratios, especially in the context of an increasing separation of housing and support functions within the organisation. The move towards contact workers was viewed as a positive development in terms of demarcating roles and freeing the potential or purposeful support by project workers. However, there was some discussion about training opportunities and career development for contact workers, as well as turnover of contact workers in a number of schemes.

Promoting independence

Part of the discussion with staff and tenants focused on the extent to which the organisation is finding a new balance in terms of promoting independence and minimising the potential for creating or maintaining dependencies. The most contentious issue remained rent payment and arrears. The process of change that is leading to new relationships and expectations between tenants and the organisation has inevitably raised some tensions with tenants. This includes, for example, changing expectations around maintenance, and the provision of social activities. The latter change highlights a more fundamental question over the role of the schemes as distinct communities, which can include everybody who lives and works

in a scheme - staff and tenants alike. There is a fine line in terms of promoting a supportive community atmosphere on the one hand, but not undermining independence on the other. One area where other organisations have promoted a sense of community is through training and awareness raising amongst staff and tenants in response to the needs of individuals in later life. These approaches help to foster and sustain respectful and tolerant communities, and include, for example, the promotion of dementia-friendly communities, or communities that are supportive of people with sensory impairments. Such an approach would build on Focus Ireland's primary values, whilst taking a lead in working towards the longer-term challenges posed by an ageing society. Another way of promoting independence, as well as helping to address the potential for isolation and loneliness, is through the use of peer support and mentoring. This approach often features as an integral part of successful housing-led services. The mixed needs congregate and clustered settings in Focus Ireland would appear to readily lend themselves to this approach.

It appeared that more could be done to help people find activities, training and employment in the local community, although this might be more difficult in the current economic climate and it might be the case that some tenants simply do not want to engage. However, some tenants did report feeling isolated and bored, which can often lead to problems with substance abuse or mental illness which can then often result in problems maintaining tenancies.

Focus Ireland is currently exploring ways of encouraging tenant participation, which is welcomed. A couple of tenants queried the extent to which this would be meaningful and that tenants' views would be properly considered and responded to.

Focus Ireland schemes and their surrounding neighbourhoods

Respondents also focused on how schemes sit within their surrounding neighbourhoods. This facet of the schemes included not only the function and role of schemes, but also how schemes are perceived externally. Respondents reflected on the role of schemes in the future, especially the openness of schemes – that is, how tenants, neighbours and members of the wider public, as well as Focus Ireland staff and practitioners from other agencies, move in and out of schemes. Larger schemes can continue to play an outward facing role as community hubs, but this potential is limited for smaller schemes, which purely function as standalone apartments with secure entry.

Embracing Housing-Led approaches

Section Two presents a range of potential future options for Focus Ireland, some of which would necessitate a significant shift in the current role played by individual schemes. Nevertheless, current experience and approaches also suggests that there is nothing contradictory in a housing-led or Housing First service that uses congregate and clustered housing, which offers both a tenancy for life and the opportunity to move on, if someone wishes to do so.

Using a Housing-Led Approach with a mixed needs client group would offer a model much closer to the current configuration of services in Focus Ireland congregate LTSH. Evidence from a range of experiences in different countries points to how such a model might operate, including some of the pitfalls that other providers have negotiated (including Finnish congregate settings, approaches in the US and British contexts, and the Common Ground model in Australia[6]). An alternative approach would be to have a dedicated mobile team who deliver a Housing First service to tenants with high support needs.

One feature of housing-led service models that has a particular resonance with the way that Focus Ireland congregate and clustered LTSH are developing at the moment is around achieving a separation of housing and support. This facet of housing and support provision is an important principle underpinning successful housing-led approaches.

Assessing the timeframe for ongoing levels of support

Evidence on assessing levels of need suggest caution in the potential use of frameworks or templates for forecasting levels of low, medium or high levels of support at a strategic level, as opposed to ways of structuring and organising open-ended support in response to the ongoing ebb and flow of client-led needs. Predicting the length of time that support needs will exist is not something that can be reduced to a simple formula. If required treatment is in place, housing is suitable, secure and affordable, and an individual has access to structured, productive activity during the day, combined with social and emotional support, their support needs are more likely to fall and less likely to increase. However, the detailed pattern of need, prediction of future need, and the mix of services required by each individual can vary considerably.

The Outcomes Star is already an established mechanism within some Focus Ireland projects (including Grange Cohan and Aylward Green). Although its limitations need

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[6] Note that the difficulties that Common Ground has faced in relation to managing mixed communities needs to be highlighted.

to be acknowledged, it nevertheless offers a reference point for allocating mixes of support as well assisting with ongoing monitoring processes.

Case files

The analysis of a small sample of tenant case files (Walsh, 2015) highlighted a challenge for the organisation, in that individual case files in reality relate to information kept on a number of databases and held on paper file. A particular challenge for Focus Ireland is the number of tenants who have not given consent for their data to be recorded on PASS. One way forward is to move towards a situation where all data is computerised using relational databases, which could be an 'off the shelf' generic management information system or by using desktop software like Microsoft Access. These systems can be used to generate system-wide reports about every individual, but an essential aspect of a system for Focus Ireland would be that tenants who have not given their consent for PASS would not have their files in a database linked to this part of the system.

Issues arising for Focus Ireland

- Ageing within LTSH will require a review of how Focus Ireland will align its strategy and services in the future to meet the needs of older people who require care and support.

- Mixed views within Focus Ireland on the efficacy of *current* care provided by external agencies, suggests the need for an immediate appraisal of how the organisation can best achieve appropriate outcomes for these tenants, and the level of organisational support necessary for the Focus Ireland staff working in these situations.

- Explore the current potential for developing peer support and mentoring within and across schemes. In addition, explore the future potential for training and awareness raising amongst *all* individuals linked with schemes – staff and tenants – in relation to the needs of people who live with chronic conditions and impairments associated with later life.

- Clarity of roles and responsibilities – tenants talked about having to pay their rent and to abide by the terms of tenancy agreements, but in some instances there was some confusion around support and the services they could expect.

- Evidence on the successful application of housing-led approaches suggests that Focus Ireland should continue to pursue a separation of housing and support functions.

- As housing management and support are separated, and if tenancy agreements are more strictly enforced, then tenants will require support with budgeting and paying their rent - otherwise long standing tenants who have become accustomed to accruing rent arrears without any sanctions will be in danger of being evicted.

- A future trend towards accepting tenants with higher support needs, and increasing needs amongst older tenants, will inevitably have implications for the overall workloads of support workers, who will have less time to support tenants with day-to-day tenancy sustainment.

- In addition, if new Focus Ireland LTSH tenants have more complex needs (e.g. substance misuse and behavioural problems) then Stanhope Green and George's Hill will become increasingly unsuitable environments for families with young children.

- Pressure in the local housing markets makes it unsustainable to have one or two person households living in large properties. Focus Ireland should explore ways of freeing up larger properties – possibly looking at the use of incentives to encourage people to move within current provision (e.g. help with costs of moving, redecoration etc.).

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APPENDIX 1:

Table A1: Age profile of Focus Ireland congregate and clustered LTSH schemes (percentage of tenants in each age range)

Age Band	Ireland (2011)[1] (%)	Congregate and clustered LTSH schemes (2015) (%)	Other LTSH projects (2015) (%)
20 - 24 years	8.9	1.9	2.7
25 - 29 years	10.8	3.1	7.8
30 - 34 years	11.8	8.6	11
35 - 39 years	10.9	9.9	17.2
40 - 44 years	9.9	11.7	14.1
45 - 49 years	9.1	16	13.7
50 - 54 years	8.2	16.7	13.3
55 - 59 years	7.3	11.1	8.2
60 - 64 years	6.5	11.7	5.9
65 - 69 years	5.2	4.9	3.9
70 - 74 years	3.9	2.5	1.6
75 - 79 years	3.0	1.2	0.4
80 - 84 years	2.1	0	0
85 years and over	1.7	0.6	0
	100[2]	100	100
Missing values		7	13
Base	3,325,643	162	255

[1] Source: Ireland Census, 2011

[2] Percentages may not add up to exactly 100 due to rounding