An Evaluation of the North Tipperary Intensive Tenancy Sustainment Service

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An Evaluation of the North Tipperary Intensive Tenancy Sustainment Service

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Contents

Foreword

This report provides an evaluation of the North Tipperary Intensive Tenancy Support Service, which was a key element of the Mid West Service Improvement Programme (2018–2020).

Mid West Mental Health Services were successful in their application for funding through Genio to the Service Reform Fund in 2018. The proposal was based on extensive consultation with Service Users, their supporters, service providers and community partners. Homelessness and housing were identified as risks for Service Users, and as areas that required reform to ensure that the needs of Service Users were met in a more effective way. The service reform funding secured in 2018 provided mental health services in the Mid West with an opportunity to introduce Tenancy Support and Sustainment (TSS) staff, employed by Focus Ireland, to two community mental health teams in North Tipperary. A key priority of the project was that TSS staff would be fully integrated with the multidisciplinary teams based in Nenagh and Thurles. This is an innovative aspect of the project and it is the first time that this model of service has been employed in Ireland. The model was influenced by previous experience in the working partnership between Focus Ireland and Mid West Mental Health Services.

The funding contributed to a wraparound, recovery-oriented service for adults with mental health difficulties who may be homeless or at risk of homelessness. As members of the mental health multidisciplinary team, the TSS staff acted as key workers to Service Users, with the ultimate aim of resettling the person to permanent, independent living in the community (with or without supports).

In November 2018 Mid West Mental Health Services also appointed a Housing Coordinator for mental health services in the region. The post of Housing Coordinator and the tenancy support project provide the opportunity to effectively meet the housing needs of people who experience mental health difficulties. The Housing Coordinator works closely with the North Tipperary Implementation Group for the Intensive Tenancy Sustainment Service. The implementation group oversees governance of this project and includes representation from Focus Ireland, Tipperary County Council and the Health Service Executive (HSE). The implementation group provides a platform for effective partnership with the Tipperary local authority and Approved Housing Bodies.

In late 2019 the Mental Health Services of CHO Area 3 (Clare, Limerick, North Tipperary/East Limerick) and Focus Ireland commissioned an evaluation of this service. The objective of the evaluation was to explore the efficacy and measure the outcomes of the North Tipperary Intensive Tenancy Sustainment Service for Service Users of the Mid West Mental Health Services. The evaluation also sought to highlight the unique features of the Intensive Tenancy Sustainment Service in North Tipperary as a model of practice that could be adopted in other mental health services in Ireland. The evaluation was carried out in the first quarter of 2020.

The project was shortlisted for a Health Services Excellence Award in March 2020 and the team were honoured when this project was selected as category winner for Innovation in Service Delivery.

We are delighted to present this report on the innovative and collaborative approach to service provision that has culminated in such positive outcomes for Service Users. A sincere thanks is extended to all those involved in the project. Finally, we would like to express our gratitude to the North Tipperary Implementation Group for the Intensive Tenancy Sustainment Service, who coordinated and governed the service.

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Ger Spillane, Regional Services Manager, Focus Ireland; Gráinne Madigan, Project Leader, Focus Ireland; Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare; and Niamh Wallace, Head of Service, HSE Mental Health Mid West Community Healthcare, accepting the 2020 Health Service Excellence Award for Innovation in Service Delivery.

Category Winner in the 2020 Health Service Excellence Awards
in the *Innovation in Service Delivery* category

Acknowledgments

Abbreviations

AHBs	Approved Housing Bodies
BPS	Biological, psychological and social (needs)
CMHT	Community Mental Health Team
HPO	Healthcare Pricing Office
HSE MW MHS	Health Service Executive Mid West Mental Health Service
ITSS	Intensive Tenancy Sustainment Service
MDT	Multidisciplinary team
NTIGITSS	North Tipperary Implementation Group for Intensive Tenancy Sustainment Service
PIE	Psychologically informed environments
SISG	Service Improvement Steering Group
SRF	Service Reform Fund

Executive summary

Introduction

> The Intensive Tenancy Sustainment Service (ITSS) was established in North Tipperary (Nenagh and Thurles) in September 2018 as a result of funding secured from the Service Reform Fund (SRF)[1].

> This service is a collaboration between Focus Ireland (a housing and homelessness organisation) and the Health Service Executive Mid West Mental Health Service (HSE MW MHS). It aligns the government's *Housing First National Implementation Plan* (2018) with *Sláintecare* (2017) and *Sharing the Vision – A Mental Health Policy for Everyone* (2020).

> The North Tipperary ITSS project comprises two community mental health teams (CMHTs) in North Tipperary and two project workers employed by Focus Ireland.

> The aim of the CMHT is to support people in their own homes and communities when they are experiencing complex mental health problems.

> The aim of the North Tipperary ITSS operating within the CMHT is to:
> > Assess the housing needs of Service Users
> > Assist Service Users to settle into new housing or sustain their tenancies in the community
> > Use an individualised support plan to assist Service Users to sustain their tenancies by providing intensive support to build confidence, life skills, budgeting skills and the ability to maintain a home.

> Embedded within the CMHT, the service is actively:
> > Sustaining the collaborative relationship between Focus Ireland and the HSE MW MHS
> > Building partnerships with housing and voluntary agencies to make housing and local supports available for Service Users.

> Between September 2018 and August 2020, 36 Service Users availed of the services of the ITSS.

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1 The Service Reform Fund (SRF) has been established to support reforms in Disability, Mental Health and Homelessness in Ireland. The Homelessness programme commenced in 2018 and is being implemented through an integrated approach.

Rationale for establishing the service

> The service was established in response to the lack of available accommodation for Service Users of the CMHT who experienced lengthy stays in hospital, a breakdown in social support or a family crisis.

> The service is guided by policies relating to mental health and homelessness, such as: the need to provide integrated care and support to people with mental health difficulties through multi-agency collaboration; the goal of providing secure tenancies supports to enable Service Users to focus on their recovery; and the aim of preventing tenancy breakdowns and lengthy stays in hospital (*Sharing the Vision – A Mental Health Policy for Everyone*, 2020; *Sláintecare*, 2017).

Research questions, aims and objectives

> The following **research questions** were agreed by a research advisory committee made up of key stakeholders from Focus Ireland and the HSE MW MHS:

1 What needs is the ITSS responding to?

2 What can be learned from the stakeholder partnerships in place and to what extent have they contributed to the success of the service?

3 What areas are likely to accrue potential cost-savings from the improved outcomes?

> **The aim of this research** was to determine the effectiveness of the ITSS in North Tipperary (Nenagh and Thurles) in the following key areas:

> Housing outcomes for Service Users
> Outcomes for Service Users as assessed by the project workers and the CMHTs
> Operation and integration of the service into the CMHTs – what can be learned from the partnership between the CMHTs and the project workers
> Partnership between HSE MW MHS, Focus Ireland, Tipperary County Council and housing and voluntary agencies
> Components of a successful model of practice.

> The **specific objectives** were to document:

> Key findings from a review of the literature on housing and mental health (Chapter 2)
> Service and model of practice of the ITSS (Chapter 4)
> Role of the CMHT (Chapter 4)
> Effectiveness of the partnership between Focus Ireland and the HSE MW MHS (Chapter 5)
> Potential cost-savings achieved and the areas in which cost-savings can be improved (Chapter 5).

Research methodology

› The research methodology included desk-based research (a literature review and analysis of available administrative data), 14 semi-structured interviews with key project stakeholders, and an online survey circulated to 33 staff members of the Nenagh and Thurles CMHTs, of which there was a 48.5 % (n=16) response rate.

Exploring the model of practice

› The multi-agency North Tipperary Implementation Group for Intensive Tenancy Sustainment Service coordinates and governs the ITSS. The group is made up of members of the HSE MW MHS, Focus Ireland and Tipperary County Council.

› Focus Ireland project workers are integrated within the CMHT and attend the weekly multidisciplinary team (MDT) meetings.

› Following direct referrals from the CMHT, the Focus Ireland project workers undertake assessments with Service Users to identify any areas of their life that might require support. The Focus Ireland initial assessment, which covers a range of life domains, is completed in conjunction with an assessment of the Service Users needs and housing preferences. A third and final Occupation Therapy assessment is carried out, which covers skills and abilities.

› An individualised support plan is created with the Service User, which is then communicated to the MDT and aligned with the Service User's overall care plan.

› The Service User is supported to focus on their recovery while living independently within the community through a flexible, goal-oriented support plan under the care of the CMHT. Project workers within the ITSS provide intensive support to Service Users with complex housing needs through key-working sessions.

› The service is improving outcomes. 9 Service Users have successfully disengaged from the service. The following outcomes were observed in a comparison of data received from the HSE covering March 2018–March 2019 and April 2019–March 2020:

  › Hospital admissions for nine Service Users fell from 28 to 3
  › Crisis contacts fell from 328 to 113

Findings

Housing outcomes

› Since the introduction of the ITSS within the CMHT, the housing needs of Service Users have been addressed successfully. The project workers are supporting Service Users to settle into new accommodation and sustain their tenancies.

› The ITSS is providing unique housing solutions for Service Users. It is supporting them to live in the community and is preventing homelessness during times of family crises and the breakdown of social support.

Outcomes for Service Users

› By assessing all aspects of their lives, the ITSS is supporting Service Users to build life skills and access community-based supports. This enables them to live independently and aids their recovery within the community under the care of the CMHT.

› Stakeholders expressed how Service Users have become more empowered, confident and connected with their communities as a result of availing of the service.

Engagement and partnership with external agencies

› The relationships that the ITSS has built with agencies external to the CMHT have been invaluable in terms of access to housing and other supports. The supports accessed from Approved Housing Bodies (AHBs) are creating progressive structures and are providing clear pathways to suitable housing and accommodation for Service Users.

Collaboration and integration within the CMHT

› Project stakeholders and members of the CMHT expressed that the project workers employed by Focus Ireland have fully integrated within the team. The workers are seen as essential in response to ongoing housing issues. Stakeholders would recommend this role to other CMHTs.

Potential cost-savings

› Potential cost-savings of **€324,714** were calculated as a result of the ITSS. This figure is derived from the amount spent on acute hospital beds for 9 Service Users the year before the ITSS was introduced (2018).

› Of the 36 individuals that availed of the service, 9 were successfully discharged from the project. This prevented them from entering into homeless services and therefore resulted in a potential saving of **€119,627**[2].

Conclusion

› The ITSS is aligning both mental health and housing policy to achieve successful outcomes. The multi-agency response is providing Service Users with secure homes and enabling Service Users to maintain and sustain their homes. The ITSS is achieving potential cost-savings by preventing homelessness and reducing hospital admissions.

› The integration of the service within the North Tipperary CMHTs has strengthened the response of the CMHTs to the housing needs of people with mental health issues. This is a model of service that should be replicated in other CMHTs.

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2 According to Pleace et al. (2013) the cost of providing homeless services per person to the state is up to €29,000 a year: €29,000 × 9 = €261,000 − €141,373 (salary and related expenses of project workers) = potential cost savings of €119,627.

Components of a successful model of practice

Since the establishment of the ITSS, the CMHT has strengthened its response to the housing needs of the 36 Service Users who have engaged with the service. The components of the ITSS that have contributed to the successful model of practice are:

> Integration of the ITSS within the CMHT

> Housing knowledge and expertise provided by project workers from Focus Ireland

> Detailed key-working assessment carried out on all aspects of the daily lives of Service Users

> Partnership with external agencies and the North Tipperary Intensive Tenancy Sustainment Implementation Group.

Recommendations

> The intensive nature of the work carried out is reflected by the limited caseload of the project workers and it is recommended that this limited level is maintained.

> The detailed Focus Ireland assessment in conjunction with the OT assessment is lending itself to the overall success of the service. Individualised support plans are tailored to meet the needs of each of the Service Users. It is recommended that this process continue in line with the existing recovery-orientated service.

> The partnership between Focus Ireland and the HSE MW MHS has contributed to the success of the ITSS and it is recommended that the partnership approach between a voluntary housing body and the HSE be maintained.

> To ensure that project workers employed by Focus Ireland are knowledgeable of the terminology and working environment of the CMHT, it is recommended that new project workers undertake training prior to being embedded within the CMHT.

> A lack of one-bedroom accommodation has been highlighted as a barrier for Service Users accessing accommodation. It is recommended that, in partnership with AHBs, more one-bedroom accommodation is made available.

> Clarity on the ITSS and the role of the project workers would benefit members of the CMHT, housing support officers in local AHBs, as well as Service Users. It is recommended that stakeholders working in conjunction with the ITSS are provided with guidance on the role of the project workers and the supports that will be provided to Service Users.

> Some referrals to the ITSS were seen as unsuitable due to the complex needs of Service Users. It is recommended that further research is carried out to explore the potential to expand the ITSS to include Service Users with such needs.

> Monitoring of housing outcomes and further evaluations would provide a robust evidence base in relation to the coordination of agencies involved with the service.

> Finally, future coordination and governance of the ITSS must be considered if the ITSS is to be established in other CMHTs. Each of the key agencies involved in the ITSS Housing Implementation Group is vital to the strength and continued success of the project. Consideration must be given to each of the key agencies for future governance and coordination of future projects.

Chapter 1

Introduction

1.1 Overview

A home is an essential need, particularly for the most vulnerable people in our society, including people affected by mental health difficulties (*Housing First Implementation Plan*, 2018). People receiving mental health treatment in the community can be more at risk of losing their tenancies and can be more prone to homelessness (Murphy et al., 2017). Lengthy admissions to hospital, a breakdown in social support or a family crisis are just some of reasons that can lead a person with mental health difficulties to lose their home. Mental health policy (*Sharing the Vision – A Mental Health Policy for Everyone*, 2020) highlights how secure tenure, along with a progressive support plan that encompasses health and housing, enables people with mental health difficulties to focus on their recovery.

The CMHTs in Nenagh and Thurles work with people with complex mental health problems in home and community settings. These CMHTs identified that the housing needs of their Service Users were not being adequately met. There were increased hospital admissions of Service Users, lengthy inpatient stays, and many Service Users were at risk of homelessness. To address these housing needs, the HSE MW MHS in collaboration with Focus Ireland and using the Service Reform Fund introduced the Intensive Tenancy Support Service (ITSS). The ITSS is the first of its kind – it is a unique collaboration between a housing and homelessness agency and a mental health team. The ITSS is provided by project workers employed by Focus Ireland who operate within the CMHT as part of the team. The service:

› Assesses the housing and support needs of Service Users

› Supports Service Users to settle into new homes and prevents homelessness.

Using an individualised support plan, Service Users are enabled to sustain their tenancy and are provided with intensive supports to build confidence, life skills, budgeting skills and the ability to maintain a home.

Embedded within the CMHT, the ITSS actively:

> Sustains the collaborative relationship between Focus Ireland and the HSE MW MHS
> Builds partnership with housing agencies and voluntary agencies to make housing and local supports available for Service Users.

Since September 2018, when the service was first established, 36 people (15 in Thurles and 21 in Nenagh) have received the support of the ITSS. This report is an evaluation of the impact of this work.

Research questions, aims and objectives

A research advisory committee was made up of key stakeholders from Focus Ireland and the HSE MW MHS. The following research questions were agreed by the research advisory committee:

1 What needs is the ITSS responding to?

2 What can be learned from the stakeholder partnerships in place and to what extent have they contributed to the success of the service?

3 What areas are likely to accrue potential cost-savings from the improved outcomes?

Arising from the research questions, the overall aim of the service evaluation was determined. This was to examine the effectiveness of the ITSS in North Tipperary (Nenagh and Thurles) in these key areas:

> Housing outcomes for Services Users
> Outcomes for Service Users as assessed by the project workers and the CMHTs
> Operation and integration of the service into the CMHTs – what can be learned from the partnership between the CMHTs and the project workers
> Partnership between HSE MW MHS, Focus Ireland, Tipperary County Council and housing and voluntary agencies
> Components of a successful model of practice.

To further steer the service evaluation, a set of specific objectives were devised.
The specific objectives were to document:

> Key findings from a literature review of housing and mental health (Chapter 2)
> Service and model of practice of the ITSS (Chapter 4)
> Role of the CMHT (Chapter 4)
> Effectiveness of the partnership between Focus Ireland and the HSE MW MHS (Chapter 5)
> Potential cost-savings achieved and the areas in which cost-savings can be improved (Chapter 5).

1.2 Structure of the report

The report is divided into five chapters:

> Chapter 1 provides an introduction

> Chapter 2 describes the methodology of the research conducted

> Chapter 3 is a review of relevant policy and literature

> Chapter 4 utilises collected data to explore and describe the model of practice

> Chapter 5 examines and evaluates key areas of the service, based on the findings from surveys with members of the CMHTs and one-to-one interviews with stakeholders

> Chapter 6 sets out conclusions and recommendations in relation to the service.

Chapter 2

Methodology

2.1 Overview

This service evaluation was conducted using a mixed-methods approach. A sub-group comprising key stakeholders from Focus Ireland and the HSE MW MHS guided the research process, and the Housing Coordinator of MW MHS was appointed to liaise with the researcher.

Primary research included:

> Desk-based research: a literature review and analysis of available administrative data
> A survey with members of the CMHTs in Nenagh and Thurles
> Interviews with key project stakeholders as well as external stakeholders.

2.2 Data collection

Desk-based research was conducted to review the literature on Irish-based projects examining the interconnectedness of mental health issues and homelessness, and policies relating to mental health, housing and homelessness. Analysis was also carried out on data received from the HSE and Focus Ireland, specifically:

> Number of crisis contacts
> Hospital admissions of 9 Service Users
> Contact activity carried out by the project workers.

Additional data was received from Focus Ireland on:

> Caseload of the ITSS
> Contact activity carried out by the project workers.

The survey with members of the CMHT was carried out via an online survey platform and made available for a three-week period. The survey was sent to 33 staff members and it generated a response rate of 48.5%. The aim of surveying members of the CMHT was to capture the overall opinion of the team members on the impact of the ITSS.

The majority of survey respondents were in nursing roles, followed by social work, occupational therapy, and one respondent each from medical, psychology and addiction counselling.

Fourteen semi-structured interviews were carried out over a four-week period with stakeholders representing five organisations. Table 2.1 shows the organisations and roles of participants.

Organisation	Interviews
Project partners	
Focus Ireland – Regional Manager	1
Focus Ireland – Project Leader	1
Focus Ireland – Assistant Project Leader	1
HSE MW MHS – Housing Coordinator	1
HSE MW MHS – Assistant Director of Community Nursing	1
HSE MW MHS – Director of Services	1
HSE MW MHS – Principal Social Worker	1
Members of the CMHT	
HSE CMHT – Consultant Psychiatrist	1
HSE CMHT/Focus Ireland – Project Worker	2
External Stakeholders	
County Council Community Liaison Officer	2
Estate Agent	1
Lyons Club	1

Table 2.1: Interview participants

The semi-structured interviews were conducted via telephone. The interviews were guided by the following questions:

1 Has the service impacted on housing outcomes?

2 Is there evidence that people are remaining in their homes? Why?

3 Have you noted potential cost-savings resulting from the service?

4 Are there any recommendations for the service?

The interviews resulted in over six hours of recordings, which were transcribed and coded to identify recurring themes.

2.3 Ethical considerations

The research adhered closely to Focus Ireland Ethical Guidelines. All interview and survey participants were assured of anonymity. All participants were informed that their participation was entirely voluntary and that it was possible to terminate their participation at any time. Participants were informed that if they had any complaints, they could contact the Focus Ireland Research Coordinator.

2.4 Limitations of the methodology

It was envisaged in the original methodology for this research that focus groups would be conducted to evaluate the partnership approach. Because of the Covid-19 pandemic, from March 2020 it was not possible to pursue focus groups due to public health guidelines. Instead, semi-structured interviews were conducted via telephone.

A higher response rate to the survey was desirable to capture the complete opinion of the CMHT. However, the researcher was satisfied with the distribution of responses in relation to the roles on the team.

Finally, in order to respect the sensitive nature of the service, research was not carried out with Service Users. This decision was made to protect the privacy of Service Users.

Chapter 3

Literature review

3.1 Overview

In this section, topics will be discussed in relation to research carried out on the interconnectedness of mental health issues and homelessness in Ireland, and how Irish government policy has placed importance on a multi-agency approach to recovery-orientated and community-based care for people with mental health difficulties.

3.2 Policy context

The direction of Irish policy for many years acknowledges the understanding that people with mental health difficulties should be supported to live within their own communities and be provided with progressive supports to maintain their tenancies.

The most recent policy document regarding mental health care in Ireland is *Sharing the Vision – A Mental Health Policy for Everyone* (2020). It commends the increase in the proportion of people accessing community care compared to inpatient care, and it highlights the cost-savings achieved from this. The previous policy document, *A Vision for Change* (2006), sets out that an integrated care approach should be provided to people with mental health difficulties within their own community, and that care should be provided by CMHTs. This care approach would provide those who need it with a multidisciplinary team (MDT) within a familiar environment, as opposed to inpatient care.

In line with the *National Framework for Recovery in Mental Health 2018–2020*, the recovery of the Service User within the community is an integral function of the CMHT. The CMHT adopts a person-centred recovery approach, where the biological, psychological and social (BPS) needs of the Service User are identified collaboratively to guide interventions and promote recovery.

According to the updated mental health policy *Sharing the Vision – A Mental Health Policy for Everyone* (2020), a secure environment is required to support a Service User's psychological and social functioning and to enable their recovery. This policy also stipulates that, in relation to housing, an integrated care approach is essential.

The *Housing First Implementation Plan 2018–2021* has been a key policy regarding homelessness in recent years. The guiding principle of *Housing First* is the provision of

a secure and permanent home as a priority for any person who is homeless, with the understanding that any other difficulties for this person can be worked on once a home is provided. *Housing First* outlines the supports that are required for a person to exit homelessness. This model of housing notes how some groups, including those with mental health difficulties, require additional support to improve their housing outcomes. Fundamental to *Housing First* policy is the requirement of wraparound supports and services to ensure that Service Users can focus on their recovery within their own community and homes.

The *National Housing Strategy for People with a Disability* (2011), states that progressive structures are required by people with mental health difficulties to be housed in the community, as opposed to residential settings. The same policy states that focusing solely on the provision of housing is not sufficient for people with mental health difficulties, as Service Users also require a series of supports to maintain their tenancies.

Sláintecare (2017), *Addressing the Housing Needs of People Using Mental Health Services* (2012) and *Sharing the Vision – A Mental Health Policy for Everyone* (2020) all stipulate that a partnership between care providers, local authorities, government agencies and social housing organisations is essential when providing housing supports. Collaboration between agencies, each providing different supports, can achieve an integrated care approach that creates a wraparound team that works with Service Users at its core. Providing a coordinated network of support and access to housing can enable Service Users to maintain their tenancies and support their recovery within the community.

3.3 Relevant literature

Research has highlighted how homelessness and poor mental health are interconnected (Murphy et al., 2017). A lack of access to housing can hinder discharges from hospital (Cowman and Whitty, 2016). And without security of tenure, people with mental health difficulties are not able to focus on their recovery (O'Keeffe et al., 2018). Further research has shown that, in order to provide secure tenure, it is essential to have partnership and collaboration between those providing mental health care and housing (Ceannt et al., 2016).

Research carried out by Murphy et al. (2017) highlighted how people presenting to homeless services are more likely to have mental health difficulties. The research also noted how long-stay inpatients in hospital with mental health difficulties are more likely to have housing issues. When the tenure of a person with mental health difficulties becomes insecure and there are limited options available, this person often enters homelessness or requires lengthy stays in acute beds in hospital to the detriment of their recovery.

A recent paper published by the Mental Health Commission (2020) analysing access to acute mental health beds noted that there was a lack of alternative accommodation available or necessary housing supports for people with mental health difficulties. Alternative accommodation was identified as either crisis houses, intensive support hostels or specialist rehabilitation units. Without alternative accommodation, people with mental health difficulties were inappropriately being placed in acute hospital beds. Research carried out by Cowman and Whitty (2016) found that housing issues were prevalent among long-stay inpatients of mental health services throughout Ireland due to a lack of suitable housing and supports.

According to the Healthcare Pricing Office (HPO) (2020) the average cost of a bed in an acute hospital is €897 per night. The cost of admitting those with housing issues to acute hospitals is significant to the State, and is detrimental to the recovery of people with mental health difficulties. When people with mental health difficulties are placed in hospital, this limits their access to community supports. The benefits of community-based supports are well noted by O'Keeffe et al. (2018), who describe how the successful recovery within a person's own environment comes from a combination of 'shared-decision making, peer-support and self-management'. Community-based supports provide Service Users with more control over their recovery, as well as providing significant savings to the State.

In the research carried out by Murphy et al. (2017), it was noted that patients with mental health difficulties were more likely to present to homeless services when discharged from hospital without the necessary housing supports. This research highlighted that there was a significant gap in tenancy sustainment supports for people with mental health difficulties. The research also highlighted the significant need for housing supports for those being discharged from hospital.

Research carried out by Ceannt et al. (2016) identified a lack of interconnection and partnership between agencies providing mental health and homeless services. They found that various services working with homeless people who had mental health difficulties did not have the necessary information to access available supports, and that there was a lack of communication between agencies. The research suggested that there is a significant need for a new and person-centred approach to dealing with housing issues for people with mental health difficulties.

Chapter 4

Exploring the model of practice

4.1 Overview

This chapter uses data gathered from a survey carried out with members of the CMHT[3] and interviews with key stakeholders[4], alongside data received from Focus Ireland, the HSE and the project workers operating within the ITSS. It aims to provide a comprehensive description of the service and the model of practice under the following headings:

› Purpose and role of the CMHT
› How the ITSS operates within the CMHT
› Assessment
› Work carried out by project workers
› Outcomes of the ITSS
› Model of practice

4.2 Purpose and role of the CMHT

The aim of the CMHT is to support people in their own homes and communities when they have complex mental health difficulties. In line with the *National Framework for Recovery in Mental Health 2018–2020*, recovery of the Service User is an integral part of the CMHT, adhering to four guiding principles:

1   The importance of the Service User's experience of living with mental health problems

2   The service will work with people and groups involved to try to provide the best possible service to Service Users

3   The HSE mental health services must make the recovery of people using its service their most important work

4   The mental health service will make sure that everybody is given a chance to learn and understand about recovery and what it means for them, and how it works in practice.

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3   Details of the survey are outlined on p.17.
4   Key project stakeholders are outlined in Table 2.1 on p.18.

Guided by these principles the CMHT support a Service User's recovery within the community using the biological, psychological and social needs (BPS) model of care. This model of care is recovery orientated and places importance on the connectivity between a person's biological, psychological and social functioning.

The CMHT comprises a number of healthcare professionals, including a psychiatrist, social worker, community psychiatric nurse, psychologist, occupational therapist, and addiction counsellor. Referrals can be made within the team to different health disciplines. Ongoing and regular multidisciplinary team (MDT) meetings are conducted to discuss the progress of Service Users. Care is provided by a combination of home visits, outpatient clinics, CMHT centres and day centres.

4.3 How the ITSS operates within the CMHT

The ITSS is provided by project workers employed by Focus Ireland who operate within the CMHT as part of the team. The ITSS supports Service Users of the CMHT who are at risk of losing their tenancy or who require support to settle into new accommodation. The support required may vary. For some Service Users, it may be home maintenance or budgeting issues. For others, it may be accessing agencies for support relating to housing or mental health, or possibly searching for a new tenancy.

The project workers meet with Service Users weekly though key-working sessions. The aim is to provide advocacy and practical support with an emphasis on recovery and empowerment. It is a flexible service whereby Service Users may link in with supports as required. This is set out in the Service User's support plan, which is adapted based on their changing needs.

The project workers operate as part of the CMHT and so they attend weekly MDT meetings where the cases of Service Users are discussed. These meetings provide the project workers with an insight into the mental health needs of the Service User. By embedding the ITSS within the CMHT, the Service User has a comprehensive support structure to enable them to live independently while focusing on their recovery under the care of the CMHT.

4.4 Assessment

Referrals are made directly by CMHT members to the ITSS at the MDTs. Initially there is a referral. Then an interview and initial assessment are carried out between the Service User and the project worker. This detailed assessment considers the needs of the Service User and identifies areas that may hinder their recovery or prevent them from accessing a home, which would put them at risk of homelessness. The Focus Ireland initial assessment considers the following:

> Service User's current accommodation
> Previous accommodation
> Health
> Substance dependency
> Relationships

› Children

› Finances

› Employment and training

› Practical supports from moving from homelessness into long-term housing

› Behaviour.

A Decision of Assessment is made by the project worker on the suitability of the needs of the Service User for the ITSS. This decision is in consultation with the management structure of Focus Ireland. If a Service User's needs are suitable for the service and they are accepted, the decision is then communicated with the MDT. A case is opened or is added to a waiting list, depending on the caseload. If the ITSS cannot meet the Service User's needs, the case is discussed at the MDT and it is then referred to an appropriate service.

Since September 2018 there have been 98 referrals to the ITSS in Nenagh and Thurles. 36 Service Users (36.7%) were accepted into the service. As of September 2020, 13 (13.3%) individuals were on a waiting list for the service; 8 in Thurles and 5 in Nenagh. Of the 49 (50.0%) individuals who were not accepted, there needs were assessed as unsuitable for the ITSS. The reasons for unsuitability varied between the referrals. Some referrals were above the level of support the ITSS could offer as Service Users were experiencing homelessness or complex addiction issues at the time of referral. There were some individuals with needs more suited to the Focus Ireland Advice and Information Service to seek housing related support. While other Service Users either did not engage with the service, or were no longer availing of the services of the CMHT, when the referral was assessed by the ITSS.

Following acceptance of the Service User into the ITSS, the Cowman Assessment and an Occupational Therapy (OT) assessment are carried out. The Cowman Assessment is used to identify the housing and support needs of the Service User. The OT assessment provides the project workers with an in-depth understanding of the abilities (functional ability and support needs) of the Service User. Following these phases of assessments, a support plan and goals are collaboratively established between the project worker and the Service User, with the aim of maintaining a Service User's tenancy or supporting them to settle into new accommodation.

The support plan established with the Service User is communicated with the CMHT via the weekly MDT meetings. This ensures that the support plan established by the ITSS aligns with the overall care plan within the CMHT. The overall approach of the ITSS is person-centred and, at any stage of the service, the Service User can disengage if they wish.

4.5 Work carried out by project workers

An analysis of data on the work carried out by the project workers was conducted for this evaluation. Information on visits with Service Users and work carried out by project workers is recorded within both partner organisations (EPEX[5] within the HSE and PASS[6] within Focus Ireland).

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5 EPEX is a content management system (CMS) used by the HSE to record contact with Service Users.

6 PASS is a content management system (CMS) used by Focus Ireland to record key-working sessions and contacts with clients.

The work carried out by project workers is divided into: phone contacts, home visits, key-working sessions, and accompanying Service Users to meetings with housing providers. Based on information obtained from EPEX (HSE), 62.9% of the support activity of project workers related to tenancy support. This was followed by support, life skills, and operating within the MDT.
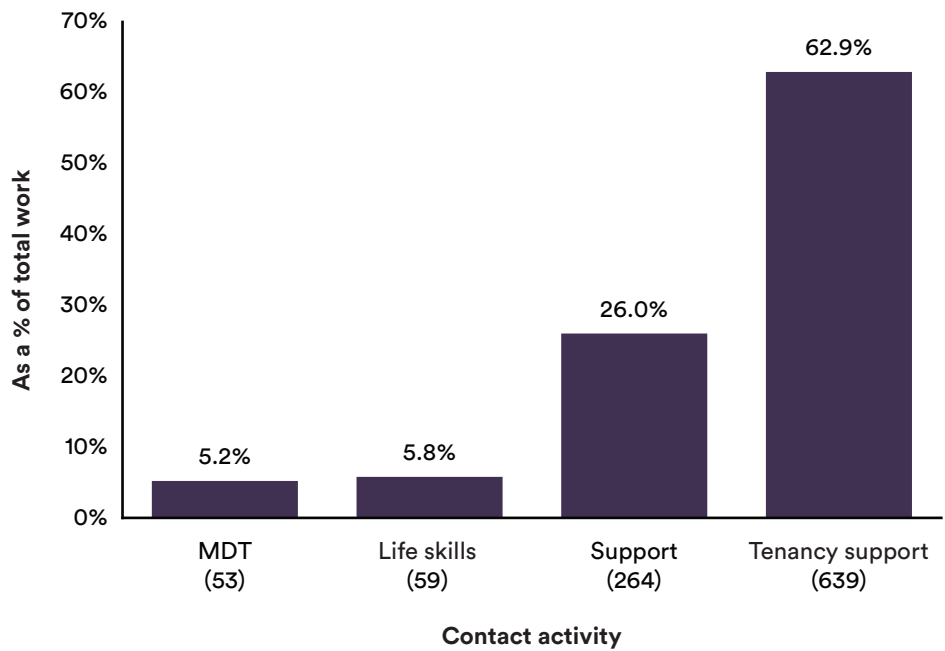
Graph 4.1 Breakdown of support provided by the project worker between November 2018 and August 2020. Source: EPEX (HSE)

The location of support was predominantly in Nenagh Community Mental Health Centre (350 or 34.6%), in the homes of Service Users (282 or 27.8%), in Thurles Community Mental Health Centre (269 or 26.6%), in a community setting (38 or 3.8%) or in a coffee shop (23 or 2.3%).

The support is also recorded in the PASS system used by Focus Ireland. In the time period between November 2018 and August 2020, 682 home visits and 2,723 key-working sessions or contacts were carried out by the project workers.

The ITSS supports Service Users who may already be availing of housing supports from the Lions Club (non-profitable voluntary group) and Tipperary County Council. The remit of the ITSS is wider than these housing supports. The ITSS provides intensive emotional support to vulnerable people and assists them to sustain their homes. This is a service that housing support officers in Tipperary County Council, when asked, felt they are not in position to provide. Housing support officers described how they have an extensive caseload and it is not possible for them to provide the same intensive support as the ITSS. The ITSS operates with a relatively low caseload that allows them to provide intensive support to Service Users with complex housing needs.

To help provide safe and secure housing for Service Users, the ITSS is actively building relationships and creating partnerships with local housing providers. These partnerships

include Tipperary County Council, voluntary housing associations and private estate agents. These relationships assist the project workers to procure suitable accommodation, rehouse Service Users, and support Service Users to maintain their tenancies and prevent homelessness.

4.6 Outcomes of the ITSS

Outcomes of the ITSS cannot be solely measured on those who have successfully disengaged from the service, as some Service Users may require ongoing support. Therefore, additional outcomes related to hospital outcomes and crisis contacts were measured. The full set of outcomes is as follows:

›   The number of cases that successfully disengaged from the service

›   A comparison of the *number* of ward stays of 9 Service Users[7] prior to and after the introduction of the ITSS

›   A comparison of the *length* of ward stays of 9 Service Users prior to and after the introduction of the ITSS

›   A comparison of the number of crisis contacts from 9 Service Users of the CMHT prior to and after the introduction of the ITSS.

From commencement of the service in September 2018 up to August 2020, a total of 36 Service Users (15 in Thurles and 21 in Nenagh) availed of support from the ITSS. At the time of this evaluation there was a caseload of 25: 11 being supported for prevention from homelessness (as they were at risk of losing their homes) and 14 for settlement into new accommodation.

Between June 2019 and August 2020, 9 Service Users successfully disengaged from the service: 6 of these Service Users were prevented from entering into homelessness, and 3 Service Users were settled into new homes. The current caseload of 23 Service Users continues to receive the supports provided by the ITSS (Table 4.1).

Service	Current caseload (July 2020)	Successfully disengaged	Total
Prevention	9	6	15
Settlement	14	3	17
Total	23	9	32[8]

Table 4.1 Caseload activity. Source: PASS (Focus Ireland).

Prior to the introduction of the project workers, stakeholders and members of the CMHT were concerned about the number of hospital admissions and bed nights that Service Users availed of.

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7 This sample of 9 Service Users was selected based on their respective high level of ward stays.

8 Four cases closed as a result on non-engagement or liaising with different members of the CMHT.

Data from the HSE showed that from March 2018 to March 2019, there was a total of 28 ward stays recorded between 9 Service Users. From April 2019 to March 2020 – after the introduction of the ITSS – there were only 3 ward stays among the same 9 Service Users. This represented a percentage decrease of 89% in the total ward stays of the same 9 Service Users (Table 4.2).

Service user	Ward stays 1 year pre-ITSS	Ward stays 1 year post-ITSS	Difference	Percentage change
1	0	0	0	0%
2	2	0	−2	−100%
3	2	1	−1	−50%
4	2	0	−2	−100%
5	8	0	−8	−100%
6	3	2	−1	−33%
7	3	0	−3	−100%
8	2	0	−2	−100%
9	6	0	−6	−100%
Total	**28**	**3**	**−25**	**−89%**

Table 4.2 Ward stays. Source: EPEX (HSE).

The length of the ward stays that were required by the same 9 Service Users were also recorded in this time period. From March 2018 to March 2019, the ward stays of the 9 Service Users resulted in a total of 419 bed nights in acute hospitals. From April 2019 to March 2020 – after the introduction of the ITSS – the ward stays of the same 9 Service Users resulted in only 57 bed nights.

| Service user	Length of stay (days) 1 year pre-ITSS	Length of stay (days) 1 year post-ITSS	Difference	Percentage change
1	0	0	0	0%
2	32	0	−32	−100%
3	31	29	−2	−6%
4	153	0	−153	−100%
5	44	0	−44	−100%
6	69	28	−41	−59%
7	20	0	−20	−100%
8	34	0	−34	−100%
9	36	0	−36	−100%
Total	**419**	**57**	**−362**	**−86%**

Table 4.3 Length of stays. Source: EPEX (HSE).

Crisis contacts are contacts made by Service Users of the CMHT when in difficulty to an on-call nurse or doctor between the hours of 4.00 p.m. and 4.00 a.m. From March 2018 to March 2019, there were 328 crisis contacts made by 9 Service Users of the CMHT. From April 2019 to March 2020 – after the introduction of the ITSS – there was a 66% reduction in the number of crisis contacts by the same 9 Service Users, as the overall number fell to 113 (Table 4.4).

Service user	Crisis contacts 1 year pre-ITSS	Crisis contacts 1 year post-ITSS	Difference	Percentage change
1	56	41	−15	−27%
2	9	0	−9	−100%
3	113	25	−88	−78%
4	16	4	−12	−75%
5	33	9	−24	−73%
6	6	7	1	17%
7	8	0	−8	−100%
8	8	13	5	63%
9	79	14	−65	−82%
Total	**328**	**113**	**−215**	**−66%**

Table 4.4 Crisis contacts. Source: EPEX (HSE).

4.7 Model of practice
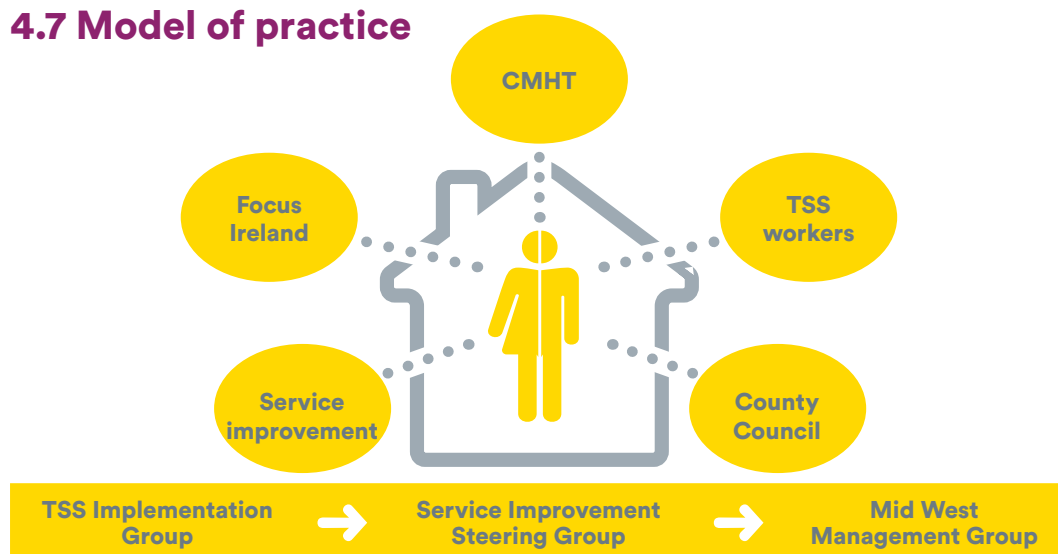
The aim of the ITSS is to respond to the housing needs of Service Users of the CMHT who are at risk of losing their homes or require support to settle into new accommodation. The objective of the ITSS is to ensure that Service Users are settled into new accommodation, are supported to maintain their tenancies, and can remain living within the community while focused on their recovery under the care of the CMHT. This section outlines the key components of the model of practice of the ITSS.

Governance

> The ITSS is governed and coordinated by the North Tipperary Implementation Group for Intensive Tenancy Sustainment Service (NTIGITSS). The group comprises members of the HSE MW MHS, Focus Ireland and staff members from Tipperary County Council.

> The group monitors activity carried out by the ITSS, manages and resolves risks, communicates between the agencies involved and identifies the needs of Service Users.

> The Implementation Group meets monthly to review the programme of work being carried out by the project workers.

> The Service Improvement Steering Group (SISG) is a group that oversees the work of the HSE Service Improvement Office. A report with activity and updates regarding the current caseloads of the ITSS is sent by the Focus Ireland Project Leader on a monthly basis to the chair of the Implementation Group, who sits on the SISG. The purpose of this is to raise any issues or concerns to the SISG regarding the ITSS.

Partnership and collaboration

› The multi-agency approach between the HSE MW MHS, Focus Ireland and Tipperary County Council is aligning the *Housing First National Implementation Plan* (2018) with *Sláintecare* (2017) and *Sharing the Vision – A Mental Health Policy for Everyone* (2020).

› The ITSS and the project workers employed by Focus Ireland (a housing and homelessness organisation) are strengthening the existing model of care of the CMHT by bringing extensive housing skills and expertise to support the housing needs of Service Users.

› The partnership between the HSE MW MHS, Focus Ireland and the NTIGITSS promotes active and regular engagement between multiple agencies. For Service Users facing difficulties regarding their tenancies, the partnership provides progressive structures and an integrated care approach.

› The ITSS utilises a network of local voluntary and statutory agencies, which encourages Service Users to avail of local supports. Linking Service Users with supports enables them to become more involved with their local community.

Management and supervision structure

› The ITSS is provided by project workers employed by Focus Ireland and it operates within the CMHT as part of the team.

› The line management structure within Focus Ireland supports day-to-day leadership, management and supervision of the project workers.

› The Focus Ireland management team maintain, develop and support staff performance, morale and motivation. Project workers receive regular case management and supervision and engage in monthly PIE (psychologically informed environments) sessions, which are facilitated by an external facilitator.

Assessment and support

› The ITSS utilises three assessments: the Focus Ireland assessment (covering a broad range of life domains), an OT assessment (skills and abilities), and a detailed housing assessment. In doing so, all aspects of the Service User's life and housing needs are assessed and an individualised support plan is produced.

› Having the ITSS embedded within the CMHT ensures that the support plan is communicated with the MDT and is aligned with the overall care plan of the Service User.

› The individualised support plan is built around key-working sessions that take place weekly with the project workers, with the aim of building the life skills of the Service User in order to support their tenancies.

› As the ITSS is embedded within the CMHT, it provides Service Users with wraparound support and a strengthened, recovery-focused BPS model of care. The service is person-centred: it allows Service Users to disengage when goals are met or to remain linked in with the service.

Chapter 5

Findings

5.1 Overview

In this chapter, the data collected from surveys and one-to-one interviews is used to examine and evaluate the following key areas of the service:

> Housing outcomes of Service Users of the CMHT

> Service user outcomes

> Engagement and partnership with external agencies

> Collaboration and integration within the CMHT

> Potential cost-savings.

Each of the key areas will be discussed: firstly, based on the findings from the online survey circulated to 33 staff members of the Nenagh and Thurles CMHTs (response rate 48.5%); and secondly, based on the 14 semi-structured interviews with:

> Project workers

> Key stakeholders from the HSE MW MHS, CMHT and Focus Ireland

> External stakeholders from Tipperary County Council and the Lions Club.

Potential cost-savings related to the establishment of the role will also be evaluated by utilising information sources from the HSE and Focus Ireland.

5.2 Housing outcomes

Findings from the online survey with members of the CMHT show the following.

> 100% reported that there was a lack of suitable homes and alternative accommodation for Service Users.

> 88% stated that Service Users were likely to be admitted as inpatients to acute units without suitable alternative accommodation.

> 100% felt that the process of finding an alternative home for Service Users was 'extremely difficult', 'very difficult' or 'difficult'.

> 100% felt that when a Service User is residing in hospital and has no home to return to, this impacts their length of stay in hospital.

> 100% of respondents stated that, prior to the introduction of the ITSS, housing was 'very often' or 'often' an issue for Service Users.

> 100% reported that housing issues impacted either 'negatively' or 'very negatively' on the quality of life of the Service User.

> 87% felt they did not have the skills to manage the tenancy issues of Service Users.

> 100% reported that, since the introduction of the ITSS, the housing needs of Service Users are now being met.

> 100% felt that the support of the ITSS increased the likelihood that Service Users can remain in their own homes and maintain their accommodation.

In addition, 10 of the 14 stakeholders interviewed felt that a shortage of suitable housing and lack of alternative accommodation led to lengthy stays in hospitals for Service Users if they were no longer able to stay in their homes.

> Some audits of prolonged admissions to our acute services were carried out. They were related to housing issues; the figures demonstrate it – that there's a really big need here.' *HSE stakeholder*

This was impacting negatively on mental health and hindering the recovery of Service Users, and a need was identified for an intensive housing support to operate as part of the CMHT.

Those interviewed stated that, as a result of the ITSS, there were vast improvements in the housing issues of Service Users. It was noted how the project workers had provided unique housing solutions to issues that the CMHT had struggled with in the past.

> The service solved the housing issues. Outcomes are being achieved and people are being rehoused.' *HSE stakeholder*

Stakeholders noted how each solution was tailored to the individual needs of the Service User. As the project workers had extensive housing knowledge and established crucial relationships with local letting agents and housing agencies, Service Users were being speedily rehoused and remaining within the community.

For some Service Users, their housing issues may have been related to the condition and/or maintenance of their homes. The stakeholders explained how some Service Users struggled with maintenance and accessing statutory supports.

> **Somebody may not know about a fuel allowance and may really struggle financially to pay for it. They could be living in the cold. It's about improving their circumstances.'** *HSE stakeholder*

The situation of each Service User is unique. The project workers can assess what is required, respond to the issues presented, and provide the necessary support.

Housing-related support provided by the project workers within the CMHT was highly regarded by external stakeholders interviewed for the evaluation.

> **There is someone on site at the meetings to enable individuals to make the best – to get 100% – either with the house that they have or identifying another property.'** *External stakeholder*

External stakeholders described how they saw the value of support and advocacy provided by the project workers in housing meetings with Service Users. Stakeholders explained how the work being carried out allowed the project workers to be more knowledgeable regarding people's cases, to provide better housing solutions and to ensure Service Users remained in their tenancies.

Project stakeholders stated that, since the introduction of the ITSS, Service Users were being supported to remain in their accommodation and there were speedier discharges from hospital. Stakeholders felt strongly that this would not be possible without the ITSS.

> **People who are in accommodation are remaining there and then there were people who it might not have been possible to discharge from the hospital without the input of the project worker.'** *HSE stakeholder*

The ITSS has been playing a vital role to ensure that Service Users remain in their homes.

> **Nobody has lost their accommodation since the project workers started the roles.'** *External stakeholder*

The ITSS is providing Service Users with a secure environment necessary to aid their recovery within the community. Service users are being supported to remain in their homes and have the flexibility to link in with the support of the ITSS as required.

Despite the noted success of the work carried out by the ITSS, an insufficient supply of suitable homes is still an issue in North Tipperary. A lack of one-bed accommodation was noted by one stakeholder as a barrier to Service Users living independently.

5.3 Service user outcomes

Findings from the online survey with members of the CMHT show the following.

> 100% stated that the ITSS has been 'extremely useful' or 'very useful' in improving Service User outcomes.

> 68% stated that the ITSS had reduced the need of hospitalisation of Service Users (the remaining 32% were 'unsure').

> Respondents provided the following examples of improvements of outcomes:
>> Reduced length of stay in hospital
>> Active engagement
>> Health and wellbeing outcomes
>> Self-esteem
>> Self-confidence
>> Reduced contact with crisis services
>> Reduced contact with out-of-hours services
>> Reduced inpatient admissions
>> Daily routine
>> Functioning with activities of daily living
>> Social functioning.

> 100% had referred Service Users to the ITSS and agreed that the service had a positive impact on the overall model of care of the CMHT.

Some stakeholders explained how a variety of factors can contribute to a Service User's path to homelessness. Prior to the ITSS, Service Users could have been in danger of losing their tenancies due to a lack of skills with home management and budgeting. Other Service Users may have been living in an environment that was detrimental to their mental health and therefore needed rehousing. One stakeholder noted how, prior to the ITSS, Service Users may have been provided with housing but may have had little support in relation to how to sustain a home.

> **They've been put into housing without any wraparound supports to be able to secure their tenancy.'** *Focus Ireland stakeholder*

Nine of the stakeholders maintained that the ITSS supports Service Users to build the life skills necessary to live independently. The in-depth assessment carried out by project workers with the Service Users assists them to identify the needs of each Service User.

> **While it's about retaining people's tenancies, there's also the element of identifying triggers and problems in their environment.'** *HSE stakeholder*

Eight of the stakeholders described how project workers are working with Service Users to build their life skills to deal with daily tasks that would have been daunting before and may have contributed to tenancies becoming insecure.

Project workers operate primarily by means of home visits. This provides project workers with a particular understanding of the Service User's needs and any areas the Service User needs to build on in order to remain living independently. By recognising the specific needs of a Service User, the project workers can work with them to ensure they remain focused on their recovery.

> 'There is support around aspects of their life they may be struggling with that is really important from the perspective of recovery-led services.'
> *Project worker*

The ITSS supports Service Users in areas such as budgeting, home management skills and accessing supports in their local community.

> 'I'll take them out for a walk, rather than just sit down and have the chat. I've found that has built up a really good base for getting people out of the house and getting more involved in the community.' *Project worker*

Links are being established by the ITSS with local services such as Family Resource Centres and local foodbanks. This provides important supports in relation to the daily lives of Service Users.

> 'A man was reluctant to leave hospital even though he had accommodation. The project worker assessed him and found that one of his big issues was food. They were able to link him up with a foodbank to help him go home. It wasn't an accommodation solution that was needed there – they just had the intuition to assess him.' *HSE stakeholder*

Stakeholders explained how the project workers are encouraging Service Users to utilise local services. This in turn is supporting Service Users to become more engaged with their local communities. Nine stakeholders noted how the partnership approach of the service is promoting links between the CMHT and local services.

> 'They're reaching out to supports that they mightn't have known about.'
> *HSE stakeholder*

All stakeholders interviewed noted how the life skills of many of the Service Users who had availed of the service had developed since the introduction of the ITSS. Stakeholders explained how they have seen improvements in the living conditions of Service Users, as well as their general day-to-day behaviour.

> 'People are being supported and are functioning better.'
> *External stakeholder*

> It has built up their life skills in order to maintain their accommodation.'
> *Focus Ireland stakeholder*

> They have learned how to budget properly, and how to put this into future planning.' *Focus Ireland stakeholder*

Most notably, the key stakeholders specified how Service Users are being supported to sustain their tenancies, and that Service Users feel supported, secure and more empowered.

> By ensuring they have secure tenancies, it is giving some sort of meaning to their life.' *Focus Ireland stakeholder*

By providing Service Users with the necessary life skills to maintain their own tenancies, the ITSS is empowering them to live independently within the community under the care of the CMHT.

5.4 Engagement and partnership with external agencies

Findings from the online survey with members of the CMHT show the following.

> 56% described the relationships between the CMHT and external agencies as 'sporadic', 'poor' or 'difficult' *before* the introduction of the ITSS.

> 67% of respondents felt that, since the introduction of the ITSS, relationships have been built with external agencies.

All 16 stakeholders agreed that the project workers had engaged with and created partnerships with external agencies in North Tipperary. These relationships benefited the Service Users as strong links were established between the CMHT and local housing providers such as the County Council, voluntary housing bodies and local letting agents. One interviewee described how the partnerships with external agencies could be attributed to the success of ITSS, as strong links with housing providers ensured the availability of suitable and quality housing for Service Users.

> Everybody works together, everyone sings off the one hymn sheet. The council bring housing, the project workers bring the housing support and the CMHT bring the support around mental health.' *Focus Ireland stakeholder*

> Their links with the council are extremely positive. The project workers are able to link directly with the council and advocate.' *Focus Ireland stakeholder*

Since the implementation of the ITSS, two staff members from Tipperary County Council actively attend governance meetings of the North Tipperary Implementation Group for Intensive Tenancy Sustainment with members of the CMHT and Focus Ireland. This partnership has promoted regular engagement between multiple agencies and is providing Service Users with progressive structures and an integrated service when they are facing difficulties regarding their tenancies.

> **It is all about communication and mutual understanding.'**
> *HSE stakeholder*

The Implementation Group meetings provide an opportunity for the partnership agencies to monitor caseload activity, manage risks that may be arising and identify the needs of Service Users. The Housing Support Officers from Tipperary County Council welcomed the opportunity to be involved with the Implementation Group, as it provided them with an opening to communicate with both the HSE MW MHS and Focus Ireland regarding the current caseload.

All external stakeholders interviewed (a private letting agent, the County Council and a voluntary housing agency) explained how the project workers engaged with them as housing agents. This opened clear lines of communication and an effective transfer of information that enabled a successful tenancy.

> **That was a big element of it for the Service User – they could see us working together.'** *HSE stakeholder*

> **A direct line always benefits everyone.'**
> *External stakeholder*

Links with the housing providers are creating progressive structures and providing clear pathways to suitable housing and accommodation for Service Users. Interviewees described the many benefits of the partnership. However, some external stakeholders requested further information on the remit/role of the project worker.

> **There needs to be more clarity for both us as landlords and the client as to the exact role of the support worker.'** *External stakeholder*

A clearer definition, they felt, would give them more of an insight on how they could work more effectively with the project worker.

5.5 Collaboration and integration within the CMHT

Findings from the online survey with members of the CMHT show the following.

> 100% referred Service Users to the ITSS and reported that this had had an impact on the overall model of care of the CMHT.

> 66% stated that the establishment of the ITSS had reduced their caseload.

> 100% of CMHT staff who responded stated that the project workers integrated well into the team and that the ITSS had become an important part of the overall CMHT.

> 100% agreed that they would recommend the ITSS to other CMHTs around the country.

Four stakeholders interviewed stated that there was a need for the service due to a lack of housing-related skills within the CMHTs in North Tipperary. The CMHT required support that would operate as part of the team in order to deal with prevalent housing issues among Service Users. The CMHT felt a need for a model of care that would ensure that Service Users were sustaining their tenancies and remaining in their homes.

> A diagnosis of a mental disorder can impact on the person's functioning. You see a significant impact on a person's daily life, on their living skills, and the ability to maintain their tenancy.' *HSE stakeholder*

Stakeholders from Focus Ireland and the CMHT had previously worked together on a housing project in Limerick. One of the key learnings from the Limerick project was the advantage of having an OT assessment with Service Users before availing of the ITSS. An OT assessment of the Service User's skill set provided the project workers with an in-depth understanding of the physical and psychological abilities of the Service User. The project workers welcomed the opportunity to work in partnership again and incorporated an OT assessment to the service.

According to stakeholders, the ITSS has brought a set of skills related to housing that was greatly needed by the CMHT. The stakeholders felt that the partnership with Focus Ireland lends itself to the success of the service as it builds upon an existing relationship with the HSE MW MHS and utilises the housing knowledge within Focus Ireland.

> Our partners in Focus Ireland worked very well – the way they approached it, they are extremely committed and their expertise is invaluable.' *HSE stakeholder*

Notably, two stakeholders described the ease with which they could access the project worker, since they were embedded within the CMHT.

> We are not waiting to contact somebody about a particular aspect of someone's care – because the person is [already] there.' *HSE stakeholder*

Referrals are taken directly from other team members and processed quickly by the project workers. It was noted by stakeholders that other agencies had existing housing support workers; however, those referrals took a significant amount of time to process.

> 'There isn't time wasted and there is a whole connection and a strong connection when they are part of that MDT.' *HSE stakeholder*

The embedded nature of the project workers in the CMHT allows for uncomplicated referrals and the exchange of information on individual cases, which would not be possible with other external agencies.

> 'We are communicating effectively; we're sharing the information that needs to be shared.' *HSE stakeholder*

The project worker utilises the Focus Ireland support plan, which is then aligned with the overall care plan of the CMHT. This plan involves the Service User from the beginning and offers a person-centred approach welcomed by the CMHT.

> 'A person-centred approach is so individual to each person. It is such a wraparound service.' *HSE stakeholder*

Those interviewed explained how the partnership between the HSE MW MHS and Focus Ireland is person-centred. This approach utilises both social and medical models of care support to meet the individual housing needs of the Service Users.

> 'It's the medical and the social model. One wouldn't be seen as better than the other. They're seen as being complementary – they work well together when the support is required.' *Focus Ireland stakeholder*

The impact of this approach has achieved a full wraparound team and has strengthened the existing recovery-orientated BPS model of care within the CMHT.

The ITSS has integrated successfully within the CMHT: their input and expertise of the project workers is respected among the other team members, and their position is greatly valued. The role of the ITSS is not only proving to be cost-efficient to stakeholders, it is also playing an important role in the recovery of Service Users.

> 'The ITSS has a very vital role not just in saving money for a service but it is involved in an active rehab and recovery programme.' *HSE stakeholder*

Integral to the success of the service has been the partnership between Focus Ireland and the HSE MW MHS, and how well the service has integrated within the CMHT. By operating in partnership with Focus Ireland, an adaptive support plan is being utilised to

best support the housing needs of Service Users while also having the support embedded within the CMHT.

Despite the project workers having an extensive social care and housing background, as well as integrating well within the CMHT, the project workers felt they were not well versed in the terminology of the CMHT. As such, it was observed that some training would be helpful to enhance their understanding of the terminology used by the CMHT.

5.6 Potential cost-savings

Service users of the CMHT when unable to maintain their tenancies and remain in their own homes are placed in hospital or present as homeless. This is not only a significant cost to health, social and housing services, it also hinders the recovery of Service Users.

The potential cost-savings made here are calculated by comparing the financial costs of bed nights for a time period[9] *before* and *after* the appointment of the project workers. Potential cost-savings are also based on the number of people who were prevented from entering into homelessness since the establishment of the roles.

Hospital admissions

Data from the HSE showed that from March 2018 to March 2019, 9 Service Users of the CMHT were admitted to acute units and these admissions resulted in 419 bed nights. In a similar time period the following year (April 2019 to March 2020), after the establishment of the service, the same 9 Service Users who were receiving support from the service had only 3 admissions resulting in 57 bed nights in acute hospitals.

According to the HPO (2020), the cost of a bed night in an acute hospital is €897. The potential cost-savings achieved from the support of the project workers in relation to the reduction in bed nights is €324,714. This is detailed in Table 5.1.

Unit	Without the support of the project workers		With the support of the project workers		Potential cost-saving on bed nights
	March 2018 to March 2019	Cost	April 2019 to March 2020	Cost	
Bed night @ €897*	419	€375,843	57	€51,129	**€324,714**

* HPO figure from July 2020. Note: This is an average cost, across all nights, all hospitals and all types of inpatient cases. This figure is a 'fully-absorbed' cost, which means it includes treatment and care costs (such as diagnostics, theatres, etc.) as well as 'hotel' costs, but excludes capital and depreciation. It excludes day case, outpatient and emergency department costs.

Table 5.1 Comparison of bed nights in acute units with and without the support of the project workers. Source: HSE.

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9 The project workers have been in place since September 2018. However, March 2018 to March 2019 was decided as a time period before ITSS, and April 2019 to March 2020 was a comparable time period with the ITSS in place. This is to accommodate a 'settling-in period' after the appointment of the project workers.

Actively preventing homelessness

By providing housing-related support to Service Users of the CMHT, the ITSS is actively preventing homelessness. According to Pleace et al. (2013), the cost of providing homeless services per person is not restricted to accommodation costs only. The cost includes the economic cost of providing services such as public health and child protection. The overall calculated cost to the state of each person availing of homeless services is in excess of €29,000 a year.

Since the introduction of the ITSS in September 2018, *36 Service Users* (15 in Thurles and 21 in Nenagh) have passed through the service. These Service Users have either maintained their tenancies or secured new tenancies, resulting in potential cost-savings to regional homeless services.

The service provides resettlement or prevention services. 'Resettlement' refers to supports to Service Users to find and settle into new accommodation, while 'prevention' refers to Service Users which were housed at the time of engagement – in both cases a sustained tenancy is the objective. Between June 2019 and August 2020, 9 Service Users successfully disengaged from the service; 6 Service Users were prevented from entering into homelessness and 3 Service Users were settled into new homes. The potential cost-savings of this are shown in Table 5.2. This calculation takes into account the costs of providing project workers.

Unit	Service Users not entering into homelessness or settled into new homes since establishment of the role		Cost of providing support of the project workers		Potential cost-savings
	Number	Potential cost-savings	Number	Salary and related expenses	
Annual cost of provision of homeless service for one individual @ €29,000	9	€261,000	2	€141,373	**€119,627**

Table 5.2 Service Users not entering into homelessness. Source: Focus Ireland.

Chapter 6

Conclusions and recommendations

This research set out to identify the needs the ITSS is responding to, the learnings from the stakeholder partnership in place, and how this is contributing to the success of the service. The research also set out to identify the areas where potential cost-savings are likely to accrue from the improved outcomes achieved by the ITSS.

The findings show that, before the introduction of the ITSS to the CMHT, there was a lack of necessary housing supports for Service Users. It is also evident from the findings that additional housing support was required by Service Users who had experienced long stays in hospital, social support breakdowns or family crises. Since the establishment of the ITSS, the CMHT has strengthened its response to the housing needs of the 36 Service Users who have engaged with the ITSS. The ITSS is supporting Service Users to secure accommodation and to maintain their tenancies. The service is successfully embedded within the CMHT and is also actively creating and maintaining partnerships with external agencies. The achievements of the ITSS have resulted in a significant reduction in hospital admissions and crisis contacts, and have prevented 9 Service Users from entering into homelessness.

Overall, stakeholders (Focus Ireland, HSE MW MHS, AHBs) and members of the CMHT were extremely positive regarding the introduction of the ITSS within the CMHT. The introduction of the ITSS, as a collaborative and partnership service between Focus Ireland and the HSE MW MHS, is aligning mental health policy and housing policy and is achieving positive outcomes. This multi-agency response has not only provided Service Users with secure homes and enhanced their daily living skills, it has achieved potential cost-savings by preventing homelessness and reducing hospital admissions.

Because of the embedding of the ITSS within the CMHT, and the multi-agency governance and coordination by Focus Ireland and the HSE MW MHS, the ITSS is intensively supporting Service Users to remain in their homes and to remain focused on their mental health recovery. The integration of the service within the North Tipperary CMHTs has strengthened the response of the CMHTs to the housing needs of people with mental health issues, and this is a service that should be replicated in other CMHTs.

This final section of the report will describe the components of the ITSS that contributed to the successful model of practice and will make recommendations for the future of the service.

6.1 Components of a successful model of practice

The ITSS is bringing extensive **housing knowledge and expertise** to the CMHT. This knowledge is providing Service Users with unique housing solutions and is ensuring that Service Users no longer have to remain in hospital or in unsuitable accommodation. The ITSS is actively preventing homelessness and supporting Service Users to sustain their tenancies within the community.

The findings have shown that the overall outcomes of the Service Users who have availed of the ITSS have improved. The detailed Focus Ireland **assessment** carried out on all aspects of the daily lives of Service Users, in conjunction with the OT assessment and the Cowman Assessment, allow the project workers to complete individualised, person-centred and appropriate **support plans**. Goals set out in the support plans are being achieved by the Service Users. This provides Service Users with enhanced living skills and enables them to continue their **recovery within the community** under the care of the CMHT.

The successful integration of the role into the CMHT strengthens the overall team and provides a **wraparound mental health support** to Service Users. As the service is integrated within the team, the Focus Ireland support plan is aligned with the overall care of the Service User. The support provided by the Focus Ireland project worker strengthens the existing **recovery-orientated BPS model of care** within the CMHT.

The relationships that the service has established with external stakeholders, both statutory and voluntary, ensures that there is clear communication around the needs of Service Users. The **coordination and governance** of the service by multiple agencies has supported the project workers to respond to the housing needs of Service Users. **Partnerships** that have been developed by the ITSS with local voluntary agencies also support Service Users to develop other aspects of their daily lives.

6.2 Recommendations

This section outlines recommendations arising from the research.

Case management

The project workers who are operating within the CMHT are noted as being central to the success of the service. Project workers are knowledgeable about housing and are intuitive to the needs of vulnerable Service Users. In order to provide Service Users with the intensive support required to maintain their housing within the community, it is important that the caseload of each project worker remains low. If the service is to be established in other CMHTs, the caseloads of project workers would have to mirror those in North Tipperary in order to see similar outcomes.

Detailed assessments

The detailed assessments carried out are the key to the success of the service. The Focus Ireland assessment examines all aspects of the Service User's life. The accompanying OT assessment measures the skills and abilities of the Service User, while the Cowman Assessment identifies the housing needs and supports of the Service User. The combination of these assessments provides an accurate and informative baseline on which an individualised support plan can be produced. It is recommended that this process of assessment continues.

Partnership approach

The partnership between Focus Ireland and the HSE MW MHS has contributed to the success of the ITSS. Embedded within the CMHT, Focus Ireland is managing a solution-led, intensive housing support to vulnerable Service Users. The extensive housing knowledge and network of supports provided by Focus Ireland, as a voluntary housing agency, cannot be replicated from within the HSE MW MHS. It is important that, if this service is to be replicated in other HSE areas, the partnership approach with a voluntary housing body must be maintained.

Training for project workers

Project workers employed by Focus Ireland in the ITSS in North Tipperary had skilled backgrounds in terms of housing and social supports, as they were previously employed in homeless services. Methods of working, terminology and language are different within the CMHT compared to the environments the project workers had worked in before. It is recommended that new project workers, prior to being embedded within the CMHT, would benefit from training to ensure that they are knowledgeable of the terminology and working environment of the CMHT.

More suitable housing

The majority of Service Users accessing the ITSS were single-adult households. A lack of suitable one-bed accommodation was identified as a barrier to Service Users accessing appropriate housing. It is recommended that, working in conjunction with Approved Housing Bodies (AHBs), more one-bedroom accommodation be made available.

Clarity on the role for external stakeholders

External stakeholders interviewed for this evaluation held positions of housing support within their organisations. The housing support officers acknowledged that the ITSS was operating on an intensive basis with Service Users. The housing support officers who took part in the interviews expressed that they were not in a position to provide a similar level of intensive support. However, they also expressed that it would be helpful if they were provided with an introduction and overview of the ITSS, in order to better understand the function and role of the ITSS service.

If this service is established in other areas, it is recommended that members of the CMHT and housing support officers in external agencies work in conjunction with the ITSS so that they are guided on the role of the project workers and the supports that will be provided to Service Users.

Explore service expansion

Research found that 50% of Service Users referred from the CMHT do not fall within the inclusion criteria for acceptance to the ITSS due to varying levels of need. Despite this, it is essential that mental health Service Users are provided with care by a service that can provide interventions specific to their needs.

Given the number of referrals that are not accepted into the ITSS based on the high needs of Service Users, it is recommended that further research is undertaken to explore the potential to extend the service to meet the needs of Service Users with more complex needs.

Monitoring of housing outcomes and further evaluations

In order to respect privacy and the sensitive nature of the ITSS, research was not carried out with Service Users including their housing situations prior and subsequent to availing of the ITSS. Data on housing outcomes would provide more clarity on the housing needs of Service Users. Future evaluations carried out on the type of housing and tenure that is accessed by Service Users would provide an evidence base on how the ITSS should be coordinated in the future.

Future coordination and governance

The multi-agency approach has achieved a wraparound support and improved housing outcomes for Service Users. The partnership and collaboration within the Implementation Group – between Focus Ireland, the HSE MW MHS and Tipperary County Council – has aligned health policy and housing policy and has achieved potential cost-savings.

Future coordination and governance of the ITSS must be considered, if the ITSS is established in other CMHTs. Each of the key agencies involved in the Implementation Group is vital to the strength and continued success of the project. Consideration must be given to each of the key agencies for future governance and coordination of the project.

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