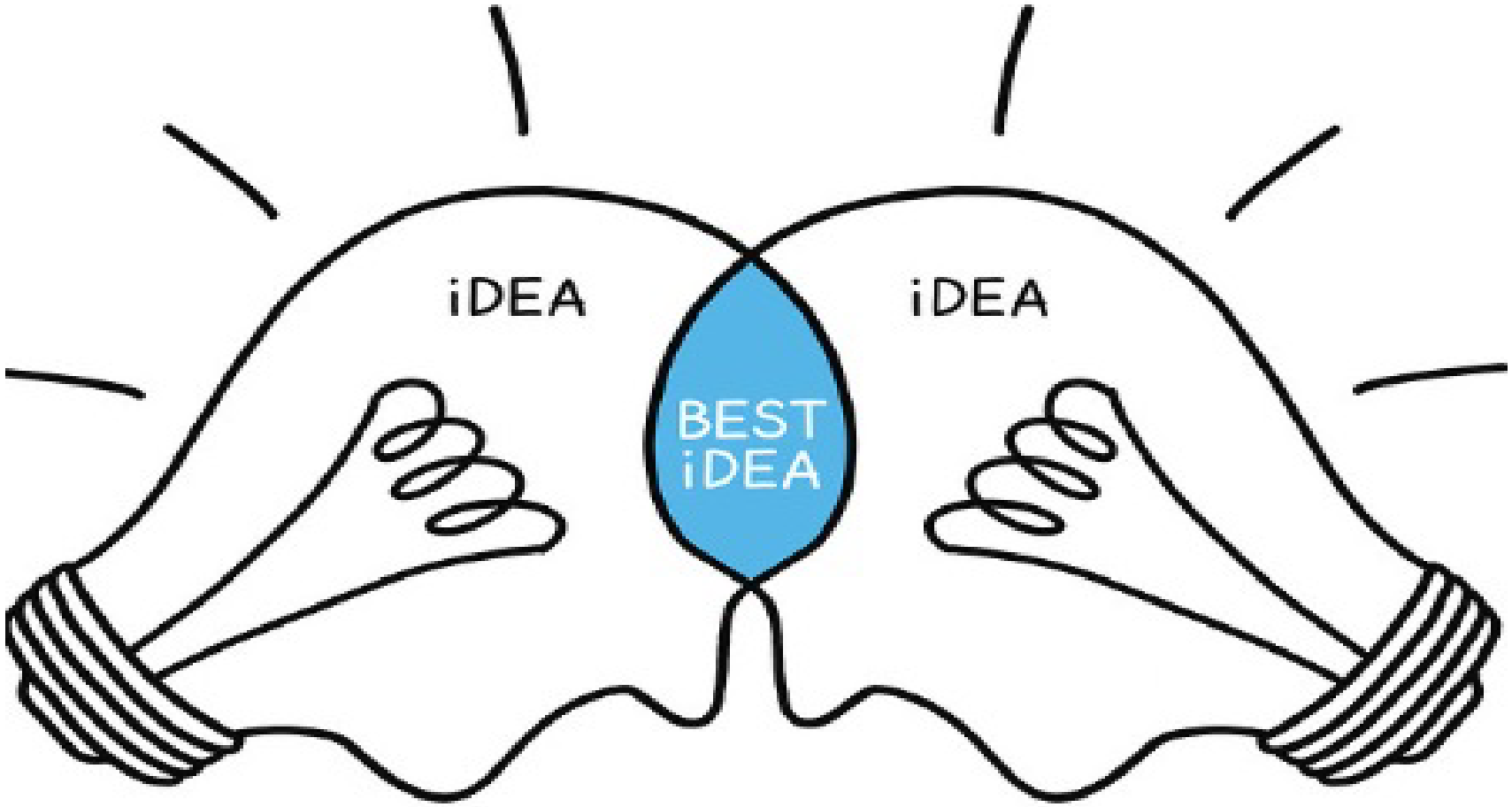
An Ghníomhaireacht Tithíochta
The Housing Agency

Housing First in Ireland – Realising Recovery Potential

Rob Lowth – Housing First National Office

14th September 2023



The idea required change centrally driven with service users at the centre of the new system which emphasised securing stable, long-term homes for people along with a range of tailored supports to help them maintain their tenancy.

Service Reform Required

- Integrated approach to break the siloed traditions which existed in the Irish context
- Evidence base (action research & formal vvaluation) to support, develop and improve the programme
- Wider integration of community clinical supports, hospitals and homeless services
- Develop specific regional specialists in Mental Health and Addiction to support the complex needs of Tenants
- Target those rough sleepers and long term homeless who have been deemed not suitable for general social housing
- Develop a National Office to ensure the programme becomes mainstream

Strategic Stakeholders

- Government Policy to address long-term Single Homelessness - Leadership
- Collective interagency collaboration and knowledge sharing – HFNO Driven

An Roinn Sláinte
Department of Health

Approved Housing Bodies

An Roinn Tithíochta,
Rialtais Áitiúil agus Oidhreachta
Department of Housing,
Local Government and Heritage

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Roinn Dlí agus Cirt
Department of Justice

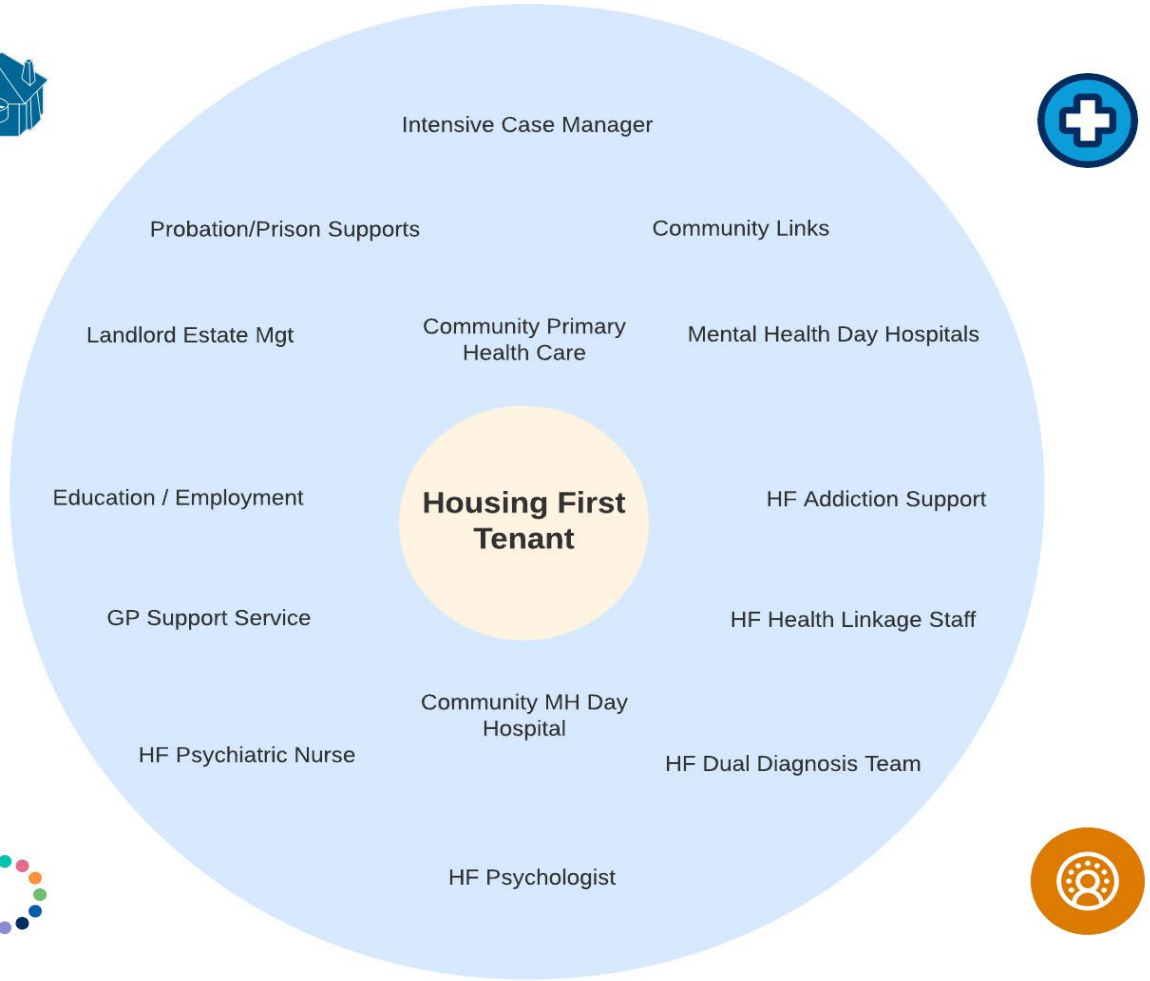
Underpinned in National Policy

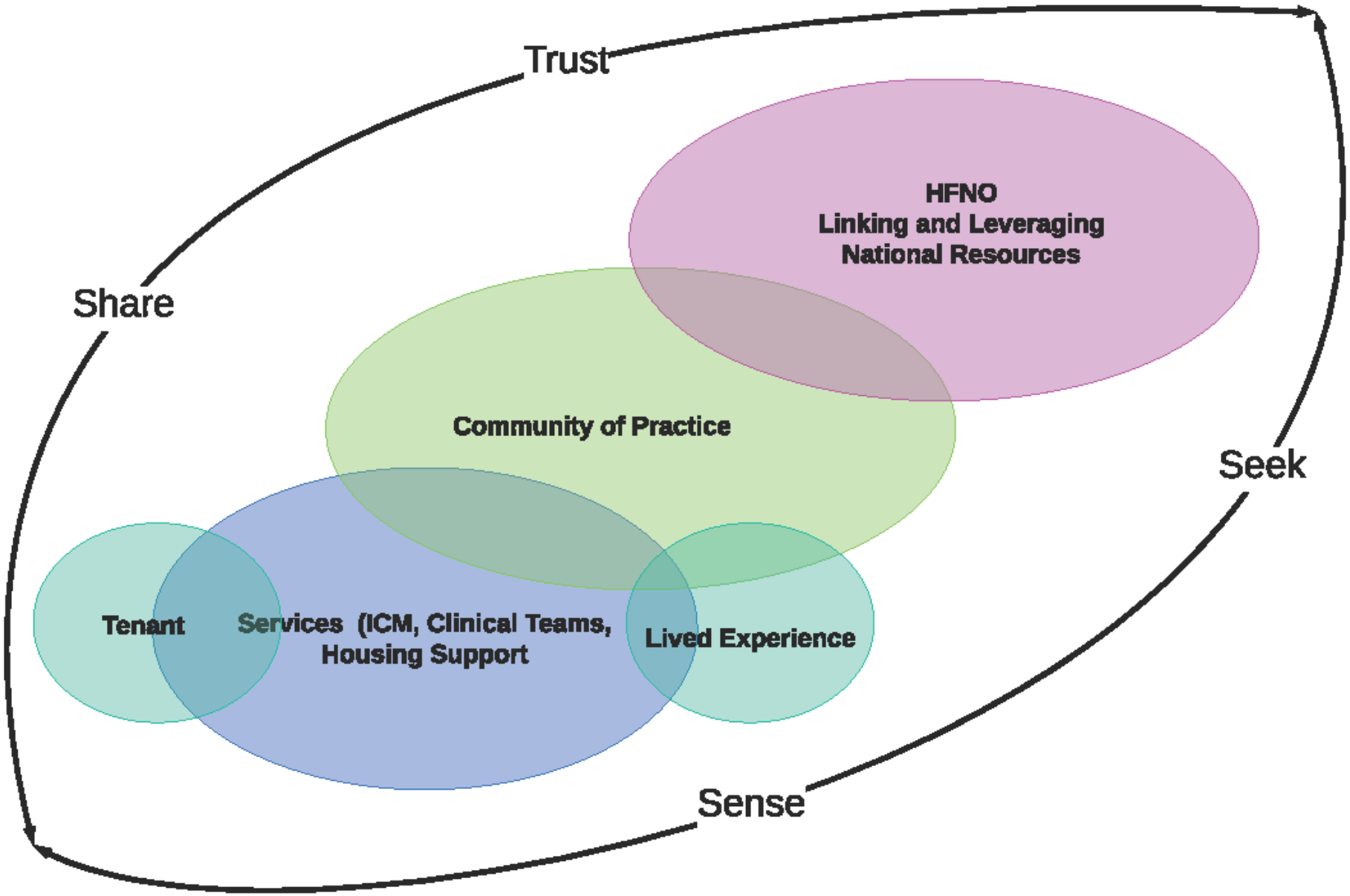
Principles of Housing First Ireland

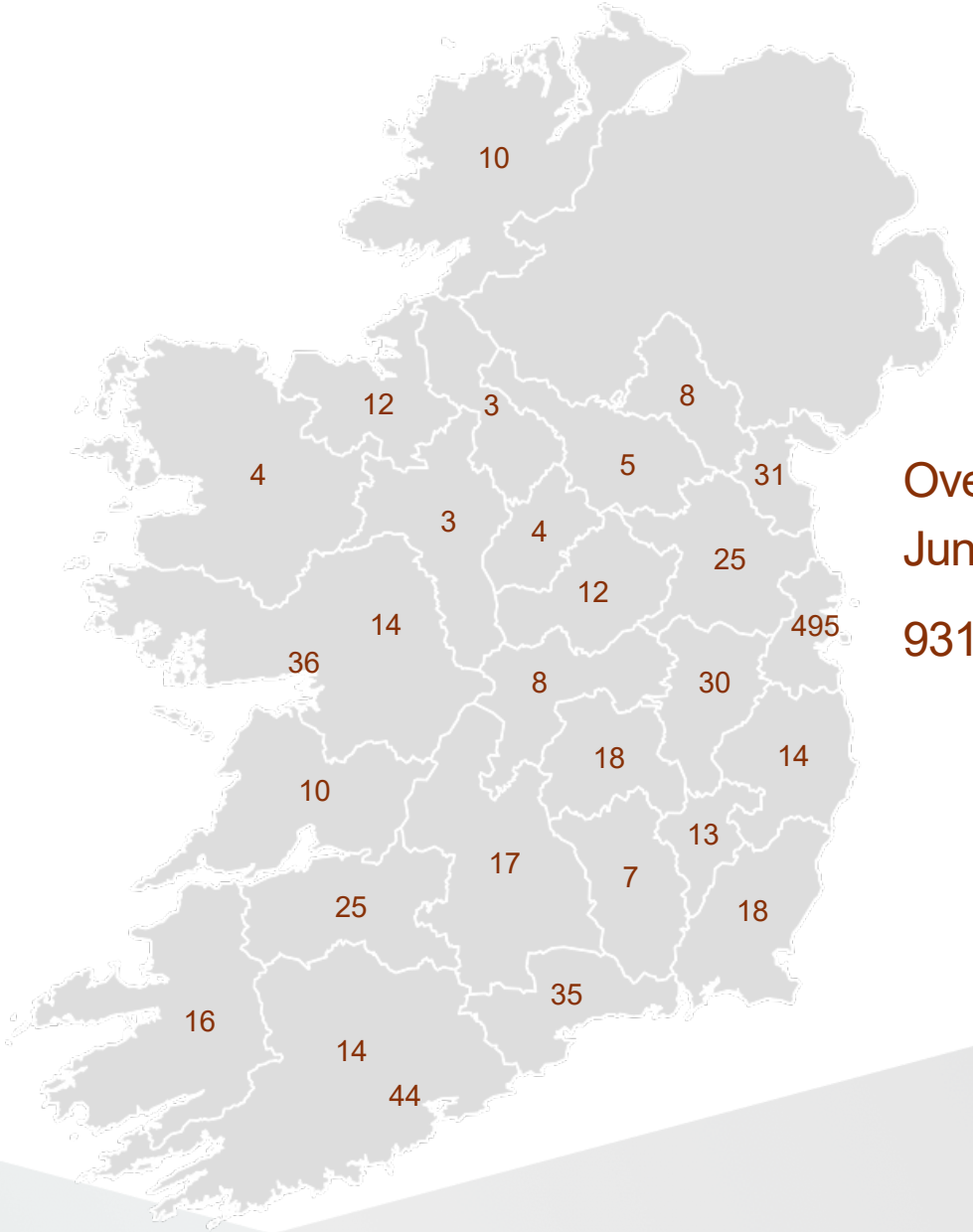
1. Consumer Choice
2. Separation of Housing & Services
3. Matching Services to Tenant Needs
4. Recovery - Focused Service
5. Social Inclusion & Scattered Site Housing

* A Housing First Manual for Ireland, Dr. Sam Tsemberis

Wrap Around Supports




Trust
Seek
Sense
Share
HFNO
Linking and Leveraging
National Resources
Community of Practice
Tenant
Services (ICM, Clinical Teams,
Housing Support
Lived Experience



Overview of Housing First tenancies by June 2023 by Local Authority

931 total tenants

Housing First Delivery

- 931 Housing First Tenancies Created by end of Q2 2023
- Significantly impacting long term rough sleep across Ireland
- Health Outcomes show improvements allowing Tenants to overcome mental health and addictions
- Reconnections with family members and access to children
- Reducing tenants re-offending (Justice), Reducing tenants Emergency Department presentations
- Quarterly Monitoring Tool with each Region providing data to help improve the programme. Health Monitoring Tool additional clinical information captured to support specialist roles
- Evaluation by Dr. Ronni Greenwood forming Housing First National Office Workplan
- Fidelity Monitoring Pilot - West Region
- Impacting the Recovery Potential for each Tenant

National Housing First Implementation Evaluation Overview & Key Findings

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Psychology Department
University of Limerick
14 September 2023

Acknowledgements

Genio: Tara Doheny & John Healy

- Bob Jordan, Marieke Altena, Antonia Bura
- Everyone who commented on the interim and final reports

All the respondents: stakeholders, providers, clients

Post-docs and research assistants

- Steven Byrne & Branagh O'Shaughnessy
- Peter Browne, Caitlin Byrnes, Sarah Carew, Melanie Gruben, Niamh Hogan, Aimen Kakar, Deirdre Leyden, Dearbhla Moroney, Mary O'Connor, and Sara O'Donnell.

Overview of Evaluation

Timeline

- Planning phase: Autumn 2019 to March 2020
- Data collection: March 2020 through January 2022

Work Packages 1 & 2: Programme implementation and interagency coordination

Work Package 3: Fidelity assessments

Work Package 4: Client outcomes

- Provider assessment questionnaire
- Client self-report questionnaire
- Client interviews

Programme Implementation & Interagency Coordination

Fidelity Assessments

- Housing to Match Client Needs
- Services to Match Client Needs
- Separation of Housing and Services
- Recovery Orientation
- Programme Operations

Fidelity Assessment Activities

Region	Self-assessments Number completed	Team Focus Groups Focus groups/Participants	Stakeholder Focus groups NGO
Limerick	4	1 FG/4P[1]	1 FG/4P
Cork	7	1/4P	1/4P
Northwest	6	1/5P	1/5P
Galway	6	1/4P	1/5P
Dublin	17	3/6P; 4P; 2P	0
Southeast	6	2/2P; 3P	1/4P
NE, Midlands, ME	4	1/2P	1/2P
Total	50	10/36P	6FG/24P

1. Housing to Match Clients' Needs

- Average fidelity score = 3.70/4.0 Previous Irish scores: 3.0
- Nominations, eligibility and intake
- Housing procurement & allocation
- Move-in and tenancy support
- Current residence: 97.8% Housing First
- 0 moves for any reason: 89.9%

3. Separation of Housing & Services

Average fidelity score = 3.87/4.0

- **Previous Irish score = 4.0**

Housing Choice: Type, location, features

No treatment & sobriety preconditions

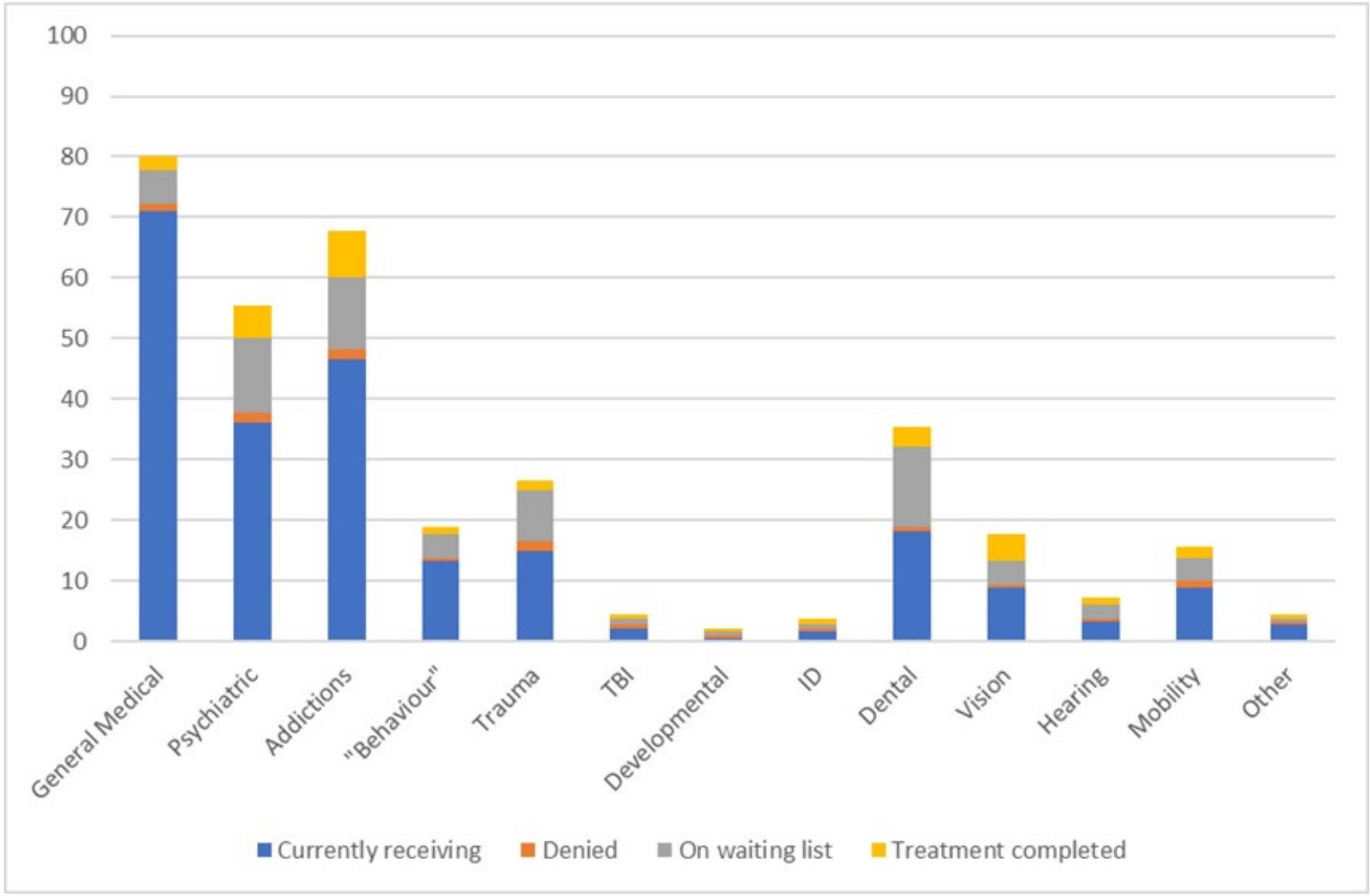
No “Housing readiness”

Mobility of social and clinical services

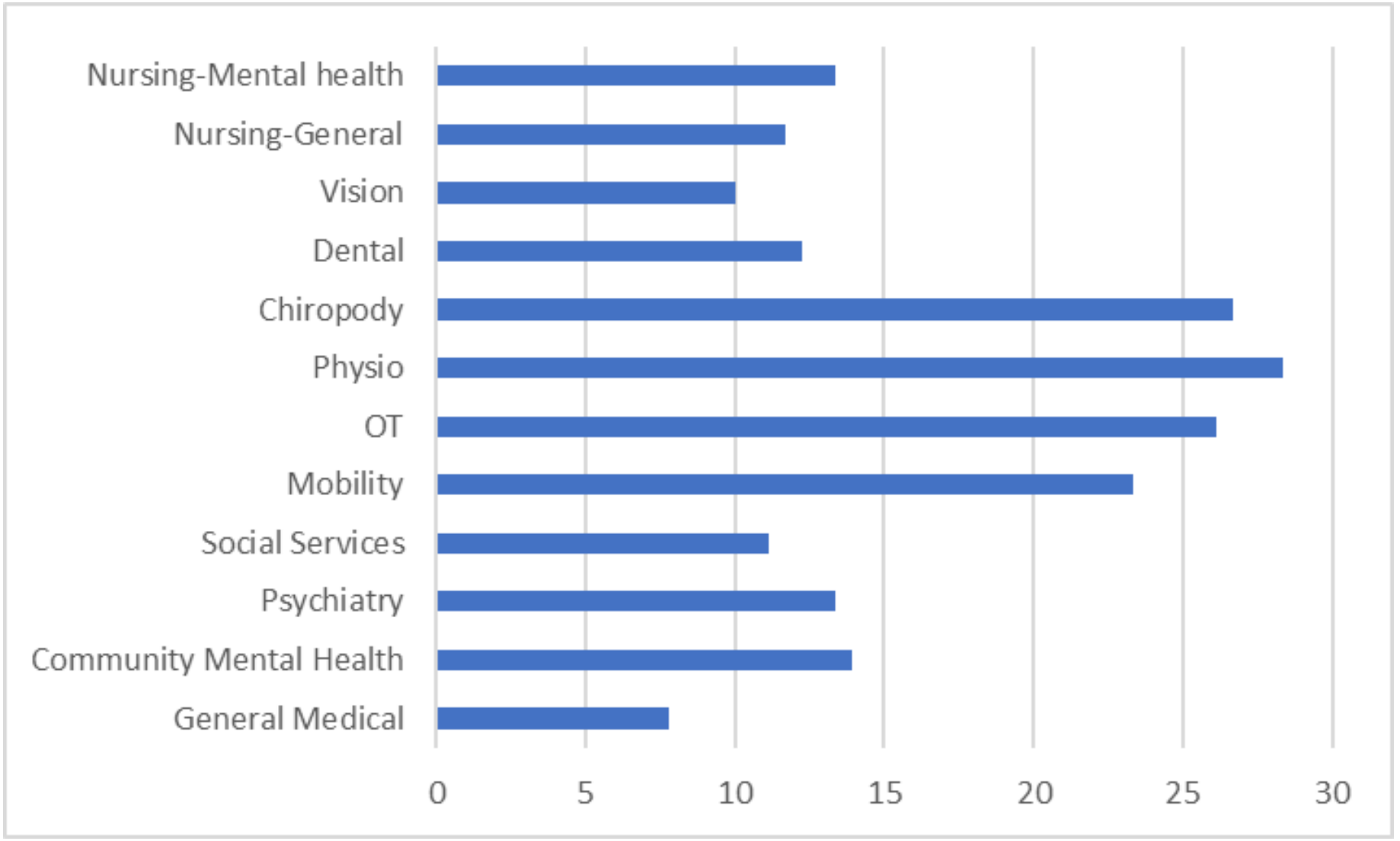
4. Services to Match Client Needs

Average fidelity score = 3.47/4.0, Previous 3.5
Specific interventions that address a range of life areas
Choice over services: order, type, frequency, duration
Tenancy supports
Peer supports
Services to promote growth-related recovery, wellness, connection, and personal development

Provider Assessed Health Service Status



Provider Assessed Inaccessibility by Service Type



4. Choice & Recovery Orientation

Average fidelity score = 3.61/4.0, compared to previous 3.50.
Choice over housing type and location
Choices about managing a tenancy and tenancy supports
Choice over treatment; abstinence; harm reduction approach
Client-led orientation of staff & intensive engagement
Individualised recovery trajectories, wellness & development opportunities

Harm Reduction
Wellness and Development

5. Programme Operations

Average fidelity score = 3.1/4.0, previous Irish score = 3.0.
Frequency and quality of contacts with clients
Home visits
Caseloads
Quality of staff supervision
Client representation in programme’s decision-making process

Peer Support Workers

Client Profile and Client Outcomes

- Client Profiles
- Service Users' Questionnaire
- Providers' Assessments

WP4 Questionnaire data

143 Client self-report questionnaires

180 Provider assessment questionnaires

- Matched 136 provider assessments to client self-reports (72.7%)

Variation in outcomes on similar variables such as physical health needs, diagnoses, and housing histories

Client Demographic Profiles

Average age = 44, range from 23 to 73

75.5% male

96.5% White

91.6% Irish

67.1% Single

About 60% lower secondary education or less

38% had children under age 18

Client Profiles

Substantial histories of homelessness (Lifetime *M* = 9.66 years, 60% recent history of rough sleeping)

Significant physical health problems and comorbidities

65% reported a psychiatric diagnosis

High rates of psychiatric hospitalization (47.9%)

High rates of head injuries (60%)

Low rates of active problematic substance use *Mn/Mo:* One or more years ago; M = 2 to 12 months ago

Provider reports of AOD: None (52%), alcohol (27%), opioids (27%)

Provider Reports: In the 6 months leading up to the provider assessment

19% had been arrested

5.6% entered jail or prison

75% had made at least 1 visit to the ED

17.8% hospitalised for a general medical condition

2.78% hospitalized for psychiatric reasons

21% inpatient care for AOD reasons.

Measure	Scale Anchors		NHFIE Mean	Home_EU (Irish)	Dublin Demo	Other[1, 2, 3]
Housing Programme Choice	1 = Very dissatisfied	5 = Satisfied	**4.4**	--	--	--
Housing Quality – Toro et al.	1 = Very bad	5 = Very good	**4.43**	4.10 (4.49)	--	4.02[1]
Choice (Srebnik et. al)	1 = No choice	5 = Completely my choice	**4.5**	4.33 (4.5)	4.24	
Working Alliance	1 = Never	7 = Always	**5.9**	5.82 (6.37)	--	--
Satisfaction with Services	1=Terrible	5 = Delighted	**4.5**	--	--	3.89[3]
Psychiatric symptoms	0 = not at all in the past month	4 = at least every day	**1.63**	1.77 (1.91)	1.12	1.57[1]
Recovery	1 = strongly disagree	5 = strongly agree	**4.0**	4.09 (4.21)	4.26	3.75[1]
Mastery	1=Not at all my choice	5 = completely my choice	**3.00**		3.36	3.22[3]

[1]Canada, [2]Portugal, [3]Other (Not HF)

Measure	Scale Anchors		NHFIE Mean	Home_EU (Irish)	Dublin Demo	Other[1, 2, 3]
Community Integration (Psychological)	1 = strongly disagree	5 = strongly agree	**3.6**		3.56	2.74[1]
Community Integration (Physical)	7 community-based activities	0 = No, 1 = Yes	**Mean = 1.30 Range = 0 – 5**			1.91[1]
Quality of Life	1 = Very dissatisfied	10 = Very satisfied	**6.55**			
Activity limited by physical health (past 30 days)	1 = Never	5 = Always	**1.8**			
Limited by AOD (past 30 days)	1 = Never	5 = Always	**1.6**			
Limited by mental health (past 30 days)	1 = Never	5 = Always	**2.1**			

[1]Canada, [2]Portugal, [3]Other (Not HF)

Conclusions & Recommendations

Conclusions & Recommendations

- HF programmes **are housing the priority population & achieving their targets**.
- HF clients are **staying housed**.
- Interagency coordination has been **established**, is **functional,** and is **ongoing**.
- HF programmes demonstrate **high levels of fidelity** to the HF model.
- Housing stock continues to be **a problem** and this problem will only grow.
- HF programmes need access to **more housing units** to scale up client numbers.
- Client-to-staff ratios and programme resources should be **weighted by size and location** of region.

Conclusions & Recommendations

- **Most clients get the care they need most of the time.** *However:*
  - Waiting lists are problematic;
  - Some clients experience stigma, stereotyping, and prejudice in the healthcare system;
  - Some clients with substantial support needs are excluded from services altogether or experience long waiting lists.
- **In some regions, caseloads** are too high and case manager **turnover is too high**
- **Rural areas** need housing acquisition approaches tailored to the specific features of their regions in terms of housing features (e.g., bedrooms), locations) and service availability, **not** a one size fits all approach
- All programmes have **development needs** in these areas: integration of clients into programme operations, peer support programmes, and education of clients in HF principles.

Health needs of HF Participants: Housing First Health Monitoring Tool

Antonia Bura

HSE Social Inclusion

An Ghníomhaireacht Tithíochta
The Housing Agency

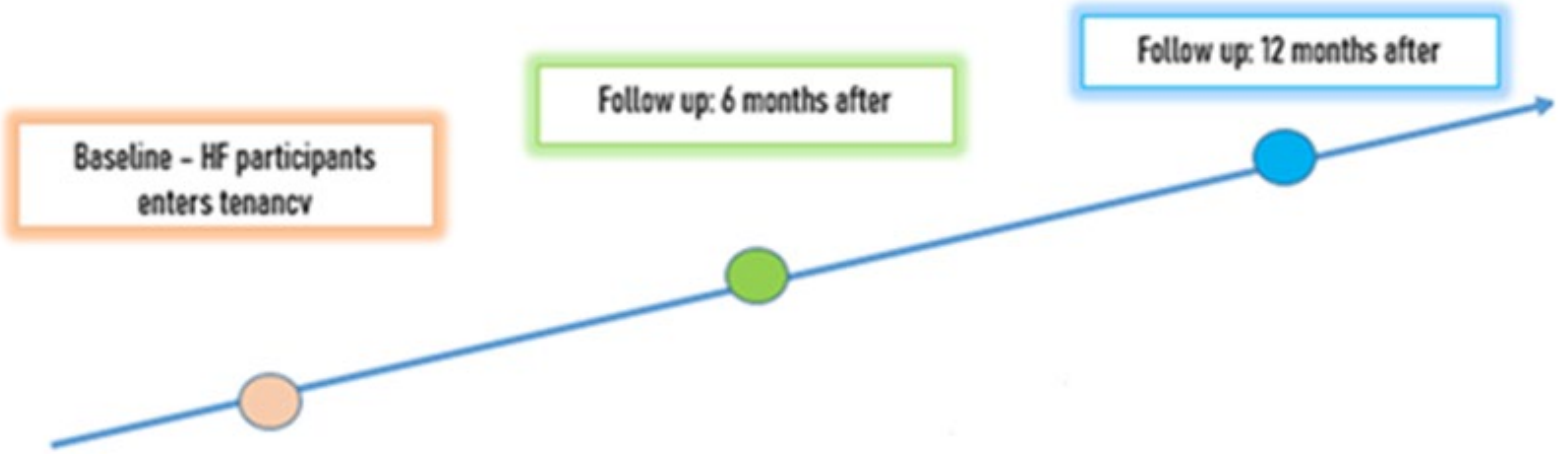
An Roinn Sláinte
Department of Health

An Roinn Tithíochta, Rialtais Áitiúil agus Oidhreachta
Department of Housing, Local Government and Heritage

HF Health Monitoring Tool: General Objectives

- Monitor outcomes related to health, social integration and quality of life, including service utilization and support needs.
- Better understand resource requirements as the programme develops & expands.
- Compare model of health care provision across regions to inform programme and service development.

Aim: collect good quality data from Housing First participants experiences to improve services and health outcomes.



HF Health Monitoring Tool

- Identifies available health services and needed health services.

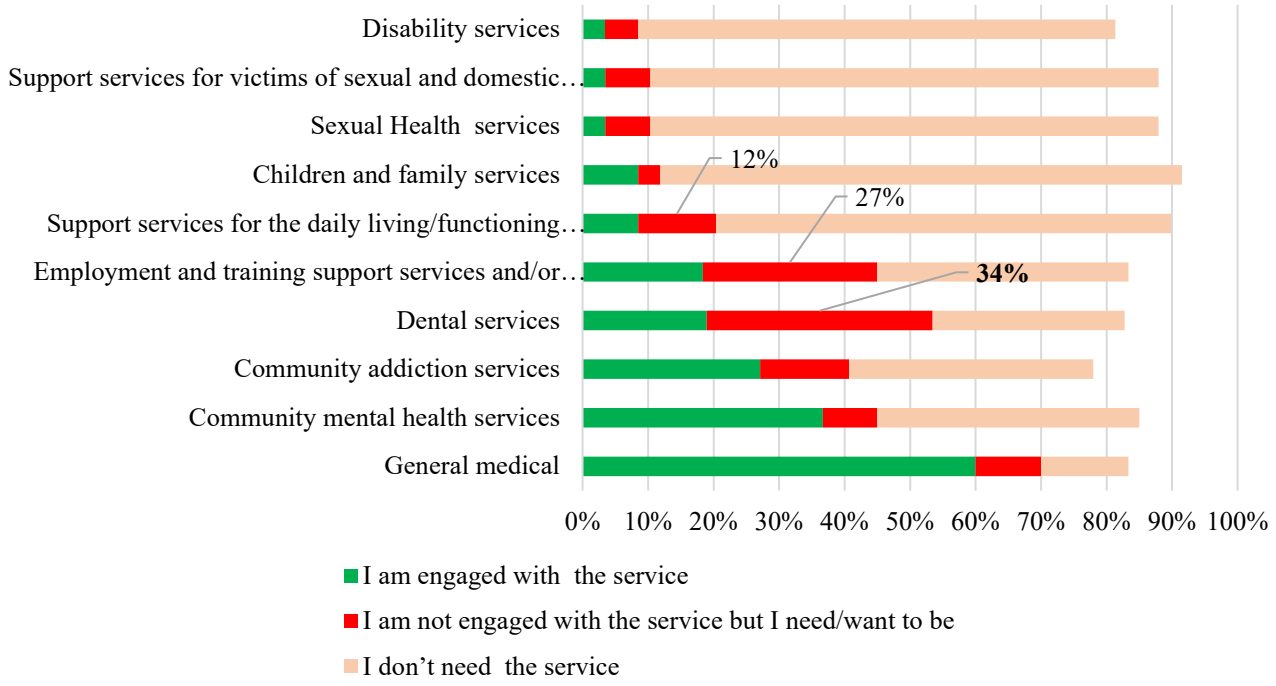
- Data can be **disaggregated by region**
  - The different programs can mobilize supports tailored to HF clients' needs and promote recovery.

Example from new HF clients (*n* = 60)

Part 1. Health service utilisation and access to community services

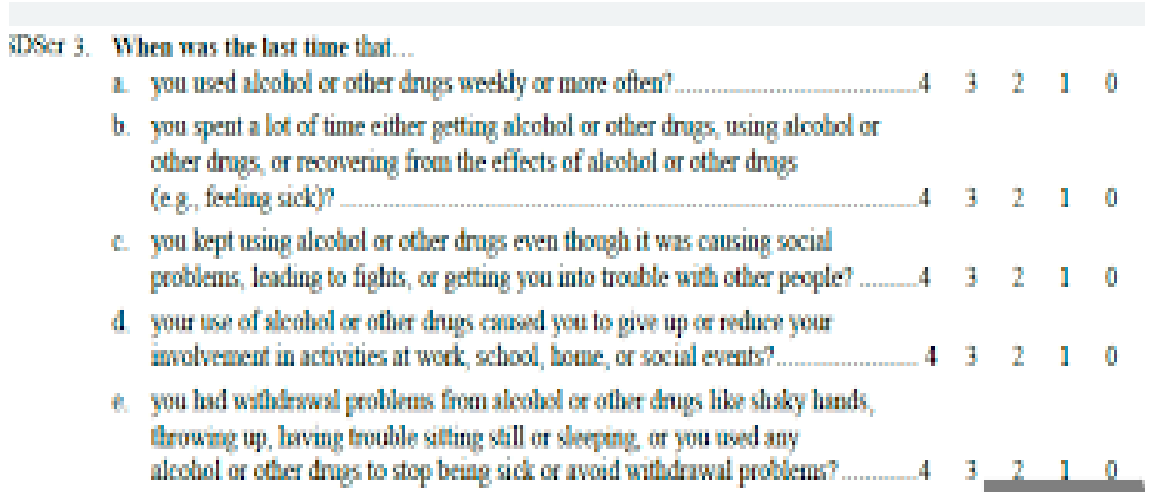
V. *Access to community services*

Graph 4 % of those engaging with the community health services in the last 6 months



- **Highest number** of participants are engaged with **general medical services (60%)**, **community MH services (37%)** and **community addiction services (27%); 15% engaged with the addiction services in the past**
- **Small number** of participants is **on a waiting list** to access services (7% MH & 5% GM)
- **Highest need identified** is to access **dental services (34%),** followed by **employment/training services (27%)**
- Number of those who need the service but they were **denied access** was reported only for **Dental services & MH** – 2% (1 client)

- ***Severity of addiction– GAIN SS***
  - **34% had a score of 3+** (across different items they experienced problems in the last month 3 or more times) **- high severity of addiction**



SDSer 3. When was the last time that...

a. you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

- ***Psychiatric symptoms – Colorado Symptom Index***
  - 29 individuals scored 30+ which is considered to be a clinical cut-off score.
  - Thus **47% could be considered to need further psychiatric assessment**.

Benefits of the Health Assessments:

It will:

- Guide decisions about commissioning and providing services
- Identify needs that need to be met, barriers to care and health improvement

It enables service providers to:

- Identify interventions most needed to support programme development
- Strategically plan for future service needs
- To work out where to focus resources based on need.

Gaps in service delivery

- Gaps in wrap-around support services **vary across regions**
  - Regions report limited access to psychology, psychiatry, dual diagnosis, occupational therapy, outreach supports from mental health and primary care and disability services;

- **Access to community mental health and dual diagnosis services remains limited;**

- **Clear governance**, including clinical governance, structures and protocols is **needed.** For example:
  - Clear referral pathways with partners to improve navigation of the system and provide agreed support and care packages are needed to fill gaps in wrap-around supports

Key enablers for the delivery of Health Supports

- **Service Integration**
  - Improvements in **integration between community supports, tenancy support services and health supports** at the individual practice level have been documented in every region;

- **Co-location of Services and Assertive Outreach**
  - Structural changes such as the co-location of services and provision of assertive outreach services have improved **service delivery** and **participants' access** to services.

- **Service User Voice and Involvement**
  - **Person-centred** aspect of HF is leading to buy-in and support at **frontline and senior management** levels.

Any questions?
Thank you for listening.