Cúram Sláinte Phobail, Iarthar
Community Healthcare West

with project partners

Galway Simon Community

Comhairle Chontae na Gaillimhe
Galway County Council

Comhairle Contae Ros Comáin
Roscommon County Council

My Home Project
Qualitative Evaluation Report

Dr Ann O'Kelly

April 2021

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Sláintecare.

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government supporting communities

Foreword

This report is about the importance of Home and the right support to live independently in ones home as a member of the local community. It is as simple, (and as complex) as that.

A Vision for Change and the National Housing Strategy for People with a Disability both recommended that the housing and mental health sectors work together to meet the housing and support needs of persons with disabilities and clarified the roles of the two sectors. Sharing the Vision recommended that in conjunction with supports provided by the HSE, sustainable resourcing should be in place for tenancy related independent living supports for service users with complex mental health difficulties, and also recommended that local authorities should liaise with statutory mental health services to include the housing needs of people with complex mental health needs as part of their local housing plans.

The objective of Sláintecare is to keep people well at home for as long as possible, by providing services at the lowest level of complexity through enhanced community services and ensuring patients have timely access to hospital services when necessary, with a seamless transfer back to community services where required, improving the experience for the person accessing services.

The My Home project is a partnership project between local mental health services, two local authorities and a local NGO, all who have worked together previously but not in the integrated manner they have in this project.

The collaboration has demonstrated the effective transition of individuals from HSE residences to their own individual tenancies in the community, using an integrated approach between services, with the housing and support needs and preferences of the individual person at its centre.

Charlie Meehan

Head of Service, Mental Health
Community Healthcare West

Executive Summary

'I wanted to be independent, have a cup of tea whenever I wanted. The hostel living was kind of like a hospital setup certain jobs during the day and only open certain times and things like that. Plus the fact you had someone looking over your shoulder the whole time. I now have an address other than a health board address - it is my own which is a huge thing' – Service User Participant.

'By demonstrating through the My Home Project that this person can function quite well independently forces the system to change how it treats and forces a change in work practice' – Member of the Senior Management Team.

Good quality housing and support to sustain this housing has a vital role to play in the recovery pathway for people living with severe mental health issues. An intergovernmental approach is required to achieve this. This view was clearly illustrated by the joint publication of the National Housing Strategy for People with a Disability 2011 to 2016 (extended to 2020) by the Department of Housing, Planning and Local Government and the Department of Health.
The Objective of the My Home Project was to deliver a new housing-led community integrated recovery focused model in County Galway/Roscommon Mental Health Services, provide a comprehensive assessment of the housing and support needs of residents in mental health congregated settings in Galway/Roscommon referred to the project and to provide intensive, individualised psychosocial support to enable a proportion of this cohort to transition into accommodation which is suited to their needs and is of their choosing. The project partners are Galway Roscommon HSE Mental Health Services, Galway Simon Community, Galway County Council and Roscommon County Council.

The project timeframe was limited - funding for the My Home Pilot Project was sought and granted through the Sláintecare Integration Fund in April 2019. Preparatory work commenced in September 2019, Grant agreement issued in December 2019 and, in collaboration with Galway Simon Community three Mental Health Housing Support Workers were appointed to the My Home Project and commenced work in February 2020. The project funding end date was originally December 2020, then extended to June 2021. The project had only begun when the Covid Pandemic hit, which impacted on the level of community integration that it was possible to facilitate.
The My Home Project has to date supported 30 individuals, ranged in age from 28 to 74 years. The project has supported the direct transition of 18* Service Users who had lived from 4 to 40 years in mental health residences to their own tenancies with the council or an AHB, 6 service users transitioned to secure tenancies from either living with their parents to secure tenancies or from insecure to secure tenancies; and for 1 service user from a nursing home to a secure tenancy. 1 Service user returned to their own home from hostel, 3 service users were supported in existing tenancies that were at risk, and 1 was supported to transition from hospital to council housing.

The project was evaluated using qualitative methods, Quality of Life Questions were completed with Service Users who transitioned to Independent Living at 3 month, 6 month and 12 month intervals, and individual interviews were completed with Mental Health Service Users who were supported by the project and with staff of the Mental Health Service and the partner organisations involved – Galway Simon, Galway and Roscommon County Councils and an Approved Housing Body. 94.74% of stakeholder participants interviewed were in favour of the continuation of the project, this percentage equates to just one stakeholder participant having reservations about the continuation of the project.

It was a challenge to coordinate and link between the partner organisations. Interview participants' response to a question regarding inter-agency work indicated that having the housing coordinator in mental health in place made their job easier as when issues arose they were able to refer their concerns to the housing coordinator. It is evident the role was beneficial in internal HSE negotiations with mental health teams and externally with the Local Authorities and with the Simon Community as collaborative partner for the delivery of social support. This is of interest as the future of this role at the time of writing is not yet clear in all Mental Health Community Healthcare Areas.
The research also notes that similar pilot projects exist in other parts of the country utilising a partnership model between a local authority, the local mental health service and a local NGO and suggests there may be merit in such local place-based partnerships.

*18th person has been allocated a council property but move in is delayed due to renovations required on the property.

Index:

Appendices: 35-49

Acknowledgements

I would like to sincerely thank all those who participated in this research. It is regretful that COVID 19 prevented personal meetings to take place. However, despite this a great deal of information about the My Home Project has been shared, providing a rich insight into the project.

I trust I have faithfully relayed your views.

Particular thanks are due to Marie Dunleavy, who transcribed the audio tapes with accuracy and with patience.

Thank you to John Cowman for his useful and considered comments.

Finally, special thanks to Lorraine Kelly who very willingly shared her knowledge, answered all my questions and for her valuable contributions to this report.

Ann O'Kelly,

April 2021.

Origins of the My Home Project

Introduction

Good quality housing and support to sustain this housing has a vital role to play in the recovery pathway for people living with severe mental health issues. The concept of the My Home Project was initiated following the appointment of the Housing Coordinator for Mental Health for the CHO2[1] area in 2018 a need for social care support for mental health service users transitioning from mental health settings to independent living was identified. This type of social model 'floating' support, provided by NGO's in partnership with Mental Health Services (MHS) was already in existence in some CHOs and had been successful in assisting people in the transition from HSE mental health settings to independent living.

An Independent Consultation was undertaken in Co Roscommon with seven people who had moved from one mental health hostel. The report of the consultation noted that while the experience of the individuals was positive, mental health staff providing clinical support expressed concern about being able to maintain an adequate level of support as more people move into the community and noted a gap in the development of community connection outside the mental health services thus highlighting the need for non-clinical social support for service users prior to moving, during the transition and in the period of adjusting to the day to day practicalities of living independently in the community (Cosáin Consultation, 2019, P.4).

Funding for the My Home Pilot Project was sought and granted through the Sláintecare Integration Fund in April 2019. Preparatory work commenced in September 2019, Grant agreement issued in December 2019 and, in collaboration with Galway Simon Community three Mental Health Housing Support Workers were appointed to the My Home Project February 2020. The project funding end date was originally December 2020, then extended to June 2021.

The primary aim of My Home MHCIS (Mental Health Community Integration and Support) - The My Home Project – is to:

- *'Provide a comprehensive assessment of the housing and support needs of residents in mental health congregated settings in Galway/Roscommon Mental Health Services (MHS) referred to the project'.*
- *'Provide intensive, individualised psychosocial support, that will enable a proportion of this cohort (proposed initially 10 -15 per county), to transition into accommodation which is suited to their needs and is of their choosing'.*
- *'Deliver a new housing-led community integrated recovery focused model in Galway/Roscommon MHS'*.

(My Home Project Information Sheet, 2019).

The lead partner in the delivery of the My Home Project is Community Healthcare West Mental Health Services. The project collaborated with the Galway Simon Community; Co Galway and Co Roscommon Housing Departments and Approved Housing Bodies in Co Galway and Co Roscommon. Tenancies were allocated in local authority and approved housing bodies' properties. The My Home Project Group reports to the My Home Oversight Group, which in turn reports to the Community Living Implementation Group in Galway Roscommon Mental Health Services – this group includes management representation from each discipline in the MDT, representation from the council and service user representation.

The My Home Project Team consists of the Housing Coordinator in Mental Health as Project Lead, Galway Simon Local Manager who line manages the Mental Health Housing Support Workers, 3 Mental Health Housing Support Workers and a half-time Clerical Support person for the project.

Full details of the governance structure are detailed in Appendix 1.

1 Within Ireland the Health Service Executive (HSE) mental health services are divided into nine areas called Community Healthcare Organisations (HCOs). This project is located in CHO2.

The Evaluation

A pilot project is defined as '*an initial small scale implementation that is used to prove the viability of a project idea. They provide stakeholders and managers valuable feedback on new project ideas'.* They provide an opportunity to "test the waters" on a small scale, provide insight and data on what works, and adjust strategy for full-scale implementation. In order to obtain full insight into the success or otherwise of a pilot project, it is necessary to carry out an evaluation. As the pilot project was time limited it was necessary to carry out the evaluation and produce a report within a short time frame from January to April 2021.

This report provides the results of the qualitative evaluation of the My Home Project. Qualitative research methodology was considered appropriate for this evaluation in order to capture the experiences of all stakeholders involved in the project and to bring to the fore voices that are seldom heard, namely those of mental health service users and those who work directly with them.

Following this introduction, the report provides an overview of the policy background to the project at international, national and local levels. The My Home project is then described in detail. This is followed by an overview of the research: methodology employed; participant recruitment; and analysis. The research findings from the two distinct groups of participants, service users and those stakeholders professionally involved in the delivery of the project are then presented Following discussion of the findings a number of recommendations are made.

'Being empowered to live in one's own home and community, with additional supports where appropriate, is a key factor in facilitating and sustaining recovery' (Sharing the Vision – A Mental Health Strategy for Everyone, 2020).

Policy Background[2]

The subject of deinstitutionalisation and de-congregation within mental health services has been the subject of policy initiatives since the 1960s in many countries. The primary aims of deinstitutionalisation, as recommended by the Department of Health policy document *Planning for the Future* (1984) were:

- *To prevent inappropriate mental hospital admissions through the provision of community based alternatives for treatment*
- *To discharge to the community all those in institutions who had been given adequate preparation for such a change*
- *To establish and maintain community supports for people receiving mental health services in the community* (Mental Health Commission Discussion Paper, 2006).

'Institutional care is above all characterised by segregation, exclusion from the community, lack of privacy and personal autonomy, loss of control over people's own lives, where the needs of the institution have priority over the individual needs and wishes of persons living there' (Council of Europe Commissioner for Human Rights).

'Deinstitutionalisation is sometimes incorrectly interpreted as consisting only of the relocation of people from large residential institutions to residential institutions of smaller capacity...deinstitutionalisation is a complex process that involves a change in approach, the main objective being that each and every single individual gets to live independently and be included in the community' (Milovanovic, 2017, p.9).

Lamb and Bachrach (2001) have defined deinstitutionalisation as '*the replacement of long stay psychiatric hospitals with smaller, less isolated community-based alternatives for the care of mentally ill people'.* They posit the view that their definition extends beyond hospital depopulation to include alternative approaches to encompass a new configuration of services which will be needed as a result of altered life circumstances of persons who transition from institutions.

The principles of the My Home Project are underpinned by the United Nations Convention on the Rights of People with Disabilities (UNCRPD, 2006); The Department of Health (DOH) and Health Service Executive's (HSE) Mental Health Services policy documents '*A National Framework for Recovery in Mental Health'* (2018); '*Model of Care for People with Severe and Enduring Mental Illness and Complex Needs'* (2020) both of which promote the rehabilitation and recovery model of care; the Government of Ireland's Policy documents *A Vision for Change – Report of the Expert Group on Mental Health Policy* (Department of Health and Children, 2006) and it's follow up document *Sharing the Vision – A Mental Health Strategy for Everyone*, (Department of Health 2020); and The National Housing Strategy for People with Disabilities 2011-2016 (Department of the Environment, Community and Local Government, 2011) and Sláintecare' s vision of providing care as close to home as possible, '*through improved collaboration between statutory, community and voluntary sector partners'* (Department of Health, 2018).

United Nations Convention on the Rights of People with Disabilities (UNCRPD, 2006)

Ireland signed the UNCRPD in 2007 and ratified the Convention in March 2018. By ratifying this Convention the Irish Government committed itself *'to delivering civil and political rights to people with disabilities, and to progressive realisation of social and economic rights'* (National Disability Authority website nda.ie accessed on March 3rd 2021). Article 19 of the UNCRPD is of particular significance to the My Home Project:

Article 19: Living independently and being included in the community:

State parties to the present convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment of persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

2 Ms Lorraine Kelly has contributed to this chapter

a) *Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to in a particular living arrangement.*

b) *Persons with disabilities have access to a range of in-home residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.*

c) *Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*

However, Lewis and Richardson (2020) consider that Article 19 is '*more than the right not to live in a large institution'* and specifies the dual goals of this Article to firstly *'support living and inclusion in the community' and* secondly *'to prevent isolation or segregation from the community'* (p.2). They advocate that Article 19 should be read in context and point out that a number of other provisions of the convention address aspects of community living: Article 28 – the right to adequate standard of living and access by persons with disabilities to public housing programmes; and Article 26 – the right to maintain maximum independence, full physical, mental, social and vocational ability.

Housing Policies

The National Housing Strategy for People with Disabilities (NHSPwD) 2011-2016 (Department of the Environment, Community and Local Government, 2011) acknowledges that a mental health disability is often unseen resulting in an under-estimation of '*how seriously disabling it can be, which can lead to a lack of recognition and understanding by society'* and points out that the development of a national housing strategy for persons with disabilities must take account of *'the specific and complex housing needs of people with mental health disability .....in order to assist in the promotion and sustainment of recovery'* (p. 99). This document is considered by Cowman, Cahill and Cobbe (2016) as '*Arguably the most important policy document for mental health service users with housing needs'* because '*This is the first policy document to acknowledge mental health as a disability and to provide clear direction about responsibilities and inter-agency working between mental health services and local authorities'* (p.5).

A Vision for Change – Report of the Expert Group on Mental Health Policy (Department of Health and Children, 2006) made a number of recommendations regarding housing provision for persons with mental health disabilities, including:

Recommendation 4.1 All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis of every other citizen.

Recommendation 4.7 The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with local authorities to ensure housing is provided for people with mental health problems who require it.

Rehabilitation and Recovery

'*The term "recovery" as used in the recovery model has been variously described as a process, an outlook, a vision and a guiding principle. It does not refer purely to the remission of clinical symptoms but is a wider concept which incorporates the person's total adjustment to life'* (Mental Health Commission, 2005).

Killaspy et al (2005) defined Recovery in Mental Health as '*A whole system approach to mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support'* (Mental health Commission). Finnerty goes on to state that while the term 'recovery' is multi-layered '*....it carries an unequivocal message for better outcomes.... It is based on the view that recovery is possible even though residual limitations may remain. The aim is to promote personal recovery whilst accepting and accounting for continuing difficulty and disability and promoting therapeutic recovery'* **(p. 3).**Recovery practices in mental health care are closely linked with the change from traditional approaches to person-centred care in mental health. '*The person-centred approach is clearly reflected in the recovery focused policy philosophy promoted by Ireland's Vision for Change'* (Cowman, Cahill and Cobbe, 2016, p. 5).

The Health Service Executive's Mental Health Services '*Model of Care for People with Severe and enduring Mental Illness and Complex Needs'* provides a comprehensive overview of the levels of support that mental health service users may need across a *'whole-system care pathway'* (p.22):

The My Home Project is placed between the Community Rehabilitation Residences and Individualised Accommodation Options of this care pathway in order to support service users to obtain '*good quality, secure accommodation with appropriate mental health support'* (p.29). This document recognises that '*the statutory responsibility for social housing lies with the relevant Local Authority, mental health services must work in close cooperation with relevant housing bodies to ensure that people with complex needs can access independent accommodation'*

The issue of housing supports for persons who may need on-going support from mental health services is addressed in the NHSPwD 2011-2016 which acknowledges that '*Most service users currently residing in low and medium HSE accommodation would be capable of making the transition to independent living with the support of community mental health teams and other community and social supports that may be required from time to time'* (p. 106). It is this group of mental health service users in the Galway/Roscommon Community Mental Health Service that the My Home Project aimed to assist towards independent living.

Local Initiatives

'*Innovations need to be shaped in ways that understand the system in parallel with any attempts at reform'* (Clark and Healy, 2020)

The Mental Health Team at CHO2 have been involved in a range of initiatives since 2004 when a service user led research project was undertaken '*Experiences of the East Galway Mental Health Services from Service Users' Perspective'* (East Galway Pathways Report, 2004). This report recommended that:

- '*a percentage of local authority housing stock should be set aside for people with disabilities, including mental health service users*
- *The Western Health Board*[3]*, the County Council and Voluntary Agencies should work in partnership to help address the accommodation needs of mental health service users* (P. 73).

At this time service users residing in mental health hostels were considered 'accommodated' – their housing needs being met by the Western Health Board and mental health hostels may have been considered by some to be 'homes for life'.

The Final Report (2014) of the Expect Review Group on Mental Health Services in Galway/Roscommon found that all previous mental health reports had concluded that *'.... staff in residences are kind, caring, well-meaning and have a sense of camaraderie with residents. However it could be claimed that residents are "over-cared" in a "model of dependency" and denied any hope of ever reaching their full potential'* (p.5). This '*excess of care'* the report concluded *'most likely stemmed from the fact that many staff are trained in the care philosophy of the old psychiatric hospital'* (p.19).

3 The Western Health Board is the pre-curser of HCO2.

East Galway and Roscommon Mental Health Services was an early adopter of the Advancing Recovery in Ireland (ARI) Project, a national initiative that brought together professionals from all disciplines – nursing, social work, occupational therapy, psychology, psychiatry, those who use mental health services, their families and community supports to work towards making mental health services recovery oriented. This group received their mandate from the Area Mental Health Management Team to whom they reported. This work is described in the 2016 report *'Advancing Recovery in Ireland: A guidance paper on implementing organisational change in mental health services in Ireland'.* The National ARI project resulted in the development of new services including the employment of peer support workers in mental health; development of Recovery Colleges and an Individual Placement and Support (IPS) Service involving employment specialists to persons with mental health difficulties to find work and has led to a shift in culture towards positive risk taking and a recovery oriented approach to service provision.

In advocating for service users right to be supported in the transition from mental health hostel living to independent living and supporting staff in advancing recovery orientated practice in the community, the work of the Assistant Directors of Nursing (ADONs) and the Clinical Nurse Managers (CNMs) has been crucial. The role of the senior nurse management team is to provide strategic and clinical leadership in the delivery of quality care from a nursing perspective. They work in collaboration with all the members of the Multidisciplinary Team and Heads of Disciplines to achieve the service goals in line with legislative, statutory requirements and professional guidelines -A Vision for Galway Roscommon Mental Health Nursing Services 2020- 2023, (2020, p.6).

Throughout CHO2 a range of disciplines have advocated for a recovery-oriented service for mental health service users. Occupational Therapists have provided assessments of independent living skills and therapeutic interventions to address skills needs identified and to build on individuals' strengths and interests; rehabilitation and recovery psychiatrists have led the multidisciplinary team in detailed assessment and care planning and advocating for the provision of individualised mental health care packages in the community that maximise independence, and supported positive risk taking and joint working to facilitate social inclusion. Peer support workers as experts by experience have a unique understanding of what service users they support are going through and use their lived experiences to provide support on recovery journeys. Social Workers in mental health have a lead role in supporting service user's access to social housing and engaged with service users and their families in relation to the transition to independent living and any concerns they may have regarding the transition.

The My Home Project, which is led by an experienced mental health social worker as the Housing Coordinator has built on the important work described above and has developed the project from a '*coalition of the willing'* (Clarke and Healy, 2020) using a person centred model that values human rights.

The My Home Project[4]

The Role of the Housing Co-ordinator:

The role of Housing Co-ordinator is pivotal in the delivery of the My Home Project. Within each Community Healthcare Organisation (CHO) a Project Manager, Housing Coordinator Mental Health was recruited through the Service Reform Fund in 2018. The Service Reform Fund was established by the Department of health (DOH), Atlantic Philanthropies, the HSE and Genio – '*a European organisation based in Ireland with a deep understanding of complex system change and experience of scaling social innovations*' (www.genio.ie) to support the implementation of reforms in disability and mental health services in Ireland. The role of Housing Coordinator in each CHO area is underpinned by the recommendations of Sláintecare; Sharing a Vision Strategy Document; and the National Framework for Recovery in Mental Health. The role and function of the housing Coordinator is to:

a) Establish the role of mental health services in the implementation of the National Housing Strategy for people with Disabilities as it applies to people living with mental health issues
b) Develop effective partnerships with internal and external stakeholders and seek to embed evidenced based models of practice which create sustainable pathways to housing for people living with mental health issues
c) Coordinate and facilitate associated activities bespoke to the identified housing needs in each CHO region.

The Housing Co-ordinator is operating at the interface between Local Authorities/Housing Bodies and Mental Health Services and Non-Governmental Organisations (NGOs) who provide social care support in the community, and is applying their expertise and knowledge in relation to policy, systems and structures to assist staff in all three agencies to resolve day to day problems. This strategic oversight allows the Housing Co-ordinator to identify barriers and enablers to successful transitioning to community living and come up with creative solutions to these issues. My Home Project has collaborated with a range of stakeholders within the HSE Mental Health Team in Community Healthcare West and with a range of agencies in the community.

The work carried out internally by the housing coordinator has included:

- establishing a homeless discharge protocol from Approved Centres in CHO West
- establishing a Community Living Implementation Group in Mental Health CHO West
- implementation a checklist for moving to a new house – a protocol developed by Creating Foundations Project in CHO7
- implementing a housing needs record in Mental Health in CHO West (developed in CHO7 Mental Health Service)
- established a coproduced working group to develop a training module for staff on supporting transition to independent living for inclusion in Recovery Principles 2 training (work currently paused due to COVID restrictions)
- collation of a 'Housemate Compatibility Questions for House Sharing' guidance document
- identification of the need in Community Healthcare West for a Social Care Floating Support Model in Mental Health
- Submission of a project proposal to the Sláintecare Integration Fund and successfully obtained the requisite funding for the My Home Project

The Housing Coordinator's work with external agencies has included:

- improvement of working relationships with Local Authorities (L.A) across CHO2
- establishment of relationships with Approved Housing Bodies (AHBS)
- representing the HSE Mental Health on Housing & Disability Steering Groups in the 4 local authority areas in CHO2
- Development of a partnership project with Galway SIMON Community to deliver social support to service users in the community; and liaising with Galway and Roscommon County Councils on housing need in mental health.

4 This chapter has been co-written with Ms Lorraine Kelly

The My Home Project is one of several projects throughout Ireland (Appendix 2) that support community integrated living and housing pathways for HSE Mental Health service users. The My Home project is modelled on The Creating Foundations Project which commenced in 2013 and has, since 2019, a service level agreement between the mental service and Focus Ireland to provide a person-centred, housing led support service to mental health service users in CHO7. The person-centred approach used by the Creating Foundations Project '*stresses that people should be treated as individuals and not as problems and that natural support systems should be prioritised over the mental health system'* (Cowman et al, 2016) and is in line with the Recovery Model of mental health.

Table 1: Contrast between traditional approaches and person centred approaches (Cowman, Cahill and Cobbe, 2016, adapted from Holland and Courrier. 2014)

Traditional Approaches	Person-Centred Approaches
Self-determination comes after the individuals achieve clinical stability	*Self-determination and community inclusion are viewed as fundamental civil rights*
Compliance with practitioner's instructions and recommendations is valued.	*Active participation and empowerment is vital.*
Only professionals have access to information (e.g. plans, assessments, records etc.).	*All parties have access to same, readily shared information*
Illness focused:disabilities, deficits, dysfunction and problems drive treatment.	*Strengths focused: interests, abilities and personal choice define supports*
Lower expectations of patient.	*High expectation of person*
Clinical stability is valued.	*Quality of life is valued*
Linear progress and movement through an established continuum of services is expected.	*Person chooses from a flexible array of supports and/or new supports are created with the team*
Primary emphasis is on professional services.	*Diverse supports – professional services, non-traditional services and natural supports*
Facility-based settings.	*Integrated settings*
Avoidance of risk; protection of person and community.	*Responsible risk taking encourages growth*

The Creating Foundations model was considered to be the most appropriate option for the My Home project for the following reasons:

i) Its' person-centred and rights-based approach.

ii) Creating Foundations includes a range of other work which helps increase the housing readiness of the mental health services and develops a clear relationship with the local authorities. Such as: helping mental health teams to develop and maintain a 'housing record' which identifies individuals who attend the mental health services and are on the local authority waiting list (Inclusion is voluntary and it complies with responsibilities under GDPR). This practice assists mental health services in identifying emerging need in terms of housing – which may help to prevent some admissions to mental health facilitates where housing issues were a major contributing factor to distress and may also assist in preventing delayed transfer of care from inpatient units due to lack of suitable housing. This also assists the Co Councils in planning for future housing needs. Creating Foundations also supports people to tell their housing story so that it can support and encourage others to take the next steps, optimising peer to peer learning.

iii) The Creating Foundations Model priorities Individuals about to be allocated accommodation by the local authority, residents and in-patients who cannot move on due to lack of suitable accommodation, Individuals currently in or considered for out of the area placements (An 'out of area placement' occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual network of services) or in Specialised Rehabilitation Units (SRUs) who are suitable for independent living.

iv) Since 2013 Creating Foundations has demonstrated the efficacy of a clear separation of roles in delivery of services: mental health service continuing support through the HSE; provision of housing through the local authority or approved housing body; and social care support through well-established NGO, thus demonstrating effective interagency collaboration.

Inter-agency collaboration

Interagency collaboration is recommended in the NHSPwD (2006):

Recommendation 12:5: Rehabilitation and recovery mental health services should develop local connections through linking with local statutory and voluntary service providers and support networks for people with mental illness is required to support community integration.

Recommendation 15.2.7: Integration and coordination between statutory and voluntary housing bodies and mental health services at catchment area level should be encouraged.

Australian researchers Shepherd and Meehan (2012) point out that '*Internationally, interagency collaboration has become one of the features of modern governance structures'* and '*....remains a goal for mental health reform in Australia'.* They point out, however, that collaboration can be presented simply as a number of organisations working together for a common goal. Such conceptualisation, they posit '*glosses over the complexity of collaborative governance, which must occur at many different levels of the organisations involved, from frontline staff to executive levels'.* Their review of literature relating to inter-agency working identified facilitators to successful collaboration, including:

- working as a team,
- participation in planning and decision making,
- development of non-hierarchical relationships, sharing of expertise, and
- showing trust and respect for collaborators (Carnwell and Carson 2004, cited in Shepherd and Meehan (2012))

These features are essential, but may not be enough to guarantee collaboration in complex inter-organisational systems. Within mental health services communication can be a challenge where, for example, there are likely to be a number of teams that work with people as their needs change and therefore may be even more difficult between different agencies. Understanding of interagency collaboration, therefore, needs to move away from simplistic understandings towards building knowledge of how collaboration can work in complex inter-agency environments.

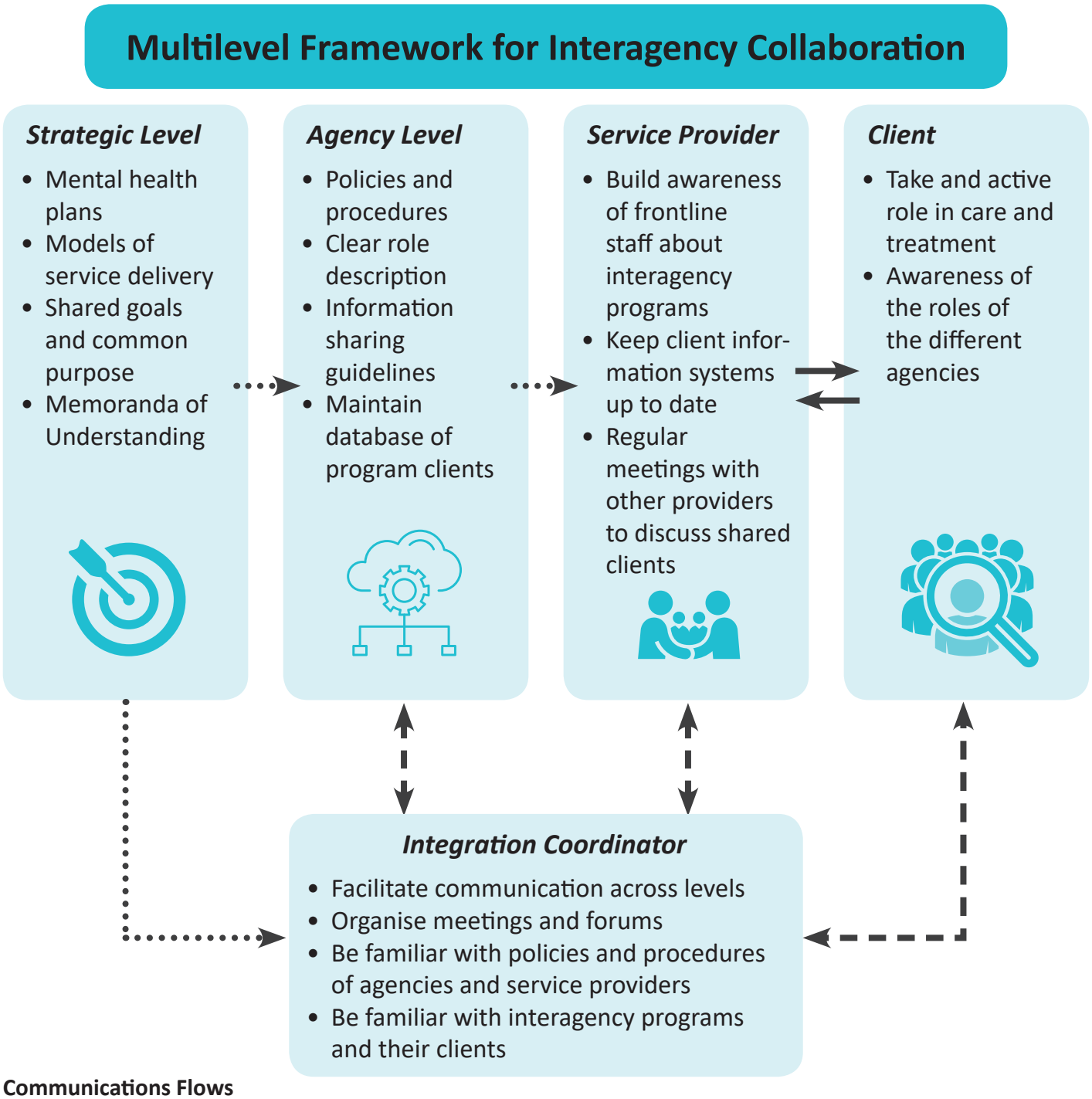
One such mechanism that has been shown to facilitate information flow between agencies is the use of a skilled convenor, sometimes known as a "boundary spanner"(Hudson et al. 1999; Majumdar 2006; Manthorpe et al. 2010; Warburton et al. 2008, cited in Shepherd and Meehan, 2012). This person identifies key people in their own and other agencies, has a sound position of power and legitimacy, an understanding of interagency working and takes a participatory approach. For the My Home project, the Housing Coordinator is the "boundary spanner".

Shepherd and Meehan's (2012) have developed a framework for inter-agency collaboration in mental health services **Figure 1.** This framework illustrates the role of the boundary spanner/ housing co-ordinator/integration coordinator as a key link at each level of inter-agency collaboration in mental health services.

Figure 1: Shephard and Meehan (2012) *Framework for Multi-Agency Collaboration*

Shepherd and Meehan explain their Framework thus:

'This framework represents interagency collaboration over four levels, moving from macro to micro: strategic; service delivery and client. The dot points within the boxes in Figure 1 are examples of collaborative mechanisms which can be employed at each level. The arrows represent the way information flows between each level. The dotted lines indicate government policy, which moves in a top down way from the macro level. The solid lines indicate communication between client and service providers, in the mental health sector..... In complex inter-organisational systems, the importance of having an identified person (the integration coordinator) to facilitate collaboration across these levels cannot be underestimated. The dashed lines indicate the communication flows between the integration coordinator the other organisations and the clients in interagency programs that are necessary for optimal coordination of service delivery'.



Collaboration with the Galway Simon Community:

The key national mental health policy 'Sharing the Vision – a mental health policy for everyone' (DOH, 2020), Social Inclusion Recommendations Section P71 states that *'In conjunction with supports provided by the HSE, including Intensive Recovery Support teams, sustainable resourcing should be in place for tenancy- related/independent living supports for service users with complex mental health difficulties'.* For the My Home Project this key support is provided through collaboration with the Galway Simon Community, a Non-Governmental Organisation (NGO) that has been provided services to persons who are homeless in Galway, Mayo and Roscommon since 1979. The Galway Simon Community '*provide holistic support by collaborating with statutory and voluntary organisations, friends, supporters and wider community to combat homelessness'* (Galway Simon Community Annual Report 2019).

A recent UK report indicates that indicates that much of the innovative and effective collaboration in health and care is happening at a more local level, supported by a national policy direction that allows for local variation. (Robertson & Ewbank, 2020). This report notes that *'The more collaborative and transparent approach meant that issues were more easily identified, understood and addressed by organisations across their patch'*. (P.67).

There are a number of partnership projects of housing, mental health and floating social care support currently operating around the country of which the My Home project is one. While each project has its differences, each also has key elements in common and local partner organisations have collaborated in similar ways. An example of this is the START (Support for Tenancy and Recovery Targets) in CHO6. Through this project thirty mental health service users have transitioned to secure tenancies with support in 4 counties since September 2019 in a collaboration between local NGO and the mental health team.

The My Home Project's collaboration with Galway Simon Community was undertaken because of this NGO's track record of working in providing services to homeless persons, their local knowledge and their person centred approach. The collaboration between the My Home Project and the Galway Simon Community commenced in November 2019 '*to deliver a new support service to people moving to independent living after long-term stays in mental health facilities. Our focus will be on supporting people to transition well and to integrate into their local communities'* (ibid) by providing three Mental Health Housing Support Workers who deliver 'floating support' to service users.
The floating mental health housing support worker provides non-clinical support to individuals with a mental health diagnosis who are living independently in the community. This support is typically practical in nature and can relate, but is not limited to:

- Budgeting and bill management,
- Accessing and signposting to statutory and community services
- Integration into the new or existing community
- Assistance with sourcing education, employment, and training
- Basic independent living skills
- Dealing with isolation
- Emotional support

A mental health floating housing support workers approach is always informed by recovery based and person-centred principles and there is an emphasis on empowering people to live as independently as possible.

The figures

- Since the commencement of the My Home Project a total of 30 service users (16 men; 14 women) have been supported in the process of transitioning to new homes in the project's catchment area – Their age range is between 28 and 74 years and they have been service users of the HSE from 1 year to 40 years. Appendix 3 provides further anonymised details of their mental health and accommodation histories.
- 18* Service Users supported to transition from mental health low and medium support hostels to their own tenancy with the council or an AHB.
- 1 Service user was supported to transition from mental health hostel back to own home
- 1 Service user was supported to transition from nursing home to a tenancy with AHB
- 1 Service User was supported to transition from hospital to a tenancy with the council

*18th person has been allocated a council property but move in is delayed due to renovations required on the property.

- 3 Service Users were supported to transition from insecure tenancies in private rented properties to secure tenancies with the council.
- 3 Service users were supported to transition from family home to tenancies – as two of these young adults were not long enough on the housing waiting list to be eligible for council or AHB tenancies the tenancies they secured were HAP tenancies with private landlords.
- 3 Service users whose tenancies were at risk were supported to maintain tenancies.

Additionally, plans are in train to enable the transition of a further service users who have been offered tenancies and to support an additional service user whose existing tenancy is at risk.

Referral Process

Referrals to the My Home project are made by the mental health service professionals. An exclusion criterion is applied to those service users who are actively dealing with addictions or who have an acquired brain injury. The reason for these exclusions are based on the categories of need and because of the fact that the My Home Project is a time-limited pilot project.

- The Social Worker or key worker on the mental health team identifies those with housing and support needs following discussion at the MDT and with the Service User.
- The Social Worker or key worker discuss with the My Home Project Lead and both check that the criteria for eligibility for the My Home Project are met.
- The Local Authority decides who will be nominated for a housing allocation, using their own criteria.
- A referral and assessment is submitted to the My Home Project Lead, following informed consent from the Service User.
- Referrals where an offer of housing is proceeding are prioritised.
- The My Home Project Lead and Galway Simon Service Manager discuss each referral and the Galway Simon Service Manager allocates the referral to a Housing Support Worker.
- The My Home Project Group – Project Lead, Galway Simon Service Manager and the 3 Housing Support Workers have a monthly team meeting.
- The housing support worker arranges to meet the Service User in collaboration with the referrer or key MDT member.
- The housing support worker provides a monthly update to the referrer or key MDT member.
- The housing support worker attends Care Plan Review meetings and case conferences with the Service User and staff from the MDTs as required.
- A discharge protocol is followed when a Service User is ready and willing to be discharged from the My Home Project.
- The My Home Project Lead and the Galway Simon Service Manager liaise with the council and the MDTs as required and are consulted as issues arise.

Impact of COVID 19 on the progression of My Home Project

It should be noted that Government restrictions relating to the COVID 19 pandemic impacted upon the work of the My Home Project in a number of ways:

- Delays in allocations of tenancies.
- Difficulties in accessing furniture when services shut during restrictions.

- The Community Integration aspect of the service was severely curtailed due to the closure of many community services and amenities due to restrictions and the need for people to remain in their homes to avoid contracting or transmitting the virus.
- Staff contact with service users and other services had to change to social distancing and contact via phone during restriction periods.
- While some service users were happy to engage in virtual groups others were not so digitally literate and preferred not to,
- Staff had to find creative ways to engage with service users during lockdown periods.

Mental Health Service Users accessing social housing

It is important to note that many individuals attending mental health services do not require additional social care supports to enable them to maintain a social housing tenancy. The Housing Coordinator and Community Healthcare West Mental Health Services have also worked in collaboration with the local authorities to support many individuals attending mental health services on their pathway to accessing social housing who did not require the additional support of the My Home project.

CHO2 is also taking part in the National Transfer Project, as outlined in Strategic Aim 5 of the NHSPD National Implementation Framework; Housing needs of people with a Mental Health Disability - key measure 5.3.2 - *the transfer of low and medium support HSE community residences to the ownership and management of local authorities.* (P.30). In Galway and Roscommon, this project will facilitate access to security of tenure with an approved housing body for an additional 14 individuals. The transfer project applies to properties owned by the HSE being transferred to an Approved Housing Body or a local authority. The properties are shared properties, not single units. Tenancy support workers have been nationally funded jointly by the Department of Health and the Department of Housing for a 12 month period for the transfer projects.

Cost Savings

The Mental Health Commission 2008 Report 'The Economics of Mental Health Care in Ireland' (O'Shea & Kennelly 2008, Mental Health Commission) quotes previous Mental Health Commission Reports stating there is insufficient data available to examine with any accuracy the breakdown of expenditure within the mental health services. Their report stated there is a grave deficiency of unit cost or expenditure data in relation to psychiatric care in Ireland. They used unpublished data provided by the Mental Health Directorate of the HSE in the Mid-West area on the cost of different mental health services in their catchment area to estimate costs for acute psychiatric units in public general hospitals, day hospitals and community residences. The key assumption in their calculations was that the unit cost estimates in a particular area are around the average unit costs for all areas, which may be inaccurate. The figures are also now 15 years old.

In 2014, The Final Report of the Expert Review Group on Community Mental Health Services in Galway/Roscommon (June 2014, P.5) states in terms of costing/budget management, e.g. cost of a specific hostel or day centre, or cost of an inpatient unit or WTE by business entities, it was not possible to obtain data with integrity.

This causes obvious difficulties for projects such as the My Home Project in trying to demonstrate any cost savings and/or in making a case for reconfiguration of existing resources to mainstream a project into service 'business as usual'.

A 2003 WHO report cited in O'Shea & Kennelly (2008) stated; community-based models of care have been shown to be sometimes as costly as the services they replace, so they cannot be considered cost-saving or cost-containing measures. They need to be judged on their impact on health and social outcomes before they can be deemed a success. Costs matter in this new approach, but only when considered in tandem with outcomes.

The Research

Introduction

The overall purpose of the research has been to evaluate the My Home Project the perspective of all stakeholders involved in order to ascertain if the project met its overall aims as outlined above. Additional objectives included:

- To identify the impact of the interventions employed by the collaborative partners with service users to (i) assess their housing needs (ii) to provide intensive, individualised psychosocial support; and (iii) their transition to accommodation suited to their needs and of their choosing.
- To identify if alternative or additional supports are needed by service users during their transition.
- To elicit the type of on-going support that service users might need following their transition to independent accommodation.
- To ascertain the views of all professionals involved in the My Home Pilot project in order to inform, from their perspective, which interventions with service users worked well and which presented challenges for each separate grouping.
- To provide comprehensive information about the project that will inform future projects of this kind.
- To make recommendations to all service providers regarding the efficacy of the use of the model used in this project.

Ethical approval for the research was granted by the Galway University Hospitals Clinical Research Ethics Committee in December 2020 – Ref: C.A. 2525.

The initial task undertaken by the researcher a review of 'The Quality Of Life Survey' form completed by service users prior to their transition from HSE accommodation and at three, six and twelve month intervals following their move to independent living (Appendix 4). The 'Quality of Life Survey' was adapted by the My Home Project from a coproduced survey developed in Northern Ireland following the 2002 Bamford Review. The survey had been used in Northern Ireland as part of the evaluation of the Community Integration Programme for individuals with intellectual disability who were being supported to transition from long stay hospitals to community living.

The review of the Quality of Life Survey responses informed the development of the Interview Schedule used for service users (Appendix 5) and professional stakeholders (Appendix 6).

Research Methodology

A qualitative methodology was employed in the conduct of the research. Qualitative research and evaluation methods are considered to be '....*most valuable when in collecting and analysing data that do not readily reduce into numbers'* and can be employed to '*evaluate the implementation or the process of a programme'* and '*to determine improvements and changes to a programme'* (Brady, McDavid & Hawthorn, 2005, p.167). A range of methods can be used in order to carry out a Qualitative Evaluation. These may include focus group discussions; interviews; notes from observations and other written documents. Patton (2001) has observed that qualitative methods are used in programme evaluations because '*they tell the programme's story by capturing and communicating the participant's stories'.* Plummer (1995) has observed that '*Part of being human involves narrating stories to ourselves and to others'.* Qualitative research allows for open conversations to develop between the researcher and participants. Thus, while an interview schedule or guideline was used, there were times when conversations deviated allowing for narrative account or story-telling to develop.

A review of literature relating to the evaluation of the My Home Project was undertaken. The literature is referenced throughout the report.

For this evaluation it was originally intended to gather data using focus-group discussions with all stakeholders. However, COVID 19 restrictions dictated that this was not possible, so it was agreed that telephone interviews were considered to be the safest and most secure method to employ. Thirty-three in-depth semi-structured audio recorded telephone interviews were conducted involving twenty staff members of all agencies involved in the delivery of the My Home Project and thirteen service users. The research data was gathered during January and February 2021.

The research process

Participant Recruitment and Data Gathering:

In order to emphasise the grounding of the evaluation in the UNCRPD (2006) each participant was asked to view two short video clips that addressed the issue of the Rights of People with Disabilities prior to the interview. This exercise was decided upon as a result of the Quality of Life Survey review and also provided an ice-breaker for each interview.

1. 'Hand's Off It's My Home' created by Open Future Learning UK in 2017 which takes its inspiration from the poem of the same name by Adrian Kennedy - https://www.centreforwelfarereform.org/library/its-my-home.html (assessed on 06/04/2021).

2. 'UNCRPD: What is Article 19 and Independent Living?' created by Mental Health Europe in 2018, this short-animated video seeks to explain what Article 19 of the UN Convention on the Rights of People with Disabilities and independent living means for all people with disabilities, including people with psychosocial disabilities. https://www.youtube.com/watch?v=FGcO0FcJQVM (assessed on 06/04.2021).

Recruitment of participants from the group of service users was delayed in the hope that COVID 19 Level 5 restrictions might be eased to allow for face-to-face socially distanced interviews to take place. However, when it became clear that this was not possible all service users involved in the My Home project were informed of the research by their respective Tenancy Support Workers who liaised with the researcher in the recruitment process. Thirteen service users agreed to take part in the research. Following completion of the Service User Informed Consent form, audio recorded telephone interviews were arranged. Interviews ranged from nine and twenty-eight minutes in length.

Information about the research was circulated by the My Home Project co-ordinator to all professional stakeholders who had involvement in the My Home Project in January 2021 inviting them to voluntarily participate in the research. The researcher's contact details were included in this correspondence to enable those interested to contact her directly, thus ensuring anonymity. The researcher then invited prospective participants to sign and return a Staff Consent Form directly to her, following which an appointment for an audio-recorded telephone interview was made. Interviews lasted between twenty-two and forty-one minutes.

Transcription of all interviews was undertaken by the My Home Project clerical worker and the researcher.

Research Analysis

The analysis of the research was conducted using Thematic Analysis as described by Braum and Clarke (2006). This involves six distinct phases: (i) familiarisation with the data; (ii) generation of initial codes; (iii) a search for themes; (iv) review of themes; (v) definition of themes; and (vi) report writing. The advantages of thematic analysis include its flexibility, accessibility, useful when working with participatory research methods, useful when collaborating in analysis with colleagues; can highlight similarities and differences across the data set, generate unanticipated insights and can be useful for providing information for policy development (Braum & Clarke, 2006).

Except for responses to the video clips, the themes developed through the analysis differed according to the role in the My Home Project of each participant group.

Themes identified from the service user data included narratives relating to:

- Coping with day-to-day life;
- Supports required and provided;
- Impact of COVID-19, including the closure of day centres;
- Advice for others considering transition; and
- Recommendations for the continuation of the My Home project.

Themes developed through the analysis of professional stakeholders included:

- Role of the Housing Co-ordinator
- Inter-agency collaboration and intra-professional working
- Continuation of the My Home Project
- Recommendations for changes to the project

Report writing can be seen as '*the final opportunity for analysis through the selection of compelling extract examples'* (ibid p.35). Additionally, the report of research provides the researcher and the research commissioner with the opportunity to present participants' views in a respectful and open manner, thus ensuring that those who have given their experience and time to the research are well represented. This is extremely important in research such as this which is dealing with people who have found themselves in vulnerable situations who may not often have the opportunity to have their views made known.

The Research Findings

Service User Participants

This section of the report provides the results of interviews conducted with thirteen service users. No personal information was obtained from these participants, such as age, location, length of time with the mental health service. The researcher was aware only of people's first names and the conversation with them concentrated on the experience of the My Home Project and their transition from hostel accommodation to their own home. One participant was, because of COVID 19, residing some of the time at her mother's home and spending limited time at her new home. One person has been living in her accommodation for four years and is now being supported by the My Home project tenancy support worker; and one person had moved from a shared apartment to her own apartment with the support of the project. The remaining participants have moved directly from congregated living to their own home. One person shares with another person, all others live alone.

Throughout their narratives some service users referred to people by name and mentioned locations. The researcher has used X when a person has been named and A when a location was mentioned in order to ensure that service users cannot be identified. Service users very often referred to the Mental Health Housing Support Worker (MHHSW) by name. MHHSW has been substituted throughout.

Response to the video clips

The video clips were shown to the service user participants by the tenancy support workers some weeks following the initial interview because of COVID 19 restrictions. A number of people did not remember the content when asked about them and so were unable to comment. Those who did made some interesting observations.

'I don't think you achieve a lot with this kind of thing, there's always people who have a stigma against people with mental health. I'd be better to have famous people come out and talk about their own experience, like celebrities (mentioned a few Irish celebrities) they told their stories, like of bi-polar and depression...that's a better way to do it, I think, anyway'.

For one person, the videos brought back memories of hostel living. He is of the view that all staff in hostels should be shown the videos.

'Yea, it was all rules and regulations in the hostel, switch off the radio, no TV after 10pm, the kitchen doesn't open until 3pm – you couldn't make a cup of tea. There was always 3 or 4 staff. The staff in these places should see these videos – they are good, showing what it was like' (Male service user).

In their conversations with the researcher, service users who had transitioned as well as speaking about their move to their home also gave details of their day-to-day lives which involved very ordinary activities. It is clear that having their homes is important and all reported being happy about their move, despite experiencing some challenges including the restrictions imposed by COVID 19.

Coping with Day to Day life

'Yes I am a year in my house. It was different but I got through it. The health situation was different with the COVID. I love where I live and being on my own. I have much more freedom on my own I am more happier, more independent and know what I have to do. I get up, washed, dressed, get my breakfast and dinner later on, go for a walk to the shops. My dinner delivered Monday – Friday and I cook my own dinner at weekends. I am looking after myself. I don't miss anything about the hostel, I'm happy'.

'It took a few years I was on the housing register for years before I got this. I wanted to be independent, have a cup of tea whenever I wanted. The hostel living was kind of like a hospital setup certain jobs during the day and only open certain times and things like that. Plus the fact you had someone looking over your shoulder the whole time. I now have an address other than a health board address - it is my own which is a huge thing'.

'I moved from the hostel. I had a lot of moving about like a nomad, no fixed abode. Getting the house was lovely, just to walk in to your own house and close the door and no one looking over your shoulder. Do what you want - like watch television on your own. When sharing with someone it is harder, I could not get on with living with someone. It was hard in the hostels – like Elizabethan times it was awful. A lot of people overcrowded 20/30 people. It's lovely to have own home'.

'I have lived in my new home since Nov 2020 inside work is all complete. Work outside has to be done, shed, fencing and the garden. I lived in a rented house with the nurses – it was a shared house for a while six people lived there. It was okay, I was used to it, allowed to smoke outside and had a chat with friends. A friend from there still rings me. Nice to have my own place all tidy and nicely done up. Very good. X helped me with all the paperwork. Really like it as it is quiet delighted – got television fixed, new carpet and curtains. All new bits and pieces – I picked out most of the things myself'.

'I am living in a house. It is a two bedroom house, good heating. I was living with my family before this. It is okay. I sometimes find it lonely because I am alone. I occupy myself with things. It can be hard making decisions on my own. I can contact the nurse or social worker and they help me make the decision'

'I lived in a shared house before. I am living on my own now. I like living on my own. Well I can do whatever I want to do whenever I want to do it. I have managed fine, money and everything around the house. I get my dinner during the week and I cook at the weekends – well I do the odd bit of cooking'

'I share the house with X, we get on well. Previously I lived in a hostel. I have a proper telly, electricity, I have proper heating oil. Before Christmas we got a full tank of oil. The house was owned by the HSE, it is now owned by X housing association. I budget my money, I was used to paying my rent out of my allowance automatically. I pay it in cash now'.

'I am in my own apartment, about 18 months now. I am able to do everything myself, I do my own cooking. I was living at home with my parents. I like my own space, my own free time. With COVID I still go for walks, but I cannot meet anyone or have chats'.

'I was nearly 20 years between the hospital and the hostel. It was a huge change. I have been a year here now. I am happy with my move. I have a house of my own, have a garden and have flowers in the front. I have dug a veg garden this year I will grow herbs and lettuce and spuds. I am independent'

'I am staying at my mother's house because of COVID, but I go down to my apartment about twice a week. I can't wait to move in and have my friends over – I will be a half-hour's drive from my mother when I move. I miss my friends.'

'My housemate has his dinner delivered Monday to Friday, I don't. I do my own cooking. We order Chinese at the weekend'

'I have been living here for a year. I had lived in a HSE hostel for one year only. There were 4 or 5 of us living there. I made a decision to live on my own. It is a good change, more freedom and more independence. I had no problem finding my home, it is a County Council house''

'I lived with one person in X. I live on my own now it took me a while to settle in. The occupational therapist helped me a lot'

As can be gathered from these accounts service users are experiencing a great deal of satisfaction about having their own homes and the independence that comes with it. In their examination of the CRPD Committee's 2014 General Comment 5, Lewis and Richardson (2020) note that '*Independent living is an essential part of the individual's autonomy and freedom and does not necessarily mean living alone. It should not be interpreted solely as the ability to carry our daily activities by oneself. Rather it should be regarded as the freedom to choose and control....Independence should not be watered down by governments placing a person with a disability into the community but then failing to provide supports the person needs'* (p.5). It was the supports provided to service users that were next discussed with the researcher.

Support

One person described how big the decision to move from HSE accommodation was for him, and described the support he receives: *'I thought it was too big. It is hard to explain. I have been around the block, a senior member in the hostel said to me "we are sorry the way it (his life situation) has gone" with everything. I took it all along. I have been in a few places and I am comfortable here now. I am pleased with the way I'm doing. The HSE have a schedule. X comes in to see I am okay. I take my temperature every day and I take my medication and go to the doctor every four weeks for my blood to be taken. The most important person coming to me now is MHHSW her support is enough, no other support needed. If I needed someone I would tell them'.*

'The MHHSW is very helpful. I do have her support. She helped me move and helped me signing up to paying bills. I was not used to it'

'I am contented, I do have down days but only seldom...I use my phone and talk to people or put on a CD to relax. One day I was feeling down the MHHSW brought me out for breakfast. She is very thoughtful and very genuine. I cannot say a bad thing about her. Got me singing in the Simon choir at Christmas, even though I do not think I can sing'

'It is quieter here than the home. I like it on my own. I do not miss the company we all ring each other. I miss visiting them due to COVID 19 or them visiting me'.

'I would like to thank Mr. X, from the approved housing body for getting me this house'

'I am very independent, I just need mental health team support. I am linked with the mental health services in X and they are linked with my one-to-one. I also have contact with the community nurse and I see the psychologist every three months. If they are closed I can speak to the MHHSW, she can link with my one-to-one. I have gained a lot of trust with my tenancy support worker, I know her a year now. I do not want to end up with someone else and have to start over again. She has a great level of respect, like if she rang the mental health service she will always let me know in advance and ask me if that's okay. She is such a good hard worker, we have fun and banter. She is such a caring person and has helped me a lot. She has met my Mam because it is nice to get to know my Mam and to have a familiar face to see – even my Mam has said we have good trust there'

'If things went wrong in the house I would contact the occupational therapist and the tenancy support worker comes once a week also. Before I moved into this house I did not know where anything was in the shop or how to get a trolley out, put the money in the trolley and take it out I had never done that before. My MHHSW showed me how to do all that and where everything is in the shop. I do my own cooking – chicken, fish, plain cooking, she taught me how to make Shepherd's pie, I make enough for 2-3 days. I still have collections of my medications from X morning and night every day. If I cannot go up someone will drop it down to me'.

Service users showed a great deal of resilience and determination in coping with the lockdowns associated with COVID 19 which has led to the Training/Day Activity centres closing.

'I have friends and relations – cousins and a lot of people I know in my home village. I ring them and we keep in contact, but because of COVID no friends calling'.

'My neighbour cut the lawn, I just asked to borrow his mower but he did it for me. The local shop I have got to know people they tell me the bargains. They do not know me that well but I am a bit shy a lot of them say hello to me, we cannot chat as much with COVID 19'.

'I was going to the day centre. I find it no good at all, it used to depress me, no activities like cooking – things that people should be doing in a workshop. I would not attend again if it opened. I would like to get involved in creative writing about any topic. I take a keen interest in all things, quizzes, crosswords and I read National Geographic. I also listen to spiritual music on Radio Maria'

'*I do not miss the Day Centre during COVID lockdown. I will probably go back to them when the right time comes along. I will see how I feel about it at the time. I want to keep my options open for now. I now have the choice to make myself'*.

'I miss the activities I used to do. I am good at chess, I teach children to play in A. I also like swimming. Now I just go for a walk but I am most of the time in the house because of COVID 19.'

'Yes, I did go to the day centre but I do not miss it now. No, I would not mind it not opening and if it did I will not be going back. I am comfortable with where I am. I'm staying in because of COVID. Lot of people younger and older than me especially lately is beginning to worry. I worry a bit about the COVID in the last year but everyone is worrying. My Mum is 88 and I haven't seen her for 13 months because of COVID but I have the phone to talk to her, she's a fighter'.

It is clear from these narratives that the mental health team is continuing to provide the clinical support needed by service users, thus ensuring that '*... the need for mental health support for tenants'* (Model of Care for People with Severe and Enduring Mental Illness and Complex Needs, 2018) is maintained. The additional social and practical support provided by the Mental Health Housing Support Workers is clearly appreciated and examples have been provided of a high degree of sensitivity in their delivery of their support.

Advice for others thinking of moving to independent accommodation

When asked if they had advice for people who might be thinking of moving from HSE hostel accommodation to their own home, a number of service users considered that budgeting and managing their money was important as well as offering other advice.

'Go for it, do what you possibly can, listen to the problems or whatever and you should be able to make a go of it. You would want to be a good person at budgeting your money as in a group home it is all paid in one kitty. On your own you have the bills, would not want to be over spending'.

'Managing my money, well that is a valid question. I was never good with money. When I have money I spend it. I struggled a bit. I am on top of it now'.

'I get help with my finances and allowance. I can manage now. So if someone is moving if they can manage the house if not they can ask for help. Manage the house - like cleaning the house. I am able to manage that now'.

'Well for moving to your own house, have plenty of activities to pass the time and keep your mind working. I like the horses put on a bet from time to time, watch them on the telly. I follow the form of the horses. I have a garden but do not do any gardening'.

'*I would tell them to keep it tidy when you move in. Keep it clean, heated, bins emptied, swept and tidied, shower, all the house work to be done. Carry out the daily routine – keep it done. I do the routine tidying every day'***.**

'I manage it (my money) *since I have moved out. I have the inside work done already and still saving for the outside work each week. The next thing I am doing is a shed in the garden – steel shed. When all outside is done that will be paid for'.*

'My bicycle was stolen before Christmas. The Simon Community gave me a loan for a new one. Paying back the loan for the bicycle was hard. I had run into debt for some time. The tenancy support worker helped me. I am on top of it all now. I paid it back in my own time. It takes a bit of getting used to managing all those things you had not done in 20 years. Before in the hostel I would get up in the morning - breakfast ready, dinner ready, sitting around watching telly and doing nothing. It is a good different now'.

'The advice I would give someone who is to move like me is to do it a few months before hand to get things done do not leave it to the last week or two or last minute. Clarify - to have the house secured and then spend a bit of time getting things ready for it. Setting up the bills and the payment. I live beside the town. Work is close by, where I lived before same distance. I could not ask for a better place to live right beside work. I am working today'.

'I am good at managing my money. My advice would be, keep the bills paid and look after the place'.

'To try and have a hobby, go walking, watch what you eat. Keep yourself well'.

Participants were asked to give their view on the continuation of the My Home project. Their responses for the most part concentrated on the support they are receiving from the mental health housing support workers and clearly illustrates the vital link to community living they are providing, despite the COVID 19 restrictions.

Continuation of the My Home Project

'It's good to have someone I have trust in (tenancy support worker). *That is a problem I have so many different people for a couple of months and then it's done and I have to rebuild my trust again'*

'*I would be in favour of the project continuing. It means a lot to have the support of the tenancy support worker – the help is needed.'*

'I would like them (others who are moving) *to have people like the tenancy support worker – the same support I received'*

'Yes, I would like the support to continue. I want to keep my options open. When I feel I have got what I need to get out of it (The My Home Project) *I will let her know and go our separate ways'*

*'I do not know. If she (*tenancy support worker*) did not call I do not think it would be hard for me. I would have friends I could call on if I needed help. I'd like to see the support continuing for now anyway'.*

'I think it is good enough with X (tenancy support worker). *Before COVID we would go to the library, read the papers there, call to the church and say a prayer'*

'I have one thing to say. I want to pass my compliments about X (tenancy support worker). *I have met the best of doctors, nurses and she is up with them all'*

'I would like the project to continue, it would be nice for people that would be able to live on their own or together. In time I should be able to manage on my own but at present X (tenancy support worker) *is very welcome. When I get the house sorted out and the finances not so much support needed then but I would not like to see her gone for good. People would need support for a year or so'.*

'X's (MHHSW) *support is enough, no other support needed. She is the most important person.*

While acknowledging that support is needed, it is clear that a number of participants can see a time when their level of support can reduce or indeed be withdrawn with their consent.

Stakeholder Professional Participants

In this section of the report the research findings are presented from the perspective of stakeholders involved in the delivery of the project. Participants' roles in the My Home Project varied from those who are managers in the both the lead and collaborative agencies; key workers from the lead organisation who provide mental health service users in the community; tenancy support workers who provide the social support to service users; and those who provide supervision to a range of workers involved in project. In order to preserve the anonymity of all participants the findings, particularly direct quotes, will be attributed according to participants' affiliation, for example: member of lead organisation; collaborative partner organisation.

The conversations held with the research participants, while covering certain topics, were informal and conversational and led to an exploration of a range of issues relating to the My Home Project.

Response to Video Clips

The majority of participants found the video clips to be interesting and most reported that they were familiar with the issues raised. Participants from the lead organisation could relate in particular to the poem *'It's My Home'* as they had an awareness of the restrictions present in congregated settings.

A number of interesting comments were made:

'Unfortunately nothing surprised me re safety signs/messages on people's doors and windows, this is happening on the ground' (member of lead organisation).

'Videos are so relevant, if we take the second one, not having signs up, eat their own food, control who comes in or out that is a major thing....something everyone needs to appreciate and remember when working with people who had been in congregated settings and are now out on their own' (member of collaborative partner organisation).

'*The first video, the Rap it was interesting very much a view of total autonomy and independence which is great.....Reality for people not able to reach that full autonomy in the short term at least'* (member of lead organisation).

'*I've seen similar material and understand the message they are giving the independence and right to choose'* (member of collaborative partner organisation).

'*Lots of things happen in shared hostel accommodation, that we don't take a lot of notice of, such as notices, slip signs, laundry rosters, memos about stuff things that might make life easier, but if you are living in a house, maybe it's not the best thing'* (member of lead organisation).

'Only saw one – the Rap, it was interesting because when I think of housing and people who don't have access to independent housing I would never have considered any of those things, never compared it living in residential or group setting. I would never have taken account what it's like to live in the setting of a service' (member of lead organisation).

'For me, it was interesting to see the work being done to recognise the right to be independent' (member of collaborative partner organisation).

Reflective and emotional reactions to the videos were experienced by some participants:

'*I did see them, they were lovely, not anything surprising poem gave me pause for reflection, there was nothing surprising but it brought me back to basics, again for people sometimes we forget the principles for people that this is the reality'* (member of collaborative partner organisation).

'*After seeing the video I had an emotional reaction, rather than a professional or academic reaction, sparked something in me at a deeper level ....we have clients who may have never had a home life and to achieve their own front door, that's enormous'* (member of lead organisation).

It is clear that workers in all of the agencies involved in the My Home Project have an awareness of issues relating to the UNCPD and the need to promote independence for service users. It may be necessary, however, that the messages relating to choice and independence might need to be reinforced through supplementary education, particularly for those professionals working in hostel accommodations.

Inter-Agency Collaboration and the Role of the Housing Co-ordinator

It is clear from the data provided that the My Home Project (MHP)has taken on board the benefit of having the *'boundary spanner'* as advocated by Shepherd and Meehan (2012) in the person of the of the housing coordinator. Participants' response to a question regarding inter-agency work indicated that having the housing coordinator in place made

their job easier as when issues arose they were able to refer their concerns to the housing coordinator. It is evident from the responses given that her role was beneficial in internal HSE negotiations with mental health teams and externally with the Local Authorities and with the Simon Community as collaborative partner for the delivery of social support. Williams (2010) has noted that boundary spanners are *'actors whose primary job responsibilities involve managing within multi-organisational and multi-sectoral arenas'* (p.2).

'*The housing coordinator has different competencies coming from her social work background. She is very articulate in the way she advocates for clients....she is dedicated to doing this all the time'* (member of lead organisation).

'The MHP focused on delivery for individuals, rare to focus on individuals and their needs, this project focussed on what the individual needed....the tenancy support workers are a plus, any tenant who comes with support plan or structure in place is welcome' (member of collaborative partner agency).

'I was asked by the housing coordinator to accompany two service users, individually, to meet the housing liaison officer and then to meet the MHP worker who explained about the service....everyone was explaining their roles. I found it very useful, not intimidating for the service user. It gave good reassurance to the service user and was glad to be there by his side, as he was nervous' (member of lead organisation).

'*Credit the housing coordinator in terms of her capacity to network with other disciplines (on the team). She has the capacity to develop relationships with other people. Also explaining to the Local Authority have been more flexible in their interpretation of the regulations....she could find policies and legislations and argue her bit. The second piece she has done is guarantee that the HSE will put a package of care in place if you allocate a house to this individual'* (member of lead organisation).

'I attended the Mental Health Team (MHT) meetings – the team were not accustomed to having support. Because of the housing coordinator it was possible to have honest, open discussions with the M.H.T who at first did not understand the social care role of the tenancy support workers – there were challenges to relationship building, but we got there' (member of collaborative organisation).

'To have had housing coordinator and the job she does liaising with County Councils, AHBs, and City Councils and then selling that to the Head of Service was invaluable. It often came across that the team was just moaning about more resources whereas the housing coordinator is very good at articulating what we were saying as well just because people move to independent accommodation they are not discharged they need to be supported to remain independent' (member of lead organisation).

'*It has been brilliant to link in with the housing coordinator to ensure there is adequate support to maintain tenancies and to know who to contact if issues arise. Critically, we have a key contact person in the housing coordinator'* (member of collaborative organisation).

Intra-professional collaboration

It seems clear from the above discussions that the My Home Project achieved a high level of inter-agency collaboration. When issues arose relating to service users, staff on the ground and housing bodies had access to the housing coordinator who played a pivotal role in helping to overcome difficulties. The closest collaborative relationships, however, were established between the mental health housing support workers (MHHSW) from the Simon Community and the members of the mental health teams (MHT) who are designated key workers for service users providing on-going support following transition to their own homes. It is clear that excellent working relationships have been established. As these participants are either members of the MHT or TSW, in this section they are identified according to their role in the project.

'*It has been positive meeting with other people on the MHT that work with the service users, the service would not be as good as it is without this communication with other people involved in the service users lives'* (Simon Community Tenancy Support Worker)

'*I find the MHP support invaluable – gives you time to do other work with other people...without the support of the MHP the likelihood of service users lasting in house may not be as successful as they have never had the opportunity to learn how to live independently before'* (Social Worker member of MHT).

'*The MHP is not different, but a key part, how much it is person-centred or service-user led, guided by what the service user is saying. How it differs – more time and focused intervention, they set goals, they measure them'* (member of lead organisation).

'It has been amazing to have this additional input....really personalised support to meet their support needs. Great, three others have moved to accommodation in September, would not have managed without the input of the My Home workers, communicated really well. Excellent' (Occupational Therapy member of the MHT).

'As a nurse the role is generalist....doing both nurse and sorting out bills, bins etc., now with the Tenancy Support Worker there's more time with service users as a nurse and their mental health issues, makes the clinical role easier (Nurse member of MHT).

With this participant, the discussion went on to link the benefits of the My Home Project in relation to the possibilities of integrating service users into community activities. While acknowledging that some service users may need continuous support this participant is of the view that '*There is a real deficit of services, we hang on to people because of what if....Since last March, because of COVID 19 there has been a huge transition – training centres are now closed, people are doing without them.... closure has shown how resilient the service users are. How can people reach independent autonomy and reach full potential if attending day/training centre for the rest of their lives? I recognise where there is low motivation a happy medium is required. The tenancy support worker is well tuned in. COVID spoiled some of the community activities that were being planned – creative writing and swimming. But some service users are linked to the virtual choir, and walks and picnics when allowed*'

'*I wouldn't have any hesitation to query anything with the nurses, anything I might need to run past them'* (MHHSW).

'It has been amazing to have this additional input .....really personalised support to meet their needs' (Member of MHT).

The MHHSW gave a lot of support that was not previously there and they are quite flexible, knowledgeable and building people's skills. (Member of MHT).

'*Yes, I have an awareness of the HSE, service users have come from hostels where they have doctors, nurses, health care assistants who work as part of a team to get the best outcome for them. I can see the organisation taking a multi-agency approach, without our support tenancies might have struggled*' (MHHSW).

'*The social inclusion bit is vital, getting people linked into the community, so having someone from outside of the mental health service is very useful can help sever the attachment to the hostel*' (Nurse member of MHT).

This awareness of the needs of service users for support from both the MHT and the social support provided by the tenancy support workers feeds into the person centred and recovery model in mental health as espoused by Vision for Change and is clearly something that the My Home Project is aiming to implement. There have been challenges for personnel from both organisations in achieving clarity of roles. The input of the housing coordinator and the Simon Community team leader can be seen to be pivotal to overcoming inter-agency difficulties.

'The MHT were never accustomed to having support. The housing coordinator and I worked together, attended the MH team meetings to explain the role of the Simon Community in the project. We had honest, open discussions' (Team leader, Galway Simon Community).

'*It was a bit challenging to identify role within the multi-disciplinary team. Staff wondering "what do we need you for?" We had a few big meetings with the Rehabilitation and Recovery Team some team members were more open than others. Our team leader and the housing coordinator were brilliant'* (MHHSW).

'*I was adapting to a new position, adapting to how everyone works within the team – figuring out how everyone works and communicating with each other and maybe a breakdown in communication, the service user might tell me something that has happened and I'm "Oh God, I didn't know about that'* (MHHSW).

One mental health housing support worker gave a good example of how direct communication with the service user's key worker helped: *'Also I think me going visit the service user's key worker on a one to one basis was a good thing.... it's a bit more informal explaining where I am coming from and what I am planning'.*

Here the mental health team and the mental health housing support workers are describing informal methods they employed in order to enable each of them to work together for the benefit of the service users. Gibb, et al, (2002) on the subject of trans-disciplinary working have pointed out that '*Through the sharing of knowledge and experience, situations can be reconstructed and understood in a client-focused way, even though the outcome for team members may be a crossing of professional boundaries'.*

Senior members of the MDT also discussed the challenges that My Home Project presented for HSE employees and for senior management of the organisation

'Staff members who were permanent HSE employee would have seen it as an undermining of their roles and responsibilities that is my job but there are was plenty of work for everybody'

'On the Senior Management side there was a view that accrued to cut back - we do not need other professionals that would do this duty now. While I and the housing coordinator were at pains to say - this is the missing piece of the jigsaw. It is additional and the piece that was missing. So this meant that the clinician did not have to get into the nitty gritty around paying bills and rent they were able to come in and focus the health piece, the action of the care-plan rather than other stuff'.

This view that having the mental health housing support workers in place took some work pressure away from clinical staff was articulated by a number of the research participants: '*The MHHSW were able to pick up whatever was needed to support people then'*

'*At first you are thinking "how does the MHT liaise with the TSW?" But, it's a very useful partnership, calling weekly to the service user gives a focus and also might be able to notice things that indicate a relapse in a person's condition and will liaise with me about that' (Nurse, MHT).*

While the vast majority of those interviewed expressed support for the My Home Project, some concerns were expressed by a small number of professionals. While acknowledging the good work being undertaken by the project and the MHHSWs, one research participant expressed concerns regarding the exclusion of service users already in the community who have certain complex needs from the project:

'*The model is too light-weight, we have complex cases, who borderline learning disability, brain injury, addictions, complex behaviours. A lot of services do not want these complex individuals and they get bounced back to mental health. I suggested two people who had issues with drink, a man who had been violent, even though he was an elderly man. They were not considered for the MHP. We should be looking at a Housing First (HF) model which targets the complex individuals well-funded, well-staffed who support each other. One of my worries about these new things is they are fragmented, not well resourced, and it is what the government is pushing is Housing First and that the model we should be focussing on. There's a crossover between MHP and Housing First but it does not target complex, difficult clients. Housing First targets complex clients. We need a Housing First co-ordinator that is stemming from all the different services, we need access to a cleaning service none of the services provide a cleaning service. It's always a struggle to get places cleaned. We need a proper HF initiative that encompasses all the services dealing with people working together rather than against each other – people saying he's not our case, he's your case. Our County Council does not want to acknowledge a housing problem and does not want to acknowledge the complex cases. It's a systemic change that I'm looking for'* (member of lead organisation).

Of note Housing First is in the process of starting up in County Galway and County Roscommon. Individuals prioritised by Housing First are people who experience rough sleeping and those who have long stays in emergency accommodation, with accompanying high support needs around mental health and substance use disorders - Housing First National Model - Sam Tsemberis, PhD, Pathways Housing First Institute.

The Housing First government initiative was discussed by another participant who could see similarities between it and the MHP. *'Housing First is being rolled out, focussing on homelessness and rough sleepers who may have mental health issues, it has a narrow band but some of the issues are the same'* (Member of collaborative organisation).

The issue of which service is responsible for particular service users was raised by another research participant who works at a senior level within the HSE and in a voluntary agency. This participant was referring to a service user who has a learning disability, was being supported by a voluntary organisation and was also under the care of Adult Mental Health team:

'We had a real problem, the mental health service insisting that the Brothers of Charity take over the whole care of the service user, but if complete discharge from MHS there would be no access to MHP. There needs to be some flexibility so that MHP could continue to support individual in independent living. ....Sláintecare is about integration – services stepping back from how business has always been delivered, this is ours, this is yours into a more integrated system.'

'There needs to be commitment to implement Sláintecare recommendations around integration....you have a lot of good guidance but without an implementation plan it can gather dust' (joint member of lead and collaborative organisation).

The issues raised by these participants are obviously ones that need to be considered in the context of the development of Sláintecare.

Impact of COVID 19

As with all aspects of life since February 2020, COVID 19 impacted and set particular challenges to the operation of the My Home Project on a day to day basis. There have been three lockdowns since the project commenced in March 2020.

'The pandemic robbed the project...the potential was not realised' (Team leader, Simon Community)

'*COVID has been a challenge for some service users. The tenancy support worker and I have been a necessary and vital life line, especially for those three individuals who had newly transitioned out to independent living in the last year'* (Member of lead organisation).

On a day-to-day basis the pandemic impacted particularly on the project's plans to work with community-based organisations that would lead to greater integration into the community. These plans had included engagement with activities in the community such as volunteering; getting involved in adult education and sporting activities. The Level 5 lockdown that has been in place since January 2021 has had a severe impact on both the service users' lives and the work of the tenancy support workers who have been forced to change their practice as a result. This has led to a curtailment of some day to day interactions including accompanying service users for shopping, walks, outdoor coffee breaks as well as curtailing time spent with service user in their homes.

'*The tenancy support workers have tried to help people broaden their horizons, get involved in local community instead of the mental health services, COVID 19 has stymied that to an extent'*(Member of lead organisation).
Mental Health Housing Support Workers have, however, remained in contact with service users, have taken on the task of doing their weekly shopping according to lists provided by the service users; kept in touch by telephone; set up Wi-Fi and internet access for some and involved a number of people in a virtual choir which operates through the Galway Simon Community. The mental health service teams have continued to make domiciliary visits to service user's homes and provide medication and mental health support.

Continuation of the My Home Project

Participants were asked if they considered that the My Home Project should continue and to recommend changes for its' improvement from their organisational viewpoint. All thirteen service users want the My Home Project to continue while 94.74% of stakeholder participants were in favour of the continuation of the project, this percentage equates to just one stakeholder participant having reservations about the continuation of the project. A number of suggestions were made regarding its future.

'This is a great initiative I would be devastated if the MHP was cut. It can take people a lot of time to adjust and they need support and it needs to be more than a paper exercise' (member of lead organisation).

'The ethos of the My Home Initiative has been to put the client at the centre of the decision making process, ensuring their views, concerns and hopes are communicated and understood by all agencies involved in supporting their housing and welfare needs. In tandem with the client and through partnership with various statutory agencies, My Home plays a central role in identifying and addressing any issues which may cause a tenancy to fail or a client to struggle in adjusting to their new home or community'(member of lead organisation).

'Yes, absolutely. I think Rehab & Recovery service in terms of getting people to live independently and then eventually working independently would fail if this leg of the stool is taken away. The three things I have seen are if people did not get a house, a job or education they are the three pillars needed - something to work towards to aspire. The house is the big one, have an address, for correspondence or watching what you want on your own television. We will be in trouble with the County Councils/City Councils and AHB's if we cannot maintain this project' (member of lead organisation).

'The MHP has challenged the organisational culture – very paternalistic approach where we are minding people and managing medication and this is now....by demonstrating through the MHP that this person can function quite well forces the system to change how it treats and forces change in work practices' (member of lead organisation).

'I would like to see the HSE and MHP support continue for 3-4 years. It's been brilliant because we know there is support, if we notice a change we can get in touch, the advantage is information can be exchanged. People with complex needs may be taken advantage of so may need a cushion to fall back on' (member of collaborative organisation).

'It is a good project and it need a longer term run, it would be beneficial if the project was to continue for a further two years to see people well settled ....the number of people already allocated places are really only now hitting the ground running. For the local authorities our allocation scheme gives weighting to different categories of people – homelessness being number 1 priority...but we cannot only accommodate homeless people. If the project were to continue more integration of council staff and HSE staff needed on the ground (member of collaborative partner organisation).

'*The MHP has got it right in terms of people transitioning....from what I've seen previously this project is the most in-depth way of transitioning people. When in an institutional setting for 10-15 years you lose your skills, if not given a huge amount of support when moving it could be hard to cope. Yes, it should continue – it is doing it really well'* (member of lead organisation).

In relation to the time frame for the continuation of support one senior member of the lead organisation had this to say:

'*From my own experience you need to look at the individual. Some individuals will always need some level of support but the support does not necessarily have to be a paid employee it could be next door neighbour, friend or a family member. It is important to review on a 6 monthly cycle– annual review too infrequent. A lot of disability services review on an annual basis. Annual review can cause delays. Six monthly reviews are timely for the individual. Have a plan get into that engagement with the client on how that the relationship may have changed. Attachment needs to be withdrawn gradually'*

'The main service providers should not be the clinical biological kind of people - they should be more the social care model and we would then be inputting it. A social care model is a more appropriate model' (member of lead organisation).

A different view was held by a senior member of the lead organisation:

'My own recommendation for it, I feel if I had the Tenancy Support workers if I had them as Occupational Therapy Assistants I feel I could be a little bit more directive with how I would see people supported. I had discussed this at the start with the housing coordinator as my recommendation but it is still my recommendation now' (member of lead organisation).

'*In the past voluntary organisations and mental health bodies have had not so good relationships, leading to frustrations. This has been a wonderful opportunity to develop mutual respect. I think it should absolutely continue - professional respect has been created between two disciplines that haven't previously worked together'* (member of collaborative partner organisation).

Senior management members of the mental health service teams recommended better integration of the tenancy support workers into multi-disciplinary mental health teams

'In some ways I would have a concern we could lose the (MHP) staff. The candidates who came into the job in my experience of them are very good but they are going to be very employable people. If permanent HSE jobs come up they are going to go to them and we are going to lose them....
If the TSW sat in front of me for a promotion, I would employ her virtually immediately because she is going to be able to articulate, managing a case load, managing people, crisis intervention, risk. So we are going to have to reward these people with permanent, pensionable jobs. (member of the lead organisation). `
'As HSE managers we should carry out our own co-joined evaluation across all disciplines involved in the My Home Project' (member of lead organisation).

'If we are going to do something more substantial and more long standing it would be more embedded in the Community Mental Health Team or the Rehab and Recovery Team. The TSW go to some aspect of team meetings care planning, is their voice heard? If the TSW has more presence would be interesting and their input taken note of' (member of lead organisation).

'I would love to see investment in the MHP and for the local authorities to have an open mind for this type of model going forward with people who may not be on the housing waiting list for a long time. It could form part of preventative work where people need access to secure tenure. We had two early referrals to the MHP, but the two young women were not on the housing list, so we couldn't take them on' (member of collaborative organisation).

As social housing with secure tenure is allocated primarily based on time on the housing waiting list, persons who have spent long periods in mental health residences or hospital but for various reasons have not made a timely application for social housing may have to wait many years to access secure tenure housing. Given the risk of institutionalisation from long stays in institutional settings, earlier access to secure tenure for such persons would be beneficial in terms of recovery.

The issue of better communication between all agencies involved in the project was discussed. This was raised as being particularly important for those participants who have direct contact with the service users, but was also significant for others such as those who work in housing agencies.

'*It's hard to make a recommendation because of COVID 19. If we'd had a chance to have a good run at the community side of things, it could have developed better. For example, the music project that Simon Community is involved in made an incredible change to people's social life, helping to make friends outside of the service and these things can help to stop people being defined by their mental health or homelessness. One recommendation I would make though is that the team leader should meet all the service users – that would be a good thing'* (member of collaborative organisation).

'Three way meetings are very useful – submit this as a recommendation. This would tighten things up for everyone. By this I mean the key worker, the service user and myself and my team leader. Sometimes if the key worker (or there is a change of key worker) is not at a meeting where everything is explained they miss that information' (member of collaborative organisation).

Housing agency stakeholders made the following recommendations for the continuation of the My Home project:

'It is a good project and need a longer term run. If it were to continue, I think at least for another two years, we will need more integration for council staff, HSE staff and staff on the ground'

'It is a good model for supporting tenancies – more social care element of the work recognises social care issues for a lot of tenants'

'I am supportive of the Approved Housing Bodies and Local Authorities working together'
'The MHP needs to be mainstreamed. Inter-agency sharing of information is vital. Other agencies need to have confidence that a housing body can take information and protect it. From a safeguarding perspective we need to understand if there are risks involved for the day to day management of properties, heating, cleaning. Sometimes it's a shock for residents when they must pay for services' (member of collaborative organisation).
'Yes, absolutely. The My Home has an identity on it. End of the day it is providing support and housing. My Home is a model. It is about the HSE and mental health actually developing a plan that can be bought into. The shared vision, the buy in, the model, the extra resources to those individuals also gives assurance to the local authority in actually nominating people as otherwise they may not look at these people as if they are in the My Home Project there is layers of support in the background, we know by the model guaranteed support'.

'It is a good situation for the Council. I would like the project to continue, individuals who need support are getting it. I would be useful if we had the stats on the numbers and awareness of who was receiving supports and of the supports being provided'

The World Health Organisation following an expert survey of seventy four countries identified five principles of deinstitutionalisation:

1. Community based services must be in place
2. Mental health workers must be committed to change
3. Political support at the highest level is crucial
4. Timing is key
5. Additional financial resources are needed. (WHO, 2014, p. 12).

This evaluation, through the narratives of all stakeholders has shown that the My Home Project, by following a proven model and with the collaboration of community partners in housing and social care what can be achieved when some, if not all of the above principles are in place.

The final word on the My Home project is given to a service user who spent many years in a variety of congregated mental health settings:

'I agree with it 100%. I believe it is the best thing to do. I am pleased and delighted'

Conclusions

- **The overriding message from this evaluation is that the My Home Project has achieved its' main aim which has resulted in the direct transition of 18* Service Users from mental health low and medium support hostels to their own tenancy with the council or an AHB.**

Additionally, 6 service users have transitioned to secure tenancies from either living with their parents to secure tenancies, from insecure to secure tenancies; and for one service user from a nursing home to a secure tenancy. One Service user returned to their own home from hostel, 3 service users were supported in existing tenancies that were at risk, and one was supported to transition from hospital to council housing.

It is clear from these stories relayed throughout the qualitative evaluation that the person centred and recovery focused support provided by HSE Community Mental Teams and the on-going support offered by the Simon Community Housing Support Workers has enabled the service users to settle into and take pride in their homes and in their achievement of independence. This has been made possible through the provision of homes from two County Councils and one Approved Housing Body in collaboration between mental health services and local authorities as recommended by *A Vision for Change'* (DOH&C, 2006) and '*The National Housing Strategy for People with Disabilities 2011-2016* (DOEC&LG, 2011).

In addition to inter-agency collaboration with a number of local authorities, approved housing bodies and a non-government organisation in order to deliver on the objectives of the My Home Project, intra-agency professional working arrangements have developed particularly between the tenancy support workers and the service users' key workers from the mental health services. The narratives from mental health staff and tenancy support workers indicate that the partnerships being formed will contribute to enhanced service as shown by Gibb, et al, '(2002) in their research relating to trans-disciplinary working between social workers, community psychiatric nurses and community support workers concluded that: '*The team working and knowledge exchange enhances the decision making capacity of the team members. This positions the service to be responsive and proactive in the care of their service users'.* This is entirely consistent with Irish policies relating to the continuing care of persons with enduring mental illness and complex needs. The narratives from service users point to the importance of the tenancy support workers to them in their transition from congregated settings.

The community integration element of service users which is a key element of the My Home Project has not been possible to achieve because of COVID 19 restrictions. Article 19 of the UNCRPD is focussed on persons with disabilities '**Living independently and being included in the community'.** This is to include '*full inclusion and participation in the community'.* Lewis and Richardson (2020) consider that '*community is not simply a geographic destination....Instead community is a place of transformation'.* In the context of Article 19, they consider that '*...states must ensure that the right to live in the community is realised progressively so that this aspiration becomes practical rather than remaining illusory'* (p.6). Living a full socially included life, according to the UNCPRD Committee includes: '*housing, transport, shopping, education, employment, recreational activities and all other facilities and services offered to the public, including social media'* (cited in Lewis and Richardson, 2020).

*18th person has been allocated a council property but move in is delayed due to renovations required on the property.

Recommendations

1. **The My Home Project has proven its' efficacy and importance in the lives of HSE service users who have transitioned from congregated settings to their independent homes and the service provided should be continued.**

2. **The work that was intended to be undertaken by the project's tenancy support workers to enable those who have transitioned to integrate and become involved in local community activities should be undertaken as soon as it is safe to do so when the concerns associated with COVID 19 dissipate.**

3. **Consideration should be given at management level to the expansion of the My Home Project across the entire CHO2 area.**

4. **The project management team must ensure that all mental health team staff and Service Users are fully informed of the My Home Project's on-going progress through regular updates via newsletter and meetings. Such mechanisms should include opportunities for staff and Service Users to give their views on the project's implementation.**

5. **External agencies need to be kept abreast of developments relating to the My Home Project's progress, this should include the development of mutually acceptable methods for information exchange in line with statutory obligations under GDPR.**

6. **Local Authority representatives should consider joining the My Home Project Oversight Group.**

7. **Consideration should be given to ensuring that informal methods that have developed for intra-disciplinary professional working between service user's key workers in some MDTs and the tenancy support workers are formalised. Such formal exchanges should begin prior to the transition of service users.**

8. **Staffing of Rehabilitation and Recovery Mental Health Teams should increase to those levels recommended in 'A Vision for Change' (2020) via reconfiguration of resources ring fenced from hostels as hostel bed numbers reduce (as service users move to their own homes) to provide a Rehabilitation and Recovery service via an assertive outreach model.**

9. **The Principles of the UNCRPD to be integrated into the work being undertaken on developing a module on supporting transition to independent living within the Recovery Principles Training for mental health service staff.**

10. **In light of the resilience shown by service users during COVID 19 when Mental Health Day Centres and Training Centres were unavailable, consideration should be given to undertaking a review of these facilities in association with service users, staff of the centres and mental health professionals.**

11. **Given the risks of institutionalisation it is recommended that the local authority consider earlier access to secure tenure for individuals who have been long stay in institutional residences or hospital even if they may not have made a timely housing application.**

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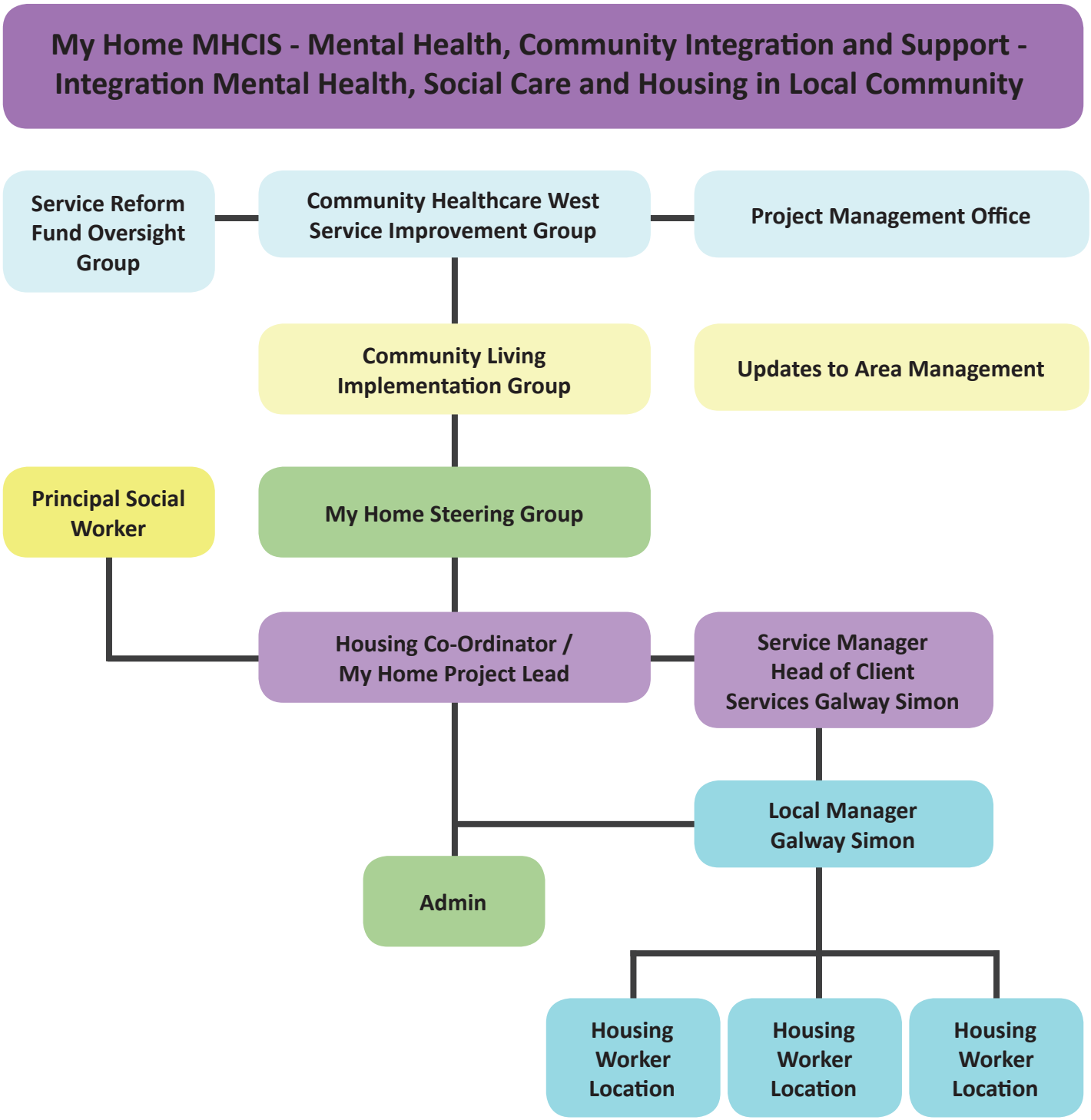
Appendices

APPENDIX 1

Governance Structure



APPENDIX 2

Details of Housing Floating Support projects with Mental Health in Ireland 2020

Project	Region	Voluntary Partner	Outcomes
North Tipperary Intensive Tenancy Sustainment	CHO 3	Focus Ireland	Current caseload is 25 Households (10 prevention & 15 settlement) of these cases 24 are single adult households with 1 family household. To date the service has supported 17 moves, 2257 contact/key working sessions with 663 visits taking place in the home. **Evaluation completed 2020**
Moving On	CHO 3	Focus Ireland	40 individuals supported to move on The initial aim of the project was to support a number of customers to move from congregate HSE units to independent accommodation in the community. In previous years the project supported 30 individuals to make this transition. The project continues to support many of these service users to maintain their home by providing on-going support with areas identified on the service users support plan i.e. independent living skills, home management, budgeting, mental health etc. The overall goal is to support service users to continue to strive towards independence and fully integrate into their community. Many of the service users are housed in long term Focus Ireland accommodation. The project continues to work in partnership with the HSE Rehabilitation Psychiatry Team who act as Case Manager to the service users. This working relationship is positive and demonstrates the holistic nature of the service.
Creating Foundations	CHO 7	Focus Ireland	76 individuals supported to move to independent living with floating support. An in-house evaluation indicated overall high satisfaction with the project and that the non-housing support provided was highly valued
My Home, My Choice	CHO 7	Focus Ireland	38 Tenancies secured Reductions in reliance on mental health services Reduction in inpatient hospital stays Self-reported/documented wellness recovery Limited cost-savings associated with the project
Doras/Slan Abhalie	CHO 9	HAIL	56 individuals supported to move to independent living from mental health institutional care. Positive outcomes and the efficacy of the project were noted by an external evaluation
START Supporting Tenancy And Recovery Targets New Project in 2019/20	CHO 5	Good Shepherd Centre, Kilkenny Focus Ireland, Carlow, Wexford and S Tipp	**Kilkenny:** Housing and Support for 11 individuals who have been allocated housing during 2019/20; 1 individual receiving support in his existing tenancy; 4 additional allocations are imminent **South Tipperary:** Housing and Support for 7 individuals who have been allocated in 6 houses during 2020 (one shared by 2 siblings); **Carlow:** Housing and Support for 5 individuals who have been allocated housing during 2020; 1 further allocation being planned **Wexford:** Housing and Support for 6 individuals who have been allocated housing during 2020; a further 6 are being planned **Total no of people housed with support: 29** **No of imminent or planned/agreed allocations for 2021: 11** **Evaluation by WIT to be completed April/May 2021**

My Home Project	CHO2	Galway Simon Community	Project commenced in February 2020. To date across county Galway and county Roscommon 30 individuals supported: 19 individuals from mental health hostels to transition to tenancies 3 individuals in insecure tenancies to transition to more secure tenancies 3 individuals residing in family homes to transition to tenancies, 1 individual in a nursing home to transition to a tenancy, 1 individual in hospital to transition to a tenancy and 3 individuals whose existing tenancies were at risk. **Research Evaluation to be completed April 2021**
TSW	CHO6	HAIL	The establishment of a Mental Health Specific Tenancy support worker. A tripartite agreement between the local authority, an approved housing body and the HSE. 18 People have had interaction with the Support worker who aims to keep people in their homes and stop the breakdown of tenancies.
Transfer project	CHO1/2/3/5/7/8	HAIL/Sophia/ Focus Ireland	Mental health service users in HSE low and medium support accommodation, gain tenancies and independent living promoted through the transfer of ownership of the property to an AHB. Support with TSW provided during the process

APPENDIX 3

My Home Project Participants

No.	Roscommon or Galway	attending mental health services since	length of time in hostel/hospital	Male / Female	Age	Housing Situation prior to my home
1	Galway	2000	18 years	m	58	MH hostel
2	Galway	1982	25 years +	f	61	MH hostel
3	Galway	2007	2010	m	53	MH hostel
4	Galway	1975	40 years +	f	74	MHID hostel
5	Galway	1990	30 years	m	59	MHID hostel
6	Galway	2013	8 years	m	29	MH hostel
7	Galway	1997	19 years	m	58	MH hostel
8	Galway	1983	30 years	f	72	MH hostel
9	Galway	1990's	25 years +	m	46	MH hostel
10	Galway	1990's	25 years +	m	68	MH hostel
11	Galway	1990's	25 years +	m	58	MH hostel
12	Galway	1990's	5 years	f	65	MH hostel
13	Roscommon	2007	12 years	f	54	MH Hostel
14	Roscommon	1990's	7 years	f	63	MH Hostel
15	Roscommon	1990's	4 years hostel 9 years boarded out	m	60	MH Hostel
16	Roscommon	1980's	40 years	f	61	MH Hostel
17	Roscommon	2013	4 years hostel 4 years B&B	m	34	MH Hostel
18	Roscommon	2004	17 years	f	73	MH Hostel
19	Galway	1986	10 in hospital 5 in hostel	m	53	insecure tenure & previously hostel

20	Roscommon	1997	several short hospital admissions & 7 years in B&B	m	47	insecure tenure & previously hostel
21	Galway	early 2000's	no admission	m	38	insecure tenure
22	Galway	2003	7 years	f	48	insecure tenure & previously hostel
23	Galway	2013	hospital inpatient majority of last 7 years	f	31	parental home
24	Galway	2007	6 short hospital admissions	m	45	parental home
25	Galway	2011	1 short hospital admission	f	33	parental home
26	Galway	2007	short hospital admissions in past	f	47	tenancy at risk
27	Galway	1990's	1 short hospital admission	f	43	tenancy at risk
28	Galway	2011	1 short hospital admission	f	28	tenancy at risk
29	Galway	2011	2 years in nursing home	m	70	nursing home
30	Roscommon	2020	short hospital admission MH & ID	m	36	hospital admission & parental home

APPENDIX 4

Summary of the My Home Project Quality of Life Questionnaires:

During the timeframe of the My Home Project a series of 'Quality of Life' questionnaires were completed by the service users involved, with the assistance of professional personnel involved in the project. The questionnaires were scheduled to be completed as follows: Initial Survey; 3-month review survey; 6-month review survey; and 12-month review survey. Each of these surveys allowed for input from family members of supporters of the service users involved, however, these were not completed.

Initial Survey - 16 Surveys completed

The Initial Survey provided the following Information:

Eleven (11) service users had lived in hostels prior to the commencement of the My Home Project.

Six (6) had lived in other shared accommodation, such as house-sharing or Bed and Breakfast houses.

Those who had lived in hostel accommodation were asked about the advantages of hostel living and the challenges inherent in this type of accommodation:

The advantages included security; company of other residents; provision of food; access to shops; help with shopping; bed and other facilities.

The challenges experienced by people who lived in hostels included: lack of privacy; nurses coming in a lot; intrusive observation; constant change of doctors and nurses; sharing bedroom with others; domineering residents; HSE address '*stigma of hospital followed*'. For one person hostel living was '*too convenient...you just have not got independence*'.

Service users preferences regarding the type of accommodation they wished to have was also sought in the Initial survey. Six people indicated that they wish to live alone, nine indicated they would like to live in shared accommodation, but to have their own bedroom and bathroom within their home.

A question asking what people would not like in their new accommodation provided the following information:

- To be isolated;
- To be told what to do;
- To be exposed to anti-social behaviour in their neighbourhood;
- Infestations;
- No arguments/noisy music;
- To share the bathroom;
- Strangers, drug addicts and the like around the neighbourhood;
- Share with a drinker/smoker;

Service users provided the following information regarding what they would like to have in their new home:

- Privacy
- Access to local bus service
- A comfortable place
- A hygienic place
- Help with cleaning
- Cookery lessons
- Help with getting medication
- Support from key worker
- A Job

With regard to having access to Daily Activities, three people indicated they would like to have this; three were unsure and to would not.

The majority of the Initial surveys were completed by the individual service user with assistance from their Housing Support Worker.

3-Month Review – 7 surveys completed

Service users were asked to indicate what good about their new accommodation and what, if anything, they dis-liked about their new accommodation.

Good about accommodation:

- Happy in new home
- Have my own door with my own bedroom
- Comfort
- Not told what to do
- House is cosy and comfortable in a quiet location
- Like sharing home in a good area
- I like not sharing facilities with too many
- Can go to bed when I like
- House is warm
- Like my own company
- Private and relaxed
- Independent address
- Get up when I like
- I like everything
- Independent living, freedom
- Gardening
- Neighbours
- Choices, independence, heating, music
- Shopping, freedom, friends and family visit.

Dislike about accommodation

- Walking distance from town
- The house is cold
- Would have liked to share
- Struggle with finances and chores
- My housemate has left
- Relying on food supplied, tablets and night supervision
- Need access to local bus, transport and help with chores.

Service users indicated that their Quality of Life had improved through the following statements:

'*I feel like a regular person'*

'I don't have to please anyone else'

'I have a bathroom, freedom and money'

'I am free to make decisions'

6-Month Review – 6 surveys completed

Those who completed the 6-month review indicated what they found good about their new situation as well as the challenges they face:

Good:

- Am happy in new home; getting used to living on my own, going for walks; and learning to relax
- I lay out a day for cleaning; have overcome fear around outings and going out at night;
- I can cook whatever I want, have a cup of tea/coffee whenever I want
- I got to choose my own cooker, washing machine and dryer; involved in buying furniture and blinds....I'm getting used to living alone.
- Reasonably happy in new home, getting more settled; wormer and more comfortable
- Have more choice can come and go without comment
- Wishes for more company but prefers location to other town
- Happy in new home; Independent living and quiet energy
- Prefers house, quiet and freedom
- Am in contact with my family; up-keeping home with support
- I like everything about home, can feed the birds and they sing to me
- Dislikes nothing '*home is up to standard, is well laid out and comfortable'*
- I'm not under the nurse's nose, have freedom to come and go
- Am happy and getting used to living alone and am doing very well
- I love the independence and capability about decisions; definitely have more choices
- Have found work

Dislikes:

- Need more heat and comfort in the home; dislikes using keys for heating
- Loneliness
- Would like more company and to move to home town '*where I belong'*
- New home versus old accommodation: Catch 22 ' *like company sometimes, other times like to be alone'*

12-Month Review – 2 surveys completed

The two service users who completed the 12-month review indicated they are very positive regarding their transition from hostel/other accommodation to independent living.

Service User 1:

- *I'm happy enough, it's good, private, nice and quiet, make coffee whenever I want, cook what I want to cook, go to bed when I like.*
- *The house is not hard to keep, I'm managing to keep it clean, it's big enough, I have a big bedroom, my own routine and I suit myself.*
- *It was nice to have company in the hostel, but I got better and moved here at the right time....I have learned to overcome obstacles, have seen improvement in myself since doing stress management. I used to not like shopping - now I do. I prefer it here. You grow up living on own...I was learning in the hostel to be independent'*

Service User 2:

- '*My new home, yes, I love it'*
- *What is good about it? 'The company I have with the man who lives here with me. I am getting on great with the other man, we are great friends'*
- *'I have more freedom, I can go for a walk whenever I want'.*
- *'I am getting on well. I would rather be here than the other house'*

Summary compiled by Ann O'Kelly, January 2021 as part of the evaluation of the My Home Project.

APPENDIX 5

My Home Project Evaluation – Interview Guidelines/Schedule for Service-Users

Firstly, thank you for agreeing to participate in the research will re-iterate confidentiality and option to withdraw. I hope you've been able to access the video clips..... So, can I ask you, what was your reaction to the video clips?

Were you surprised by any of the content? If so, what surprised you?

Do you have an awareness of the United Nations Convention on the Rights of persons with Disabilities? How did you obtain that awareness?

The My Home Project is about people who are living in HSE (hostels, group homes) or who have recently been in hospital being able to make choices about where they would like to live, who they would like to live wither to make the choice to live alone.

Was all this explained to you?

Did you consider that you were given choices when you decided to move?

Can you tell me about moving from the HSE accommodation or hospital to your present home? When did you move?

Were there things that were hard for you about moving? Can you tell me about them?

Were there things that were easy for you? Tell me about them.

What support did you need to help you to move? Did you get that support?

What support do you need now? Do you get the support you need?

Do you think you get enough support? Do you think you get too much support?

What do you like about living in your present home?

Can you tell me about the people who have been supporting you? Which of these is the most important for you now? Can you see a time when you may not need these supports?

Has Covid-19 impacted on the supports you get, if so how?

I know that the day/activities centres have closed due to Covid-19....has this affected you?

What advice would you give to anyone who is thinking about moving from HSE accommodation?

Has anything surprised about moving to your new home?

Would you like to see the My Home Project continuing?

If it does continue, are there any changes you'd like to see? If not, why not?

Recap on what has been said, ask if s/he wants to add anything/remove anything and check if it's ok to check back with him/her.

APPENDIX 6

My Home Project Evaluation – Interview Guidelines/Schedule for Professional Stakeholders

Firstly, thank you for agreeing to participate in the research will re-iterate confidentiality and option to withdraw

Purely for my information can you tell me where you work and in what capacity?

I hope you've been able to access the video clips....I find it's always difficult to transfer these via e-mail, so I hope you got it all right. The reason we've included these videos as a research tool is because, through the questionnaires that were completed by the Service Users throughout the project, the issues raised in the video clips (privacy, decision making, being independent) were also very prominent and important to them.

This approach is in line with current mental health policy.
So, can I ask you, what was your reaction to the video clips?
Were you surprised by any of the content? If so, what surprised you?
Do you have an awareness of the United Nations Convention on the Rights of persons with Disabilities? How did you obtain that awareness? Did this influence your approach to the project?
If not, would it have been useful to your involvement in the My Home Project to have had awareness, might it have altered your approach?

Can you tell me what your role in the My Home Project has been?
In your view, what challenges did the My Home Project present, firstly, for the organisation you work for?

And secondly, for you personally/professionally?
What has been good for your organisation to be involved in the My Home project?
For you personally/professionally?
Has your involvement challenged your perceptions of persons with mental health difficulties? If so, how?

Do you consider that your received adequate support for your involvement in the project?
What extra supports would you have liked to receive?

As you know, this was a pilot project, funded through Sláintecare and Genio funding. Would you like to see this Project becoming mainstreamed?

If so, are there changes to its organisation and delivery that you would like to see? What changes? How should these be implemented from your organisations point of view?

If not, why not?

Recap on what has been said, ask if s/he wants to add anything/remove anything and check if it's ok to check back with him/her.

APPENDIX 7

Extended Interviews with Senior HSE Staff

A number of senior personnel from the Health Service Executive (HSE) mental health services spoke through the interview process spoke organisational and other challenges encountered by the My Home Project and of their vision for its' continuation.

Interview 1
Principal Social Worker

Overcoming Challenges

Second piece the Housing Coordinator has done is to assure the housing authorities that the HSE will guarantee we will put in a package of care in if you allocate a house to an individual**.** Following up this commitment now we have managed the amount of people moved out with mainly the Tenancy Support Worker, with some assistance Healthcare workers and Multi Task Attendants. HSE have nothing new put in. I credit the housing coordinator in terms of her capacity to network with other disciplines and it took them a while to see the value of what she was doing and not to feel threatened by it that it was going to affect them. People may feel when we create new services they are no longer needed, we are saying there is enough work to go around just doing things differently.

Did that convincing of other disciplines challenge your work in any way?

It just took time, this was the benefit of giving one person one job. The housing coordinator had total focus on that, allowed her time to build relationships with those people and to persuade them to reconfigure their resources which come under nursing to support people moving out. Transitioning certain facilities and reconfiguring the resources supporting people living independently, that is always very challenging people feel threatened about job security and tenure. Those challenges were within the HSE itself. The housing coordinator gained the confidence of others. I would have to say she came with credibility. Her track record of 15 years work experience in the Mental Health Services stood to her.

Other Agencies – Housing/Support Agencies what was it like to work with?

I had some awareness, in terms of the My Home Project had established a partnership with the Simon Community and they were delighted to be invited. The housing co-ordinator was the conduit between the HSE and Simon to ensure Simon were accommodated and facilitated. My sense is that the Tenancy Support Workers developed very good relationships with the Social Workers I'm line managing and nursing. They got to know them as people and this person is quite confident and knows what they are at. Simon would have dealt with much tougher situations. All these factors helped.

So you consider that the reaching out to a voluntary organisation was a good call.

Yes, the housing coordinator was quite passionate about separating out the body that provides the house and the social support that they should be two separate agencies.

Does that make sense to you?

It does we have a sense that people might shy away from complex cases if they were supplying both social care staff and the house – whereas where we're coming from is that this is more person centred, you provide the house, no client would be turned down just because of the complexity of their needs (so the service follows the client) – this would give everyone a chance.

The track record of Simon influenced that choice?

I would think so, they are a bit more spread around the county, Galway city and east of the county. More flexible.

Are you aware of any of the challenges of the housing agencies or County Council?
In relation to the approved housing bodies definitely some more interested working with our client group than others which is a more piece-meal approach. Needs to be person centred. Other agencies were not as interested or maybe were looking for bigger projects. Two bodies had a particular interest in working with people with mental health difficulties.

Could that present challenges for equality and equity?
Well, yes. If you were tendering to a number of different housing bodies we would definitely be interviewing and seeing that values matched with what we are looking for - having an understanding, insight and empathy around people with mental health difficulties. There's one particular body that have done a lot of work with us. They have a long history and are hugely flexible and interested in what we are doing.

How long do you think the level of support may be needed by people who transition?
That's a good question, it's difficult to know. If we get people younger at an earlier stage in terms of their mental health history and story they would probably regain confidence and if in education or in a job of course better chance of it working. Some of the people now transitioning have a long history in services and I've heard of them saying how great it is to have my own key, my house, great not to have people telling me what to do. They are talking about de-institutionalisation so it's a case of suck it and see. We cannot withdraw from them - We are going to continue with the support. When we get to see the younger group we can see if we can we withdraw a bit sooner from them – it will be interesting to make the comparison. Current group need more hands on and day to day shopping, pharmacy, paying bills. Younger group hopefully would be staying in college, work, staying connected etc. ….would have accrued less disability and therefore would be higher functioning and less likely to need support in the long term.

Do you think the people from the long stay institutional type care and who are transitioning are realistic about the challenges they might encounter?
Hard to be realistic if individuals in an institution for a long term. More importantly are we realistic – I think we are. There are people we just know they would not manage or cope. There is a group that we know would be better to be out independently and a small group this may or not work for, but we have got to try it**.** We would be able to gauge. I definitely know from social workers that some people will do better out of the institution because the institution can create 'learned helplessness' they get into all sorts of learned helplessness.

Another thing we are challenging is the organisational culture – very paternalistic approach where we are minding people and managing medication and this is now. By demonstrating through the My Home Project that this person can function quite well independently forces the system to change how it treats individuals and forces a change in work practices. In adult mental health we really need to fast forward by at least ten years to provide a much more challenging therapeutic approach - you taking responsibility of your own recovery and less of the minding and doing for. I think My Home Project will begin to challenge some of that culture and will provide the evidence.

Any change in the multi-agency approach?
I see this as pilot project. If we were going to do something more substantial and more long standing it (the tenancy support workers) would be more embedded in practice and more embedded in the Community Mental Health Team or Rehab & Recovery Team. The Tenancy Support Worker go to some aspect of team meetings care planning, but I'd say how much is their voice heard? They having more of a presence would be interesting and their input would be taken note of.

As you say, this was a pilot project – how do you envision it continuing?
We are saying to Senior Management this has been very valuable, even Senior Management have been surprised by the success of it and the amount of people who moved out.

Just as an aside - part of National Housing Strategy was that the HSE would transfer properties to the Local Authority and we had 24 properties identified at the beginning of this transfer project and by the end of it we only had 3 that transferred and that was part of Housing Co-ordinator's success in moving people out and reconfiguring properties that these properties could not transfer if they were empty so could only transfer if there were people living in them so she had actually managed to move a lot of people on and places were no longer needed and the use of the place was changed. The remaining empty properties could be used by other HSE services e.g. such as Disabilities or the HSE could sell them.

Senior Management were quite impressed with what has been done in such a short space of time with so little resources. We are trying to say to them in order to continue this you need to make a commitment to resourcing this. Management are trying to do this through a reconfiguration where we are transitioning places but that will have its limit and there are always industrial relation issues and it is not that the resources are not within the service. The bigger picture plan that the housing coordinator and I have is that we are both involved in a Forum called Community Living Group and that group has decided as one of its top priorities is to develop a strategy/roadmap to implement the model of care for people with severe and enduring mental illness. The Community Living group is a forum which has decided that one of its main priorities is to develop a strategy/road map to implement the Model of Care for People with Service and Enduring Mental Illness in to CHO2. An Organisational Development colleague has been invited by the group to assist with this – and has advised that a Senior Management active support with developing this Roadmap been secured from the outset – and a process for engaging with trade unions around the re-configuration of services be agreed by all the stakeholders. No point writing anything down until this is done. This meeting was set up but now deferred due to Covid. The first phase of this discussion has been held with senior management to explore the issues – but a definitive process has not been agreed as yet.

Has your involvement challenged your own perception of persons with people with mental health difficulties?
No – social worker training is recovery orientated and our code of ethics is about empowering people with the right supports…. so at times we would be very frustrated within the MH Services where we are a small staff group of 20 social workers …..across Galway/Roscommon trying to facilitate change from within the organisation. I see this as a challenge and this project has demonstrated what can be done. During COVID the Tenancy Support Worker had to get on with it and were somewhat restricted in what they could do. The project has demonstrated what we can do with very little ….so imagine what we could do if we received a substantial resource.

You would obviously like to see the project continue... is it likely too?
I would be hopeful as Senior Management have said that they were very surprised by the result the Housing Co-ordinator has achieved in such a short time. If you can take all the issues of someone having a roof over their head out of the picture ….and if we can be quite confident we will find a house for that person and support them living in it, what a difference that would make to Mental Health services, it would be massive. The energy and time we put into chasing chaos is phenomenal. Just to add, the Community Living Group we have established has representatives from the Local Authorities, Housing Bodies and service users – that is really important. It has not had a chance to take off because of COVID. However, there is only one person representing Galway Co Council, Galway City Council and Roscommon Co Council. I would like to see one from each so they can see what we are ~~at~~/trying to achieve….and how it will support their work.

Interview 2
Senior Nurse Manager

The Recovery service that I manage is very supportive of the My Home Project because it ties up with a lot of the goals that he would have in terms of supporting people to live independently in houses.

In terms of your day to day contact with the My Home Project?
I would have very little contact, I would know some of the staff but do not line- manage them. I manage the clinical nurse specialists and would be asking them how people are getting on because the work they do impacts the service that I manage and the feedback has been nothing but quality feedback. We would be very supportive and absolutely see the need for this supporting tenancy especially.

So if you had to make a comparison with housing people with mental health difficulties prior to the My Home Project what has the difference been?
The difference has been that we would have had a multitude of clients who wished to live on their own and the tenancies would have fallen very quickly and then the MDT was powerless in terms of people losing their accommodations, they would be deteriorating and the sometimes the mental health act was used to then admit people to hospital as they had nowhere to go, earlier intervention would have stopped the deterioration, tenancies wouldn't have been lost and people even if they got admitted could have returned to their homes/flats etc. as they

wouldn't have broken or lost their tenancies. It would be an abuse of the act to admit people just because their Lifestyles were a little bit chaotic.

Those people often managing a house, paying a bill, prioritising, what you were going to say, during the summer months saving for their heating bill it has been without it problems and people coming into the post have conquered them problems or resolving them – everyone is not like a textbook, not every patient is the same but have to treat them as an individual. It is about having people in their lives but not on their lives, not telling people what to do. About us and MDT members letting people lives their lives as well and being there in the background if help needed only a step away from them.

Can you identify any challenges that have occurred from your organisations point of view in the delivery?

Yes, two I can think of straight away.

1. Staff members who were permanent HSE employee would have seen it as an under-minding of their roles and responsibilities that is my job but there are was plenty of work for everybody.
2. On the Senior Management side there was a view from Senior Managers and budget holders that was that it was a way to cut back - we may not need other professional on duty if the my home project are doing these duties and if people aren't in HSE houses aren't they discharged. While I and the housing coordinator were at pain to say - this is the missing piece of the jigsaw. It is additional and the piece that was missing. So this meant that the clinician did not have to get into the nitty gritty around paying bills and rent they were able to come in and focus the health piece, the action of the care-plan rather than other stuff. The Tenancy Support Workers were able to pick up whatever was needed to support people then. That information in place and let the people make the decision for themselves. Also acting as an advocate for them if they fell behind in their rent and securing their tenancy.
3.

Would you like to see this project continuing?

Yes, absolutely. I think Rehab & Recovery service in terms of getting people to live independently and then eventually working independently would fail if this leg of the stool is taken away. The three things I have seen in 28 years as a psychiatric nurse are if people did not get a house, a job or education they are the three pillars you can have a loving relationship, something to work towards to aspire. The house is the big one, have an address, correspondence or watching what you want on your own television. We will be in trouble with the County Councils/City Councils and AHD if we cannot maintain this project. It would be a retrograde step to if we lose these workers.

Would you have liaised directly with the Housing Bodies and the County Councils on this project?

No. I would have prior to the housing coordinator coming on board, it was part of my job and would have been very frustrating. Whereas the housing co-ordinator has a different competencies around social work which a nurse would not have. She is very articulate in the way she advocates for clients whereas it was an add-on to my job as a nurse, she is dedicated to doing this all the time. Working on future plans for housing where the service will be in 3-5 years, what our housing needs are, going away from the institutions and group homes. Our clients do not want to live in them anymore. They are telling us very clearly they want to live in their own flats, houses, on their own or in a loving relationship. Do not want to share anymore they don't want to be sharing milk, splitting bill and so on.

My Home project aimed at people in long term care and who wanted to move to more independent living, how do you see the future of the My Home Project?

In the beginning this came as a tick box, we have a load of these people in communal homes and residencies and we need homes to get them accommodated. There is another cohort of clients coming along. These people are now aged 16-17 years. Young men may develop a psychosis in their late teens early twenties – women are a bit later late twenties. People are there but we may not know them yet. Their families are doing a brilliant caring service unrewarded as well stressful. Usually when it gets to crisis that is when people present to us. I would like to see this project link in early intervention psychosis service for the people that have not come yet but we know will come. We also know that people who suffer from a mental health distress tend to come to urban centres 30/40 year ago they may have remained at home on the farm, now they are breaking down at College or at work and choosing not to go home, choosing to remain in cities and bigger towns so we know that is where are resources needs to be, our housing, our support of employment needs to be so that is the next step for us. I have spoken to the Consultant Psychiatrist in early intervention psychosis, about this. We need to be looking at supportive work placement, supported housing they are the three issues. For Employers taking people on - that they are supported regarding taking them on. All

employers have to take on a certain percentage of people with a disability. That does not have to be someone in a wheelchair, it can be someone with a learning disability or a mental distress we just need to get our numbers up there as well. To work you need an address – not a HSE address, you need a bank account. If you drive around you can pick out the HSE houses with learning disabilities or mental health housing you know them straight away, their decor, vehicles parked outside, how the gardens are kept, staff cars parked outside them these houses are a big label in the community.

You are in favour of this becoming mainstreamed. Are there any changes you would like to see to the running of it should it continue?

No. In some ways I would have a concern we could lose the staff. The candidates who came into the job in my experience of them are very good but they are going to be very employable people but if permanent HSE jobs come up they are going to go to them jobs and we are going to lose them candidates from the role that they are doing. It is how we marry that they are HSE employees that they do not get of a nest of the HSE big mechanism of things getting lost, unions, custom practice.

If one of the tenancy support workers sat in front of me for a promotion, I would employ her virtually immediately because she is going to be able to articulate, managing a case load, managing people, crisis intervention, risk taking she is going to be able to score very highly on a HSE interview and hence she will be a massive loss to that project. So we are going to have to reward these people with permanent, pensionable jobs or whatever that is. People are not minded with money, they want security for mortgage, secure their roots, can build their career or set up a promotional pathway. Permanent jobs.

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