

The Importance of Wrap-Around Support in Housing First and Multi-disciplinary Teams

PRESENTATION OUTLINE

- Long-term housing needs of mid to later life Focus Ireland tenants
- Multi-Disciplinary Team Approach
- Housing First
- Front line experiences



**Investigating long-
term housing
needs of mid to
later life Focus
Ireland tenants**

Planning Ahead: Background

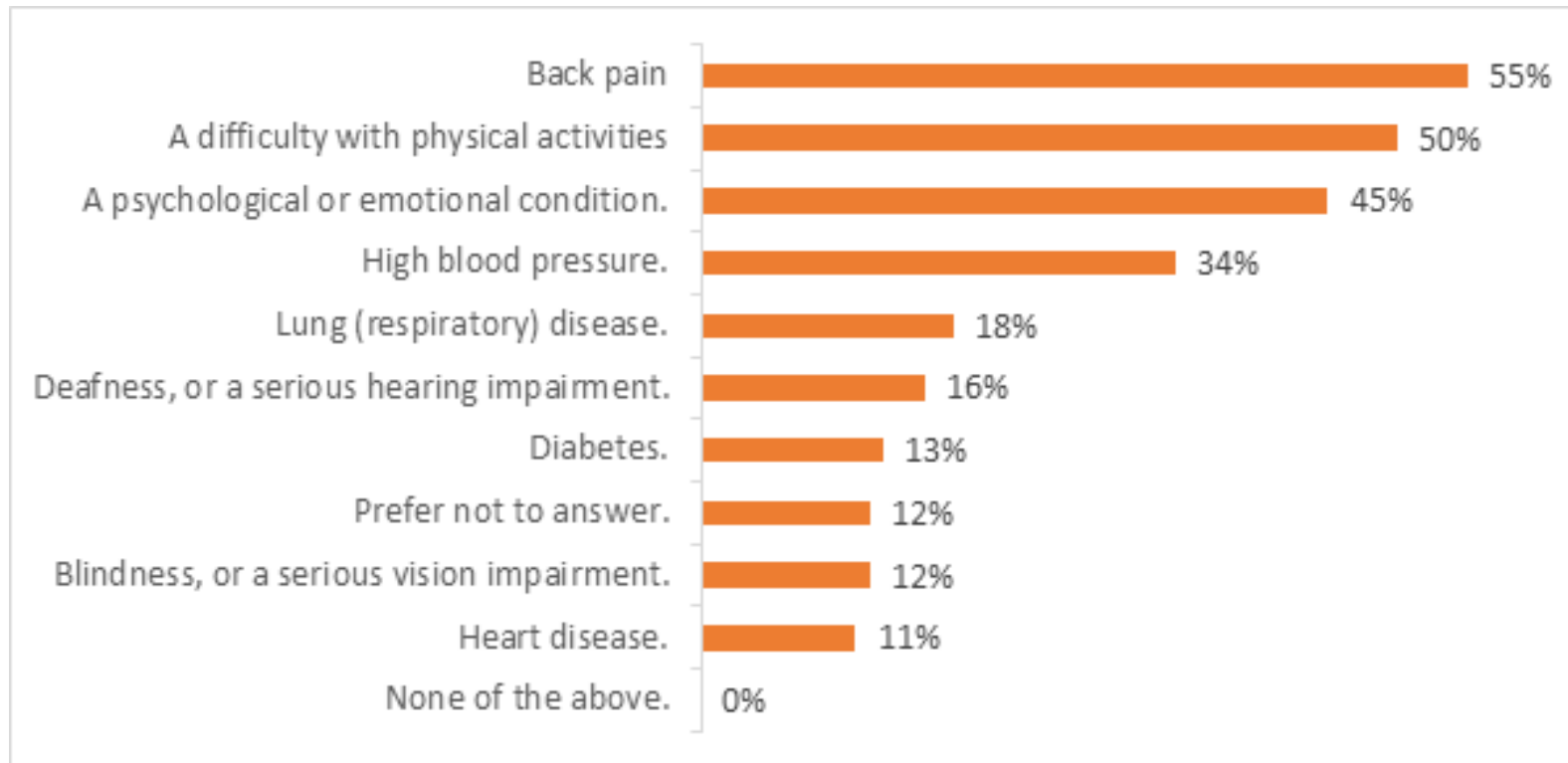
Focus Housing Association provides over 1372 affordable homes for individuals and families across Ireland

Concerns over providing suitable housing and support for mid to later life tenants.

Focus Ireland research team (and peer researchers) conducted 76 (40%) telephone survey with customers over the age of 45.

Aim to assess their long-term housing needs and to inform Focus Ireland's provision of appropriate housing and supports for their tenants.

Health Demographic profile of participants



Key findings

Housing satisfaction

- 82% participants liked living in their community and 78% enjoyed living in their home.
- **The majority of participants (70%) wanted to remain in their current house with appropriate changes made**
- Main issues for tenants who found it unsuitable: **maintenance, lack of storage, insulation and bathroom facilities**
- Areas caused the most problems: **bathroom facilities (29%), damp/mould/or leaks (25%), heating and insulation (28%), and storage space (23%).**

Area and community

- Access to **health services (19%), friends and family (18%), local shops (14%), and GP/pharmacy (11%)** were seen as difficult or very difficult for some respondents to access.

Living conditions and community

- **A safe neighbourhood (95%), shops close by (93%), cleanliness of communal areas (92%), and accessibility to healthcare (91%)** were all rated as very important.
- Public transport options and green spaces were also viewed as important, with **over 95% of respondents considering them fairly or very important.**

Key findings

Finance budgeting

- Over half of respondents (62%) **never** had enough to cover their weekly cost and 72% unable to save some of their income regularly
- The majority had to **cut back on electricity (92%) and go without heating (84%)** in the last twelve months either all of the time, most of the time or some of the time
- 79% stated they **always** had enough money to pay their rent.

Mental Health and well-being


- 88% of survey respondents stated they received support from Focus Ireland.
- Over 90% of tenants stated they knew where to go if they needed help with their mental health.
- Less than half (45%) of participants either strongly agreed or agreed that they often felt lonely.

Key learnings

Majority of respondents **wish to age-in-place**. Moving customers out of their home or community should **be a last resort**.



People with experiences of homelessness possess unique needs that other adults their age in the community may not have, particularly around **chronic health conditions**



Health needs can also impact on other seemingly unrelated needs.

Key learnings

Accessibility and proximity to facilities as top priorities, likely due to the fact that exactly half (38) of respondents experienced mobility issues that caused them physical limitations.



The financial status of those surveyed highlighted how many were struggling to have their basic needs met. It emphasised the **real-world consequences**



Maintenance issues can exacerbate financial problems and worsens health concerns



Any solutions to these problems must then view their health, financial and housing needs as inherently tied together



Demonstrates the importance of on-going, continued support from services to support customers mental health and well-being

Recommendations

Advocacy

- **Earlier health screenings** for chronic health conditions for those who have experienced homelessness
- Care assistance on a **needs base rather than age-based support.**
- Increase in **more direct financial support** to help ageing tenants grow old in place

Services

- Link in more with health or other services to help with mobility issues
- Expand in-house support for mid-later life tenants
- Specific and targeted care plans to address mid-later life tenants with complex needs
- **Consider using an MDT approach when supporting ageing tenants** with experiences of homelessness



**Multi-
Disciplinary
Team
Approach**

Multi-disciplinary Team (MDT)

- ❑ Group of social/health care workers who are members of different disciplines, each providing specific services to meet the complex/multiple needs of the client
- ❑ Members independently treat various issues a client may have, focusing on the issues in which they specialise.
- ❑ The activities of the team are brought together using a care plan.
- ❑ Services are coordinated, the team working together towards a specific set of goals.
- ❑ Support of dedicated Case Manager/Keyworker

MDT for Families Feasibility Study



- families experiencing or at risk of homelessness with complex needs
- Independent study
- Review of international literature and best practice
- Consultation with families, staff and stakeholders
- Inform pilot service

MDT for Families Feasibility Study

- ❑ People with complex needs experience a **constellation of social and personal problems that co-exist, overlap and interlock** to create a complex profile
- ❑ **Breadth of need** – multiple needs that are interrelated or interconnected
- ❑ **Depth of need** – profound, severe, serious or intense needs.
- ❑ those with complex needs often **require responses at multiple points** due to the **evolving nature** of their needs

Definition of Complex/Multiple Needs

Presents with **three or more** of the following:

- mental health problems;
- misuses various substances;
- personality disorders;
- offending behaviour;
- borderline learning difficulties;
- disability; physical health problems;
- challenging behaviours;
- vulnerability because of age.**

MDT Staff Team for mid to late life people with experience of homelessness

- Occupational Therapist
- Psychologist
- Psychiatrist
- Public Health Nurse
- Dentist
- GP
- Addiction Support Worker
- Social worker

Benefits of an MDT Approach

- ❑ Providing support and helping people adapt to illness treatment and support plans
- ❑ Suite of services brought together in a holistic, integrated, and multi-disciplinary way
- ❑ Assessment and intervention strategies
- ❑ Improved access to primary medical and health care services
- ❑ Reduced morbidity, mortality and associated costs



**Learnings from Housing
First:
Access to HSE MDT
Support**

Housing First

Developed by Dr. Sam Tsemberis, at Pathways to Housing in New York, in the early 1990s.

- ❑ *An approach that combines the delivery of housing and support to help people with chronic histories of homelessness to become permanently housed (Tsemberis, 2010).*

HF now an integral part of European homelessness strategies.

- ❑ *An evidence-based approach to addressing homelessness, with a deep research foundation that is embedded in the practice of Housing First across the world*

Housing First and Health Supports

Founding Principles of Housing First

- Separation of housing and services;
- Matching services to client needs;
- Recovery-focused services.

The Housing First model requires that community-based care be the main plank of health service delivery (Tsemberis, 2020).

Housing First and MDT Health Support

In an Irish context, a HF team may;

- Be multidisciplinary and provide supports to clients directly in their homes;
- They may arrange community-based services for clients;
- Or they may use a blended approach.

Housing First models in which multidisciplinary teams were delivering supports were more successful in navigating and accessing community mental health services and attending to their client's needs faster
(Greenwood et al. 2022)


Learnings from Housing First MDT Approach

Room for Improvement: Regional Disparity

Housing First National Implementation Plan 2022-2026

Acknowledged that – increased linkage between Housing First programmes in each region and multidisciplinary health and psychiatric services can address accessibility issues.

- ❑ To end-October 2021, 722 tenancies have been created as part of first implementation plan with 560 individuals in a Housing First tenancy as of December 2021.
- ❑ The new National Implementation Plan now provides for the creation of 1,319 additional tenancies over the period 2022 to 2026



Case Study: Long-Term Accommodation

Customer Overview

70-year-old Female

- ❑ 53 different homes
- ❑ Medical history/Diagnoses:
 - Multiple Sclerosis
 - Arthritis in both hips
 - Macular degeneration
 - Osteoporosis in spine and hip
 - Lung cancer survivor
 - Breast cancer survivor
 - Burn victim
 - Incontinence issues – need for catheter
 - Prone to bladder infections

Obstacles:

- Conflicting healthcare appointments - highlights importance of MDTs
- Attending A&E (long waiting times, not feasible for individuals with chronic fatigue/pain)
- Maintaining hazard free apartment (health conditions are barrier to managing home and keeping floor clear of clutter)

Customer's Supports

Primary Care Health:

- Occupational therapist
- Physiotherapist
- Speech & Language therapist
- GP
- Public health nurse

Home help/healthcare support:

- Comfort Keepers
- Homecare medical – continence products

Community supports:

- Meals on wheels
- ALONE (support older people to age at home)
- Phone counselling

Specialised health professionals:

- Cancer
- Ophthalmology
- Neurology
- Urology
- Osteoporosis