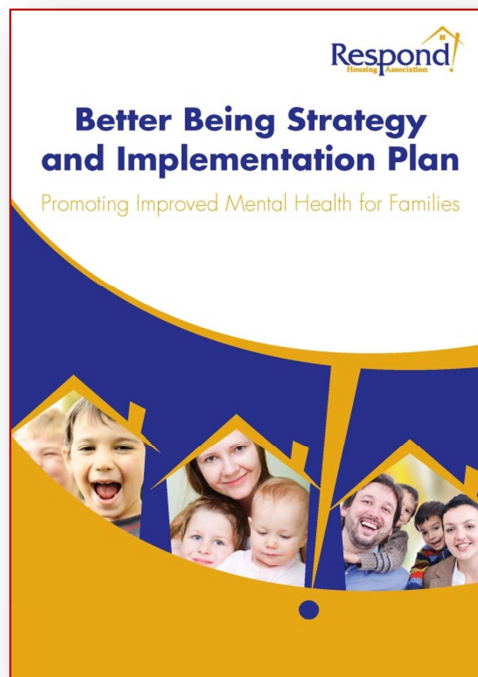


RESPOND! *BETTER BEING* PROGRAMME

Progress Report

August 2012



1. Introduction

Since Respond!'s foundation in Waterford City in 1982 it has expanded its remit right across Ireland. To date, we have provided some 5,500 dwellings for persons/families in need and have over 3,700 dwellings under our management in over 160 estates, including some 60 community buildings and over 30 child-and-family centres. These centres currently have placements for over 1,000 children under the care of almost 200 qualified Respond! staff.

Respond! has an extensive education programme and is fully accredited to FETAC and HETAC with many qualifying third-level programmes available for our residents and the wider community. The centre for the Respond! College is located at our Dublin Offices in High Park, Drumcondra. Respond!, working with many other community-based organisations, also delivers an extensive list of community education programmes for residents

Respond! is a Company Limited by Guarantee; it is recognized by Revenue Commissioners as a Charity, and is a Voluntary Housing Association recognized by the Department of the Environment, Community and Local Government (DECLG) as an 'approved housing body' (AHB) and is therefore eligible to draw down capital grant aid for housing, or other schemes advanced by the DECLG.

1.1 Respond! Mission and Ethos

The following excerpts from the *Respond! Memorandum and Articles of Association(1982)* indicate the core rationale and approach of Respond!'s work:-

Respond! sets itself to "prevent and relieve hardship and distress amongst those who are homeless and amongst those in need who are living in adverse housing conditions for the benefit of the community as a whole".

We are concerned to "advance education, relieve poverty and to further other charitable purposes beneficial to the community."

We do this by the provision of housing in supported communities and, where possible, in integrated estates. We see the advancement of educational opportunities as a core vehicle in our aim to relieve poverty.

While Respond! is Christian in origin and motivation it is avowedly non-denominational in operation. We see the provision of housing in resourced communities not as an act of 'charity' but as one of 'justity': a right which should be available to all. This stance

influences all our support services to residents. Respond! has a Franciscan rooting whose founder-directors were all franciscans in Waterford.

Volunteerism is core to the Respond! philosophy and work. Respond!'s Board of Directors and Staff work with the support of some 400 nominated volunteer-leaders or 'enablers' operating at 'cluster' or cross-estate level, for the betterment of whole communities and regions.

The need for our work is ever increasing and our responses require regular change and adaptation to fit the prevailing circumstances of our residents and the community at large. Currently, Respond! houses an average of some 60 to 70% of lone-parent families within our estates and their needs evolve and develop over time. We are conscious that we must strive to keep pace with them.

The principle of subsidiarity (i.e., decision-making located as close as possible to those on whom it impacts) is aspired to in the collaborative work of Respond!.

Respond! has a dedicated and professional staff of three hundred people. An overview of the skills and qualifications within the organisation may be found in Appendix 1.

2. Mental Health

2.1 Respond!'s Mental Health Concerns

Respond! has appointed Resident Support Workers in all our 160 estates across the country. These RSWs have a programme to visit every residence every week. This has enabled Respond! to develop an accurate profile of the needs of each family. It also allows us to detect early warning signs of a family developing a somewhat chaotic lifestyle. In addition, Respond! has developed Childcare services in most of our Family estates. We currently employ, among our RSWs, eighty five qualified Childcare staff throughout the country and these are trained to detect child behavioural problems. Similarly, our Family Support Programmes identify deficits in the parent child relationship which again is seen as an indicator of a family which is under stress. On a review of all of the reports from our staff, Respond! became concerned at the behaviour of some of our residents and their children which appeared to display some level of mental health illness.

Accordingly, after taking advice, we requested Dr. Kieran McKeown, Consultant Researcher, to undertake a detailed research of the quality of mental health particularly among the majority adult population, women, and their children on our estates.

2.2 Study of Respond! Residents

In 2008, we undertook a survey of Respond! households. This study, undertaken by Dr. Kieran McKeown,¹ set out to determine the level of well-being among mothers and children. A detailed explanation of the remit and methodology of the study is contained in the accompanying booklet noted below and available on our website: www.respond.ie. The key findings of this study established that between 22% and 30% of mothers showed signs of depression that may be clinically significant with a fifth showing signs of hopelessness. In many ways, our findings mirror one of the main conclusions of the **Slán: Mental Health and Social Well Being Report**². It found that women in the poorest social class who are aged between 18 and 29 are the most prone to “*major depression and anxiety attacks*”. These women are most likely to be living in Social Housing estates.

Our study also showed that children on Respond! estates also exhibited serious mental health difficulties at a ratio of 14% to 21%. The figure for the general population of children is 10%.

2.3 Implications of the Study

The findings of our study into the well-being of mothers and children and the Slán report has major significance for health and social policy in this country if they are extrapolated across the whole social housing sector.

The following chart illustrates the number of households in the country which benefit from social housing or are in receipt of a subsidy towards their accommodation. It would be foolhardy to extrapolate simplistically from these residence figures and to compile a gross figure of purported mental health need: Respond! has a younger population of residents than all local authorities who show a much higher ratio of older/younger residents than do the vast majority of all newer housing associations. However, using the simple profile figures of single parent households in Dublin City Council in 2011 as 22.4%, according to Michelle Norris (*Mixed Tenure Housing Estates, 2005*), we could expect that some 20% at least is a reliable rule of thumb for all social housing estates.

¹ McKeown, K., Hasse, T., Pratschke, J., Lanigan, C., Burke, S., Murphy, N., and Allen, L., 2008

² Barry, M.M., Van Lente, E., Molcho, M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report, Department of Health and Children. Dublin: The Stationery Office.

Applying this to the residential makeup in the following chart we might expect that some 56,000 would be in the category of lone-parent households. If the Respond! findings are extrapolated across these figures we would not be surprised to find that some 17,000 to 20,000 households may display significant mental health difficulties. This needs further study obviously.

HOUSING UNDER SOCIAL MANAGEMENT	DWELLING UNITS
By Local Authorities	120,000
By Housing Associations	25,000
Rental Accommodation Scheme	14,000
Rent Supplement	95,000
TOTAL	254,000

While accepting that one would need to adjust these figures in terms of age profile, family composition etc., to obtain an accurate estimate of the number of mothers and children experiencing major depression, it is undeniable that the numbers are significant and pose a huge challenge to social policy makers in this country.

When they are added to the discernable increase in community breakdown as shown in increased drug use, anti-social behaviour, vandalism and violence it is clear that we do have major mental health problems in many of our social housing estates.

3. Our Response

Having established that our concerns were justified and that there were a significant number of our residents suffering from mental ill health, we set about establishing whether our staff could accurately identify mothers and children who were showing signs of mental distress. [The McKeown study had guaranteed the confidentiality of the random sample of our residents.]

We employed a Clinical Psychologist³ to train our staff to recognise some of the external indicators of mental distress; these external indicators were used to identify possible mental health difficulties. The criteria used were visible signs of objective dysfunction in their communities and families. Our staff were well placed to make an estimation of need in this regard since they visited all our residents every week. Also, in many of our family estates we had formal and informal facilities for child-care or/and parent-and-

³ Amm, T.,2009. Summary of the findings of the identification phase of the wellness programme, July, Internal Respond! Report.

toddler programmes. Respond! can provide more detailed information in respect of this process should the reader so wish.

On completion of the training programme Respond! then nominated seven family estates as pilot estates to enable us to bring the programme to its next step: the actual identification of families who may be in need of some substantial mental health intervention.

Again, under the supervision of our Consultant Psychologist, our staff compiled a list of those presumptive clients according to the external criteria that had been stipulated. It was clear that after a critical examination of the material we were able to identify families and persons in need.

We did establish that properly trained and supervised staff can effectively identify residents who are showing indications of mental distress. Their ability to identify accurately is founded on the relationship they have built with the residents through our weekly visitation programme and on the assessment made of childrens' behaviour by our child-carers. Our identification process confirmed that we can stand over the accuracy of the figures identified in the McKeown report.

4. The Therapeutic Response

From the outset of this programme it was clear to Respond! that there was no way in which we could parallel or supplant the statutory mental health services or provide adequate alternative services. However, we were fully aware that these statutory services could not and were not meeting the needs of either our own tenants or of the wider population. The *'Vision for Change Report of 2006'* clearly says as much.

What we were seeking to achieve was to pilot a programme that could bring a trained and validated community association, such as Respond!, into direct collaboration with the statutory services to ensure better local delivery of mental health services to low-income communities.

Having established the need for mental health intervention we still need to know what level of presenting problems were likely to be met and what kind of appropriate therapeutic intervention would be required. This would become the task of the second part of our Implementation Plan.

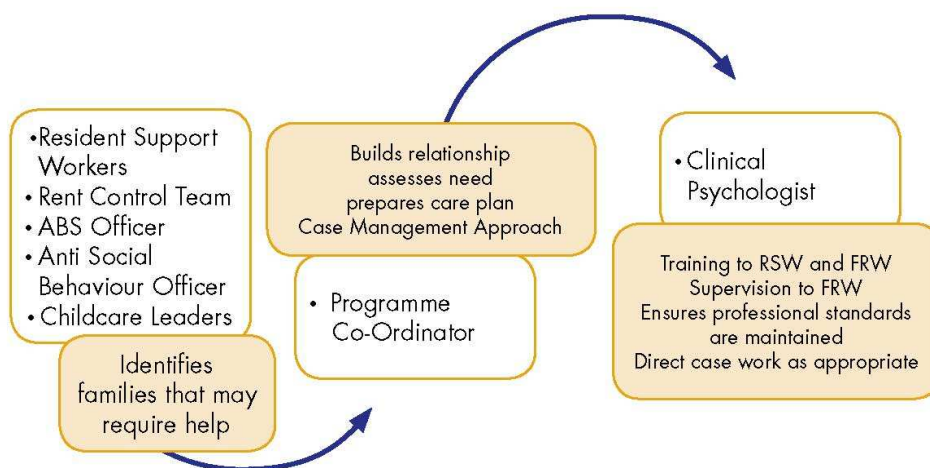
The Implementation of the therapeutic response of our *Better Being Strategy* began in August 2011. The Programme would continue to target the seven originally chosen housing estates comprising 221 households, situated in Waterford City and County.

We set ourselves to test how deep were the needs of our identified residents and how likely were they to engage with or be assisted by the statutory services. The provision of a therapeutic response by the Programme would be in the context of what services, if any the resident was currently accessing.

We were clear in the steps we followed:

- Identification of 'troubled residents';
- Befriending them over a period to allay their fears;
- Preparing a preliminary Care Plan;
- Referring them to whatever services were appropriate;
- Accompanying them to those services if they so wished;
- Inviting them, if they wished, to meet with our own Clinical Psychologist to continue with person to person intervention counselling;

The flow chart below illustrates the implementation process. The multi-faceted Resident Support Team identify the families or individuals. With their consent, the Resident Support Team refers the case to the Programme Co-Ordinator. The Programme Co-Ordinator then arranges to meet the family to assess the level of need and prepare a care plan. The families' current involvement with the GP, statutory and or voluntary services is a central part of the development of a care plan.



See Appendix 2 for details of Management Team of Programme

4.1 Profile of Clients who were referred into the service:

All of our clients are socio-economically poor; almost all are educationally disadvantaged, all but one is female; all are resident on housing estates where unemployment is high; the majority of the clients are single parents heading up families of young or adolescent children; all rely heavily on social services; many are also involved with the courts and in receipt of free legal aid; several came from family units of intergenerational and cyclical deprivation, abuse and violence.

Stated briefly, *Better Being* serves (mostly) females with multiple, severe, complex, long-standing mental health problems compounded by physical ill health, adverse life circumstances and huge family responsibility.

4.2 Key Findings of Implementation Plan to Date:

- 15% (thirty two) of the total number of households (221) were referred into the Programme;
- 62% (twenty) obtained a meeting with Clinical Psychologist
- 40% (eight) who have engaged in Therapy have not continued with the therapy after the first session
- 100% (thirty two) referred into the Programme had some engagement with their GP's

The client group whom our service has targeted have limited resources; for some, their lives are chaotic and live very much day to day. Similar to the statutory services, we have experienced very high rates of attrition with people not attending for appointments. We have found that those who have used the service and left the service have come back to the service in times of chaos and crisis.

These clients have a lot of support needs but limited ability due to the nature of their lives to engage in a therapeutic process. We have also found that those who have used our services intermittently in times of crisis would also receive a lot of support from other Respond! staff in their respective roles. The therapeutic service has helped a number of residents in achieving significant behavioural change and helped them to increase their own personal awareness. We know this has had a positive impact both on their own lives and that of their families. We are also aware that therapy has given residents the opportunity to experience time for themselves and to be listened to, this has been a new and unique experience for many.

4.3 Engagement with Statutory Services:

Respond! is aware of other forms of Community Intervention in other jurisdictions and we were anxious to assess those with professional staff from the HSE.

However, having sought a meeting for months with the Director of Services in Waterford/Wexford area; we did eventually sit in on a multi-disciplinary team meeting. To date there has been no formal follow up on this meeting and we are disappointed with the lack of response.

However, on the other hand, engagement with individual service providers within the HSE services was prompt and very professional in relation to specific issues for individual clients.

The willingness of the Statutory Services, at management and strategic level, to engage in any strategic way in evaluating our service and collaboration offers, as a resource, has not been forthcoming in spite of many attempts to achieve it.

4.4 Community Mental Health Interventions in the UK

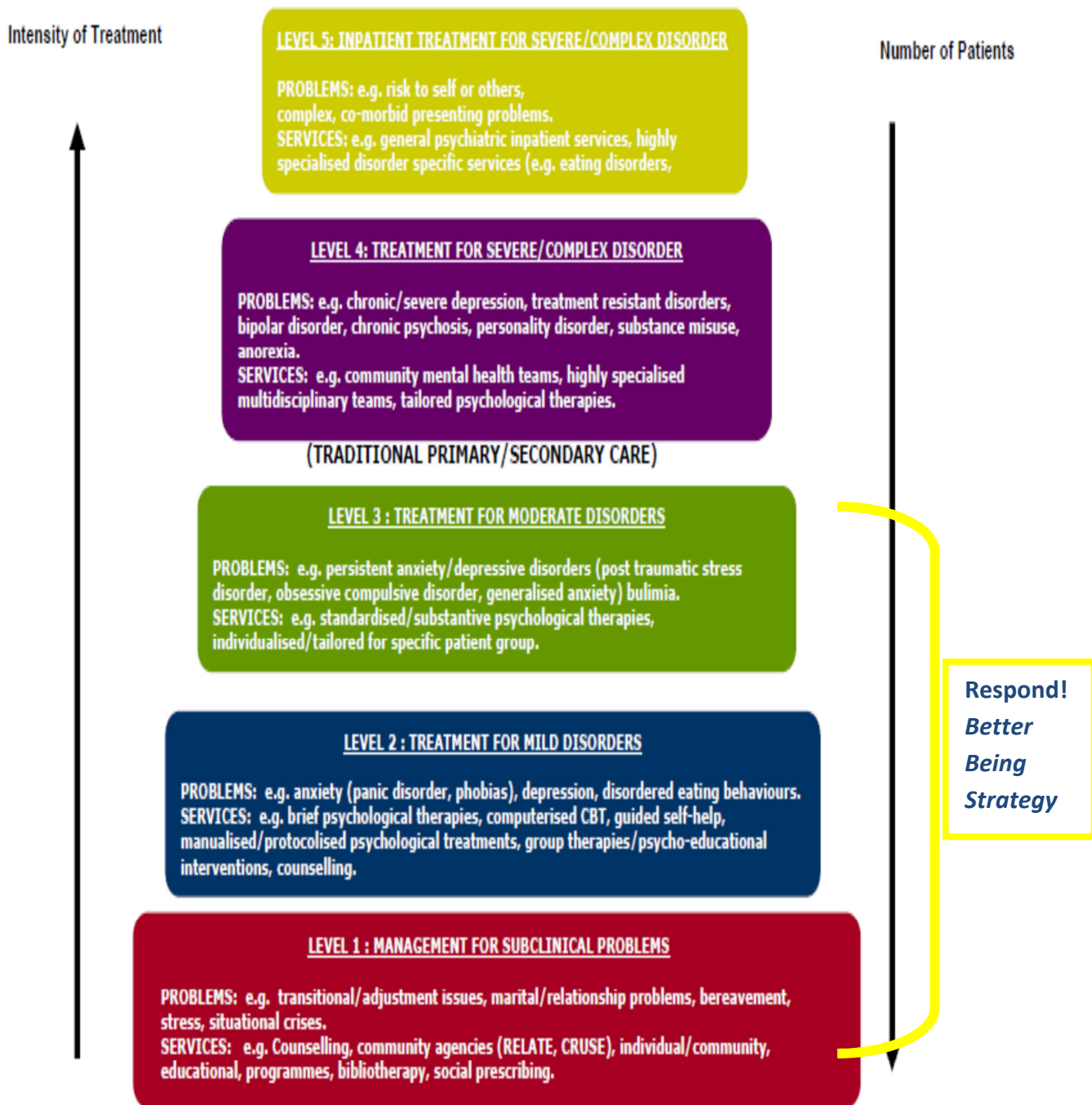
Since 2003, in Glasgow, the Glasgow Primary Care NHS Trust has established 5 primary care mental health teams led by Clinical Psychologist Jim White, who have developed a Stepped Care approach to Mental Health⁴. The core principles of the stepped care is to provide *“The most efficient, least intensive and least restrictive interventions and that the model is self-correcting, with the ability to step up the individual to more intensive forms of intervention if necessary”*

The diagram on the following page sets out the levels of disorders and the necessary interventions to treat these disorders.

The belief is in “horses for courses” approach and the model does not accept the primacy of individual therapy in primary care mental health.

It is in such a model that we feel that Community Mental Health Interventions such as our *Better Being Programme* can deliver improved mental health while working in tandem with the statutory services.

⁴ White, J.(2008)“Stepping Up Primary Care” Working Lives, Vol.21 No.10, p844-846



In England, the Mental Health Services are seeking to implement **NEW WAYS OF WORKING** in relation to the delivery of services at local level. These are very similar to the ways being espoused in Scotland and are supported by the Respond! approach in this paper⁵.

⁵ *New Ways of Working for Everyone, October 2007: National Institute for Mental Health in England (NIMHE) National Workforce Programme*

4.5 Conclusions to date:

1. Our estate-based staff have the capacity, with appropriate training, to identify families and children who show behavioural evidence of mental health need;
2. In fact that identification has been confirmed as accurate in subsequent referral and diagnosis by professional psychologists;
3. The befriending model of intervention can be a key component of improved mental health intervention in social housing estates such as those being managed by Respond! and others;
4. That befriending model, linked into the Stepped Care Approach to Mental Health now being practised by the NHS Trust in Glasgow, under Clinical Psychologist Jim White*, is worthy of positive examination and incorporation into Irish systems of care;
5. Respond! considers that a prompt and positive reaction to our study is vital if we are to avoid the deleterious effects poverty and ill-health are having on low-resourced social housing estates.
6. We have nominated a further 14 estates in which the programme can be rolled out straight away, if a positive HSE response is forthcoming.
7. Respond! does not have all the answers: but we have the willingness to respond to these new ways of competent community intervention towards 'better being' for all. We have given clear proof of our commitment to this programme by financing all the research in intervention up to this point: a figure in excess of €600,000. This came out of Respond!'s reserves and cannot be relied upon from here on it, without subvention from the Health Services. This subvention we have set out in a separate document which we previously gave to the Minister and to the HSE.

*Professor Jim White, of NHS Glasgow, will speak at Respond!'s Mental Health Conference in Rochestown Park Hotel, on Thursday October 25th next.

5. OUR PROPOSAL

As outlined in 2.3, we believe the number of residents experiencing mental health disorders is very significant and has major implications for social policy.

- We feel that a further study, similar to the McKeown study in 2008 on Respond! estates would be particularly important. The study would concentrate on residents in the local authority sector, in an urban and rural area. We have already discussed this idea with Minister Jan O' Sullivan and Minister Kathleen Lynch who both expressed interest in supporting such a study. We estimate that the cost of carrying out such a study is in the region of €150,000. *We are asking that the HSE might help fund this study.*
- *We are looking to explore with the Statutory services how our Programme may form part of a pilot Community Mental Health Service.* We believe that the involvement of Community based programmes can “add value” to the Statutory services, in accordance with the recommendations of the Slan Report and the understanding of the National Mental Health Programme Plan.⁶

Respond! is committed to highlighting the prevalence of mental health illness amongst low income families. We will be holding a one day Conference on the subject of Mental Health in Cork on Thursday, 25th October. Dr. Jim White from Glasgow who has led a team which has worked the aforementioned model of Matched Care will be joined by leading mental health practitioners at the conference.

(See Appendix 3 for details of the Conference and a full list of speakers)

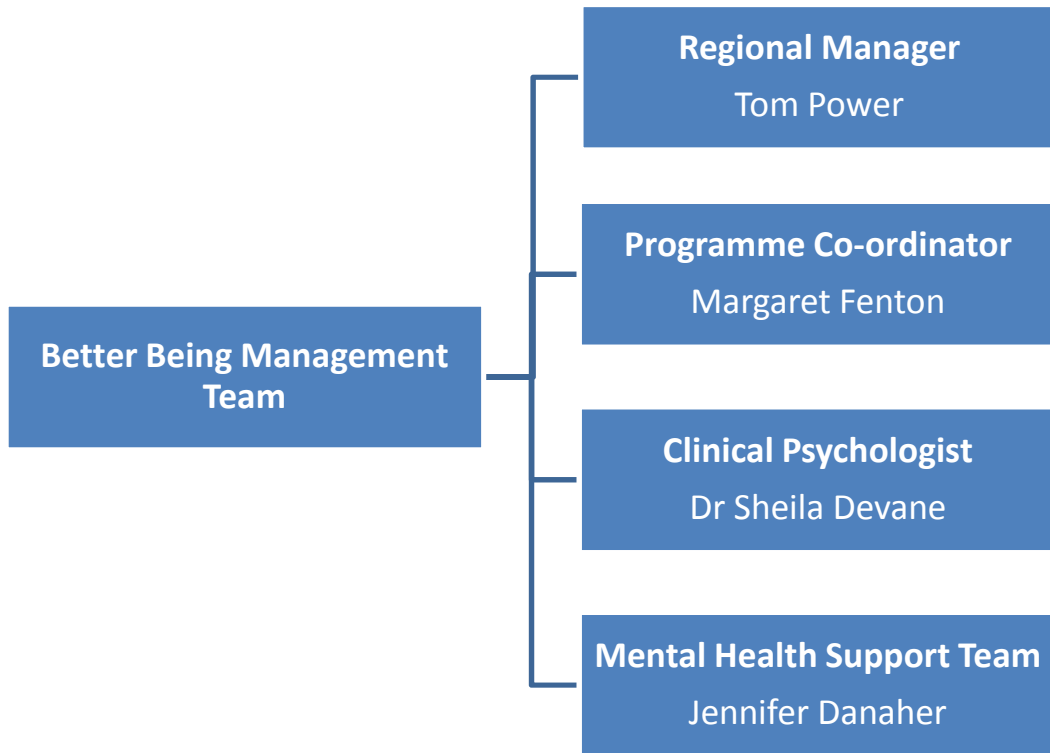
⁶ National Mental Health Programme Plan – Consultation Document, HSE (Nov 2011)

APPENDIX 1 – Respond! Staff Qualifications

Name	Job Title	Qualifications
Dr Deborah Butler	Knowledge Dept Head	M Sc. (Econ), Education Doctorate
Joanne Richards	BSS Course Director	MA International Relations MA Sociology
Camilla Fitzsimons	Nat Education Consultancy Coordinator	MA (Litt) (currently undertaking a PhD)
Cathy Lanigan	Quality Assurance Manager	BSoc Sc, MA in Social Justice
Niamh Murphy	Research Officer	MSoc Sc (currently undertaking a Doctorate of Social Science)
Sean Regan	National Community Education Mgr	MA in Rural Development Planning
Sarah Barron	Education Resource Officer	MSc Reg. & Loc Dev
Fiona Blaney	Resident Support Worker	MA in Com Dev
Aoife Walsh	Nat. Communications Officer	MA in Public Relations
Amye Quigley	Assistant Librarian	BA in Business Studies & French Masters in Info & Library Studies
Michael McKeon	Education Consultant	Master of Business Studies
Paul Hargaden	Regional Manager	B.A and H.Dip in Education
Dolores Grady	Regional Manager	BSS in Housing & Com Studies
Tom Power	Regional Manager	BSS in Housing & Com Studies
Patrick Cogan	Chief Executive Officer	BA, BD, STL
Ned Brennan	Chief Operations Officer	B.Comm, MA Public Policy
Parag Joglekar	National Design/Property Mgr	B.Arch; MA in Human Settlement
Ray Fanning	Company Treasurer	CIMA
Liam Fewer	National Production Manager	B.Sc. in Q.S.
Paul McGrath	Design Manager	MA Arch.
Richard Vaughan	Architect	B.Arch
Reuben Kirrane	Architect	BA Arch Sc
Brad Morrow	Site Agent	Bsc in Geography
Christine Barros	Architectural Technician	Bsc in Architecture
Eanna McManus	Supervising Architect	B.Arch
Pat O'Driscoll	Snr Architectural Technician	N.Dip in Archit Technology
Paschal Halley	Snr Architectural Technician	N.Dip in Archit Technology
Kenneth O'Hara	Architectural Technician	N.Dip in Archit Technology
Susan Goulding	HR Officer	MSc in Training & HRM

Rosemary Fitzgerald	Manager, Suimhneas	BSocSc
Mary Lonergan	Childcare Coordinator	BA in Public Mgt
Sheila Devane	Clinical Psychologist	Doctorate in Clinical Psychology
Margaret Fenton	Resident Support Co-ordinator	M.Sc Coop Org & Rural Dev
Tom Walsh	Resident Support Coordinator	BA, H.Dip. Ed,
Philip O'Reilly	Resident Support Worker	BA App Soc Studies in Social Care
Caroline Haran	Resident Support Worker	BA in Com Dev & Ed
Denis Shanahan	Resident Support Worker	BA in Theology
Susan Dunne	Resident Support Worker	BSS, Housing & Com
Patricia Pienaar	Resident Support Worker	Dip Soc & Com Dev
Margaret Tomany	Resident Support Worker	BA Hum.& Soc Stud.
Brendan Boyle	Resident Support Worker	HDip Town Planning
Helena Crotty	Resident Support Worker	HDip Integrative Pschotherapy
Aine Egan	Resident Support Worker	MSc in Rural Development
Alan Sherin	Resident Support Worker	Post Grad Cert in Housing Studies
Tomás English	Financial Controller	Degree Business Studies, ACCA
John Hayes	Senior Finance Officer	BA Business Studies, CIMA
John McNamara	Management Accountant	ACCA
Greg Poland	IT Helpdesk Officer	BA in Computer Science & Applied Psychology
Kenneth Fitzgerald	Systems Development Officer	Bsc Geology

APPENDIX 2



Appendix 3

Respond! *Better Being* Mental Health Conference

Rochestown Park Hotel, Cork: October 25, 2012

Speakers:

Dr. Jim White, NHS Glasgow

Dr. Kieran McKeown (Research Consultant)

Professor Margaret Barry (NUIG)

Ted Tierney, Mental Health Ireland

Patrick Cogan, ofm (Respond!)

Other Speakers from

Headstrong

Irish Advocacy Network

Critical Voices Cork (UCC)

EVE Mental Health