



Evaluation of Homeless Services 2008 Series



Homeless Agency Partnership

The Homeless Agency Partnership is comprised of a range of statutory and voluntary organisations working together to implement the agreed action plan *A Key to the Door, the Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007-2010* and to realise the Vision of 2010.

Shared Vision

The Homeless Agency Partnership Vision

‘By 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin. The risk of a person or family becoming homeless will be minimal due to effective preventative policies and services. Where it does occur, homelessness will be short-term and all people who are homeless will be assisted into appropriate housing and the realisation of their full potential and rights.’

A Key to the Door: The Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007-2010

National Partnership Agreement

‘The situation of homeless persons who are currently in long-term emergency accommodation is of particular concern. The revised strategies will have as an underlying objective the elimination of such homelessness by 2010 ...’

Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015

National Homelessness Strategy

‘From 2010, long-term homelessness (i.e. the occupation of emergency accommodation for longer than six months) and the need for people to sleep rough will be eliminated throughout Ireland. The risk of a person becoming homeless will be minimised through effective preventative policies and services. When it does occur homelessness will be short-term and people who are homeless will be assisted into appropriate long-term housing.’

The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013

Acknowledgements

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The *Evaluations of Homeless Services 2008 Series* was commissioned by the Homeless Agency and was carried out by Simon Brooke and Associates, which comprised the following people:

Simon Brooke, Dr Roger Courtney, Muireann Morris, Fran Cassidy, Dr Jane Pillinger, Mary Lee Rhodes, Bill Edgar and Dr Volker Busch-Geertsema

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Preface

The *Evaluation of Homeless Services 2008 Series*, is published by the Homeless Agency Partnership as part of the evidence base produced in 2008 that helps us better understand how well we are working towards achieving and realising our 2010 vision to end long-term homelessness and the need to sleep rough in Dublin, set out in our action plan *A Key to the Door*. Together with *Counted In, 2008* and the *Review of Finance and Expenditure for Homeless Services in Dublin*, the Homeless Agency Partnership has used the evidence base from these three reports to generate a detailed number of recommendations for action.

The evidence and recommendations were accepted by the Board of the Partnership in December 2008 and have helped inform the basis of the Partnership's agreed submission to Government on implementing the new national strategy *The Way Home* (2008-2013). In our submission, the Board is taking this opportunity to put forward to all stakeholders in the Homeless Agency Partnership a proposed blueprint for change, which is about creating the conditions required to realise the vision of *A Key to the Door*. Our submission is about the change in policy and service provision required from January 2009 in order to make the Partnership's 2010 vision a reality for those experiencing homelessness in Dublin. This requires that innovation and change in areas of policy, service provision and practice are agreed and underway as a matter of priority under the implementation plan for the national homeless strategy *The Way Home*, which is currently being drawn up.

Change is required to ensure access to adequate and affordable housing and accommodation with supports (as required) is ramped up for people who are homeless in Dublin. In parallel a reconfiguration of homeless services is required to develop and deliver progression routes onto and along a pathway out of homelessness for those experiencing homelessness and to prevent pathways into homelessness for households at risk of episodic and repeat homelessness.

The Board acknowledges that the findings of these reports will enhance the capacity of the Partnership to meet its commitments as agreed in *A Key to the Door* and the vision of eliminating long-term homelessness and the need to sleep rough in Dublin by 2010. This endorsement is also in keeping with obligations arising from meeting key National Policy objectives as set down in *The Way Home*. The Board also acknowledges the significance and challenge for all stakeholders entailed in the change required and will, therefore, allow for an appropriate level of time and due process to be established so as to fully detail and agree the necessary steps and decisions to be taken in order to realise the implementation of required change.

On behalf of the Homeless Agency Board, I would like to express my gratitude for the hard work and dedication of everyone involved in bringing this work to completion, particularly the staff of the Homeless Agency, everyone who participated in the working and steering groups, all homeless services staff involved in the work and most importantly, all current and ex-homeless service users who participated in the work.

Kathleen Holohan,

Chair, Board of the Homeless Agency Partnership
Director of Housing, Dún Laoghaire-Rathdown County Council

Glossary

Mainstream housing Self-contained apartments or houses in any housing tenure that is not built to house a particular category of occupant. In other words, 'normal' housing; which in the context of this report means social housing provided by a local authority or housing association, or private rented housing, or housing provided under the Rental Accommodation Scheme. Housing support can be provided where it is required.

Supported housing Either long-term supported or residential supported housing (see below)

Long-term supported housing A group of self-contained apartments or houses, with some communal facilities, office space and in some cases sleeping accommodation for staff. Food is not normally provided although sometimes there is a canteen for residents.

Residential supported housing Residential supported housing, incorporates living accommodation, usually in one building as well as some shared communal facilities, office space and in most cases sleeping accommodation for staff. It has two characteristics that distinguish it from long-term supported housing. Firstly, the housing is not fully self-contained, so that households share some washing or WC facilities with other households. Secondly, food is usually provided.

NGO or voluntary sector Both terms used in this report mean a not-for-profit organisation that provides homeless or housing services, which usually receives a grant from the state to help it to carry out its work.

Statutory sector In the context of this report this means either local authorities or the Health Service Executive.



Part I
Introduction

1. Introduction

This is a report of the *Evaluation of Homeless Services 2008 Series*. The evaluations were commissioned by the Homeless Agency Partnership, which is responsible for the planning, co-ordination and administration of funding for the provision of quality services to people who are homeless in the Dublin area, and for the development of responses to prevent homelessness. It involves a range of voluntary and statutory agencies working in partnership to the agreed plan, *A Key to the Door 2007-2010*, to deliver integrated services to people who are homeless and assisting them to move rapidly to appropriate long-term housing and independence with appropriate supports as required.

The evaluations were carried out by **Simon Brooke and Associates**, which comprised the following people:

Simon Brooke is a housing and social policy consultant with extensive experience of homeless services, research and evaluations.

Dr Roger Courtney is an independent consultant with wide-ranging experience of evaluations, development of quality standards and funding mechanisms.

Muireann Morris is an independent consultant who was previously CEO of a housing association and who has considerable experience of working in homelessness.

Fran Cassidy is an independent consultant and researcher with over 15 years of experience of working in homeless services and considerable experience of facilitation and interviewing people with experience of homelessness.

Dr Jane Pillinger is an independent social policy analyst who is a researcher on homeless issues in Ireland and with the Council of Europe and is policy advisor to Government departments, NGOs and agencies in Ireland and the UK.

Mary Lee Rhodes is a lecturer in the School of Business at Trinity College. Her main area of research is public management and her teaching is primarily in the area of service management. She has written a number of articles on housing in Ireland in which she applies a complex systems framework for developing insights for policy and practice.

Bill Edgar is director of the Joint Centre for Scottish Housing Research and research co-ordinator for the European Observatory on Homelessness. He has extensively researched issues relating to homelessness in Europe

Dr Volker Busch-Geertsema is a senior research fellow at the Gesellschaft für innovative Sozialforschung und Sozialplanung e.V. (GISS), Bremen, Germany. He has carried out numerous research projects on homelessness, including an examination of good practice in tackling homelessness in the EU.

In addition, a team of five researchers with experience in homelessness carried out interviews with service users. They were: **Eoghan Keogh, Dympna Lynch, Thomas McCarthy, Ceall O’Dunlaing,** and **Michael Russell**

The Homeless Agency’s terms of reference include a specific responsibility to monitor and evaluate the effectiveness of services. In fulfilling this, emergency hostels were evaluated in 2006, and transitional housing and support services were evaluated in 2007. The current *Evaluation of Homeless Services – 2008 Series* concludes the evaluation process by evaluating all other homeless services.

The following categories of services were included in the tender document:

1. Core emergency services that include:
 - a. Private emergency accommodation (selected sample)
 - b. Street outreach services
 - c. The Homeless Persons Unit
 - d. The Homeless Persons freephone
 - e. Dublin City Council Night Bus
 - f. Food, information and advice services
2. Settlement services
3. Tenancy sustainment services
4. Supported housing (selected housing associations)
5. Rental Accommodation Scheme (RAS) homeless pilots

The tender document listed 52 services, not including private emergency accommodation, that come under these headings. A list of the services that were included in the evaluations, which differs a little from the original list can be found in Appendix 1.

The evaluations process was overseen by a steering group comprising representatives from the following organisations:

Homeless Network (three representatives)
 Dublin City Council
 Health Service Executive (two representatives)
 South Dublin County Council and Fingal County Council
 Irish Council for Social Housing
 Homeless Persons Unit
 Centre for Housing Research
 Homeless Agency (two representatives)

The steering group met five times, in April, June, August, September and November 2008.

2. Terms of reference

2.1 The pathways approach

A key context of these evaluations is the pathways approach to homelessness. This approach, which has been advanced by a number of researchers, including Clapham (2003), Anderson and Christian (2003), and Anderson and Tulloch (2000), involves charting homeless people's 'careers' through in-depth interviews that attempt to discover both why people become homeless, and what works in enabling people to find successful routes out of homelessness.

The pathways approach incorporates two key features. Firstly, it is dynamic: it is concerned with process and change, with the progress of people into homelessness and out of it, and their interaction with homeless services during this progression. It aims to capture the changing nature of homelessness over time and place.

Secondly, although the focus of the pathways approach is individual experience, it does not assume that an explanation for homelessness lies with individual characteristics, behaviours or needs. The focus is in fact on the services people use, or don't use, viewed through the lens of their personal experiences.

A third element of this approach is an analysis of service provision from the perspective of the service providers. It is as important to understand which actions or beliefs of the service users contribute to successful outcomes, as it is to understand which actions or beliefs of the service providers do the same.

Recent work in Ireland (Pillinger 2007, Mayock and Vekic 2006, Mayock and O'Sullivan 2007) and elsewhere has followed the pathways approach and it is increasingly viewed as a valuable way of understanding homelessness.

2.2 Principal objective and key aims

The principal aim of the evaluations was set out in the tender document as follows:

The principal objective for the evaluation process is to examine evidence of practices that (a) provide for and support service users on a pathway away from the need to sleep rough, out of long-term homelessness and closer/into independent living; and (b) work to prevent the incidence of episodic and repeat experiences of homelessness.

This principal objective was supported by 11 key aims. These are listed below, and each aim is followed by the methodologies used to achieve it. For more detailed discussion of methodologies see Section 3.

1. Across the spectrum of services set out in Section 1 (the list of services to be evaluated), identify current best practices that support and realise a pathways approach out of homelessness for service users.

Methodologies used:

- Interviews with service managers
- Focus groups with service staff
- Interviews with service users

2. To categorise and clarify the role of each service type under the evaluation process.

This aim is included in aim number 10 below.

3. Develop and propose relevant quality standards that apply within a pathways approach to delivering this range of homeless service provision.

Methodologies used:

- Quality standards frameworks developed from *Putting People First: a good practice handbook for homeless services* (Courtney 1999).

4. Measure the extent to which service providers currently deliver pathways out of homelessness. Including levels of service user satisfaction, describe and evidence how this is being achieved.

Methodologies used:

- Quarterly service activity report
- Interviews with service managers
- Focus groups with service staff
- Interviews with service users
- Annual needs survey

5. Explain the level of resources (human and financial) required to deliver identified best practice across these services.

Methodologies used:

- Annual needs survey

6. Demonstrate using evidence how identified best practice can prevent and minimise the risk of episodic and repeat homelessness.

Methodologies used:

- Interviews with service managers
- Focus groups with service staff
- Interviews with service users and ex-service users

7. Based on both service providers' and service users' points of view, specify barriers (practice, policy and resource bound) preventing the pathway of individuals or families out of long-term homelessness.

Methodologies used:

- Interviews with service managers
- Staff focus groups
- Interviews with service users

8. Taking account of relevant evaluations and international experience in the delivery of long-term housing and supports, examine revenue funding streams for models of housing and support identified as best practice.

Methodologies used:

- Background paper on international experience commissioned by the consultants from Edgar and Geertsema (2008)
- Review of relevant material

9. Develop and propose a funding mechanism for existing models of housing and support identified as best practice.

Methodologies used:

- Background paper on international experience
- Review of relevant material
- Interviews with key stakeholders
- Annual needs survey
- Quarterly service activity report

10. Generate evidence-based recommendations that build a model of service provision that includes a categorisation of service types and roles. The model's purpose is to support the delivery of the Homeless Agency Partnership's Vision as outlined in *A Key to the Door* (2007-2010).

Methodologies used:

- Interviews with service managers
- Focus groups with service staff
- Interviews with service users and ex-service users
- Interviews with key stakeholders
- Quarterly service activity report
- Annual needs survey

11. Based on a key stakeholder analysis, that includes central government departments, make recommendations as to whether services currently funded under the Homeless Agency arrangements should be funded under other mainstream Government funding programmes.

Methodologies used:

- Interviews with key stakeholders

3. Methodologies

An early briefing session was held to which all services that were included in the evaluations were invited.

The methodologies for these evaluations included the following:

3.1 Introduction

The original tender document contained a list of 53 services under eight headings: street outreach; private emergency and accommodation; long-term supported housing; other; settlement and tenancy sustainment; Rental Accommodation Scheme; food/advice/information; other core emergency services.

However, this list was significantly amended during the course of the evaluations. Some services no longer existed; one had not yet opened; and there were some inaccuracies. Other services were added to the list.

Overall, it is far from easy to arrive at a definitive list of discrete services for a number of reasons:

- In some cases a number of services are grouped together for organisational purposes. This may be very sensible, but it made analysis difficult because on occasions the group comprised services that were significantly different from one another.
- Some services incorporated a number of different activities, for example providing emergency accommodation and long-term housing in the same building. It was not always easy to decide which category to place such services in.
- Categorisation of services proved challenging in some instances. For example, the category ‘long-term supported housing’ included three distinct models of provision.
- Some services were in reality a kind of ‘sub service’ provided as part of a large service.
- In some cases, a number of services operated from the same building or group of buildings and shared some aspects, such as night-time staffing arrangements.

This made it difficult to assess for example whether these arrangements were equally applicable to all services.

- A small number of services really defied categorisation completely because they were so different from other services.

3.2 A review of relevant material

This included reviewing research on the pathways approach and other topics relevant to the evaluations.

Other material reviewed included the three Homeless Agency Partnership action plans: *Shaping the Future* (Homeless Agency 2001), *Making it home: An action plan on homelessness in Dublin 2004 – 2006* (Homeless

Agency 2004); *A Key to the Door: The Homeless Agency Partnership action plan on homelessness in Dublin 2007-2010* (Homeless Agency 2007). Government policy in respect of homelessness was also reviewed: *Homelessness: An Integrated Strategy* (Department of the Environment and Local Government 2000); *Homelessness: A Preventative Strategy* (Department of the Environment, Heritage and Local Government 2002); *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013* (Department of the Environment, Heritage and Local Government 2008).

Further material assessed included evaluations of homeless services, in particular the evaluations of emergency services in Dublin (Brooke and Courtney 2006) and evaluations of transitional housing in Dublin (Fitzpatrick Associates 2007).

3.3 Interviews with service users and ex-service users

A total of 101 households who either had experienced homelessness or were still in homeless accommodation were interviewed. These 101 households comprised 85 single people, one couple without children, and 15 families with children (nine one-parent and six two-parent households). We did not attempt to interview a random sample of homeless or ex-homeless households because we thought that the limited benefits would be outweighed by very significant logistical difficulties. Furthermore, we wanted most of the interviewees to be people who had experienced homelessness but were no longer homeless, in order to benefit from their assessment of services made with the benefit of hindsight.

The interviews were carried out by a team of researchers who themselves had experience of homelessness. The team was recruited and trained by one of the consultants, who was also responsible for overseeing the interview process and providing support as required.

3.4 Interviews with service managers

Thirty-five interviews with managers of services in the Dublin area were held. Of these, seven worked in statutory services while 28 worked in NGOs. Many of the managers had responsibility for more than one service within their organisation. The table below indicates the services that were included.

Type of service	Number of interviews	Numbers of services
Hostels	4	10
Outreach	5	5
Settlement/tenancy sustainment	7	8
Info/drop-in/food centres	6	9
Accommodation/Housing Access/Night Bus service	3	3
Supported housing	10	10
Accommodation 18-25 years	2	2
Homeless Persons Unit	1	1
Total	35	48

Comprehensive reviews of both emergency and transitional housing were completed in 2006 and 2007 respectively, so these services were not included in these interviews.

Key questions

There were three key areas of inquiry with services managers relating to both their organisations and their service users:

1. What are the main things, which assist your service users to move out of homelessness, and what assists your organisation to help achieve that?
2. What are the barriers preventing service users progressing through and out of homelessness and what barriers are there for the organisation and within the system, which prevent people moving quickly out of homelessness?
3. What changes would you make?

3.5 Focus groups with service staff

Six focus groups comprising staff from the services being evaluated were held at the end of May and early June 2008. All services included in the evaluations were invited to send a member of staff to one of the following focus groups:

- Outreach
- Tenancy sustainment, community settlement, RAS
- Long-term supported housing
- Advice/information, food, day
- Homeless Persons Unit: 'Patch' CWOs
- Homeless Persons Unit: Assessment CWOs

Staff from the following services attended the focus groups:

Sophia Housing Association
 Focus Ireland George's Hill
 Focus Ireland Stanhope Green
 Focus Ireland Aylward Green
 Dublin City Council Oak House
 Dublin Simon Sean MacDermott Street
 Dublin Simon North Circular Road
 Dublin Simon Canal Road
 Aids Housing Fund
 Homeless Persons Unit
 Focus Ireland Extension
 Focus Ireland Open Access
 Vincentian Refugee Centre
 Capuchin Day Centre
 Merchant's Quay Ireland
 Crosscare
 St Catherine's Foyer
 HAIL
 DePaul Trust Ballymun
 Cedar House
 Dublin Simon Rough Sleepers Team
 Dublin City Council Night Bus
 Focus Ireland Intensive Family Settlement
 Dublin Simon Settlement
 Access Housing Unit
 Focus Ireland RAS
 Peter McVerry Trust
 Dublin City Council Tenancy Sustainment Service
 Merchant's Quay Ireland Resettlement

The focus groups were facilitated by two members of the team of consultants and each group explored the three areas of inquiry set out above in section 3.4.

3.6 Interviews with key stakeholders

Interviews with a number of key stakeholders were held. These included meetings with representatives from the Department of the Environment Heritage and Local Government (five meetings), the Department of Social and Family Affairs (one meeting), the Department of Health and Children (one meeting), the HSE (four meetings), Dublin City Council (one meeting), the Homeless Network (one meeting), and members of staff of the Homeless Agency (four meetings).

3.7 Assessment of quality

Most of the services and organisations that were included in the evaluations were asked to complete detailed self-assessment quality standards framework questionnaires that were based on *Putting People First: a good practice handbook for homeless services* (Courtney 1999). It was not however possible to develop quality standards frameworks for the Homeless Persons Unit or the freephone service from *Putting People First*, since the operation of these is fundamentally different from all the other services. Similarly, it wasn't practicable to develop quality standards for private emergency accommodation.

Two types of questionnaire were developed: service questionnaires that dealt with service delivery issues; and organisational questionnaires.

Separate service questionnaires were developed for **settlement, tenancy sustainment and RAS; long-term supported housing; outreach; advice and information;** and **food centres**.

Settlement, tenancy sustainment and RAS included standards under the following headings: assessment, building relationships, providing information, developing settlement, accessing housing, advocacy, community support, and preventative work.

Long-term supported housing included standards under the following headings: accommodation, food, health and safety, referrals, induction, personal programmes, information, support, specialist help.

Outreach included standards under the following headings: making contact, material resources, maintaining contact, assessment, communicating and building relationships, providing information, enabling access to accommodation and other services, advocacy.

Advice and information included standards under the following headings: providing written information, providing advice, telephone, face-to-face interviews, correspondence.

Food centres included standards under the following headings: customer care, physical standards, food standards.

The original standards in *Putting People First* were adapted by segmenting each standard into 'Minimum', 'Good' or 'Best' standards. As *Putting People First* contained no specific standards for long-term supported housing, additional standards were developed for this area of work.

The organisational standards were adapted to be appropriate for statutory bodies in addition to the questionnaire for voluntary organisations. The organisational questionnaire for voluntary organisations included standards under the following headings: planning, evaluation, research and policy, staff recruitment, staff training, managing staff, managing volunteers, health and safety, participation and consultation, co-ordination with other organisations, records, finance, governance. The organisational questionnaire for statutory bodies included all the above headings except managing volunteers.

The table below shows the number of questionnaires that were returned.

Questionnaire type	Number returned
Service: settlement, tenancy sustainment, RAS	13
Service: long-term supported housing	17
Service: outreach	6
Service: advice and information	6
Service: food centres	3
Organisational: voluntary	18
Organisational: statutory	4

Completed service questionnaires were received from all services that had been asked to complete them. One NGO did not return an organisational questionnaire, and two NGOs returned partially completed organisational questionnaires.

This was, as stated above, a self-assessment process, supported by follow-up visits to five services to provide verification.

As the evaluations progressed it became clear that the standards that had been developed for long-term supported housing were appropriate for residential supported housing but less appropriate for a number of services categorised as long-term supported housing, which were in reality mainstream housing with housing support. Similarly, there were a small number of services that were difficult to categorise and for which the quality standards did not address all areas of their work. A number of day services fell into this category.

3.8 Quarterly service activity report

A service activity report was developed with the Homeless Agency that all services, including those, which had previously been evaluated (emergency services and transitional housing services), were asked to complete for the second quarter of 2008.

Four different reports were developed for the following categories of service: **residential/housing** (emergency hostel, private emergency accommodation, transitional housing, foyer, long-term supported housing, settlement and tenancy sustainment, RAS pilots); **outreach**; **advice and information**; and **food**.

The **residential/housing** report asked for the following information: the total number of households broken down by household category that used the service during the period; the length of time households stayed with the service; the previous accommodation of households that used the service; and the accommodation households who left the service during the period moved on to.

This report also asked for information about the service itself: its capacity; the occupancy rate; the percentage of service users who were assigned a key worker; average caseload of key workers; and details of staffing arrangements, including night-time staff cover.

The **outreach** report asked for the following information: the total number of households broken down by household category that used the outreach service during the period; how many 'hard to reach' households used the outreach service during this time; how long they remained in contact with the outreach service; their frequency of contact and where they went to when they left the service.

This report also asked for information about staffing, about working arrangements, including what percentage of the outreach work was street outreach and what percentage was outreach to other homeless services.

The **advice/information** report asked for the following information: the total number of households that were dealt with during the period; the number that were homeless; the number that were at risk of homelessness; the frequency of contact with the service; and information about staffing.

The **food** report asked how many meals were provided during the period; the times at which food was served; the number of service users that were homeless; and the number who were rough sleepers.

Quarterly service activity reports were eventually completed by all but five services, two of which are not funded through the Homeless Agency. Neither the Homeless Persons Unit, nor the Asylum Seekers and New Communities Unit were able to complete these reports.

The reports provided a great deal of extremely useful data; in particular the data was used to generate the activity flow diagram illustrated in Section 9, and to use staffing information to assist with the assessment of level of support provided by services for the *Review of Finances and Expenditure for Homeless Services in Dublin* carried out by the Homeless Agency. They will need some amendments to maximise their value and to provide more detailed information about service usage, but they have the potential to be an extremely valuable source of data that will enable the impact of the implementation of recommendations in this report to be assessed on a continuing basis, and we strongly urge that these reports continue to be administered.

However, efforts to estimate the flow through emergency hostels were frustrated by the fact that movement in and out of Night Bus beds in hostels and private emergency accommodation constituted a significant proportion of overall activity flow, and little is known about the movement of service users. Moreover, two large emergency hostels operate on a one-night only basis and were not able to provide us with any data on where their service users moved on to.

Despite this, the service activity reports worked extremely well and with appropriate amendment have the potential to be a hugely important source of data for continued monitoring of pathways into and through homeless and housing services.

3.9 Annual needs survey

In partnership with the Homeless Agency the consultants developed an annual needs survey that emergency hostels, private emergency accommodation and transitional housing services were asked to complete on behalf of service users. A separate exercise was carried out in respect of rough sleepers to ensure that the whole homeless population was captured.

This was a ‘snapshot’ survey, which asked for the following information for each service user: household type, age, length of time homeless, and length of stay in service. In addition, information was sought on whether the household had a history of anti-social behaviour or had been evicted for rent arrears. These questions were asked because either of these could significantly reduce the housing options available to such households.

Finally, the survey assessed individual service users’ non-housing needs, using a matrix that is compatible with the Holistic Needs Assessment used by the Homeless Agency, to determine which type of long-term housing they would need. For this they were asked to choose one of the housing types from the following chart, which details a range of idealised housing types:

Type of housing		Code
Mainstream housing	Private rented or social rented or Rental Accommodation Scheme housing with no support	1
	Private rented or social rented or Rental Accommodation Scheme housing with short-term visiting support (community settlement, resettlement)	2
	Private rented or social rented or Rental Accommodation Scheme housing with long-term open-ended visiting support	3
Supported housing	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and no staff are on the premises at night.	4
	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long term support needs, and a caretaker lives on the premises or there is a staff sleepover arrangement.	5
	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and where there is a 24 hour waking cover.	6
	Nursing home or similar	7
	Other	8

This survey was extremely successful and for the first time an aggregate assessment of the type of housing required by people who are currently homeless was arrived at.

Unfortunately, the Asylum Seekers and New Communities Unit was unable to complete this survey.

3.10 Housing association survey

The consultants were keen to gather information on the experience of housing associations in the provision of long-term housing for people who were previously homeless, and also to gather information on their experience of housing people who have needs that could not be met by standard housing management and who might therefore be at risk of losing their tenancy and becoming homeless.

A questionnaire was prepared in consultation with the Irish Council for Social Housing, which was distributed to housing associations in the Dublin area that were not already included in these evaluations.

Unfortunately however, the response was extremely poor with not enough data to draw any meaningful conclusions.

3.11 Background paper on international experience

The consultants commissioned Bill Edgar, director of the Joint Centre for Scottish Housing Research and research co-ordinator for the European Observatory on Homelessness, and Dr Volker Busch-Geertsema, a senior research fellow at the Gesellschaft für innovative Sozialforschung und Sozialplanung e.V. (GISS), Bremen, Germany to research and produce a background paper on international experience of long-term housing and support. Their paper appears in Appendix 2.

Part II: Findings

This section reports the findings of our interviews with service users, service managers, and focus groups with service staff. The consultants were not able to verify that all the statements made were correct, and in a small number of instances where a statement was incorrect, it is stated. Interviewees responses were recorded, as their perceptions of services were important, whether or not they were factually correct.

4. Service user interviews

As section 3.3 states, 101 households were interviewed who either had experienced homelessness or were still in homeless accommodation. These 101 households comprised 85 single people, one couple without children, and 15 families with children (nine one-parent and six two-parent households).

The existing housing circumstances of the interviewees was as follows (the couple without children household have been treated as a single person):

Type of housing	Single people	Families
Mainstream housing with or without housing support	21	11
Supported housing	41	4
Private emergency accommodation	15	0
Transitional housing	5	0
Foyer	4	0
Total	86	15

Pathways through homeless services

Interviewees were asked which homeless services they had used and the sequence. Understandably, a significant number of interviewees had difficulty recalling exactly which services they had used and in what order, so only 53 single interviewees and eight families were able to answer this question.

Of this group, 18 (34%) interviewees had followed a pathway through homeless services that involved a stay in one service, was followed by a move to another service that was in the direction of long-term housing. An example of this would be a stay in an emergency hostel, followed by a stay in transitional housing, followed by a move to long-term supported housing.

However, 35 (66%) of the interviewees had not followed such a pathway and their usage of homeless services was typically characterised by multiple stays in different emergency accommodation services and/or other temporary arrangements and/or sleeping rough. All 35 had stayed in more than one emergency accommodation service. This would in part be accounted for by the emergency hostels that provide accommodation on one night only basis. The eight families who were assessed were split equally between straight pathways and multiple use of services and other temporary accommodation arrangements.

Interviewees were also asked whether they had experienced one of more episodes of homelessness. Of the 60 single people who answered this question, 32 (53%) said they had, and 28 (47%) said they had not. Of the 13 families who answered the question, six (46%) said they had and seven (54%) said they had not.

It is clear from these responses that there is a very widespread pattern of usage of homeless services, that typically involved multiple stays in different emergency accommodation.

Causes of homelessness

Interviewees were asked for the main reason why they became homeless for the first time. They were only prompted if they needed help. People were allowed to give more than one reason.

For single people four reasons stood out: relationship breakdown (this included family breakdown), cited by 34 people; health difficulties (including mental health), cited by 20 people; alcohol issues, 19 people; and drug issues 13 people.

The pattern for families was somewhat different (although this was a small sample so it should be treated with due caution): drug issues cited by five families; relationship breakdown cited by four families; and four families also had to leave social or private rented housing.

Things that helped the move out of homelessness

People were asked what were the main things that helped them to move out of homelessness. Responses (people were allowed to give more than one reason) were unambiguous: 66 people (nearly everyone who answered the question) said that homeless services staff, especially key workers, had been the main help to them; 14 people said that their own personal motivation or dignity was the main reason; and nine people said social workers, GPs or health staff had been the main help. It is clear from this that personal support is valued greatly by homeless people.

Difficulties encountered getting out of homelessness

Interviewees were asked about difficulties they encountered getting out of homelessness. Results covered a much wider spectrum than for the previous question but four issues stood out above the rest: lack of information about services, cited by 16 people; difficulties experienced getting private rented accommodation (deposits, rent supplement, rents too high, getting references), 12 people; the interviewee's addiction to alcohol or drugs, 11 people; and the stigma attached to homelessness, 11 people.

Things that would make homeless services work better

The four main improvements that people identified were more and better information, 13 people; a quicker move into long-term housing, 11 people; better communication between services, nine people; and more housing, eight people.

Assessment of services

Interviewees were asked to assess the services they were currently using and had previously used. For each service, they were asked what the best things were about it, and what were the worst things about it. Of course some of the responses refer to services that may have changed since they used them, perhaps some years ago. However, despite this their responses provide an extremely revealing picture of the value homeless people place on different aspects of the services they used. Responses are given here for different service types. Only the most commonly reported responses are shown.

Emergency accommodation – NGO or statutory hostel

Table 1. Interviewees commented that the below were the best things about emergency hostel accommodation

Feature of service	Number of responses
Staff friendly/helpful/gave me time/good at listening/empathetic	23
Good food	20
I could come and go as I wanted	16
Somewhere to go to get off the streets	14
Reasonable rent	11
Felt safe	9
Somewhere to go for a wash/shower	7

Table 2. Interviewees commented that the below were the worst things about emergency hostel accommodation

Feature of service	Number of responses
Open drug use	19
Too much violence	16
Too much thieving/robbing	14
Rules too strict	11
Food was bad	9
Had to be out during the day	9
Bed clothes dirty/smelly/bed bugs	7
No privacy	7
Had to share bedroom	7

Private emergency accommodation**Table 3. Interviewees commented that the below were the best things about private emergency accommodation**

Feature of service	Number of responses
Staff friendly/helpful/gave me time/good at listening/empathetic	10
Bedroom of my/our own - privacy	7
I could come and go as I wanted	4

Table 4. Interviewees commented that the below were the worst things about private emergency accommodation

Feature of service	Number of responses
Open drug use	5
Couldn't have visitors	4
Rules too strict	3
Had to share bedroom	3
Nowhere to wash clothes	3

Transitional housing**Table 5. Interviewees commented that the below were the best things about transitional accommodation**

Feature of service	Number of responses
Staff friendly/helpful/gave me time/good at listening/empathetic	12
I could come and go as I wanted	8
Good food	5
Bedroom of my/our own - privacy	5
Reasonable rent	4
Good quality accommodation – clean/modern	4

Table 6. Interviewees commented that the below were the worst things about transitional accommodation

Feature of service	Number of responses
Rules too strict	7
No privacy	4
Open drug use	3

Residential supported housing**Table 7. Interviewees commented that the below were the best things about residential supported housing**

Feature of service	Number of responses
Staff friendly/helpful/gave me time/good at listening/empathetic	22
I could come and go as I wanted	10
Good food	10
Bedroom of my/our own - privacy	10
Good quality accommodation – clean/modern	9
Reasonable rent	9
Felt safe	6

Table 8. Interviewees commented that the below were the worst things about residential supported housing

Feature of service	Number of responses
Food was bad	5
Rules too strict	4
Too much thieving/robbing	3
Open drug use	3

It is striking from the above that staff support was valued very highly in all service types, and it is equally striking that open drug use featured as a worst feature of all service types. Privacy was valued highly in private emergency accommodation, transitional housing and supported housing; and in emergency hostel accommodation, the lack of privacy was one of the worst features. In emergency hostel accommodation, the three most commonly reported problems were other residents' behaviour – open

drug use, too much violence and too much thieving/robbing. In all service types, rules were thought to be too strict.

5. Service manager interviews

As stated in Section 3 above, 35 interviews were carried out with managers of services in the Dublin area. Of these, seven were statutory services while 28 operated in the voluntary sector. Many of the managers had responsibility for more than one service within their organisation.

Type of service	Number of interviews	Numbers of services
Hostels	4	10
Outreach	5	5
Settlement/tenancy sustainment	7	8
Info/drop-in/food centres	6	9
Accommodation/Housing Access/Night Bus service	3	3
Supported housing	10	10
Accommodation 18-25 years	2	2
Homeless Persons Unit	1	1
Total	35	48

Key questions

There were three key areas of inquiry with the services managers relating to both their organisations and their service users:

1. What are the main things, which assist your service users to move out of homelessness and what assists your organisation to help achieve that?
2. What are the barriers preventing service users progressing through and out of homelessness and what barriers are there for the organisation and within the system, which prevent people moving quickly out of homelessness?
3. What changes would you make?

Factors which assist in the pathways out of homelessness

The responses to this question can be grouped in three categories

1. Networks and linkages

28% of managers cited inter-agency cooperation and communication as the most important factor.

2. Resources

The same percentage 28% considered the provision of appropriate accommodation, notably RAS, as of greatest assistance. Following from this as most highly rated factors were good staff and internal structures and practices at 25%. Understandably, funding was considered vital with 14% highlighting this fundamental resource.

3. Process

Holistic assessment and care planning were considered by 20% of the managers as helpful, as were good practice and relationship with health practitioners at 11%, local at 8% and the Homeless Persons Unit at 5%.

Other factors mentioned were family support and the work of volunteers.

Factors which assist in the pathway out of homelessness	Percentage of managers who cited the factor
Inter-agency cooperation and communication	28
Provision of appropriate accommodation	25
Good staff and internal structures and practices	25
Holistic assessment and care planning	20
Funding	14
Good practice and relationship with:	
Health practitioners	11
Local Authorities	8
Homeless Persons Unit	5

Factors creating barriers to people moving out of homelessness

The barriers the overwhelming majority of managers identified for their service users were the same as those presenting to the organisations. The lack of move-on housing or addiction/mental health services means that barriers are experienced by all who have a stake in preventing and reducing homelessness.

Housing and homeless services

In answer to the question posed to managers about barriers, it was not surprising to find a vigorous response centred on the lack of housing.

A lack of long-term supported housing was named by 37% and, combined with 34% who named a lack of accommodation and social housing as a barrier, it is clear that the great majority regard these deficiencies as an undeniable block to pathway out of homelessness. 34% quoted a lack of move-on

accommodation as problematic and this is bolstered by a similar number identifying a lack of access to lower threshold accommodation as trapping people in homelessness.

While all of the responses mentioned to date concern the lack of accommodation, it was notable that 37% of the managers cited problems with private rented accommodation. Cost and the imposition of the rent cap featured strongly here, but also poor quality and discriminatory practices by landlords.

While the lack of Rental Accommodation Scheme units was not the only issue for 31%, they named a lack of clarity about eligibility for RAS, and in some cases long cases delays in processing RAS applications.

Table 9. Barrier: Housing and homeless services

Barrier	Percentage of managers who reported this barrier
Housing and homeless services	
Lack of long-term supported housing	37
Lack of private rented housing and other problems with PRS	37
Lack of move-on accommodation	34
Access to lower threshold accommodation	34
Lack of accommodation and social housing	31
Problems with operation of RAS	31
Problems with emergency accommodation	25
Lack of transitional housing	5

Access to detoxification and rehabilitation services

The issue which was cited by the greatest number of managers as a barrier to moving out of homelessness was the lack of detoxification and rehabilitation services for those with either drug or alcohol addiction. 54% of the 35 managers regarded the absence of these services as a serious impediment to moving to independent living.

Table 10. Barrier: Addiction services

Barrier	Percentage of managers who reported this barrier
Addiction services	
Lack of detoxification and rehabilitation services	54

The next most frequently named barrier identified by the managers was the lack of access to mental health services. As quoted earlier in the report, the incidence of mental health problems within the homeless population is considerable, yet access to mainstream services is very restricted. 43% of those interviewed saw this situation as a barrier to moving through homelessness. One frequent observation was the practice of ‘catchment areas’ creating unnecessary barriers to care.

Table 11. Barrier: Mental health services

Barrier	Percentage of managers who reported this barrier
Mental health services	
lack of access to mental health services	43

Assessment/referral/access to accommodation

The methods by which assessments and referrals are made and communication between agencies were issues for a significant number of respondents. Disquiet was expressed about differing criteria and processes and agencies using different definitions of homelessness

Table 12. Barrier: Assessment and referral

Barrier	Percentage of managers who reported this barrier
Assessment and referral	
Problems with differing criteria/processes and definitions	28

Policies and practices of statutory authorities

Some practices of statutory agencies, in particular local authorities, were viewed by homeless service managers as creating barriers for people moving out of homelessness.

In relation to local authorities, the issues, which came up most frequently were the administration of waiting lists and the application of anti-social behaviour policies. 51% of managers identified these factors as barriers.

In discussions with managers the HSE came in for criticism in terms of access afforded to mental health services and in particular the application of a ‘catchment area’ practice to homeless persons. 20% of managers listed these as barriers.

A smaller number saw the way of working by the Homeless Persons Unit as problematic with 14% of managers citing this agency as creating barriers

Table 13. Barrier: Statutory agencies

Barrier	Percentage of managers who reported this barrier
Statutory agencies	
Practices of local authorities	51
Practices of HSE	20
Practices of Homeless Persons Unit	14

Other concerns

— Discharges from hospital/prison

There were a number of managers who related incidences of people being discharged from hospitals without notice or liaison with homeless services staff.

Services for children

A lack of services for children was mentioned by a number of services with a concern that the HSE has inadequate resources to respond to fears about children's welfare. The age groups 16-18 and 18-22-year-olds were singled out for mention as needing greater resourcing.

— Access by separated parents to adequate accommodation

Concerns were expressed that the refusal by local authorities to provide two bedroom accommodation to parents, especially fathers who have court orders for access to their children, is an inequitable practice.

— Lack of services for women and women with children

A number of services mentioned a very bad level of emergency accommodation for women and that what was available was not suitable.

— Quality standards/bench marking

A lack of bench marking to improve standards providing no incentive to improve quality.

— Strategic direction of the sector

A concern about an emphasis from the Homeless Agency on making returns and concentration on figures with the loss of strategic process.

The perception of services managers of the personal barriers experienced by homeless people.

These were many and included:

- The system creates dependency on the system – people stay in it too long.

- Residents often miss appointments and don't remember to take their prescribed drugs.
- Social isolation is a serious problem for many single men in particular.
- Stigma when trying to get a flat.
- Participants wholly inadequate life skills militating against maintaining a tenancy.
- Anti-social behaviour.
- Over 40% of the residents come from a care background.
- Language and cultural barriers for non-national service users.

Changes

By inference, the barriers cited by the respondents, if remedied, would be the changes needed to assist people along the pathway out of homelessness. In addition service managers were asked to say what changes they would like to see in homeless services/sector.

At the top of the list of changes regarded as necessary by the services managers was more housing. 42% of managers interviewed held this view. The change needed most was an increase in the provision of long-term supported housing. *'More supported housing for people with medium/high needs, including visiting support and supported housing.'*

28% of managers wanted changes made in funding. While the majority sought an increase. *'Year on year funding – needs dedicated stream of funding.'* A number mentioned the need for greater regulation and tracking of funding going to the homeless sector. *'More accountability from organisations as to where the money is going.'*

As is seen in the section on barriers to moving out of homelessness, the lack of services to those with addictions and mental health problems was named by the majority of managers. 22% called for such services as the change they desired. *'Majority of homeless people have addiction problems. Access to detox would in many cases avoid homelessness being preventative or at least cut the period of time homeless.'*

Following this, 20% of the interviewees looked for change in the practices of the local authorities. *'Forward planning by area of designated housing provision for homeless persons stitched into general provision and based on assessment of need covering a mixture of support needs.'*

A similar number of managers at 14% wanted changes to:

- Interagency working *'Develop inter-agency partnerships – structure joint working re care and case management.'*
- Emergency accommodation *'Tackle the problem of homeless people being put into B&B accommodation and stop people being put out of emergency accommodation during the day.'*

Change was further called for in:

- Services for children and young people aged 18-22. *'Address the issue of children in private emergency B&B accommodation – destroying these children's lives.'*

- Structural/governance change. An independent body to support the national and local Homeless Action Plans and development/strategies of homeless services – not always attached to funding streams. *‘This body or equivalent to take on a longitudinal study of the continuum of care and case management.’*
- Need for access to lower threshold accommodation. *‘Direct access to transitional housing without having to go to emergency accommodation.’*
- Need for more emergency accommodation. *‘24-hour high need emergency hostel in Tallaght.’*
- Need for recognition of accommodation needs of separated parents. *‘Two-bed accommodation for fathers with access to their children.’*

6. Staff focus groups

Six focus groups comprising staff from the services being evaluated were held at the end of May and early June 2008. All services included in the evaluations were invited to send a member of staff to one of the following focus groups:

- Outreach
- Tenancy sustainment, community settlement, RAS
- Long-term supported housing
- Advice/information, food, day
- Homeless Persons Unit: ‘Patch’ CWOs
- Homeless Persons Unit: Assessment CWOs

A summary of the issues raised from all the groups follows under the following main headings:

Main Barriers

Emergency accommodation
 Transitional housing
 Stabilisation
 Long-term supported housing
 Private rented sector
 RAS
 Local authority housing
 Accommodation and housing: general
 Homeless services in general
 Health
 Mental health

Enablers

Other issues

Not all points made were supported by all focus group members.

Main barriers

Emergency accommodation

There was wide agreement that the threshold of some emergency accommodation is too high and as a consequence, people with high needs are excluded. Allied to this there was agreement too that rules in some emergency accommodation services were too strict and residents were excluded for too long a period, which meant that they were back where they started. Participants also suggested that some emergency services engaged in cherry picking; that is selecting residents who would cause the least trouble. It was suggested that emergency services should not have discretion over referrals to their services but should have to accept a homeless person referred to their service, if the person being referred was a member of the service's target group. It was pointed out that some emergency hostels only take referrals from a small number of sources, which can make it difficult to refer a homeless client into emergency accommodation.

There were differing views expressed on the overall supply of emergency accommodation; some said there was not enough, others said the problem was that people stayed in emergency too long because of the lack of move-on options. Related to this, the point was made that too many emergency beds were being used for long-term care in the absence of appropriate move-on housing options. There were differing views on the need for different categories of emergency accommodation, with some participants arguing there was no need for specialist services, and others arguing that it was essential to have some emergency accommodation services that targeted specific groups.

It was widely agreed that there was a shortage of emergency accommodation for large families; for women, especially with challenging behaviour; and a shortage of drug-free accommodation.

Transitional housing

Most of the comments on transitional housing were to do with the threshold, and widespread complaints that the threshold of much transitional housing was too high, and so excluded those who needed it the most. One example is the requirement that people with a drug dependence should be either stable or on methadone, but many people cannot achieve this in three months. A number of participants echoed this point, saying that the criteria for acceptance was too onerous for most people with addiction problems. One service was said to require that a person being referred had to be known for at least a month; this meant that people had to be held in emergency accommodation even if it wasn't appropriate.

Stabilisation

There was wide agreement that there is a shortage of stabilisation beds for people leaving detoxification or rehab. Participants pointed out that it is a waste of resources to provide detoxification or rehab without any appropriate move-on, because it is setting up service users to fail. A number emphasised the lack of drug-free environments.

Long-term supported housing

There was near unanimous agreement that there is a shortage of long-term supported housing, and many participants emphasised the importance of a supply of a wide range of types of housing. These would include different levels of support and different configurations, for example cluster flats. A need for both 'dry' and 'wet' long-term supported housing was identified.

The point was made that long-term supported housing shouldn't necessarily be seen as permanent, and that many people could in time move from long-term supported housing to independent living. However it was also pointed out that the very low rents in some long-term supported housing might act as a disincentive to move. The risk of institutionalisation was noted in which some people would be cocooned and over-protected.

It was noted that it was extremely difficult to assist people in long-term supported housing to move into independent social rented housing because they were considered to be adequately housed in long-term supported housing, even though they were being provided with a level of support that they no longer needed, at considerable expense.

At the same time it was said that it is not possible to force people to move from long-term supported housing if they have signed up for a home for life and do not want to move on.

Some participants had observed inappropriate referrals to long-term supported housing where people had been either ill-prepared, or there was dishonesty, or where people had been tutored.

The lack of a dedicated funding scheme for long-term supported housing was noted by some participants.

Private rented sector

There was widespread agreement that rent caps are too low, and as a consequence people have great difficulty accessing private rented accommodation, and are restricted to poor quality in concentrated areas. Concern was expressed that some community welfare officers were prepared to pay rent supplement for accommodation that was clearly sub-standard. It was added that people being forced into the worst private rented accommodation was a significant contributory factor to repeat homelessness. It was noted by a number of participants that top-ups, where tenants pay a higher than rent cap rent, paying the balance out of their social welfare payments was very common. More effective policing of standards in private rented housing was advocated.

Rental Accommodation Scheme

The Rental Accommodation Scheme (RAS) was seen to have considerable potential, but there were complaints that the access criteria were set too high, thus failing to address the needs of those who needed it most. There were also complaints about the quality of some of the RAS accommodation.

A benefit of the scheme, that unlike rent supplement there is no poverty trap for people taking up work, was noted.

Social housing

A number of problems with the existing allocations system were identified: for example, people coming from outside Dublin have to be in Dublin for six months before they can register on the homeless list, which keeps them in limbo for that period. Furthermore, it was stated that applicants had to have a permanent address for 12 months in the Dublin area to get on the homeless list, but that a hostel does not count as a permanent address.

The requirement that people register every six weeks to stay on the homeless list, was seen to be an unrealistic expectation of some homeless households, especially the more chaotic households. Instances where this was impossible because the person was in prison/hospital/detoxification were noted.

It was estimated that up to 60% of households in private emergency accommodation were there because of anti-social behaviour (the true figure is approximately 31% – see Section 10). Concern was expressed that there appeared to be no appeals process, and that some families were persuaded to surrender tenancies in order that they would be able to access private rented accommodation. The lack of housing options for people with a history of anti-social behaviour meant that such people were in effect condemned to live in limbo for an indefinite period of time. It was reported that some people with a history of anti-social behaviour were told that it would be three or four years before they would be accepted on the housing list again.

The view was expressed that evicting people for rent arrears was counter-productive.

It was stated that some local authorities did not accept an affidavit or court order regarding a father's access to his children as sufficient reason to allocate a two-bed unit. It was also stated that some hostel residents were not eligible for inclusion on the homeless list, and that some local authorities looked for a commitment from referrers for the provision of a support service for six to 12 months before they would consider them for housing.

General

It was acknowledged that some people were reluctant to move when offered alternative accommodation – for a range of reasons, sometimes including lack of financial incentive.

Accessing a nursing home for people in need of this type of accommodation is extremely difficult, especially within the Dublin region. It was suggested that there should be a special nursing home targeting people who had previously been homeless.

It was asserted that people shouldn't have to go from emergency accommodation to transitional housing and then to long-term housing. A homeless person should be able to go straight from prison to long-term supported housing without having to use the Night Bus service.

Homeless services in general

According to some participants, some homeless services were the cause of repeat homelessness, for example the operation of the Night Bus and one-night only beds. An example was quoted of a potential eviction from an emergency hostel for rent arrears that was prevented by the intervention of an outreach worker.

The concept of a service staying with the person, rather than the people moving from one service to another, was promoted by some participants.

It was stated that early intervention is crucial to prevent someone new to homelessness from becoming involved in drugs and prostitution. Following from this it was suggested that a distinction should be drawn between newly homeless households and long-term homeless households, and priority should be given to moving newly homeless households out of homeless services as quickly as possible.

A number of participants stated that communication between agencies should be improved. Related to this, some contributors felt that services were very fragmented and inefficient; it was suggested that this led to undue stress and inappropriate help for service users.

Inappropriate referrals to different services was also raised as an issue, with contributors pointing out that although this was driven by a desire to help someone get accommodation, it ran the risk of setting the client up to fail. The converse of this was services that used events from the past to exclude a person from a service.

The lack of accommodation for sex offenders was repeatedly referred to.

Overall, it was asserted that the homeless services system was referral-centred rather than person-centred; in other words the referral criteria were set for the convenience of the homeless services rather than meeting the needs of homeless people.

The point was made that voluntary sector services depended on the good practice of individual staff rather than agreed policy.

It was acknowledged by a number of contributors that there was too high a concentration of homeless services in the city centre, and they should be located in all areas.

Health

As indicated in Introduction to Part II Findings Section, the following represents the perceptions raised in the consultation phase.

The very long waiting lists for drugs or alcohol detoxification – 10 to 12 week minimum – were noted, with the consequence that the service user who was motivated loses the opportunity because of the lack of a place. The lack of appropriate counselling was also referred to, as was the difficulty of getting methadone from a GP.

The long waiting list for a GP was also an obstacle to move-on housing and in one instance resulted in a person losing a tenancy.

Several contributors referred to inappropriate discharges from hospital and a number of examples were cited: a person discharged in pyjamas, another in a wheelchair, a person sent to a service in a taxi wearing an oxygen mask, people discharged without advice on care or medication.

It was also claimed that most people in hospital didn't get to see a social worker even if they were there for three months.

The lack of specialised services for children of homeless families was noted.

Enthusiasm was expressed for primary care teams, and hope expressed that they would be rolled out soon.

Mental health

As indicated in Introduction to Part II Findings Section, the following represents the perceptions raised in the consultation phase.

Concern was expressed that Grangeegorman (St. Brendan's Hospital) refuses to undertake mental health assessments for homeless people. The 'catchment area' problem still remains. For example, a hospital will send a person away if they are thought not to be in its catchment area. This causes huge hardship and as a direct result some homeless people do not get the services they should. In some instances homeless people with mental health problems have had to go to Accident and Emergency to get a diagnosis. It was also claimed that the outcome of a mental health diagnosis was affected by whether a bed was available or not. If a bed was not available, no mental health diagnosis would be made.

In relation to the above, it should be noted that people who are homeless and experiencing mental health problems should be assessed initially when they first present – either within primary care, community mental health or hospital setting. Following this initial assessment, where a need for specialist mental health intervention has been identified, the person can be referred to the specialist Multi Disciplinary Team of the Programme for the Homeless, which comes under the responsibility of St. Brendan's Hospital and operates from Usher's Island. This team accepts referrals from the northside of Dublin. A similar service is provided for the southside of the city by the ACCES team based in Parkgate Hall.

Overall, there were repeated references to the inadequacy of mental health services, with those suffering both mental health conditions and addictions the worst off. In particular the lack of community mental services was emphasised.

The point was made that some people in long-term supported housing have mental health problems and need specialised support, which is not forthcoming. As a direct consequence of this some people in long-term supported housing are at risk of homelessness.

References were made to the high barriers set to access counselling.

A number of participants referred to the problem of intellectual disability, which is a huge issue for many homeless people.

Enablers

Some participants felt that lots of small projects is better than a few large ones, others felt that there were too many services in total. Support was expressed for befriending services as a very successful way of assisting people to maintain their independence. Related to this, support was expressed for CARELOCAL, which helps older people to live in their own homes with dignity and security.

Other enablers identified were good relationships between NGO and statutory staff, care and case management, and the SafetyNet medical service for homeless people.

The 'pay to stay' arrangement, which involves 18-year-olds being paid social welfare to enable them to stay in the family home was positively remarked on.

Services that had moved from being 'dry' to 'wet', reported that it had been a good experience with fewer behaviour management problems.

Other issues

A range of further issues, that did not fit into any of the other categories were identified:

- The Homeless Agency's Emergency Network was criticised because too often the outcome of the discussion about a particular individual was that there was no appropriate accommodation for him or her. As a consequence it was felt that the meetings had limited value.
- Prison overcrowding sometimes results in earlier than planned releases, with no accommodation plans in place.
- Concern was expressed at the accuracy of the rough sleeper count – missing squats, parks, mountains.
- Increasing numbers of homeless non-nationals were noted, in particular those who had lost their jobs and may also have alcohol problems.
- Early diversion from the homeless system was thought to be an effective way of preventing entrenchment and de-skilling of able persons.

7. Quality standards

Introduction

This section summarises the findings from the self-assessment quality standards frameworks referred to in Section 3.7 above. Two types of questionnaire were developed: service questionnaires that dealt with service delivery issues, and organisational questionnaires.

The questionnaires were based on the Homeless Agency's set of quality standards, *Putting People First* (Courtney 1999). Separate service questionnaires were developed for settlement, tenancy sustainment and RAS; long-term supported housing; outreach; advice and information; and food centres. The original standards were adapted by segmenting each standard into 'minimum', 'good' or 'best' standards. As *Putting People First* contained no specific standards for long-term supported housing, additional standards were developed for this area of work. The organisational standards were adapted to be appropriate for statutory bodies in addition to the questionnaire for voluntary organisations.

Each questionnaire consisted of a number of different areas (these are listed in Section 3.7), and each area contained a number of practical standards, that were divided into minimum, good or best standards.

Those completing the questionnaire were asked to state whether each standard was fully met, partially met, or not met. In assessing whether a service or organisation achieved a quality standard area, one 'partial' rating did not prevent a service or organisation from being assessed as achieving the relevant standard, if it also 'fully' achieved at least one standard at a higher level. N/A indicates that the service/organisation felt that the question wasn't relevant to them. N/C means the service/organisations didn't complete the question.

Service standards

Settlement, tenancy sustainment and RAS

Settlement, tenancy sustainment and RAS

13 services	Below minimum	Minimum	Good	Best	Other
Assessment	3	5	4	1	
Building Relationships	1	1	8	3	
Providing information	0	3	10	0	
Developing Settlement	2	1	6	4	
Accessing Housing	2	3	3	5	
Advocacy	0	3	5	5	
Community Support	0	6	7	0	
Preventative work	0	5	5	1	2 N/A

The table above shows the performance of the 13 settlement, tenancy sustainment and RAS services assessed against the relevant services standards in each of eight areas.

Eight of the 13 services achieved minimum standards in all seven areas (there was no minimum standard for prevention), and another three services achieved minimum standards in six of the seven areas. The two remaining services each did not meet minimum standards in three areas.

Two services achieved a best standard in four areas and two achieved a best standard in two areas.

In three areas all 13 services reached at least minimum standards: *providing information, developing settlement, and advocacy*.

In the area of *assessment* there were two minimum standards. Eleven services met both standards, two services met one standard, and one service met neither of them.

In the area of *developing settlement* there were 10 minimum standards. Eleven services met all minimum standards, one service met five and partially met another five; and one did not meet two standards and partially met two standards.

In the area of *accessing housing*, there were two minimum standards. Eleven services met all these minimum standards, and two services partially met the two standards.

Long-term supported housing

(note: this category includes long-term supported housing, residential supported housing and some mainstream housing – see below)

17 Services	< Min	Min	Good	Best	Other	Other
Accommodation	2	13				
Food		5	0	2	8 N/A	8 N/A
Health and safety	5	10				
Referrals	1	4	6	4		
Induction		7	5	3		
Personal programmes		5	8	2		
Information	3	1	3	8		
Support		4	8	3		
Specialist help	5	2	3	5		

The table above indicates the performance of fifteen services that came under the heading ‘long-term supported housing’ assessed against nine areas in the services framework.

When this framework was developed, it was assumed that all services would be either long-term supported housing or residential supported housing (see section 15.10); however, this was not the case and of the fifteen services assessed, three would be characterised as mainstream housing with appropriate supports. As a consequence some of the standards in the frameworks are not appropriate for all the services in this group. The figures in the table above have been adjusted to take account of this.

There are two particular areas where the standards are inappropriate for some services: accommodation, and health and safety. Further work will need to be done to develop appropriate frameworks for these models of housing provision.

Overall, nine services met all minimum standards, and a further three met or nearly met all minimum standards. The remaining five services did not meet minimum standards in one area each.

In the *accommodation* area, which included 12 minimum standards, two services did not meet minimum standards. In one case the accommodation did not provide separate bedsitting rooms and the other residents' rooms were not lockable.

In the *health and safety* area, which included 18 minimum standards, five services did not meet minimum standards. This takes account of the fact, as stated above, that the standards were developed for supported housing and some standards, for example fire drills, or keeping a record of who is on the premises at all times, are inappropriate for mainstream housing. In three cases the infringements were minor, and in two instances a number of procedures that should have been in place were lacking.

In the *specialist help* area, there were two minimum standards. Five services did not meet one of these. However, in all cases this was concerned with a policy and procedure on resident consent for treatment and care-giving. A number of services stated that this was not relevant since they did not provide treatment but referred residents to appropriate external services. More clarity is needed here.

Outreach					
6 services	< Min	Min	Good	Best	Other
Making contact		1	1	4	
Material resources	1	2	2	1	
Maintaining contact		3	2	1	
Assessment	5		1		
Communications and build relationships		1	1	4	
Provide Information	1		2	3	
Enable access to acc and services		2	2	2	
Advocacy	2	2	1	1	

The table above shows the performance of six outreach services assessed against eight areas in the services framework.

Four of the services achieved minimum standards in seven of the eight areas; one achieved six minimum standards and one met five minimum standards.

In the *assessment* area, five services failed to meet minimum standards. However, these findings need to be interpreted with some caution, because the standards refer to use of the Holistic Needs Assessment, and it may be that a less comprehensive assessment such as the Initial Contact Sheet being developed by the Homeless Agency would be more appropriate. This is not to say that assessment is not important, but it may be that the Holistic Needs Assessment is not appropriate for all street outreach service users.

The picture is further complicated by the fact that two of these services are not street outreach services, but in the absence of a better fit were placed into this category.

Advice and information

Advice and information

6 services	< Min	Min	Good	Best	Other
Providing written info		3	3		
Providing advice	2		2	2	
Telephone	4	1	1		
Face-to-face interviews	1	5			
Correspondence		3	2	1	

The table above shows the performance of six advice and information services assessed against five areas in the services framework.

As stated below in Section 22, advice and information services do not fall neatly into one group of services and these six services include those, which clearly do concentrate on information, advice and advocacy, as well as those which might be described as a day centre.

Overall, two services met all five minimum standards and two more met four minimum and partially met one standard. One service met three minimum standards, and the other met two.

In the *telephone* area there were six minimum standards, which include following up telephone advice, confidentiality, telephone answering protocols, staff having access to appropriate information, keeping records, operating a freephone service. Two services met all the *telephone* minimum standards. The other four each failed to meet one standard.

In the *providing advice* area, which incorporates 13 minimum standards, two of the six services did not meet all minimum standards, one met 11 standards fully and two partially, and the other met 10 standards fully and three partially.

Food centres

3 services	< Min	Min	Good	Best	Other
Customer care	2		1		
Physical standards	1	2			
Food standards		2	1		

The table above show the performance of three food centres assessed against three areas in service frameworks.

One of the services met all minimum standards, another met two minimum standards and nearly met the third, and another met one minimum standard and nearly met two standards.

Organisational standards

Voluntary organisations

18 organisations	< Min	Min	Good	Best	Other
Planning	7	6	1	2	2N/C
Evaluation	9	4	1	2	2N/C
Res and policy	3	8	4	1	2N/C
Staff recruit	3	4	10	0	1N/C
Staff train	1	5	8	2	2N/C
Manage staff	4	8	6	0	
Man and de vols	4	2	4	3	4N/A 1N/C
Health and safety	10	6	0	0	2N/C
Part and consu	8	4	1	1	3N/C
Coord with orgs	1	8	5	2	2N/C
Records	10	3	1	3	1N/C
Finance	5	3	3	3	4N/C
Gov	5	4	5	2	2N/C

The table above shows the performance of the 18 NGO organisations assessed against the organisational standards in each of 13 areas. Three organisations only partially completed the questionnaires; in two cases there were a substantial number of uncompleted sections.

No organisation achieved minimum standards in all 13 areas. One organisation achieved minimum standards in 11 areas, and nearly met minimum standards in the other two areas; three organisations met minimum standards in 12 areas; and six organisations met or nearly met minimum standards in 10 areas.

One organisation achieved best standards in eight areas, one met best standards in five areas, and three met best standards in four areas.

In the areas of *staff training* and *co-ordination with other organisations*, all but one organisation achieved minimum standards.

In the area of *planning* there were six minimum standards. Nine organisations met all the standards. Of those that did not, four met or partially met all the standards, and three failed to comply with between one and four minimum standards. The principal minimum standards, which organisations did not meet, were the lack of a development plan (this is a serious deficiency), and failure to consult with clients and other organisations as part of a planning process.

In the area of *evaluation* there were three minimum standards. Seven organisations met all three, seven met or partially met at least two standards, one failed to meet two standards, and two did not meet any minimum standards. The main minimum standards that were not complied with included regular self-evaluation, systems for gathering information from clients, and audits of satisfaction of staff and clients.

In the area of *health and safety* there were 18 minimum standards and no good or best practice standards. Six organisations met all minimum standards, and 10 failed to do so. In the case of these 10, half of them met or partially met all standards, and the rest failed to meet up to six standards. The most common standards that were not met were concerned with safety committees, staff training, health surveillance, statistical analysis of accidents and ill-health, and the carrying out of safety audits.

In the area of *participation and consultation* there were five minimum standards. Six organisations met all five standards, and eight did not. All of these met at least two standards. The main areas where organisations did not meet minimum *participation and consultation* standards concerned a charter of rights, and consultations of varying kinds with clients.

In the area of *record keeping* there were 11 minimum standards. Ten organisations did not meet all of these. All but one met or partially met nine standards. The majority of organisations admitted that they did not fully participate in the LINK system. This is a serious weakness. A significant number of other organisations did not monitor trends in cases, or collect and analyse statistical information on clients.

In the area of *finance* there were six minimum standards. Nine organisations met all six, and five failed to do so. Of these five, three met or partially met all the standards, and two failed to comply with one standard.

In the area of *governance*, there were seven minimum standards. Eleven organisations achieved all these standards, and five did not. These five organisations met or partially met at least five of the seven standards.

Statutory organisations

Organisational standards – statutory organisations

4 statutory organisations	< Min	Min	Good	Best	Other
Planning	1		1	2	
Evaluation	1	3			
Res and policy	1	2		1	
Staff recruit	1			3	
Staff train		1		3	
Manage staff		3		1	
Health and safety	3	1			
Part and Consu	3		1		
Coord with orgs		1	3		
Records	2	1		1	
Finance		1		3	
Gov	1	1		2	

The table above shows the performance of four statutory organisations assessed against the organisational standards in each of 12 areas.

One organisation met 11 of the 12 standards, and partially met one standard, one organisation met eight standards in full and three partially, one organisation met seven in full and one partially, and one organisation met five in full and one partially.

In the area of *health and safety* there were 18 minimum standards. One organisation achieved minimum standards in all 18; two organisations partially achieved two of the standards and fully met 16 standards; and one organisation did not meet one standard, complied partially with one standard and fully met

16 standards. Areas of partial or non-compliance included safety audits, first aid arrangements, health surveillance, and the organisation of safety committees.

In the area of participation and consultation, there were five minimum standards. One organisation met all five minimum standards, two organisations met or partially met three standards and one met two minimum standards.

Conclusions in relation to quality

Unsurprisingly the findings from the quality survey are mixed. It is important to remember that this was a self-assessment process and variations in responses may have been significantly affected by the extent that the respondents felt that they were prepared to be completely honest about their organisation and service. Having said that, generally the responses give the impression of being very honest, with respondents being quite willing to accept that they did not meet the relevant standards, when that was the case. Five verification visits were undertaken to examine evidence for the answers that respondents gave. This confirmed the impression that most of the respondents had been honest in their attempt to answer the questionnaires. One of the organisations visited was probably unduly hard on itself. Most were fair. One clearly overstated the extent that they achieved a range of standards.

There were many examples of 'good' and 'best' practice, which other organisations could learn from. The Homeless Agency could facilitate this benchmarking process.

In the great majority of cases, full compliance with minimum standards could be achieved with relatively modest efforts, and the consultants earnestly hope that the Homeless Agency and the organisations and services prioritise improvements in the area of quality standards.

Overall, compliance with these standards was significantly higher than compliance with similar standards by emergency accommodation services that were evaluated in 2006.

All the completed quality standards frameworks will be forwarded to the Homeless Agency so action as set out in Recommendation 24 can be taken.

Services

Settlement, tenancy sustainment and RAS services fell down mainly in the areas of *assessment, developing settlement* and *accessing housing*. The minority of services that did not meet minimum standards in these areas should prioritise improvements in these areas, each of which impact directly on assisting pathways into appropriate housing.

Long-term supported housing services need to make improvements in the areas of specialist help, health and safety, information, and accommodation. As stated above, these standards need to be refined to improve their relevance to supported housing and mainstream housing. Although compliance with the *accommodation* minimum standards was good (as adjusted to take account of the above), many services have some way to go to achieve good or best standards. This is especially the case for residential

supported housing services. As stated above, five of the 18 services did not meet all minimum standards in the area of *health and safety*. Notwithstanding the fact that many of the infringements were minor, given the importance of health and safety, improvements in this area should be prioritised.

Outreach services fell down in the area of assessment, although as stated above, this could probably be most effectively addressed through implementation of the basic assessment that is being developed by the Homeless Agency. This will of course directly impact on people's pathways into and through homeless services, since effective assessment is crucial.

Organisations

Voluntary organisations

The five main areas where voluntary organisations failed significantly to meet minimum standards were in *health and safety*, *record keeping*, *evaluation*, *participation and consultation*, and *planning*. It is clear from the discussion above, that there is a significant weakness in the broad area of consultation with clients on a range of matters and this should be rectified promptly. Our interviews with service users indicated the value of this consultation and it is regrettable that it is not more widely carried out. It is of course of more than academic interest; clients' views are critical to the overall improvement of the service and improving people's pathways through homeless services.

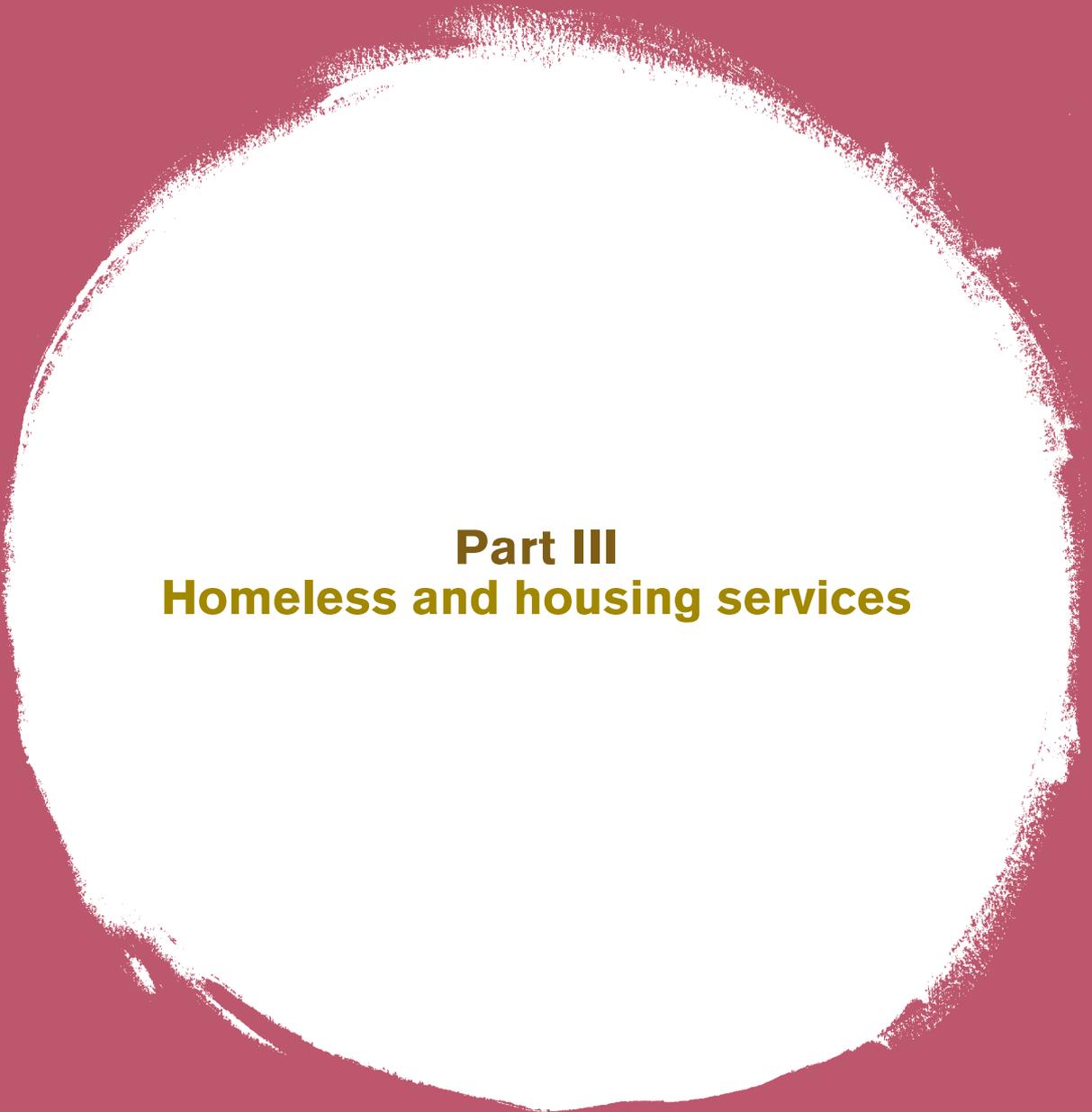
A large number of organisations admitted to partial or non-compliance with LINK. This is a serious weakness that is referred to elsewhere in this report, and needs to be addressed as a matter of urgency. Full involvement in LINK is essential if pathways into and through homeless services are to be optimised.

As described above, 10 organisations failed to meet all minimum standards in *health and safety*. Given the importance of this area of standards, improvements in this area should be prioritised.

Statutory organisations

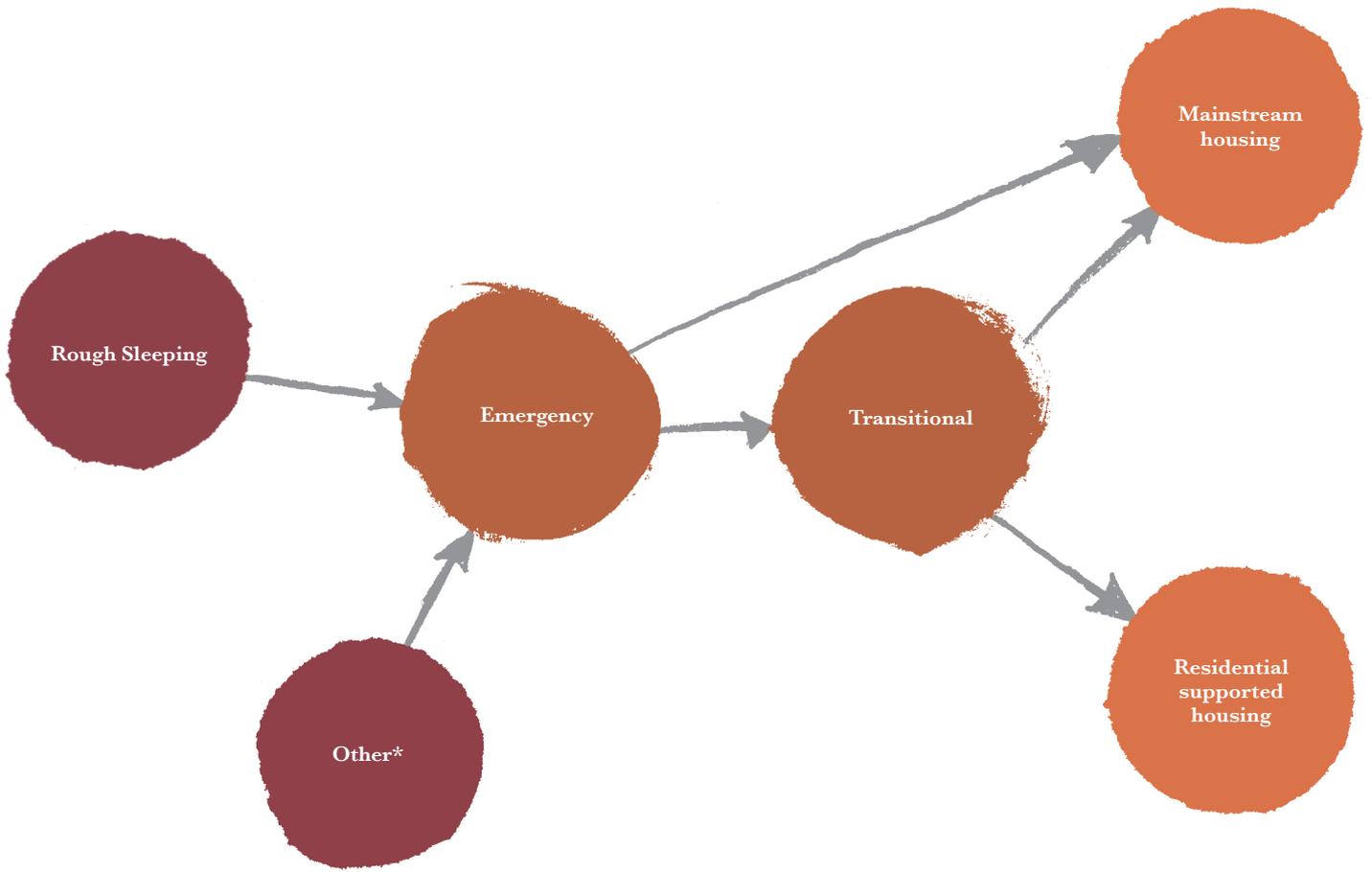
As stated above, three statutory organisations did not comply fully with minimum standards in the area of *health and safety*. The number of standards that they failed to meet was small, but nevertheless any lapse in *health and safety* standards is a serious matter.

Statutory organisations, like voluntary organisations, were weak in the broad area of consultation and improvements in this area should be prioritised.



Part III
Homeless and housing services

Figure 1. The current homeless and housing services system



* Other includes; Friends, Family, Hospital, Prison, Residential addiction treatment,

8. The current homeless and housing services system

Figure 1, The current homeless and housing services system, is a greatly simplified idealised model that demonstrates some of the key accommodation features of the homeless and housing services system as it is currently configured. The arrows indicate expected movement between different elements, although of course in reality there is movement in both directions.

This diagram includes only accommodation services, so it does not include outreach services; food, advice and information services; the Homeless Persons Unit; or the role of health services. All of these play important roles in assisting people to move into and through homeless services, but it would be difficult to incorporate them into this schematic without making the diagram extremely complicated.

The diagram shows that people who become homeless move into emergency accommodation (which may be an emergency hostel or private emergency accommodation) from a range of homeless situations. From emergency accommodation they move into transitional accommodation; mainstream housing (that is local authority housing, housing association housing, or private rented housing); or supported housing and residential supported housing (for people who are assessed as unable to live independently). People living in mainstream housing may be provided with short-term assistance in the form of community settlement or resettlement services. Most transitional housing aims to prepare people for independent living.

9. Flow through homeless services

A service activity report that all homeless and relevant housing services were asked to complete was developed and piloted. From returned reports Figure 2 was produced that illustrated the activity flow through homeless services during the second quarter of 2008. This is significantly simplified but is still a somewhat complicated picture. The following explanatory notes should guidance.

As stated in Section 3.8 above, it does not include private emergency accommodation because neither the Homeless Persons Unit nor the Asylum Seekers and New Communities Unit were able to supply the consultants with the data that they were seeking. As a consequence the great majority of households represented here are single person households.

The diagram shows the activity flow through and out of homeless services during the second quarter of 2008. It is important to remember that it is not a snapshot, so it does not tell us anything about the number of people staying in services at any one time; that is what *Counted In* does.

- It illustrates movements rather than people, so some of the arrows represent a number of movements by the same people during the period. Overall it is estimated that it represents the movements of approximately 270 unique households during this period.

- The width of each arrow is roughly proportional to the number of movements, so a thick arrow means more flow than a thin one.
- The numbers refer to the number of movements. So the thick arrow from rough sleeping to emergency represents 180 movements from rough sleeping to emergency during this period.
- The curved arrow under emergency represents movements from one emergency hostel to another, and similarly with transitional.

There were two other important sources of information on activity flow through services. Firstly, twice as many service users had experienced multiple stays in different emergency accommodation and repeat episodes of homelessness) as had experienced straight pathways through homeless services (see Section 4). Secondly, the annual needs survey (see Section 11) showed that 72% of emergency accommodation service users had been in the accommodation for less than six months, but only 15% of them had been homeless for less than six months. This also strongly suggests a high level of multiple use of emergency accommodation.

Key findings from the movement diagram illustrated above include the following:

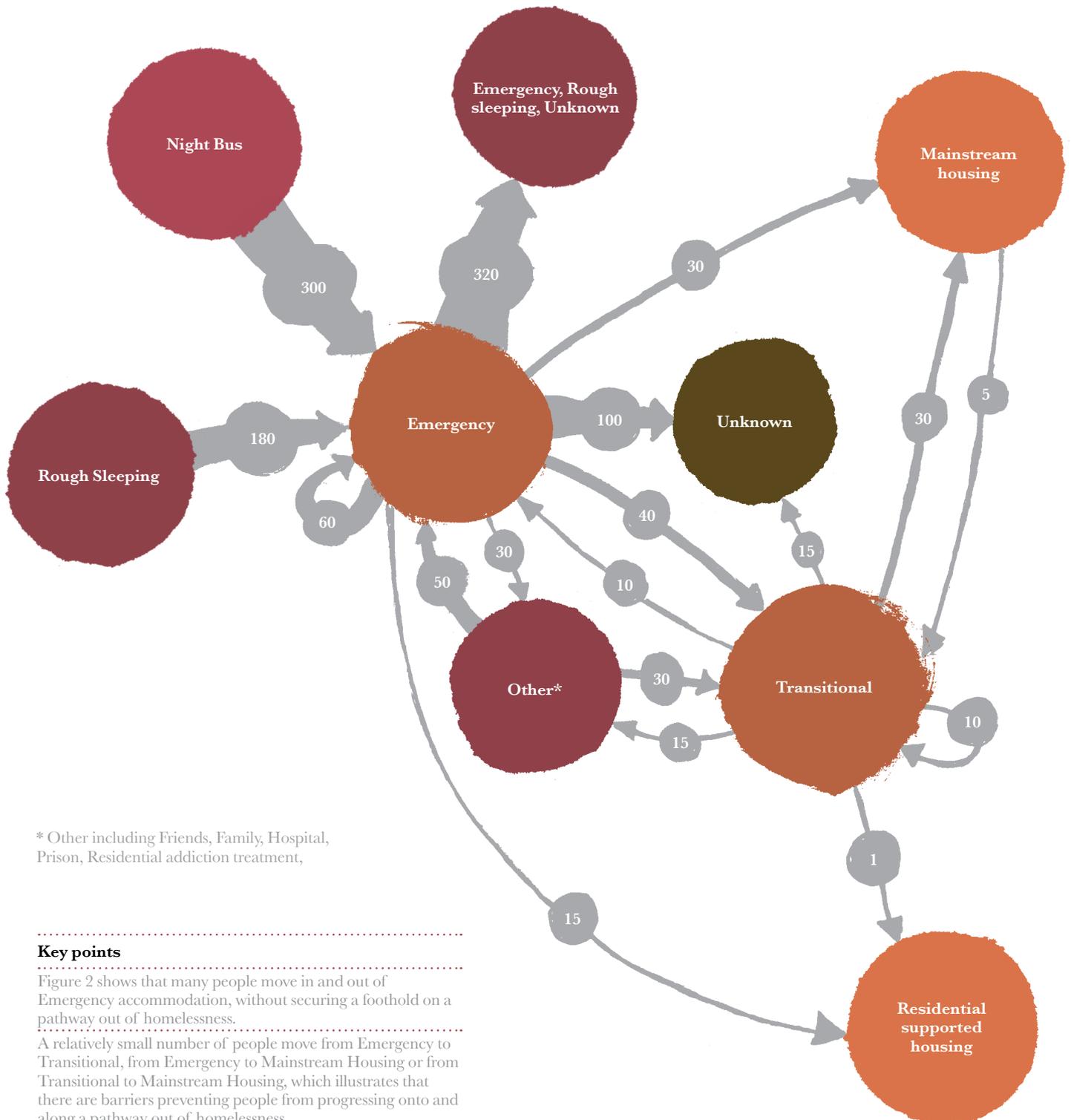
There are too many movements in and out of emergency accommodation

The thick arrows to and from Emergency to Night Bus and Emergency, rough sleeping, unknown, need some explanation. The system works like this: a person is picked up by the Night Bus which takes her or him to an emergency hostel. (As stated above, the diagram above does not include movements into private emergency accommodation.) The ‘Night Bus beds’ as they are called in emergency hostel accommodation, are reserved for use by the Night Bus, and people generally stay just one night before leaving in the morning. The needs of these people are not assessed and they are not provided with key work support, and emergency hostels keep only a record of their names. So the thick arrow pointing from Night Bus towards Emergency indicates that during this period, the Night Bus delivered people to Night Bus beds in emergency hostels on 300 occasions. (It is important to note that this does not include all the activity of the Night Bus. During a similar period in 2007 the Night Bus brought a total of 4,828 people to emergency accommodation, which was mainly private emergency accommodation.) The thick arrow pointing away from Emergency to Emergency, rough sleeping, unknown indicates the number of times a Night Bus bed was vacated by someone the morning after they had been placed there by the Night Bus. It is not known where those people went to, although it is known from an analysis carried out by the Homeless Agency (2007a) that 4% of Night Bus users accounted for a third of all journeys; in other words there is a lot of repeat use of the Night Bus.

The unsatisfactory nature of the Night Bus beds system was noted in the report of the *Evaluations of Emergency Homeless Services in Dublin* (Brooke and Courtney 2006):

Figure 2. Activity flow through homeless services and into housing for second quarter 2008

The numbers refer to the number of movements of people in and out of homeless services

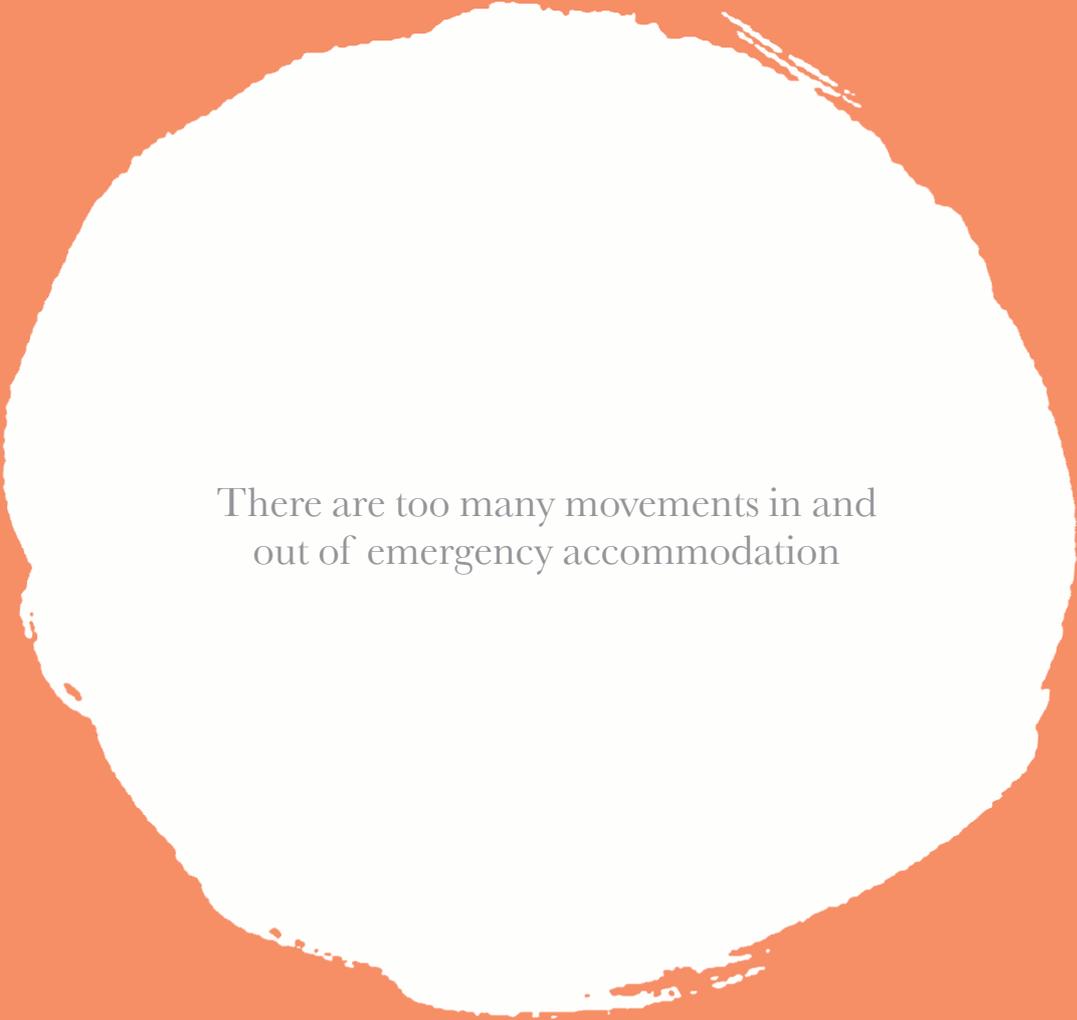


* Other including Friends, Family, Hospital, Prison, Residential addiction treatment,

Key points

Figure 2 shows that many people move in and out of Emergency accommodation, without securing a foothold on a pathway out of homelessness.

A relatively small number of people move from Emergency to Transitional, from Emergency to Mainstream Housing or from Transitional to Mainstream Housing, which illustrates that there are barriers preventing people from progressing onto and along a pathway out of homelessness.

A large, hand-drawn white circle with a slightly irregular, textured edge is centered on a solid orange background. The circle contains the text "There are too many movements in and out of emergency accommodation" in a dark grey, serif font.

There are too many movements in and
out of emergency accommodation

Clients who are referred to designated 'Night Bus' beds generally leave the service the following morning without their needs being assessed or receiving any systematic support or assistance. Consequently, they find themselves in the same position that night and on subsequent nights.

Similarly, clients who are referred to private emergency or bed and breakfast style accommodation by the Night Bus do not have access to key workers and as a consequence do not have their needs assessed or receive any systematic support or assistance. Furthermore, it is reported that there are a number of regular users of the Night Bus service who are referred to such accommodation on a nightly basis for extended periods of time.

It is worth noting that there are a number of reasons why clients may prefer this arrangement to a referral to one of the services included in this evaluation. Firstly, this accommodation is provided at no cost to the client; secondly, the accommodation is mainly in single rooms which the vast majority, if not all, clients prefer to dormitories or shared rooms; thirdly, it suits the lifestyle of some clients to arrive late at their accommodation, which they are able to do if they use the Night Bus; and fourthly the very fact that they are not encumbered with assessments and key working is itself a virtue to some clients.

This description still holds true. Because these people's needs are not assessed and they do not receive any structured support or assistance, this situation may have the effect of maintaining them in homelessness rather than helping them to move out of it.

Too few people move into mainstream housing and supported housing

At the other end of the system, there are too few movements into long-term housing from either emergency or transitional accommodation.

Figure 2 suggests movement of about 60 households into mainstream housing from emergency and transitional housing. This is, as stated above, likely to be an underestimate because no data is available on the movement out of private emergency accommodation and because a number of services did not complete the reports. However, even allowing for this, the total number of movements into long-term housing is not enough to maintain a flow through the system and results in blockages in emergency and transitional accommodation.

Other observations

The flow from emergency to transitional housing is less than would be expected.

The same number of households moved from emergency accommodation into long-term housing as moved from transitional accommodation into long-term housing.

There is a significant movement between different emergency hostels.

10. Private emergency accommodation

Private emergency accommodation is privately owned temporary accommodation for homeless households that is sourced and paid for by Dublin City Council (on behalf of the four Dublin local authorities). In most cases payments to owners are made on a capitation basis, that is, they are paid a fee per bed per night, regardless of whether the accommodation is occupied or not.

Private emergency accommodation was first used in 1990 when five households were placed in bed and breakfast accommodation (Moore 1994). (For a number of years private emergency accommodation consisted entirely of bed and breakfast accommodation and it is still sometimes referred to as B&B.)

Amount and type of private emergency accommodation

Before listing the different categories of private emergency accommodation, it is important to explain the difference between two terms that are used frequently. ‘Unit’ means a unit of accommodation, which is either a self-contained apartment or house, a bedroom in a multi-occupied house; or a dormitory. Some units, such as self-contained apartments that are occupied by one household, will obviously contain a number of beds; other units such as a single bedroom in a multi-occupied house will have only one bed; some units are dormitories, which will contain a number of beds. The term ‘bed’ is self-explanatory.

There are a number of different categories of private emergency accommodation:

- Accommodation that is operated by NGOs. This comprises five properties that accommodate a total of 20 people.
- Accommodation called ‘resettlement units’ that is used as a form of transitional housing. This comprises four properties in Dublin City Council area, and three in Dún Laoghaire Rathdown. Between them they provide accommodation for 121 people in 80 units. These units are allocated and managed by local authority resettlement teams.
- Accommodation that is controlled by Dublin City Council. This consists of 57 beds in 40 units.
- Accommodation that is reserved for use by the Night Bus. This mainly involves designating a small number of beds in larger premises that are used for other private emergency accommodation purposes. There are a total of 50 Night Bus beds in 29½ units. (The half-unit is a proportion of a dormitory.)
- Accommodation that is reserved for use by outreach teams. This comprises a total of nine beds in two and a half units.
- Accommodation that is procured by Dublin City Council (on behalf of the four local authorities), which is managed (placement of clients and management of occupancy levels) by the Homeless Persons Unit and the Asylum Seekers and New Communities Unit. This is by far the largest

category and comprises a total of 1205 beds in 505 units. The Homeless Persons Unit allocates and manages 1004 beds in 407 units; the Asylum Seekers and New Communities Unit allocates and manages 201 beds in 98 units. This accommodation includes hostels, shared houses and self-contained apartments.

There are therefore a total of approximately 1264 beds in 537 units of private emergency accommodation available to the Homeless Persons Unit, New Communities and Asylum Seekers Unit, the Night Bus, and outreach teams.

In addition, the Homeless Persons Unit has exclusive access to 126 beds in 46 units of emergency accommodation run by NGOs or statutory bodies.

Value for money

Private emergency accommodation is expensive. Capitation payments (which as stated above, are payments made to owners on a fee per bed per night basis) vary somewhat, and depend on the nature of the accommodation provided, however the average payment per night for a single person in private emergency hostel accommodation is approximately €40; this is equivalent to €14,600 per annum. The average payment for a family with two children is approximately €81 per night; this is equivalent to approximately €29,500 per annum. The total allocation for private emergency accommodation in 2008 is approximately €16.7 million.

This represents poor value for money. The current annual rent for a privately rented one bed apartment in Dublin is in approximately €12,000; the current annual rent for a privately rented two bed apartment, which would be suitable for some two children families, is approximately €14,400.

The poor value for money of private emergency accommodation has been referred to before. Moore (1994), in Focus Point's research on the use of bed and breakfast accommodation for homeless families, referred to the high costs of bed and breakfast.

This situation is exacerbated by the long lengths of stay by some households. As shown in Figure 3.

Financial and operational oversight

Managing this quantity of accommodation with the limited resources that are available to the Homeless Persons Unit is a challenge. In particular, managing vacancy levels is difficult because some vacancies are inevitable; for example where a family is under-occupying accommodation, or where a single person is occupying a twin room because of her or his vulnerability. However, notwithstanding this, the existing vacancy management system is inadequate.

In circumstances such as this, where unit costs are extremely high, effective vacancy management which reduces vacancy levels to a minimum that is consistent with effective operation is essential to reduce unnecessary expenditure to a minimum.

However, there is no systematic monitoring of occupation levels by either the Homeless Persons Unit or Dublin City Council. It is understood that the Homeless Persons Unit established a vacancy management system using a database approximately seven years ago, but in early 2003 the system ceased to operate.

This is a major weakness, which needs to be addressed as a matter of urgency. During the completion of this report, it is understood that the Homeless Persons Unit re-established a vacancy management system.

Allocation of responsibilities

There is no service level agreement between Dublin City Council (acting on behalf of the four Dublin local authorities) and the Homeless Persons Unit or the New Communities and Asylum Seekers Unit or in fact any written agreement that sets out the respective responsibilities of the organisations involved. We understand that efforts were made in 2006 and 2007 to put in place a service level agreement, but agreement was not reached.

One of the consequences of this is that there is no formal allocation of responsibility for assisting households in private emergency accommodation to move into long-term housing. Homeless Persons Unit community welfare officers visit households in private emergency accommodation and assist them to move into long-term housing, but apart from anything else, their caseloads, which are very high, limit what they can achieve. This is exacerbated by the high proportion of households in private emergency accommodation. Furthermore, and related to this, no systematic assessment of the needs of private emergency accommodation residents takes place.

Perhaps because there is no specific allocation of responsibility for rehousing households in private emergency accommodation, their onward movement into long-term housing is not recorded in a systematic fashion.

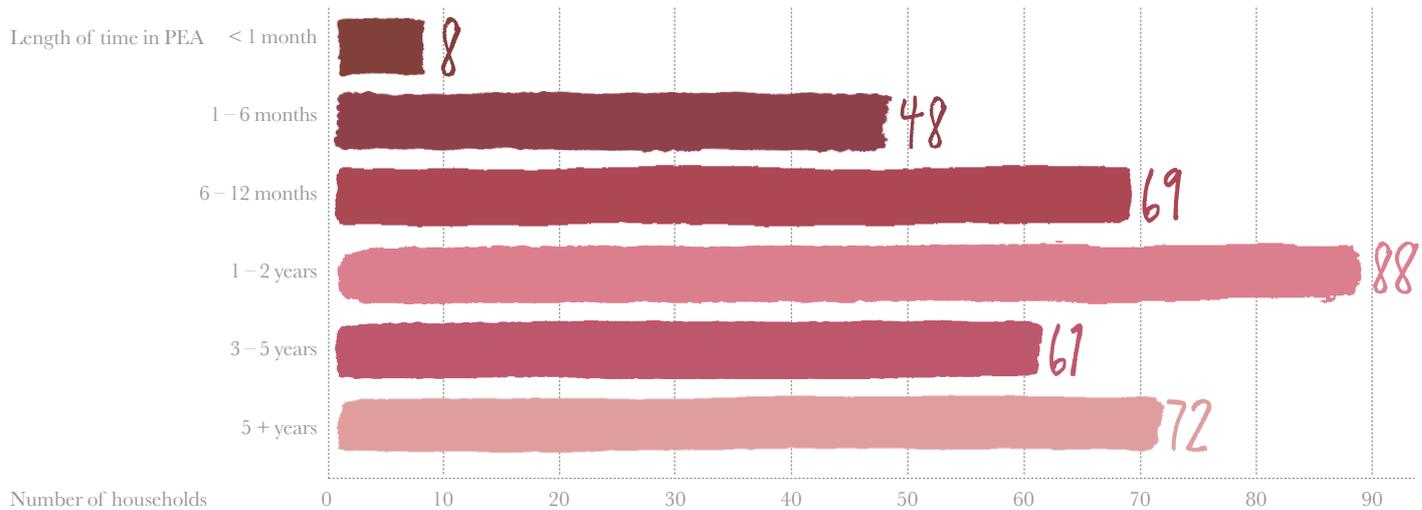
Length of stay

The Homeless Persons Unit carried out an annual needs survey which returned results on 346 households in private emergency accommodation under its auspices. The breakdown of household type is shown in the table below.

Household type	Number	Percentage
Single person	194	57
Couple without children	56	16
One parent with children	61	18
Two parents with children	35	10
Total	346	100

The chart below shows the length of stay of these households in private emergency accommodation.

Figure 3. Length of time spent in private emergency accommodation (PEA)



It shows that 84% of households surveyed have spent longer than six months in private emergency accommodation, and 21% have spent more than 5 years in private emergency accommodation. These are extremely high figures that present a significant challenge.

Anti-social behaviour

A household that has a history of anti-social behaviour has very few long-term housing options. Individual local authorities have different policies in relation to rehousing people with a history of anti-social behaviour, and there does not appear to be an agreed clear procedure for the necessary steps required for a household to be eligible for rehousing following anti-social behaviour.

The annual needs survey that was completed by the Homeless Persons Unit found that 31% of households in private emergency accommodation had a history of anti-social behaviour. This is an extremely high figure, underlining the difficulties these households face in accessing long-term housing.

The data suggests that a significant factor impacting on the length of stay is a history of anti-social behaviour. 34% of households with a history of anti-social behaviour had been in private emergency accommodation for longer than five years. 16% of those with no history of anti-social behaviour had been in private emergency accommodation for longer than five years.

Provision of support

There is no systematic assessment of the needs of households in private emergency accommodation, or any systematic provision of support and guidance to them. This is, in the view of the consultants, a housing function that should be provided through housing support (see Section 15.7).

Charges paid by service users

Whilst there is a policy in place for the payment of charges by residents of private emergency accommodation, this is not fully enforced, so only a minority of residents – the figure is believed to be 38% – pay charges. The charges: €16 per week for a single person; €25 per week for parent(s) and €2 per child. One of consequences of this is that there is little financial incentive for them to move to long-term housing, especially if their private emergency accommodation is of good quality.

Quality of private emergency accommodation

No inspections of private emergency accommodation were carried out, but it is widely accepted that the quality varies from hostel accommodation in dormitories up to high quality self-contained apartments.

11. The type of housing that people who are homeless need

In addition to the service activity report described above, an annual needs survey was produced and administered, again in conjunction with the Homeless Agency. This survey included residents of emergency hostel accommodation, private emergency accommodation, and transitional accommodation. A separate survey was carried out for rough sleepers to ensure that all homeless households were captured. Using a matrix that is compatible with the Holistic Needs Assessment, staff were asked to assess the non-housing needs of their clients and to determine which type of long-term housing their clients would need. They were asked to choose one of the housing types from the following chart:

Type of housing		Code
Mainstream housing	Private rented or social rented or Rental Accommodation Scheme housing with no support.	1
	Private rented or social rented or Rental Accommodation Scheme housing with short-term visiting support (community settlement, resettlement).	2
	Private rented or social rented or Rental Accommodation Scheme housing with long-term open-ended visiting support.	3
Supported housing	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and no staff are on the premises at night.	4
	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and a caretaker lives on the premises or there is a staff sleepover arrangement.	5
	Housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where all or nearly all the residents have long-term support needs, and where there is a 24-hour waking cover.	6
	Nursing home or similar	7
	Other	8

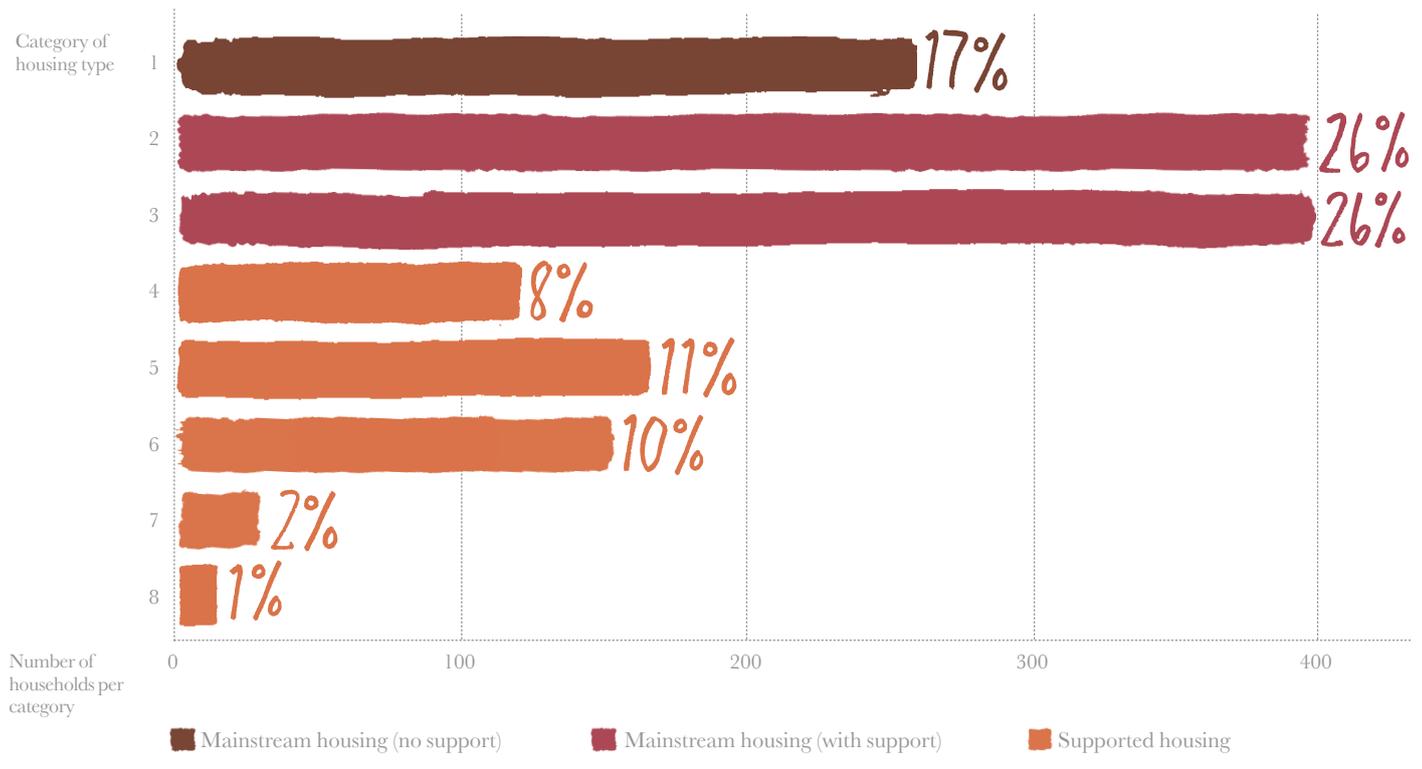
Figure 4 combines responses from rough sleepers, emergency hostels, private emergency accommodation (under the auspices of the Homeless Persons Unit), and transitional housing.

The graph shows that of these 1531 homeless households, 1049 (69%) need mainstream housing with either no support (259, 17%); short-term support (391, 26%); or long-term support (399, 26%). 449 (29%) require residential supported housing with varying degrees of support.

A further 29 (2%) required nursing home care (however it should be noted that the assessment for nursing homes required a full medical assessment which did not form part of this assessment), and 3 (<1%) did not fit into any of the above categories.

Overall, 84% of homeless households needs some form of support, whether in mainstream housing or supported housing.

Figure 4 Type of housing required by homeless households



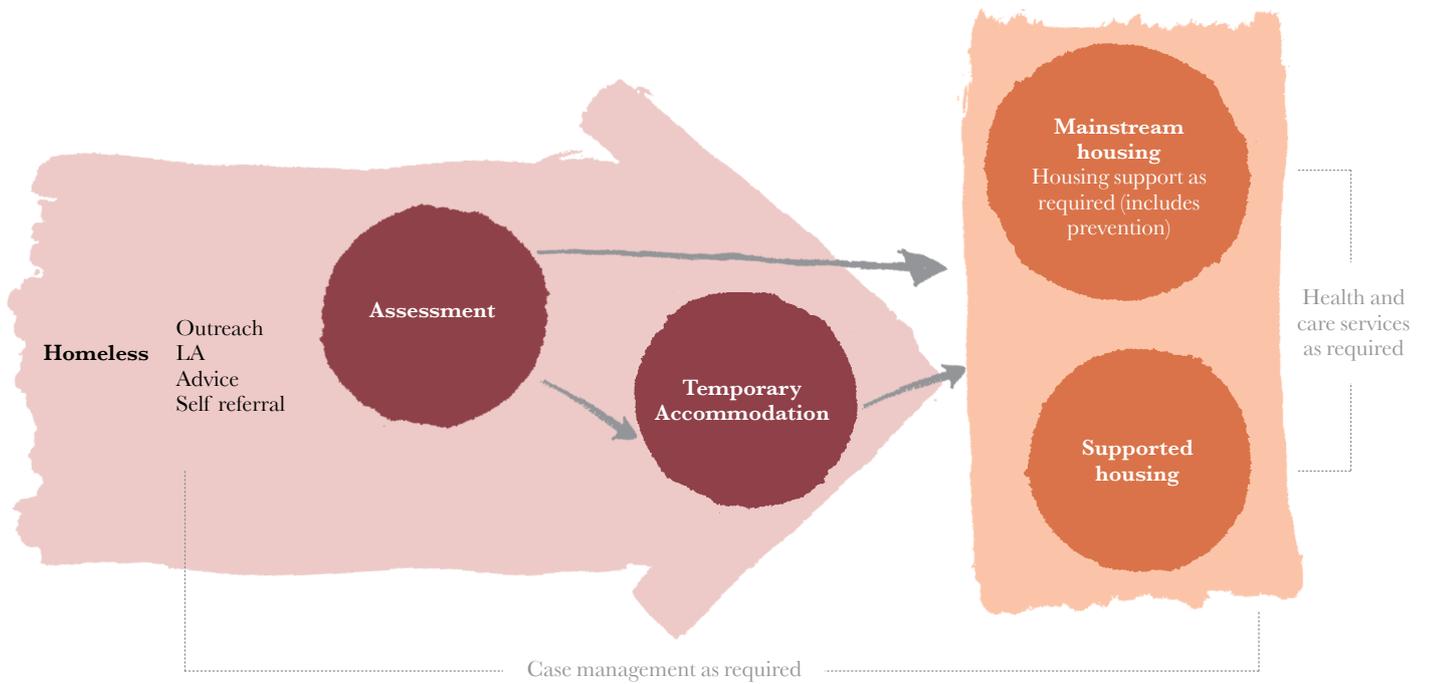


69% of homeless households could live in mainstream housing with appropriate supports



84% of homeless households needs some form of support, whether in mainstream housing or supported housing.

Figure 5. Pathways model for homeless and housing services.



The table below gives the results for each of the different accommodation categories.

	Type of housing needed	
	Mainstream housing with supports if needed	Residential supported housing
Rough sleeping	65%	33%
Emergency hostels	55%	41%
Private emergency accommodation	72%	28%
Transitional housing	91%	9%

These provide for the first time a quantified aggregate demand for mainstream housing and supported housing which is essential data for planning future housing provision. The high percentage of households that are assessed as requiring mainstream housing rather than supported housing strongly supports a 'housing first' approach.

This is an extremely important finding, which runs counter to the frequently expressed view that most homeless people need long-term high support residential housing.

The graph also identifies a major gap in current service provision. Whilst there is some long-term housing available without supports (although not enough); and there is some long-term housing available with short-term supports (e.g. community settlement); there is currently only a very small amount of long-term support for tenants in mainstream housing. So there is very little of the type of housing indicated in bar no. 3 in the chart above, which means that for 26% of homeless households, the housing type they require is in extremely short supply.

It is also important to note, in the context of a Value for Money assessment, that the unit costs of mainstream housing with housing support are considerably lower than the unit costs of supported housing.

When the results of *Counted In, 2008* (Homeless Agency 2008) became available, they were compared with the results of the annual needs survey, and where comparisons were possible, there was a high level of agreement. In addition, there was generally a high level of consistency between similar services, which further increased confidence in the results.

12. Pathways model of homeless and housing services

In light of the principles that have guided these evaluations, data from the service activity reports and the annual needs survey, responses from interviewees, and the paper from Edgar and Busch-Geertsema (2008), a pathways model of homeless and housing services is proposed and illustrated in Figure 5, Pathways model for homeless and housing services.

Key features of Figure 5 are outlined below:

- Prevention is fundamental and a key characteristic of a well-functioning homeless and housing services system. As many people as possible should be helped to avoid using homeless services at all. The consultants acknowledge the work done by community welfare officers in the Homeless Persons Unit and in local offices in preventing homelessness, and preventative work carried out by some local authorities. (For more on this, see section 16). It is important to note that housing support for people in mainstream housing helps to prevent homelessness.
- People's initial contact with homeless services may arise in a number of different ways: they may be referred from a local authority, or from an advice agency or day centre; they may have self-referred; they may have been contacted by an outreach worker. Many homeless people will need to stay in temporary accommodation (emergency hostel or other temporary arrangement) before moving to long-term housing, and those who need it should be helped to move into appropriate temporary accommodation as quickly as possible. (For more on this, see section 17.) Others, such as people staying temporarily with family or friends, can be assisted to move directly into long-term housing, without needing temporary accommodation.
- All people who become homeless should have an initial assessment of their needs carried out as soon as possible. (For more on this, see Section 17.5.)
- The temporary accommodation should be appropriate for their needs; and their stay should be as short as possible, but they should not have to move until appropriate long-term housing or other appropriate accommodation is available to them. (For more on this, see Section 19.1.)
- Most homeless people need mainstream housing with either no housing support or appropriate short-term or long-term housing support. (For more on this, see Section 15.)
- A minority of homeless people need supported housing. This is characterised by a group of housing units with some shared facilities and/or communal areas, and with variable staff presence, depending on the needs of the residents. This may range from no regular staff presence through staff sleepovers, to 24 hour waking cover. Supported housing can be helpfully divided into long-term supported housing and residential supported housing. (For more on this, see Section 15.10.)
- Some people, especially those with complex needs, will benefit from case management. This is a form of support that stays with the person as they move through homeless services into long-term housing. (For more on this, see Section 18.)

This is of course a simplification – it doesn't include some specialist provision, such as detoxification services, nor does it include day services.



**Part IV:
Conclusions and recommendations**

13. Introduction

Part III of this report identified a number of significant shortcomings that inhibit the effective operation of a homeless and housing services system. Similarly, the emphasis in Part II which details some of the fieldwork carried out is on problems with the system, rather than successes.

It is important at this juncture, before moving on to formulate recommendations, to emphasise that the problems that have been identified are systemic. This means that they are concerned with the operation of the system of homeless and housing services rather than the failure of individual services. Indeed, as stated in the introduction to this report, the operation of homeless and housing services as a system was the focus of attention rather than the performance of the individual services that together constitute the system.

The changes proposed in these recommendations will, hopefully, lead to a more effective homeless and housing services system, one that makes better use of existing staff skills and expertise, in order that as many homeless people as possible are helped to move into appropriate long-term housing and to achieve their full potential.

It is therefore important to highlight that in carrying out these evaluations the consultants were frequently made aware of the huge commitment of individual staff in homeless and housing services, and their dedication, skills and expertise. Consultants were particularly impressed by the attitudes of staff in some of the focus groups who despite having no difficulty in naming problems, were at the same time optimistic about the potential for improvements in the system. Similarly, many service managers showed considerable insight into the operation of their service and other services, and of the system as a whole.

This part of the report takes the analysis a step further by drawing the findings together and making recommendations that will involve major changes to the current configuration of services.

In the main the following recommendations follow the pathway into and through homeless services, and they are not prioritised. However, as has been shown in these findings, more long-term housing is absolutely essential if effective pathways through homeless services are to be created, so following a summary of these findings, recommendations begin with this issue.

14. Key findings

This section aims to assist the reader by providing a summary of the key findings from interviews and analysis of questionnaires and surveys. They are not prioritised, but broadly follow the flow of this report.

14.1 Summary of interview responses

This is a very brief summary of the main findings that emerged from interviews with service users and service managers, and focus groups with service staff.

General

Most of the service users who answered the question had experienced multiple stays in different emergency accommodation.

Interviews with service users, staff focus groups, and data from annual needs surveys indicated high levels of repeat homelessness.

Interviews with service users and data from the Homeless Persons Unit showed that the primary immediate cause of homelessness was relationship or family breakdown.

Assessments of services

Service users in all services stated that the best feature of the service or housing was that staff were friendly and helpful.

Where food was provided, this was valued highly.

Privacy was also valued highly. This referred mainly to a strong preference for single bedroom bedrooms over shared bedrooms or dormitories.

Service users in emergency hostels and private emergency accommodation reported that the worst things were behaviour of other residents, in particular open drug use. This was also referred to by service users in transitional housing and supported housing.

In all service types, service users thought that rules were too strict. Staff focus groups echoed this.

Enablers that assist the pathway through and out of homeless services

Nearly all service users who answered the question reported that homeless services staff, especially key workers, had been the most important aspect of homeless services that helped them move out of homelessness.

Service managers reported three main enablers:

- Inter-agency co-operation and communication
- Provision of appropriate move-on accommodation, especially RAS
- Good staff, internal structures and practices
- Use of Holistic Needs Assessment and care planning

Staff focus groups also referred to the importance of befriending services.

Barriers that prevent the pathway through and out of homeless services

Service users reported four main barriers:

- Lack of information about services
- Difficulties experienced getting private rented housing (deposits, rent supplement, high rents, rent cap too low)
- Addiction to drugs or alcohol
- Stigma attached to homelessness

Service users identified three main improvements that would make homeless services work better:

- A quicker move into long-term housing
- Better communication between services
- More housing

There was a very high level of agreement between service managers and staff focus groups on main barriers preventing pathways through homelessness:

- Lack of long-term housing with appropriate supports – both mainstream and supported housing
- Lack of detoxification and rehabilitation services for people with alcohol or drug dependency
- Lack of access to mental health services
- Difficulties accessing private rented housing, especially low rent caps
- Lack of low threshold homeless services, especially emergency and transitional housing – this was also referred to by service users
- Different criteria, and restricted referral arrangements used by homeless services and other agencies
- Problems with the operation of RAS
- Policies and practices of local authorities
- Problems facing households with a history of anti-social behaviour
- Inappropriate discharges from hospital

Staff focus groups described the following barriers:

- Need for different categories of emergency accommodation
- Shortage of drug-free emergency accommodation
- Shortage of high support long-term housing
- Poor communication between services

14.2 Quality standards

- A minority of settlement, tenancy sustainment and RAS services failed to meet all minimum standards in the areas of *assessment, developing settlement, and accessing housing*. These are important because each of them impact directly on assisting pathways into appropriate housing.

- Some outreach services did not perform well in the area of assessment. However, implementation of a basic assessment that is currently being developed by the Homeless Agency should increase their effectiveness in this area, which is a crucial component in the pathways approach.
- There was a significant weakness in NGOs' consultation with their service users in a number of different areas. Service users' views are a vital element in the pathways approach and, as can be seen from these interviews, they can produce extremely important and helpful data.
- A significant number of organisations did not participate fully in LINK. Involvement in LINK by all homeless services is essential if pathways into and through homeless services are to be optimised.

14.3 Flow through homeless services

(See Section 9)

- Data from the quarterly service activity reports demonstrate that there are too many movements in and out of emergency accommodation. Too many people move from one emergency hostel to another. Too many people appear to be 'trapped' in a pattern of one-night stays in emergency accommodation without any systematic support or assistance to access move-on housing.
- Too few people move into mainstream housing and residential supported housing, from emergency accommodation and from transitional housing.
- The Night Bus beds system is unsatisfactory and may have the effect of prolonging some people's homelessness because they can only stay one night in the accommodation they are allocated and do not receive any systematic support or assistance.

14.4 Private emergency accommodation

(See Section 10)

- Private emergency accommodation represents very poor value for money.
- There is no systematic monitoring of private emergency accommodation occupation levels by either the Homeless Persons Unit or Dublin City Council. It is understood that during the preparation of this report, the Homeless Persons Unit re-established a new vacancy management system.
- 84% of households in private emergency accommodation have been there for longer than six months, and 21% have been there for more than five years.
- 31% of households in private emergency accommodation had a history of anti-social behaviour.
- 34% of households in private emergency accommodation with a history of anti-social behaviour have been there for longer than five years; the figure for other households is 16%.

- There is no systematic assessment of the needs of households in private emergency accommodation, or is there any systematic provision of support and guidance to them.
- Only approximately 38% of private emergency accommodation residents pay charges.

14.5 The type of housing people need

(See Section 11)

- Figures from the annual needs survey showed that 69% of all homeless households needed mainstream housing with either no support (17%), short-term support (26%), or long-term support (26%). 29% require supported housing with varying degrees of support.
- 84% of homeless households need some form of support, either in mainstream housing or supported housing.
- The high percentage of households that were assessed as requiring mainstream housing rather than supported housing strongly supports a ‘housing first’ approach.
- These results also identify a gap in current service provision. There is at present only a very small amount of long-term support for tenants in mainstream housing, which means that for 26% of homeless households the housing type they require is in extremely short supply.
- The unit costs of mainstream housing with housing support are considerably lower than the unit costs of supported housing.

15. Long-term housing and appropriate supports

15.1 Introduction

An adequate supply of long-term housing, with supports as required, that is accessible to homeless people, lies at the very heart of a successful strategy to eliminate long-term homelessness.

This is the principle challenge facing anyone who is attempting to develop a homeless and housing services system that will respond effectively to the problem of homelessness. At its simplest, if the pathway does not lead to a home, then the system will not work.

As shown in Section 11, the majority of people who are homeless need mainstream housing with either no support, short-term support or long-term support. Only 29% of people who are homeless need supported housing.

It is important to emphasise that both housing *and* appropriate supports are an essential condition of an effective homeless and housing services system. Approximately 84% of homeless people need some

sort of support, whether short-term or long-term, to help them maintain a home either in mainstream housing or supported housing.

If enough long-term housing with supports as required can be provided, then the Government aim of eliminating long-term homelessness by 2010 can be achieved.

Furthermore, an adequate supply of long-term housing and supports will allow a reconfiguration of homeless services in a way that targets resources more efficiently and provides a better service to homeless people.

Since increasing the supply of long-term housing is an essential element of a package of recommendations that will improve homeless and housing services, the first group of recommendations is concerned with this issue. It is important to emphasise that a number of different long-term housing options need to be available in order to maximise the pathways out of homelessness.

15.2 International experience of housing and supports

In their paper commissioned for these evaluations (which may be found in Appendix 2 of this report) Edgar and Geertsema (2008) highlight the ‘rather positive results of the “Housing First” approach gaining much influence in the United States’; and refer also to ‘a tendency across Europe to move from place centred approaches to person centred provision, i.e. from supported housing to support in housing.’

Housing first is an approach to ending homelessness that has been developed in the USA, which involves assisting homeless people to move into permanent housing as quickly as possible and providing appropriate support services to them in their homes. This is in contrast to the traditional route through emergency accommodation, transitional housing, and then into long-term housing. The crucial difference between the two approaches is that the traditional route requires people to be ‘housing ready’ by the time they move into long-term housing; whilst the housing first approach involves short-term stabilisation followed quickly by a move into long-term housing, with the provision of appropriate home-based services to help tenants maintain their tenancy and develop their independence and autonomy.

The National Alliance to End Homeless (2008) states that housing first programmes have a number of common elements:

- There is a focus on helping individuals and families access and sustain permanent rental housing as quickly as possible and the housing is not time-limited.
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being.
- Such services are time-limited or long-term depending on individual need.

- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

There is a growing literature, mainly from the USA, which asserts that the housing first approach leads to better outcomes than the traditional route. An organisation called Pathways to Housing (www.pathwaystohousing.org) based in New York has been an enthusiastic advocate of this approach and has supported a research programme that has demonstrated significant benefits for housing first over the traditional route through homeless services. Pathways to Housing claims that its housing first approach has achieved a 85% housing entry and retention for clients who could not be served in traditional housing programmes. Tsemberis (2005) describes the Pathways to Housing housing first approach thus:

Pathways' clients have achieved results that were considered unattainable: clients living on the streets for years and deemed "not housing ready" are now living comfortably in apartments of their own; clients deemed "treatment resistant" are now choosing to take medication and actively participating in their own recovery; clients who were severely addicted are now choosing to stay clean and sober; and others who had long ago lost hope are now working toward personal goals that they had previously imagined were impossible. Pathways has been able to successfully engage into housing and treatment of individuals who have remained outside the system and to maintain people in the community in their own housing. Within the team approach, the programme came up with multiple, supportive approaches that encourage recovery and avert hospitalisation.

It is most important to be clear that as Edgar and Geerstema point out, 'housing first' does not mean 'housing only'. As stated above, a variety of services are delivered to promote housing stability and individual well-being, often using the assertive community treatment model or case management.

Other research includes Gulcur et al (2003), who compared two approaches to housing chronically homeless individuals with psychiatric disabilities and often substance abuse. (A 'chronically homeless person' is defined in the USA as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.')

The first approach was the conventional approach in which treatment and sobriety were prerequisites for housing; the second was the housing first approach, which offered immediate access to independent housing without requiring psychiatric treatment or sobriety. Participants who were randomly assigned to the housing first approach spent significantly less time homeless and in psychiatric hospitals and incurred fewer costs than those who were assigned to the conventional approach. Martinez et al (2006), researching in San Francisco reached the same conclusions. Greenwood et al (2005), also found a direct relationship between housing first and decreased homelessness and increased perceived choice. Padgett et al (2006) found that dual diagnosed adults (people with addiction and mental health problems) can remain stably housed without increasing their substance use, and concluded that housing first programmes deserve consideration as a viable alternative to standard care. Similarly, O'Connell et al (2008), found that subsidised housing combined with intensive case management reduced the risk of repeat episodes of homelessness even among individuals with more severe substance abuse problems.

A similar trend can be seen in Europe. Edgar and Doherty (2001), in their paper on supported housing and homelessness in the EU, refer to an evolution in supported housing (which includes transitional housing):

This evolution is sometimes reflected in the terminology used, with a distinction drawn between ‘supported housing’ and ‘support in housing’. The former describes an approach where a planned programme of support is provided in a particular physical space (which may even have been purpose built); the support is centred on the accommodation which people move through. The latter term indicates a situation where people live in ordinary housing (self-contained or shared) in the community and support is provided (either permanently or temporarily) as required by tenants.

Thus, overall, there is growing evidence of a trend away from the traditional route of emergency accommodation – transitional housing – long-term housing, towards a housing first approach in which people move directly into affordable housing and are provided with appropriate supports in that housing.

15.3 Rental Accommodation Scheme

The proposal set out in this recommendation is a variant of the Rental Accommodation Scheme, which combines the utilisation of some of the housing that is currently lying empty in Dublin and the involvement of housing associations. This special RAS scheme is provisionally called Rental Accommodation Scheme Plus or RASP. It is envisaged that initially this scheme will focus on moving people from private emergency accommodation and emergency hostels.

Recommendation 1

A special RAS scheme should be developed that will enable access to housing for people experiencing homelessness. It is envisaged that the scheme will involve registered housing associations entering into leases with owners of currently vacant properties. The housing associations will then let the dwellings to homeless households and be responsible for day-to-day housing management. If the tenants are in need of additional support, this will be provided by a Housing Support Team.

Key features of the RASP proposal are as follows (this is a preliminary discussion and further work will be required to bring it to a stage of implementation):

Sources of suitable housing

There are a very considerable number of recently completed dwellings in the Dublin area that are lying empty because the owners are unable to sell; the consultants understand that there may well be considerable interest from some owners in leasing these dwellings for a period, in the expectation that the market will recover in time and the dwellings can then be sold at a better price.

In sourcing appropriate accommodation, it will be important to ensure the most suitable locations, in particular to ensure dwellings are sourced in all four Dublin local authority areas, and to avoid housing large numbers of previously homeless households with high needs in close proximity to one another. There are a number of ways in which this can be achieved.

The role of housing associations

Housing associations are dedicated social rented housing providers and have built up a very considerable body of experience in housing development and housing management. The sector has grown considerably in recent years and housing associations have developed a capacity for moving quickly to respond to housing need and grasping development opportunities when they arise, and so would be in a position to respond rapidly to a proposal such as this.

Dublin City Council has agreed a set of protocols and code of practice for housing associations (Dublin City Council 2008) covering: lettings policy; rents policy; vacancies/re-lettings; repairs; maintenance; estate management; estate development; financial accountability; and Dublin City Council's responsibilities. This document, which provides a framework in which Dublin City Council engages with housing associations, could form the basis of a similar document for RASP and could be adopted by the other three Dublin local authorities.

It is extremely important, bearing in mind the proportion of private emergency accommodation residents who have a history of anti-social behaviour, to ensure that they are not excluded from rehousing options (see Recommendation 18).

Nature of the lease

It is most likely that the lease between the owner and the housing association will include the housing association taking responsibility for all matters of housing management: lettings, rent collection, estate management, and day-to-day repairs. Depending on the requirements of the owner, the lease may also include a sinking fund provision to pay for cyclical maintenance.

Clearly the agreed payments to the owner will need to reflect the taking on of these tasks on behalf of the property owners and so will result in a rent that will be lower than a market rent.

It is understood that there are tax implications if the lease is longer than 10 years, so the most likely period will be just short of 10 years, although it may be possible to secure undertakings to commit to a further lease or an option to purchase using funding from the Capital Assistance Scheme or Capital Loan and Subsidy Scheme.

Finance

Using figures supplied by Dublin City Council and making a number of assumptions (listed below) about the RASP proposal, it is possible to arrive at an approximate comparison of the respective costs of private emergency accommodation and this proposal.

The total allocated budget for private emergency accommodation in 2008 is approximately €16.7 million. The average annual rent for a single person is approximately €14,400 (the great majority of whom are in hostel or multi-occupied accommodation), and for a family with two children approximately €29,500.

It is assumed for the purpose of this exercise that the owner of the RASP accommodation will receive a payment representing the market rent of the accommodation with a reduction for the housing association taking responsibility for lettings, rent collection, estate management, and repairs. The costs of these housing management tasks will total approximately €2000 - €2500 p.a. Furthermore the market rent will be reduced to take account of the fact that the landlord will not lose rent through voids.

Consider first a single person, occupying a one bed apartment in a RASP scheme in Dublin for which a market rent is currently in the region of €12,000 p.a. The following assumptions are made:

- The housing association carries out all housing management and day-to-day repairs at a cost of €2500 p.a.* per unit.
- The market rent is reduced by 10% to take account of no loss of income arising from voids.
- The tenant pays a differential rent of €1300 p.a. (based on minimum rent payable under Dublin City Council's differential rent scheme).

This can be shown as follows:

Proposed RASP arrangement	€	
Net rent paid to owner	8,300	(90% of 12,000 less 2,500)
Housing management and repairs	2,500	(90% of 12,000 less 2,500)
Sub total	10,800	
Less differential rent paid by tenant	1,300	
Net RASP cost	9,500	
Average annual rent paid in private emergency accommodation 13,600 for a single person (approximate) less the accommodation charge of €800		
Potential net saving per household per year	4,100	

* Figure provided by a large housing association

Note: It is estimated that only approximately 38% of private emergency accommodation residents currently pay an accommodation charge, so the actual saving will in many cases be greater than the figure shown above.

Furthermore, it is important to acknowledge that the RASP arrangement involves provision of fully self-contained accommodation, which is a considerable improvement over the hostel or multi-occupied accommodation currently occupied by the great majority of single people in private emergency accommodation.

The savings are considerably greater if a single person moves from emergency accommodation where the unit costs are approximately €29,000* p.a. to RASP housing where the accommodation costs and costs of providing housing support total approximately €13,500p.a. This results in very substantial savings of approximately €15,500 p.a. There are currently approximately 400 single people in emergency hostels who are assessed as needing mainstream housing.

Next consider a one-parent family with two children occupying a two-bed apartment for which the market rent is approximately €16,800. Using the same assumptions as for the previous example (except that the differential rent is increased to €32 per week) this can be shown as follows:

can be shown as follows:

Proposed RASP arrangement	€	
Net rent paid to owner	12,620	(90% of 12,000 less 2,500)
Housing management and repairs	2,500	
Sub total	15,120	
Less differential rent paid by tenant	1,600	
Net RASP cost	13,520	
Average annual rent paid in private emergency accommodation 28,000 for a one-parent family with two children (approximate) less accommodation charge of €1,508		
Potential net saving per household per year	15,980	

Note: it is estimated that only approximately 38% of private emergency accommodation residents currently pay an accommodation charge, so the actual saving will in many cases be greater than the figure shown above.

* Figure provided by a large housing association

Support costs are not included in either of the two cases set out above.

In both cases RASP shows very significant savings over costs of private emergency accommodation.

In addition, the current arrangement for paying owners of private emergency accommodation are based on payment per bed per night, whether or not the bed is occupied, which means that at any one time there are probably a number of unoccupied beds for which rent is being paid. Reducing the number of people in private emergency accommodation would reduce this additional payment.

This keystone recommendation aims to provide a very significant amount of long-term housing for previously homeless households. Its importance cannot be emphasised too strongly; if it is implemented, then many of the other recommendations will follow with relative ease. If it is not implemented, it will be extremely difficult to implement some other recommendations, and the Government aim of eliminating long-term homelessness will not be achieved.

15.4 Social housing

It is important to acknowledge that the RASP proposal is not a complete solution, principally because it is, in its nature, time limited, and so will not be a source of long-term housing. So, in order to ensure that implementation of the RASP is not just a postponement of a problem, it will be necessary to ensure that there is an adequate supply of social housing to meet the needs of homeless people in future years. This will include mainstream housing provided by local authorities, and by housing associations under the Capital Assistance Scheme or the Capital Loan and Subsidy Scheme. There may also be innovative ways in which the RASP proposal can be combined with purchase by housing associations with the involvement of private finance.

15.5 Private rented housing

As noted elsewhere in this report, services involved with helping people to move into private rented sector housing revealed that the rent caps (the maximum rent that is eligible for rent supplement) were often set below the levels at which it was possible to secure accommodation, which meant that private rented housing was not an option for most homeless households.

However, **SWA Circular 04/08 22 August 2008** deals with this very issue. It states:

2.5 The norm should be that Rent Supplement is not paid where the rent is above the relevant limit.

However, Rent Supplement may be paid in cases where the rent is above the relevant limit in the following circumstances:

- (i) where there are special housing needs related to exceptional circumstances (in particular, for example, disabled persons in specially-adapted accommodation or homeless persons whose housing needs cannot be met within the standard terms of the Rent Supplement scheme etc.)

Notwithstanding the existence of this circular, it was reported to the consultants that it remains extremely difficult to persuade SWA offices to pay rent supplement on rents above the rent cap limit; however it is acknowledged that the Homeless Persons Unit has used its discretionary powers in implementing this circular to considerable effect. In this context the Department of Social and Family Affairs should be urged to take appropriate steps that will lead to easier access to private rented housing by homeless households. This could be done by rewording the circular and/or through briefings to appropriate SWA offices.

Whilst there is widespread agreement that Circular 04/08 is not being fully implemented, it was not clear during the evaluation process as to why this was the case. However, it is clearly important that

if a homeless household's access to private rented housing is to be optimised, this circular needs to be implemented. The consultants believe there is a very strong case to be made for ensuring that people currently living in private emergency accommodation, which as stated above in Section 10 represents extremely poor value for money, should be enabled to move into private rented housing where appropriate.

Recommendation 2

A working group should be established to determine the most effective course of action that will ensure effective implementation of SWA Circular 04/08. Membership of the working group should include representatives from the Department of Social and Family Affairs, the Health Service Executive, superintendent community welfare officers and the Homeless Agency, together with representatives of other agencies that may be able to assist.

It is important to emphasise that, as with the previous recommendation, moving people from private emergency accommodation into private rented accommodation, even with rents above the current rent cap, would lead to significant savings.

For example, if a family with two children needing a three bedroom home, currently living in private emergency accommodation, where the annual payment is approximately €29,500, moved to private rented accommodation costing €16,800 p.a. where the rent supplement payment would be approximately €16,124, the accommodation cost savings would be over €13,000 p.a. Similarly if a single person in private emergency accommodation where the annual payment is approximately €15,700 moved to private rented accommodation costing approximately €12,000 p.a., where the annual rent supplement payment would be approximately €11,324, the accommodation cost savings would be approximately €3,100. It is important to note that the great majority of single people in private emergency accommodation are living in hostel or multi-occupied accommodation; a move to a fully self contained apartment would not only produce savings but would provide accommodation in line with the recently published minimum standards that will come into effect on 1st February 2009.

15.6 Local authority and housing association housing

The Homeless Agency's current partnership action plan, *A Key to the Door* incorporates targets for proportions of social housing lettings that have been agreed by each of the four local authorities and are set out below.

Local authority	Percentage of lettings committed to homeless households
Dublin City Council	33%
Dún Laoghaire Rathdown County Council	10%
Fingal County Council	Approx 8%
South Dublin County Council	10%

These targets are endorsed here as one of the streams of long-term housing that will assist in moving people out of homelessness. It is of course important to emphasise that this needs to be combined with housing support as appropriate (see below).

15.7 Housing support services

As stated above, many homeless households in mainstream housing need either short-term or long-term support.

This form of assistance, provided to people in mainstream housing, is referred to in this report as a housing support service, and it constitutes a vital element of the pathways approach. Edgar and Busch-Geertsema's (2008) paper, commissioned for these evaluations, refers to a shift from 'place centred approaches, to support in housing', which underscores the proposals made here.

It is important to be clear about the scope and aims of housing support services. Firstly, they are services, which aim to assist the client to maintain her or his tenancy and optimise their independence and autonomy. Secondly, they are housing services, so they do not directly address people's health needs, or personal care needs. Where these needs are identified, the housing support provider will aim to ensure that they are addressed by relevant specialist services. The distinction between housing support and personal care support is of great importance in setting out the boundaries of housing support.

Edgar and Busch-Geertsema's paper sets out clearly the distinction between housing support, and personal/nursing care. This is reproduced in Figure 6. Housing support services would include the tasks set out in the first two columns and would not include the tasks set out under 'Personal/Nursing Care'. This matrix should not be assumed to constitute a definitive definition of housing support services, but to provide an indication of the extent of their brief in the context of assisting people to maintain their tenancy and optimise their independence and autonomy.

In the development of housing support services it will be very important to set out an unambiguous understanding of the precise constituents of a housing support service so it is very clear what housing supports includes, and equally important what it does not include.

Figure 6. Classification of support in the UK. Source Edgar and Busch-Geertsema (2008) with minor amendment.

Category A	Category B	Category C
Housing Support	Housing Support	Personal/Nursing Care
<ul style="list-style-type: none"> — Assistance for tenants in arranging for plumbers, builders etc. — Assistance for tenants in ensuring security of dwelling (e.g. reminding them to lock up) — Arranging adaptations to cope with disability — Controlling access — Minor Repairs: e.g. changing light bulbs, unblocking sinks 	<ul style="list-style-type: none"> — Assistance with budgeting/ debt counselling — Help tenants feel they are individuals — Assistance in claiming benefits — Dealing with disputes with neighbours — Resettlement activities — Teaching life skills — Advice on diet or food preparation — After care support organising access to professional help/ Social Services Depts etc — Liaison with relatives — Arranging move on accommodation — Reminding tenants to take medication — Shopping — Supervision of cooking food, storage, ironing etc. — ‘Good neighbour’ tasks (e.g. welfare checks) — Arranging social events — Arranging services of tenants’ appliances 	<ul style="list-style-type: none"> — Assistance at meal times — Assistance with personal hygiene/bathing/dressing/getting into bed — Counselling to deal with alcohol/drug addiction, overcoming mental problems - including running group therapy sessions — Administering/supervising taking of medication

Short-term housing support services are well established in Dublin and are provided under a variety of headings, including ‘community settlement’ ‘resettlement’ and ‘tenancy sustainment’. These services target either people moving into a tenancy for the first time, or people already in a tenancy who are experiencing problems that may threaten the tenancy. A key element of this kind of housing support is that it is based on a plan that follows a needs assessment and is agreed between the client and the service provider. It is important to acknowledge too that this form of support can range from very intensive support characterised by several visits a day, to very low support, which might involve a visit as infrequently as monthly.

The annual needs survey (referred to in Section 11) that was carried out jointly with the Homeless Agency, showed that 32% of all homeless households were assessed as needing long-term housing support to enable them to maintain a mainstream housing tenancy. Currently, there is no dedicated funding for this kind of support, and some existing short-term support teams end up offering *de facto* long-term support because it is not available elsewhere.

Recommendation 3

Both long-term and short-term housing support should be formally acknowledged as a housing service that is an integral element of effective mainstream housing provision for previously homeless people and others whose tenancy may be at risk without such support.

Housing support, whether short-term or long-term must of course be tenure neutral; that is it should be provided to local authority tenants, housing association tenants, private rented tenants, and tenants of the RASP programme.

It is important to acknowledge the preventative role that this form of housing support encompasses. This is explicit in its form that is currently called tenancy sustainment, where a tenant who is experiencing difficulties that may threaten her or his tenancy is helped to maintain the tenancy and so avoid homelessness, but in more general terms any service which aims to assist people to maintain their tenancy will also work to prevent homelessness.

A recommendation concerning funding for this service is dealt with in Section 26.2 below.

15.8 Existing housing support services

Currently, short-term support to people in mainstream housing is provided by 11 statutory and NGO services which as noted above are variously called ‘community settlement’, ‘settlement’, ‘resettlement’ and ‘tenancy sustainment’. These services are all time limited, and aim either to assist a household to settle in a new tenancy or to intervene where an existing tenant is experiencing difficulties that may, if unresolved, lead to the tenancy being under threat.

These services play a vital part in the pathways model of homeless and housing services, by assisting the maximum number of people to live an independent life in mainstream housing.

The quarterly service activity reports that were developed and administered jointly with the Homeless Agency provided the following information about housing support services:

- Tenancy sustainment services had a total capacity of just under 300 households; and services called ‘settlement’ or similar had a total capacity of just under 340. So at any one time, a maximum of approximately 630 households were clients of either settlement services or tenancy sustainment services.
- As stated above, settlement or similar services are usually assumed to be concerned primarily with assisting people to settle in a new tenancy whilst tenancy sustainment is usually taken to refer to a service provided to existing tenants who are experiencing difficulties. The service activity report returns show, as would be expected, that very nearly all settlement services’ clients were previously living in homeless accommodation or similar. However nearly half of tenancy sustainment services’ clients were also previously living in homeless services or similar. Tenancy sustainment services run by NGOs were much more likely to work with people previously living in homeless accommodation

than services run by local authorities. Thus the distinction between settlement and tenancy sustainment services is not as clear as might first appear.

- As stated above both settlement services and tenancy sustainment services are supposed to be short-term, and one would expect that in most cases people should be clients for no longer than a year. However, a third of settlement services' clients had been clients for over one year and 13% for between three and five years. This pattern was even more pronounced in tenancy sustainment services where 46% of clients had been with the service for more than a year and 10% for between three and five years. This suggests that in the absence of long-term housing support services these services have to provide a long-term service for some clients. Although it is not unknown for services to hang onto their clients for longer than they should, we are satisfied that appropriate case management systems are in place to ensure that this does not happen.
- Caseloads varied greatly, from a low of 5.5 (an intensive settlement service) up to 22. Obviously the caseload should be proportional to the aggregate needs of the clients (and location, since if they are dispersed travel time will reduce the caseload). Many staff will have a mixed caseload of people requiring more intensive support, and people who are nearing the end of an engagement and so need a lower level of support.

There are also three long-term housing schemes that operate using a housing support model. It was not possible to evaluate these schemes in detail, but the consultants understand that they work very well. A number of the tenants of these schemes have significant non-housing needs including addiction and mental health, and one of the specific advantages identified by the operators of the provision of long-term housing support is that if tenants' non-housing needs grow, for example if their mental health deteriorates, this can be very quickly recognised and action can be taken quickly to respond to this change.

In addition, there are three RAS pilots in operation, which provide housing support. In one instance the tenants are dispersed, living with different landlords, and in two instances the tenants live in the same building. The three pilots accommodate a total of 133 tenants; and caseloads average vary from 22 to 38, reflecting varying levels of needs of tenants. The great majority previously lived in emergency homeless accommodation.

Although all the services described in this section have some characteristics that differentiate them from one another, they have a great deal in common. The consultants are of the view that individually each of the services provides a high quality service; however they are not convinced that the current configuration is the best arrangement. This is discussed further in the following section.

15.9 Housing support teams

As the previous section describes, there is no real distinction between short-term housing support provided under the heading 'settlement' or 'tenancy sustainment' and long-term housing support, except that one is time limited and the other open ended. In both cases the aim is the same, and in both cases the intensity of support can vary with time.

As stated above it is proposed that long-term housing support should be formally acknowledged as a housing support service. The next stage then is to consider the best way of putting this on an operational footing.

It seems that there are considerable benefits to be derived from a range of short-term and long-term housing supports of varying intensity being provided by the same team. Firstly the task, whether providing short-term or long-term support, is fundamentally the same and involves a common skill set. Secondly, if the team is large enough, it can provide a flexible response that can absorb fluctuating levels of demand from its clients. Thirdly, in many cases it is not possible to state with certainty that a household will need long-term support rather than short-term support (or vice versa) at the beginning of the process, so incorporating both in one team allows for a flexible approach. Fourthly, larger teams could easily incorporate a rich skills mix, which could allow for some specialisms e.g. parenting, disability, addiction etc.

Furthermore, there would be efficiency benefits to be gained from organising teams on an area basis, providing all housing support within a defined geographical area. Finally, a smaller number of teams would be able to benefit from economies of scale that would reduce unit costs.

The current configuration of services was established in a piecemeal fashion over time, and in the context of the above discussion we are recommending that the existing services that provide housing support are reconfigured.

Recommendation 4

Existing teams providing housing support (e.g. community settlement, settlement, tenancy sustainment, transitional and other existing housing supports) should be merged into a small number of Housing Support Teams organised on an area basis, providing all housing support within a defined geographical area. These teams will be responsible for providing all short-term and long-term housing support services to tenants in their area that need it. This will include new tenants (local authority, housing association or private rented), existing tenants experiencing difficulties, and those needing long-term support.

Where housing associations currently have in place their own effective housing support services, then it may be appropriate for them to have the option of continuing with that arrangement.

The number of teams and their area will need to be determined. In the consultants' view four teams would be optimum. As RASP begins to expand, the teams will need to be able to grow to match this.

It is proposed that these teams will, in addition to the tasks set out above, have specific responsibility for assessing households currently in private emergency accommodation using the Holistic Needs Assessment in order to assess their need for mainstream housing with housing support, or supported housing.

15.10 Supported housing

Long-term housing comes in a number of different forms, and they are not always easy to categorise. However, three broad models have been identified:

- Mainstream housing with housing support as appropriate
- Long-term supported housing
- Residential supported housing

Mainstream housing with housing support as appropriate

This is discussed in Section 11 above. Of the 15 services under the heading ‘long-term supported housing’ that were included in these evaluations, three services would come under this heading.

Long-term supported housing

Long-term supported housing is typically characterised by a group of self-contained apartments or houses, with some communal facilities, office space and in some cases sleeping accommodation for staff. Food is not normally provided although sometimes there is a canteen for residents. It is normally associated with higher levels of support than mainstream housing with housing support. Six existing housing services fall into this category.

Residential Supported Housing

Residential supported housing incorporates living accommodation, usually in one building as well as some shared communal facilities, office space and in most cases sleeping accommodation for staff. It has two characteristics that distinguish it from long-term supported housing. Firstly, the housing is not fully self contained, so that households share some washing or WC facilities with other households. Secondly, food is usually provided. This may be three meals a day or breakfast and an evening meal. Six services fall into this category.

For the purpose of analysing the activity reports long-term supported housing and residential supported housing have been treated together. Findings included:

- Long-term and residential supported housing services housed approximately 354 households. 83% of the households were single men or women, 15% were one or two-parent families, and 2% were couples without children.
- 43% of the households in residential supported housing had been there for longer than five years, and another quarter for between three and five years, demonstrating that it is long-term housing, but that at the same time people do move on. The number moving on in this period is too small to analyse but it is known anecdotally that people move on to independent housing as well as to nursing homes.

- 48% of current residential supported housing residents were previously in homeless services or hospital, and 28% were previously in mainstream housing or staying in the family home. The latter figure may indicate that residential supported housing plays a preventative role since over a quarter of its residents were not previously homeless, or it may be a consequence of the lack of housing support services at the time.
- Staff/tenant ratios varied greatly, from one project worker (or equivalent) for every 2.5 residents down to one project worker to 30 residents.

The annual needs survey that was administered for these evaluations shows that 29% of homeless households need either long-term supported housing or residential supported housing in one of three forms, distinguished by different staffing arrangements:

- No staff on the premises at night (10%)
- A caretaker lives on the premises or there is a staff sleepover arrangement (10%)
- 24-hour waking cover, provided either by security or project workers (9%)

Supported housing therefore has a major role to play in a homeless and housing services system that is informed by the pathways approach. Evidence from previous evaluations also suggests strongly that there is a shortage of supported housing; accordingly a number of recommendations in this report aim to increase its supply.

The annual needs survey referred to in Section 11 was completed by supported housing providers who were asked to assess the type of long-term housing their residents needed. The response, which was surprising, was that 3% of people in supported housing were assessed as needing mainstream housing with no support, 10% were assessed as needing mainstream housing with short-term support, and 20% were assessed as needing mainstream housing with long-term support. So a third of supported housing residents were assessed as needing mainstream housing with lower support than they were currently receiving.

This is probably because some people moved into supported housing because it was the only option available at the time for people needing support, and because some people's needs have changed with time to the extent that they no longer need the level of support provided in supported housing.

This underlines an important issue, which is that it should not be assumed that a person who needs supported housing today will need or want the same level of support for the rest of their life. People can and do move from supported housing into mainstream housing, which offers them greater independence at a much lower cost.

This report concludes that assisting people to move out of supported housing is an important element in a well-functioning homeless and housing services system because, as stated above, it optimises people's independence and autonomy, and results in significantly better targeting of resources.

Some existing providers of supported housing have a stock of mainstream housing and may be able to provide such housing from their own resources, especially if a housing support team is able to provide appropriate support.

However, not all providers are in a position to do this, so there will also be a role for local authority or housing association social housing in offering rehousing opportunities. Currently local authority housing with housing support as required is extremely difficult to access by people living in supported housing, because these households are assumed to be adequately housed and therefore not in housing need. Accordingly, such a household will get very low priority on housing waiting lists, if indeed they are eligible to register for housing, even though offering them social housing would result in very significant financial savings.

Recommendation 5

Local authorities should review their waiting list systems to enable a movement of households from supported housing into social housing.

16. Prevention

Prevention is crucial to avoiding the human and social costs of homelessness, in the long-term it can save resources and make better use of existing services. However, prevention poses a number of challenges for policy makers and service providers, not least because it requires a reorientation of services and the development of multifaceted responses in both policy and service delivery.

16.1 Existing strategies

Prevention has become an important element of policy of the Homeless Agency and of the Government and there have been a number of different policy measures that are designed to prevent homelessness. The Government's *Homeless Preventative Strategy* (Department of the Environment, Heritage and Local Government 2002) focussed on the prevention of homelessness amongst people leaving hospital care, childcare, psychiatric care and custodial care. However, evidence shows the impact of a lack of discharge planning and support services for people leaving residential institutions and care can trigger homelessness and repeat homelessness. The strategy set out recommendations that were largely limited to procedures and protocols to prevent homelessness among people leaving institutions, some of which have been implemented through the establishment of the Homeless Offenders Strategy Team, provisions for young offenders in step-down units, the development of discharge policies for mental health residential facilities and prisons, and aftercare protocols for children leaving care. In practice, these have been poorly implemented and there is significant evidence that people leaving institutions continue to have a high risk of homelessness (see below).

The Homeless Agency's *Comprehensive Strategy for Preventing Homelessness, 2005-2010* (Pillinger 2006) in contrast highlighted the importance of shifting the focus of policy and resources to preventing a crisis that results in homelessness, as well as preventing people remaining in homelessness and preventing

recurring homelessness. Central to this is the need for early intervention to prevent homelessness across the lifecycle, and includes the introduction of strategies to reduce the need for temporary and emergency accommodation in favour of ordinary and sustainable housing solutions, and preventing homelessness among specific risk groups.

Interventions that address the risks of homelessness include early intervention to tackle some of the factors that can trigger a crisis, for example, from relationship or family breakdown, because of domestic violence, or debt. In particular, early interventions and supports are needed for people experiencing drug, alcohol, mental health or other personal and health problems, which may lead them into homelessness.

The strategy stresses the importance of preventative work being driven by national and local government and the HSE in partnership with the voluntary and community sector. Prevention needs to be linked to national and local strategies and social policies, in areas such as social inclusion, drugs and addiction, health and social care, education, training and employment. Coordination should also take place with schools, youth services, local housing and advice services, local family support services, community-based drug and alcohol projects amongst others.

This model also requires that both structural and individual causes of homelessness be addressed through a multi-faceted approach to prevention across the lifecycle by ensuring that there are strategic Government commitments to tackling the underlying causes of homelessness. This requires wide ranging action, including housing supply and allocation as well as social policies that impact on people experiencing poverty, marginalisation and exclusion.

Recommendation 6

Strategic Aim 1: Preventing Homelessness that is contained in the current Government policy on homelessness, ***The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2103*** is strongly endorsed and should be implemented in full without delay.

16.2 Discharge from acute hospitals

A significant number of interviewees reported instances of homeless people being inappropriately discharged from acute hospitals. A Homeless Agency report dated March 2007 provides specific examples of inappropriate discharges. This is of extreme concern, particularly since the *Homeless Preventative Strategy*, which was published in 2002 acknowledged, ‘There are situations where homeless persons are hospitalised for short-term treatment and then inappropriately discharged again into homelessness.’ The strategy sets out briefly the actions required to prevent this from occurring. It is clear that the experience of a significant number of interviewees is that these have not been implemented in all cases. It is noted that the HSE has recently agreed two national protocols in terms of acute and mental health hospital discharge, which are currently being implemented nationally.

Recommendation 7

The HSE should ensure that the actions set out in Chapter 5 of *Homeless Preventative Strategy* that aim to reduce the risk of homelessness among patients being discharged from acute hospitals should be fully implemented as a matter of urgency.

17. When people become homeless

17.1 The Homeless Persons Unit

Under current arrangements the first point of contact for many people who become homeless is the Homeless Persons Unit at James Street (for single men), or Wellington Quay (for women and families) or the New Communities and Asylum Seekers unit at Gardiner Street (minority ethnic groups).

The Homeless Persons Unit, which is administered by the HSE, is responsible for the delivery of a range of welfare services to homeless households in the Dublin area (Homeless Persons Unit, 2007) on behalf of the Department of Social and Family Affairs, and on behalf of the four Dublin local authorities.

In carrying out its functions on behalf of the Department of Social and Family Affairs, Homeless Persons Unit staff assess clients' eligibility for mainstream social welfare payments, deal with applications for medical cards, and refer clients to other statutory or NGO organisations where they are appropriate for the clients needs.

This will involve establishing client's identity, their housing/ accommodation history; their means and determining whether clients are homeless and have no means of support. Homeless Persons Unit staff endeavour to prevent households presenting to the unit from becoming homeless where this is possible.

Homeless Persons Unit staff also help clients to access private rented housing through assisting with claims for rent supplement. As stated elsewhere (see Section 15.5) Homeless Persons Unit staff endeavour to ensure that Circular 04/08 is appropriately implemented.

Clients who are assessed to be homeless are referred to the appropriate local authority. This entails two visits; the first to get a form stamped, which confirms that the client presented at the local authority office; and secondly to get a form that confirms the local authority's acceptance that the client is homeless.

Functions carried out by the Homeless Persons Unit on behalf of the four Dublin local authorities include; referring homeless clients to emergency accommodation (mainly private emergency accommodation) if they need it; managing the operation of private emergency accommodation that comes within its remit (arranging placements into private emergency accommodation and managing occupancy levels); and operating a freephone service during evenings, which accepts calls from people who are homeless, outreach staff or others and places people who are homeless into emergency accommodation, arranging for the Night Bus to pick them up if appropriate.

This is not a complete description of the work of the Homeless Persons Unit, but includes the main functions that are relevant to these evaluations.

As stated above in Section 10, there is some concern about aspects of the operational oversight of private emergency accommodation and a recommendation in relation to this (see Section 19.3 below).

Under the Housing Act 1988 local authorities are responsible for arranging and funding emergency accommodation, so the functions described above – the freephone service, referral to emergency accommodation and management of private emergency accommodation – are carried out on behalf of the four Dublin local authorities.

Action P8 of the Homeless Agency's existing action plan, *A Key to the Door*, is as follows:

The Homeless Agency, the four Dublin Local Authorities, Health Service Executive and all homeless services will develop more effective mechanisms to collect, collate and share information (subject to Data Protection) on individuals and families presenting as homeless to ensure more integrated service provision, including through:

- a) 100% usage of the Homeless Agency's LINK client database.
- b) Integrating client databases across the homeless services sector including those maintained by statutory and voluntary sector homeless services such as the Homeless Persons Unit's Assessment and Care and Case Management database.

The Homeless Persons Unit does not use the LINK system (a client integrated information system developed by the Homeless Agency and used by many homeless services); it uses the Social Welfare database, and it does not appear to be possible to integrate this with LINK. Furthermore, data available from the Homeless Persons Unit about its service users is limited and out of date. At the time of writing (October 2008) the most recent data on Homeless Persons Unit service users is from 2006.

This is a significant weakness; gathering accurate relevant information is essential if the homeless and housing services system is to work effectively, especially in the context of a pathways approach.

On a separate but related note, it has been accepted for some considerable time that locating an office in the city centre that most homeless people have to visit is not ideal. *Homelessness an integrated strategy* (published eight years ago) said:

It is clearly not appropriate to have everyone who presents as being homeless in any part of Dublin city and county being referred to one location in the centre of Dublin. Localised homeless persons centres will be established, in consultation with the voluntary bodies, and jointly staffed by the local authority and health board and the service provided will be enlarged, beyond simply finding emergency accommodation, to involve full assessment of homeless persons' needs and to refer persons to other health and welfare services.

Unfortunately this has not happened. A Homeless Persons Unit service has been established in Dún Laoghaire Rathdown that is understood to be functioning very effectively, but no localised homeless persons centres have been established.

17.2 Where should a homeless household go first?

Having reviewed current arrangements, which are unsatisfactory in a number of respects, consultants concluded that there should be a major shift in responsibility for responding to homelessness in the four local authority areas.

As stated above, the current arrangement may involve a homeless household making a number of journeys between their own local authority area and the city centre in order to be accepted as homeless and referred to emergency accommodation.

We propose that instead, a homeless household should first approach their local authority, which will determine whether or not they are homeless, and if they are homeless will refer them to emergency accommodation if required. If the applicant needs social welfare assistance and may be eligible for this, then they should be referred to a local social welfare office rather than a city centre office.

Recommendation 8

Each of the four Dublin local authorities should ensure the provision of a comprehensive homeless service that will include the following tasks:

- Assessing whether or not applicant households are homeless
- Advising and assisting with preventative action if appropriate
- Carrying out a basic assessment of the needs of applicant households using the Initial Contact Sheet that is being developed by the Homeless Agency
- Referring applicant households to emergency accommodation if required, through HIPS (see Section 17.3)
- Entering applicant households' details on the LINK system
- Referring applicant households to a local community welfare officer if appropriate

Where local authority homeless services already exist they should be developed to include the above tasks.

The Government's most recent statement on housing policy, *Delivering Homes Sustaining Communities* (Department of the Environment, Heritage and Local Government 2007) includes in its key actions, 'Establish housing advice centres in all major housing authorities to provide information to new claimants and ongoing services to tenants.' A homeless service would fit very well as part of this function.

The Homeless Agency's current action plan, *A Key to the Door*, action S14 states, 'The four Dublin local authorities will clarify and co-ordinate a shared definition of homelessness, in consultation with voluntary service providers and the Health Service Executive, including consideration of issues relevant to domestic violence, in relation to the policy and practice relevant to applications from homeless people for priority on local authority housing lists.' This will need to be in place when the above

recommendation is implemented along with agreed protocols to deal with a situation where a household applies to one local authority, which takes the view that the household is the responsibility of another local authority. We urge that this action together with the agreement of these protocols is implemented as soon as possible.

There are a number of significant advantages to be gained from the implementation of this recommendation. Firstly, it should significantly reduce the number of homeless people who are forced to go to the city centre in order to register as homeless. Secondly, it will enable local authorities, through their housing advice centres, to engage in preventative work with households that present as homeless, which should lead to a reduction in overall homelessness.

17.3 Information and placement in emergency accommodation

Currently, there are a number of different routes into emergency accommodation (these vary between services):

- Self-referral
- Referral through the freephone service (mainly into private emergency accommodation)
- Referral to a NGO hostel or statutory hostel by another NGO or statutory service (different hostels have different referral procedures)
- Direct placement by the Night Bus into ‘Night Bus beds’ that are designated for use by the Night Bus alone

All of these conspire to make the system difficult to understand and militate against efficient allocation of resources. The consultants believe there should be one route into emergency accommodation.

Lack of accurate information was cited repeatedly by service users as significant obstacle to their pathway through homeless services, and it was referred to in focus groups and by some service managers.

In order to tackle these and other gaps in service provision there is a need for a greatly expanded 24-hour information and placement service with a significantly wider remit than the existing freephone system.

Recommendation 9

The existing freephone and placement service should be developed into a 24-hour Homeless Information and Placement Service (HIPS) covering all four Dublin local authorities with the following primary functions:

- Provision of information on homelessness to people who are homeless or threatened with homelessness, the public, and professionals (e.g. hospitals, social workers, gardaí, NGO staff).
- Operation of a placement service to all emergency accommodation (NGO hostels, statutory hostels, private emergency accommodation and its successors) for homeless people themselves and on behalf of the Contact and Assessment Team, local authorities and others.

In order to realise this recommendation, consultation will occur between the key stakeholders namely the four Dublin authorities and the Health Service Executive

A number of issues follow from this recommendation:

- Information provided would include what homeless people or people threatened with homelessness should do; sources of advice and advocacy; information about protocols for discharge from institutions.
- It is envisaged that when this service is up and running, all referrals to emergency accommodation (NGO hostels, statutory hostels, private emergency accommodation and its successors) will go through HIPS. So for example a person that presents her/himself at a local authority homeless service, who is accepted as homeless and in need of emergency accommodation, would be placed in that accommodation by the local authority using HIPS.
- HIPS will be widely advertised and will in time become the first point of contact for a wide range of people who need information relating to homelessness.
- The service would be both a phone and internet service, so that authorised users would be able to make appropriate referrals online in a similar fashion to making airline or hotel bookings.
- Its effective operation will require live information about hostel bookings to be available to HIPS through Hostels Online or a similar service.
- This service would initially cover the four Dublin local authority areas, but it would not be difficult to expand it into a national service.
- It is envisaged that the primary responsibility for providing this service will lie with Dublin City Council, doing so on behalf of all four Dublin local authorities.

17.4 Outreach services

There are currently five homeless outreach services operating in the four Dublin local authority areas, run by both NGOs and local authorities. The great majority of resources are concentrated in the Dublin City Council area. In addition, the Dublin City Night Bus operates as a service in its own right since it has exclusive access to 'Night Bus beds'.

Outreach in general means actively making contact with people on their own territory or wherever else they may be found, rather than waiting for them to make contact with a service. The specific aim of outreach work with homeless people is to assist them to leave the streets and move into appropriate emergency accommodation or housing. Outreach work can take place on the streets ('street outreach') or in places such as day centres or homeless services' premises. Outreach services in Dublin City Council area spend a greater proportion of their time doing street outreach than do outreach services in the two county councils that run an outreach service. It is widely accepted that the greatest need for street outreach is within Dublin City Council area.

Outreach services play a critical role in the pathways approach to homelessness, since engagement with people as early as possible in their path into homelessness should help to ensure that their pathway is both straight and short.

In addition to helping people who are new to homelessness to move out of it as quickly as possible, homeless outreach services have a crucial role to play in working with ‘hard to reach’ homeless people. These people are usually long-term rough sleepers who have multiple problems, who have been barred from many projects, who have refused help in the past, whose plans have broken down, and who have an embedded sense of street culture. For these people the outreach task involves building a trusting relationship with clients, that may take some considerable time, and on foot of this assisting them to access appropriate accommodation.

The two main city centre homeless outreach services made contact with a total of 981 different households during the second quarter of 2008. Over a similar period in 2007, 980 different individuals used Dublin City Night Bus. So there is a very considerable amount of activity taking place among outreach services and the Night Bus. City centre homeless outreach services are not organised on an area basis. A very small amount of private emergency accommodation (nine beds) is reserved for use by outreach teams, and a much larger number (50 beds) is reserved for exclusive use by the Night Bus. The Night Bus beds system was mentioned in Section 9, and because its service users occupy accommodation on a one-night basis without a needs assessment or offer of key work or case management, it may have the effect of trapping people in homelessness rather than helping them to leave it.

There appears in general to be good co-operation between the services, but the current arrangement is not the most effective way of providing an outreach service to homeless people in the Dublin area.

Recommendation 10

The existing street outreach teams and the Night Bus that operate in the Dublin City Council area should be replaced with one Contact and Assessment Team (CAT).

Organising outreach services on an area basis would have a number of advantages:

- One team would ensure that the area that it is responsible for is thoroughly covered.
- A larger team would be better able to provide a flexible response.
- There would be no overlap of service users between teams.

The Contact and Assessment Team (CAT) will be responsible for making contact with homeless people, especially rough sleepers, carrying out a basic assessment, and referring them to emergency accommodation through HIPS. In addition the team will be responsible for building and maintaining relationships with ‘hard to reach’ service users, providing them with services as appropriate, with a view to assisting them to move into appropriate accommodation when this is possible.

The Night Bus will be integrated within the CAT. The ‘Night Bus beds’ arrangement will come to an end, since all referrals to all emergency accommodation will be handled by HIPS.

CATS will be responsible for ensuring that the details of all service users who give permission will be entered on LINK.

Arrangements will need to be in place to ensure that all people who are referred to private emergency accommodation or its successors are allocated a key worker or case manager as appropriate.

17.5 Assessment

One of the weaknesses of the system as it is currently configured is that many people who are newly homeless or are repeat homeless do not have their needs assessed using a basic assessment or the Holistic Needs Assessment and do not have their details entered on LINK. As stated above, this is the case for all clients of the Homeless Persons Unit and for most of those who are placed in private emergency accommodation.

This is highly unsatisfactory, and strongly militates against the effective operation of the homeless services system. The pathways approach to homeless services requires that at the point of entry homeless people are assessed and appropriate information recorded in order that their paths through homeless services can be tracked. This is an essential component of an effective homeless and housing services system.

Recommendation 11

All people who become homeless for the first time or who are repeat homeless should have a basic assessment carried out using the Initial Contact Sheet being developed by the Homeless Agency, and their details should be entered on the LINK system as soon as is practicable.

Some clarification points follow from this:

- It is clearly not appropriate for the Holistic Needs Assessment to be used at the first occasion of contact with a client, especially if that contact is on the streets. The Homeless Agency is developing a basic assessment, provisionally called an Initial Contact Sheet for use in these circumstances. This is welcomed and should be as simple as possible in order to ensure that it is widely used.
- For a homeless household that approaches a local authority homeless service, a basic assessment should be carried out by staff in this service.
- For a household that is referred to emergency hostel accommodation, this basic assessment should be carried out by their first key worker.
- For a household that is referred to private emergency accommodation or its successors, the basic assessment will be the responsibility of the Housing Support Teams.

- For a person who is rough sleeping, the basic assessment should be carried out by the Contact and Assessment Team members.

18. Care and case management

The Homeless Agency's action plan *Making it Home: an action plan on homelessness 2004–2006* (Homeless Agency 2004) included a commitment to introduce a care and case management system across the homeless sector in order to improve outcomes for homeless people.

First a reminder of the roles of care managers, case managers and key workers:

Care manager: Co-ordination, supporting case managers, dealing with barriers and blockages across and between sectors.

Case manager: Planning and management of individual cases within and across relevant organisations.

Key worker: Implementation of specific case actions within a specific organisation.

The most recent plan *A Key to the Door* (Homeless Agency 2007) strengthens the commitment in *Making it Home* through number four of its 10 core actions: 'Implement the Holistic Needs Assessment and the Care and Case Management approach across the homeless services sector.'

Between publication of the two action plans, Eustace and Clarke (2005) carried out an assessment of the Homeless Agency's model of care and case management. This study found that, 'Care and case management, when implemented effectively, has been shown internationally to significantly improve the delivery of services for clients, meeting of clients' needs and the achievement of positive outcomes for clients.' Their report also recommended that a co-ordinated and integrated approach to the implementation of care and case management should be taken across the sector, and that as part of this the Homeless Agency should employ an integrated services co-ordinator. The Homeless Agency has implemented these and other recommendations, and is currently piloting a care and case management programme called the Interagency Protocols Pilot. This is developing and assessing case management processes and tools on two levels:

- Practical guidance for case managers engaging directly with complex cases
- Systematic structural supports which will improve integrated service planning and delivery for complex cases

At present the target group is homeless people with complex needs. The current phase of the pilot, which involves single men and women is due to finish at the end of 2008, and subsequent phases with other groups are planned to follow that. The consultants strongly endorse this care and case management approach and urge that it is rolled out as quickly as is consistent with a systematic process, in order that as many people as possible who require it can benefit from it.

In particular, the case management approach currently being piloted should be expanded to incorporate the concept of the service moving with the client rather than the other way round. In this model of case management, a client who is assessed as having complex needs would be allocated a case manager who would ideally continue in this role until the client moves into long-term housing, so this element of homeless services would follow the client and stay with them even if they move to a different homeless service. This would buttress the pathways approach and should minimise repeat homelessness, and should in turn lead to better outcomes for people using homeless services.

As stated above, the case management approach currently targets people with complex needs. It follows that normal practice should be that a household will be allocated a case manager after a Holistic Needs Assessment has been carried out. However, there may well be circumstances when a rough sleeper is identified by the contact and assessment team as having complex needs following a basic assessment, and where this is the case such a person should be allocated a case manager through the contact and assessment team.

19. Temporary accommodation

19.1 Emergency accommodation

Emergency accommodation plays a crucial role in the homeless services system, by providing an immediate response to a housing and personal crisis. This involves firstly providing good quality accommodation, assessment and appropriate support; and secondly ensuring that residents move on to appropriate long-term housing, with support if required, as quickly as possible.

Emergency services as a whole should incorporate a number of key features (these are of course in addition to those included in the quality standards frameworks discussed in Section 7):

- There should be a range of emergency accommodation services catering for an array of needs, from low threshold services catering for people with high needs where a high level of staffing is required, to accommodation for people with low needs where a much lower level of staffing is required. The latter, which need not be in a hostel arrangement, may be provided by a version of the special RASP referred to in Section 15.3 above.
- There should be some specialist services catering for particular groups of people. These should include services targeting active drug users; services for people who need a drug-free environment; ‘wet’ services for those who need to drink on the premises; and alcohol-free services for those who wish to avoid alcohol. It is important to note here the very strong negative views expressed by many service users in their interviews about open drug use in emergency services.
- Women’s refuges were not included in these evaluations, but play a crucial role in the operation of homeless and housing services.

- Interviewees reported that there was a shortage of low threshold emergency accommodation, and data from the annual needs survey and quarterly service activity reports bears this out.
- Emergency accommodation should be located in all four Dublin local authority areas. This is already Homeless Agency policy: Core Action 5 of the Homeless Agency’s current action plan *A Key to the Door* states, ‘Continue the localisation of mainstream and specialist homeless services’.

The very high quality services operated by existing low threshold high support services is acknowledged, including those targeting people with complex needs such as chaotic drug and alcohol users, that were highlighted in Brooke and Courtney’s (2006) evaluations of emergency services.

Recommendation 12

Emergency accommodation services should be configured to ensure that there is adequate provision both for people who have complex ‘low threshold’ needs including chaotic drug and alcohol users, and people who require a ‘higher threshold’ drug/alcohol-free environment. These services should incorporate an assessment component and the emphasis should be on moving those who are capable into temporary or permanent housing as soon as possible. At least one existing accommodation service should be adapted as a low threshold and high support service for people with particularly complex needs (often behavioural) who are not currently ready or able for housing.

In addition to the above, a number of operational elements should be common to all emergency services:

- There are currently a number of different routes into emergency accommodation. These include a number of services operating different referral mechanisms. The consultants do not believe that this operates in the interests of homeless people, and this is addressed in Recommendation 10 that all referrals to emergency accommodation will be administered by the Homeless Information and Placement Service.
- No emergency accommodation service should operate a one-night only policy. People who move into emergency accommodation should be allowed to stay there until appropriate move-on housing has been identified (subject of course to the rules of the service). Subject to this, people’s stay in emergency accommodation should be as short as possible.
- All emergency accommodation should operate a key worker system, and everyone who moves into emergency accommodation should be allocated a key worker as soon as possible.

The continuing operation of one-night only policies, which is the case in two emergency services that consultants are aware of, militates against the operation of a pathways approach, and has the potential to trap people in homelessness rather than assist them to move out of it. Similarly, services that do not operate a key worker system are failing to provide the level of service that homeless people need if they are to be helped to move into appropriate long-term housing. It is imperative that these issues are addressed in order to ensure effective operation of emergency accommodation.

Recommendation 13

All emergency accommodation services should operate a key worker system, and should allow service users to remain resident in the service until appropriate move-on housing has been identified, subject to compliance with the rules of the accommodation. These should be a condition of funding.

As the RASP programme expands, the demand for emergency accommodation should reduce, principally because people should spend shorter periods in emergency accommodation than is currently the case. This will allow for reconfiguration of existing premises (see Section 20 below). It is however, not possible to quantify this because we cannot predict the rate of growth of the RASP programme.

19.2 Transitional housing

The aim of transitional housing is to prepare homeless people for independent living by providing them with accommodation and supports that assist them to develop the skills they need to live in mainstream housing. It has become an established element of the homeless and housing services system in Ireland, although as the report of the evaluation of transitional housing (Fitzpatrick Associates 2007) states, more than half the current transitional housing services were established after 2003. There are currently 15 transitional housing services funded through the Homeless Agency operating in the Dublin area, accommodating 416 households.

The concept of transitional housing developed in the USA in the late 1980s. The literature on transitional housing indicates that it has attracted both support and criticism, with its supporters asserting that it offers the combination of housing and services that homeless families and individuals with multiple problems need to achieve residential stability; and its critics maintaining that it disempowers its residents with intrusive rules and requirements, saddles them with the stigma of living in a 'programme' rather than normal housing, and diverts resources that might otherwise expand the supply of affordable permanent housing (Barrow and Zimmer 1999).

However, the debate about the effectiveness or otherwise of transitional housing has been largely overtaken by a debate about a housing first approach. As stated in Section 15.2 above, there is considerable evidence from research carried out in the USA that the housing first approach delivers better outcomes for homeless people than the traditional route through homeless services. Furthermore there is an established trend both in the USA and in Europe away from place-centred approaches to person-centred approaches. A characteristic of the housing first approach is that transitional supports are provided to people in long-term housing rather than in specific transitional housing schemes.

Of course the 'housing first' approach only works if affordable housing is available and accessible, and one of the principle barriers to the resolution of homelessness in Ireland has been the lack of affordable housing.

There are a number of reasons why transitional housing has been a valuable part of the homeless and housing services system:

- It plays a central role in the concept of continuum of care as promoted by the Homeless Agency in its action plan *Shaping the Future* (Homeless Agency 2001).
- In the absence of appropriate housing support services, it may be seen to be important to ensure that people are ‘housing ready’ when they take up a tenancy in long-term housing.
- It might be seen as a response to a shortage of affordable housing by providing a form of temporary accommodation where households live whilst they are waiting to be offered long-term housing.
- It can help people move out of 24-hour shared emergency hostels sooner.

The consultants consider that the housing first approach, in which transitional supports are provided to people in long-term housing, should be preferred over existing arrangements. It is important to emphasise that this does not mean we are advocating the end of transitional support, far from it. We are recommending that the transitional phase or support should happen in long-term housing rather than in short-term accommodation.

There are a number of examples of this form of transitional support already in existence in Dublin, which operate very successfully.

Recommendation 14

Transitional support should be provided in long-term housing by housing support teams rather than in transitional housing services as they are currently configured.

This recommendation can only be implemented in the context of a housing first approach, which in turn is dependent on a supply of long-term housing with supports. As this becomes available through RASP and other housing options, there should be a steady reduction in the use of existing transitional housing as people move out into long-term housing and the transitional function is transferred into long-term housing. When this occurs, opportunities will arise for a reconfiguration of existing transitional housing premises. It follows that implementation of this recommendation will take place over a significant period of time.

As stated in the recommendation, housing support teams will be responsible for providing the housing support to households in long-term housing, including transitional support.

It is not possible to predict with any confidence when the process of reconfiguration of existing transitional housing premises can begin since it depends on the rate of growth of RASP.

However, this report envisages three specific uses for transitional housing premises when their existing functions are transferred to long-term housing:

- The provision of residential aftercare support for people who have been through drug or alcohol detox.

- Supported housing for people whose needs are too high to allow them to live an independent life.
- High support low threshold short-term accommodation for people who are assessed as being currently unable to live in mainstream housing, even with housing support, but who, following a period of stabilisation may be able to do so. This is likely to be most appropriate for people with mental health and/or addiction problems.

Interviews with service managers and staff repeatedly highlighted the shortage of each of these categories of service.

19.3 Private emergency accommodation

As stated above in Section 10, there is concern that the level of oversight of the operation of private emergency accommodation appears to be inadequate. One of the consequences of this is that this resource, which is extremely expensive and represents very poor value for money, is used inefficiently. This has a further negative impact on its value for money.

The consultants are also concerned at the lack of an effective service to assist private emergency accommodation residents to move into appropriate long-term housing. This issue is addressed in the recommendations on long-term housing and Housing Support Teams.

The reasons for this include the fact that whilst one organisation (Dublin City Council) has overall responsibility for the operation of private emergency accommodation, it has delegated responsibility for allocation and management to another organisation (the Homeless Persons Unit), unfortunately without any written agreement.

Therefore, the lack of clear allocation of responsibilities between these two organisations is a fundamental weakness.

Recommendation 15

Dublin City Council should, as a matter of urgency, fulfil its responsibilities for the operation of private emergency accommodation ensuring that there is in place an effective vacancy management system that will provide the most efficient use of private emergency accommodation. Dublin City Council should carry out an audit of all private emergency accommodation to appraise its standards and suitability for its purpose and to provide a baseline assessment of the number of units and beds for the calculation of capitation payments to owners.

This recommendation should be implemented as soon as possible in order to ensure this resource is used as efficiently as is possible in the circumstances.

As stated above in Section 10, only 38% of residents pay charges for private emergency accommodation. This may act as a disincentive for them to move into long-term housing. Furthermore, we understand that most residents do not pay utility charges.

Recommendation 16

Dublin City Council should review the level of charges paid by private emergency accommodation residents, and put in place an effective system for collection of these charges.

Section 10 above refers to the difficulties facing a household with a history of anti-social behaviour. The four local authorities do not appear to have an agreed set of policies and procedures for determining the criteria used to assess when a household with a history of anti-social behaviour will be eligible for rehousing, and what assistance will be provided to help them to address the issues that contributed to their anti-social behaviour. In the absence of this, it is not surprising that such a high proportion of households in private emergency accommodation have a history of anti-social behaviour.

Recommendation 17

The four Dublin local authorities should agree common policies and procedures for determining the criteria used to assess when a household with a history of anti-social behaviour will be eligible for rehousing, and what assistance will be provided to help them to address the issues that contributed to their anti-social behaviour.

As stated above in Section 17.2 Action S14 in the Homeless Agency's current action plan *A Key to the Door* states that the four local authorities will clarify and co-ordinate a shared definition of homelessness. It would make sense for them to consider at the same time a common approach in relation to households with a history of anti-social behaviour.

20. Making the best use of premises

The development of homeless services has inevitably happened in a somewhat piecemeal fashion, especially with regard to premises. This is not surprising, particularly in the context of possible difficulties with planning permission. However the legacy of this is a range of premises, some more suitable for their existing purpose than others, in a range of different locations some of which are more appropriate than others. Some organisations own the premises their services operate from, others lease them.

The current configuration of services is less than optimal. For example the evaluation of emergency services (Brooke and Courtney, 2006) reported that some services were operating in premises that were categorised as 'very poor' and others in premises categorised as 'poor'. We are pleased to note that there have been very significant improvements to all the services that were categorised 'very poor', but there are a number of services operating in premises categorised as 'poor' still in operation. In some cases services have been run in premises allocated on a 'temporary' basis for a number of years.

At the same time there are some premises that are under-utilised, or perhaps not making the best use of the buildings available.

There are a number of points to be made:

- Good quality premises have the potential to be adapted for a number of different uses without enormous capital expenditure.
- As RASP grows, the demand for emergency accommodation will reduce as people's stay becomes shorter.
- As RASP grows and transitional support transfers to long-term housing, opportunities for reconfiguring of existing transitional housing premises will arise.
- Future patterns of homelessness may change. For example in the future there may be fewer older long-term street drinkers, and more younger people with drug problems. Emergency accommodation will need to reconfigure to respond to these changing needs.

Recommendation 18

In order to ensure the most efficient and effective use of existing premises, the Homeless Agency should ensure that an audit of all emergency accommodation and transitional housing premises should be carried out with a view to assessing their suitability for alternative uses and potential for reclassification.

Clearly any proposal to change the use of existing premises will need to take account of a range of issues and will need to be handled sensitively with due regard to the rights of the premises' owners. Nevertheless, despite the obvious difficulties it should be possible to reconfigure existing services in a strategic way that will result in an overall significant improvement in service quality.

In any event, the results of this audit will be required for reconfiguration of emergency accommodation and transitional housing following implementation of other recommendations.

21. Meeting health needs

21.1 Mental health

Preventing homelessness and recurring homelessness requires action to address mental health support needs of people who are at risk of homelessness. This includes the provision of effective discharge and supports for people leaving mental health institutions, actions to promote positive mental health in the community and the provision of effective and integrated community-based mental health services. Improving access to mental health services will be crucial in the future. One of the barriers faced by some homeless people is that they are unable to access community-based mental health services, which are organised in catchment areas. Removing the catchment area focus to service delivery is therefore critical to improving access to mental health services. Similarly, there is a need for assertive outreach mental health teams to work with the most vulnerable people who currently do not access services.

An important starting point is to ensure the full implementation of the recommendations in the report of the expert group on mental health policy, *A Vision for Change* (Department of Health and Children 2006). This is urgently needed if mental health needs are to be met in the future and if community-based services are to be further developed. Taking a comprehensive approach as recommended in *A Vision for Change* will facilitate positive mental health in the community as well as providing accessible, community-based and specialist services for people experiencing a mental illness. Interviewees repeatedly said that inadequate community mental health services were a major barrier that prevented people moving out of homelessness. Furthermore some people in mainstream housing or residential supported housing are at risk of homelessness because of the lack of these services.

While the roll out of the *Primary Care Strategy* (Department of Health and Children 2001) through primary health care teams is welcomed as being a more effective mechanism for coordinating services at a local level, there is an urgent need for additional funding to resource outreach and community based services. Investing in mental health services will not only prevent homelessness, but it will save resources in the long term and foster health and well-being for those most at risk of homelessness.

21.2 Addiction

Studies have repeatedly shown a high rate of drug and alcohol dependency amongst those using homeless services. Alcohol is cited as a problem for three quarters of homeless service users in a recent study of Dublin's homeless population. A third were likely to be dependent on illegal drugs, and furthermore were likely to use these drugs in more dangerous ways than the general population (Lawless and Corr 2005).

People with addiction issues have a diverse range of needs, and it is widely accepted that no treatment or approach is universally effective. For many, addiction is a 'chronic relapsing condition' requiring sustained and repeated treatment episodes, while for others their pathway to abstinence (or a more manageable lifestyle) is more straightforward.

Furthermore, service user interviews and other research suggests that different people may have different desires around their drug use and that their capacity for change may vary. Individuals' desire and capacity for change can also vary at different points within their lifetimes and are sometimes contingent on a variety of circumstances.

Service user interviewees indicate a pathway out of addiction that typically includes some or all of the following – stabilisation, detoxification, treatment and aftercare. However the perception is that there are serious gaps and shortages in services that militate against all but a small minority having any real opportunity of moving along this continuum. Indeed the lack of detoxification and rehabilitation services was one of the most frequently reported barriers to moving out of homelessness, and was referred to frequently by homeless services staff and service users. These gaps include an acute shortage of detoxification beds and prohibitive waiting lists and access requirements for other treatment services. There is also a need for suitable aftercare places (Cassidy 2008).

The recent *Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Abuse)* (Corrigan et al, 2007) offers a comprehensive survey of existing inpatient and residential rehabilitation services for drug and alcohol users in Ireland. It also charts a way forward for inpatient/residential drug and alcohol services under the framework of the Four-Tier model of care.

The consultants strongly endorse the recommendations of this report as a major and necessary step in any attempt to end homelessness, including the necessity for the four tiers to be fully resourced if they are to be effective. We also agree with the working group's emphasis on the need for a seamless transition from detoxification into rehabilitation (and aftercare).

There are diverse views on housing those with addiction issues. Some argue that accommodation and drug recovery should be inextricably linked, although as one service user put it, a difficulty with this is that 'if you fall off the wagon you lose your accommodation'. Another difficulty is the aforementioned fact that some people at some points in their lives are unwilling to access treatment or address their drug or alcohol dependency.

The accommodation stability offered under the housing first model arguably provides most people with the best opportunity to deal with their addiction. Peer research offered examples of active and stabilised drug users holding down accommodation for 20 years or more.

Many current and ex-service users in Dublin argue that the current homeless scene, from the Night Bus through the hostels, is 'saturated' in drugs and that in this environment it is exceptionally difficult for people to address addiction issues. Indeed there are examples of people regressing or relapsing in their drug or alcohol use due to the 'homeless scene environment' or even of people who first develop their habits herein.

There has been admirable progress in regard to introducing stabilisation services to emergency shelters, notably the introduction of community detox to some emergency hostels, but community detox could arguably be equally or more effective for people living in stable accommodation.

There are however a minority of chaotic alcohol or drug users who neither want, nor are capable of maintaining independent accommodation (even with support) while they are using. Their accommodation is vulnerable to becoming a 'shooting gallery' or a place from where people deal which in turn leads to neighbourhood difficulties and eviction. They also may not be capable of looking after either themselves or the property.

For these people there is a clear need for local low threshold temporary or long-term accommodation with an emphasis on harm reduction and which has links to treatment services for people who are ready to and wish to change.

Recommendation 19

The recommendations in *Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Abuse)* should be implemented without delay, and the provision of specialist low threshold emergency accommodation for those who require it, and community detoxification facilities for active drug users should continue.

The reconfiguration of transitional housing (see Section 19.2) will provide opportunities for an expansion of short-term and long-term residential accommodation for people with alcohol and/or drug dependency problems.

22. Information/advice centres, food centres, day centres

The 11 services that fall under this broad heading have a wide range of roles and activities. In general they cover four broad areas of activity:

- Information/advice/advocacy
- Practical assistance
- Food
- Specialist services

Different services specialise to different degrees in these areas, and differ too in the extent to which they may cover more than one area. Furthermore, it is of course the case that these services do not have a monopoly on information, advice and advocacy, which may also be provided to a greater or lesser extent by residential homeless services.

The role of these services is crucial to a considerable number of people who are homeless, threatened with homelessness or otherwise marginalised and isolated. We believe that these services play an important role in the suite of homeless services and assist with the pathway through homelessness in a number of specific ways.

Information/advice/advocacy

Independent information, advice and advocacy is an extremely important service for people threatened with homelessness as well as for people who are homeless. Service users and other interviewees identified the lack of low threshold services of all kinds as being significant barriers in preventing people moving out of homelessness. However, notwithstanding the extensive work of these services, many service users pointed to an information deficit and this is particularly the case for the newly homeless.

The provision of information, advice and advocacy services, may include:

- Crisis support
- Help with finding accommodation

- Referral to emergency accommodation
- Information and advocacy on social welfare, housing, education, health entitlements, employment, etc

Four services provide information, advice and advocacy. (A fifth service providing information, advice and advocacy is dealt with in ‘specialist services’ below.) In two cases the provision of food is an integral part of the service. In one case there is a direct link to health and other services that are provided on-site. In one case the service also operates an advice outreach service to food centres.

The service activity reports show that in the second quarter of 2008 these four services were accessed by 2070 households, of whom 1591 (77%) were homeless, and 189 (9%) were at imminent risk of homelessness. This is a considerable volume of activity, although we do not have information on outcomes.

We strongly support the provision of independent advice and advocacy for people who are homeless or threatened with homelessness. These services can play a vital part in the prevention of homelessness, as well as assisting people who may be vulnerable in their pathway into and through homeless services.

Practical assistance

Two services’ main activities involve the provision of practical assistance to homeless people, which may include:

- Providing clothing
- Laundry facilities
- Showers
- Storage for personal belongings
- Provision of sleeping bags

One service was accessed by 156 service users during the second quarter of 2008; accurate data was not available for the other service.

Food

Food centres play a crucial part in addressing the needs of those who are homeless, in particular for those who are sleeping rough. Being provided with a daily nutritional meal fulfils a fundamental need, and can also operate as a portal to other services.

The food centres show varying percentages of service users as homeless and it is clear that they provide their services to a wider cohort of the population.

Food centres assist their users to maintain regular social contact and a daily routine, and they act as a focus to otherwise marginalised or chaotic lives. Service managers reported high levels of social isolation, particularly among single men. In relation to the maintenance of health and well-being, the preventative element of food centres is considerable. Even when resettled, the routine involved for some in shopping, cooking and maintaining health remains a challenge.

Two services' main area of activity is the provision of food, and as stated above, two of the information /advice/advocacy centres also provide food.

One of the food centres did not complete a service activity report, the other estimated that it provided 32,760 breakfasts and dinners during the three-month period. This centre estimated that 80% of its service users were homeless, based on observations of its staff. However, this service does not carry out any systematic assessment of the number of service users who are homeless. In these circumstances it is not possible to arrive at a reliable assessment of the extent of use of this service by homeless people.

A particularly important role for food centres is in their operation as a gateway to other services such as advice and health. Two services described above under 'information/advice/advocacy' have a seamless link between the provision of food and access to a very wide range of other services. This seems to be right; the provision of food is important but should in all instances be accompanied by the comprehensive provision of other relevant services that homeless service users are encouraged and assisted to use.

Specialist services

One service provides support for families living in emergency accommodation. This service provides meals for children and a range of child-centred activities.

One service operates as a support centre for refugees and asylum seekers. During the second quarter of 2008, it was used by 479 households, of whom 31 were homeless and 44 were assessed to be at imminent risk of homelessness. This service also provides English language classes, pastoral and spiritual support and literacy tuition.

Recommendation 20

- A The provision of independent information, advice and advocacy to homeless people and people at risk of homelessness should be established in the two local authorities where this service is not currently provided.
- B Food centres should ensure a provision of a range of on-site information, advice and other relevant services such as health to maximise the added value for the provision of food. Staff should actively encourage service users to avail of these services, and should also work to reduce dependency on their service by service users.

- C All services in receipt of funding through the Homeless Agency, including food centres, should actively participate in the LINK system and ensure that the details of all homeless service users are accurately entered on the system.

23. Other service issues

23.1 Befriending and mentoring

It is widely acknowledged that social isolation and loneliness are widespread, especially among single men, and perhaps especially among single men who are moving into a new home following detoxification and aftercare, who are very deliberately seeking to break off previous social contacts that would have involved alcohol and drugs. Also, those leaving shared emergency accommodation after a long period, might find it particularly lonely in long-term housing on their own. This aspect of post-homelessness was referred to in interviews with service managers.

Interviewees were very positive about existing befriending schemes, which provide effective support and assistance for isolated people.

It might be helpful to distinguish between befriending and mentoring.

Befriending is a process whereby two or more people come together with the aim of establishing and developing an informal and social relationship. Ideally the relationship is non-judgemental, mutual, purposeful and there is commitment over time.

Mentoring is a one-to-one, non-judgemental relationship in which an individual voluntarily gives time to support and encourage another. This is typically developed at a time of transition in the mentee's life, and lasts for a significant and sustained period of time.

The consultants are very supportive of both befriending and mentoring schemes, provided that they are properly organised, with comprehensive training and appropriate professional support. They can provide an excellent and appropriate area for volunteering.

Recommendation 21

Homeless services should explore the continuing development of befriending and mentoring schemes for ex-homeless people, with support from the Homeless Agency.

24. Information systems

As is apparent from the foregoing analysis and recommendations, Information Systems (IS) can and should play a significant role in supporting the service model proposed. There are two basic IS elements to the recommendations presented here: firstly that a new system for Homeless Information and Placement Services (HIPS) be developed to replace the existing freephone service and, secondly, that

the existing LINK system managed by the Homeless Agency be improved to provide an information infrastructure for ongoing monitoring, research and improvement of homeless services in the Dublin region. The specific recommendations for the HIPS system were outlined in Section 17.3 and so will not be repeated here. The only additional recommendation relating to HIPS is that consideration be given for designing the system in such a way as to facilitate any appropriate information linkages between HIPS and LINK. Recommendations for changes to LINK, including how it might be used, are provided below.

The current LINK system maintained by the Homeless Agency has the potential to provide significant value to homeless service providers, policy makers and researchers in homeless service provision and should be extended and more appropriately supported. However, the system as it is currently designed and used provides little benefit to the Homeless Agency and is widely seen as an administrative headache by the service providers. Yet even a cursory analysis of the data in the system itself suggests that a source of information could be created with a modification to the systems structure and interface. In particular, a significant opportunity exists to support care and case management across the homeless services sector through the use of a more efficient, faster and easier to use system, that has better capacity to display the key information to support front-line service providers. Coupled with greater commitment from homeless services to the fully utilise the system, it has the potential to not only assist in the provision of services to service users, but also to provide significant anonymised statistical information to assist with responding to the needs of people who are experiencing homelessness in Dublin.

In addition to service improvement, there is the potential for an unparalleled system-wide perspective on the pathways into and through homelessness that few jurisdictions in Europe could match. This is due to the broad coverage in LINK of service providers and service activities in the Dublin area that currently generates over 30,000 individual records of service activities each quarter. And this is *without* a large number of service providers entering data into LINK. Thus, improvements to the functionality and use of LINK would contribute to realising a unique opportunity for gathering and studying systems level data in relation to homeless service needs and provision.

In order for the above benefits to be achieved, there are three key enhancements that are required.

Recommendation 22

- A. Enhance the data collection function in LINK to ease the burden of data entry for service providers and encourage / require that service providers enter their activity data.
- B. Establish and resource a data quality management function within the Homeless Agency to ensure that the information on LINK is accurate and relevant.
- C. Work with other Government organisations that collect and maintain relevant statistics and/or service provider data (e.g. CSO, Dublin local authorities, Department of Health and Children, Department of Social Welfare, etc.) to enhance the LINK dataset with existing data that could be of relevance to service providers, policy makers and/or researchers in homeless policy.

It is acknowledged that data protection issues may limit the extent to which data can be shared.

25. Quality management

The analysis of the quality survey findings indicates that further action needs to be taken to help organisations achieve the relevant quality standards. Where possible this should be a positive approach to encourage and support compliance, rather than a negative policing role. However, some areas, such as health and safety, and food hygiene, are based on legal requirements and therefore the approach may require both a carrot and stick approach. The following is therefore recommended:

Recommendation 23

- A. The Homeless Agency should include in its training programme the specific quality areas where this evaluation has highlighted particular weaknesses.
- B. The Homeless Agency should instigate a series of Best Practice Briefings to help services develop a clearer picture of what best practice looks like, using case studies of those organisations that have already achieved that level in the relevant quality areas.
- C. The Homeless Agency should consider the establishment of Best Practice Quality Groups to encourage services to benchmark good practice, regularly review their services through self-assessment and provide each other with peer support.
- D. The Homeless Agency should initiate a formal review of all relevant aspects of health and safety compliance in all the homeless services funded through the Homeless Agency.
- E. The Homeless Agency should negotiate with each service it funds an agreement on the quality standards it currently complies with and those it will achieve over the period of the service level agreement.
- F. The Homeless Agency should ensure that funding and service level agreements include the following:
 - i. A requirement to participate fully in LINK
 - ii. Following the review of the Holistic Needs Assessment (HNA) a requirement to consistently use the HNA
 - iii. Evidence of current compliance with HACCP if appropriate
 - iv. Evidence of annual fire safety inspections and current compliance with Fire Safety in Hostels (Department of the Environment and Local Government 1998)
 - v. Evidence of annual health and safety audits, including an assessment of compliance with health and safety at work requirements, carried out by a qualified person.
- G. The Homeless Agency should address its internal capacity to promote and ensure quality (including negotiating and checking compliance with agreed quality targets and negotiating flexibility to reconfigure services to meet changing needs).
- H. The Homeless Agency should take specific action in relation to those services where the evidence from the self-assessments shows that the service is consistently below standard, offering appropriate support and advice to help them improve, as well as the potential to eventually lose funding if there is a lack of willingness to address the relevant issues.
- I. The Homeless Agency should consider mechanisms to enable small organisations to share or access specialist services e.g. IT, payroll, finance, HR, strategic planning, evaluation, etc.

The commitment in *Pathways to Home* (Homeless Agency 2008a) to develop a revised edition of *Putting People First* (Homeless Initiative 1999) is welcomed. This should update existing standards and create existing standards where none exist (e.g. services for children). In this process homeless services should be consulted appropriately.

26. Funding of homeless and housing services

26.1 Funding homeless services

The origins of the current arrangements for funding homeless services, which involve core funding, provided by the HSE and the DoEHLG go back some time.

Section 54 of the Health Act 1953 states that health authorities have a duty to provide ‘institutional assistance’ (accommodation in a county home) to homeless people. So the responsibility for responding to homelessness lay clearly with health authorities.

However, 35 years later the Housing Act 1988 placed the responsibility for responding to homelessness equally clearly with local authorities, by requiring them to conduct an assessment of homelessness and empowering them to provide a range of forms of assistance to homeless people. Section 10 of the Act, while not putting a statutory obligation on local authorities, conferred additional powers on them to respond to homelessness by directly arranging and funding emergency accommodation, making arrangements with a health board or voluntary body for the provision of emergency accommodation and/or making contributions to voluntary bodies towards the running costs of accommodation provided by them.

But Section 54 of the Health Act 1953 was not repealed, so two entirely separate departments had responsibility for tackling homelessness.

As a consequence of this dual responsibility, funding for homeless services was confused and inconsistent. Then in 1996, the Homeless Initiative was established, with responsibility for the planning and co-ordination of homeless services in the Dublin region. This body, which subsequently became the Homeless Agency in 2000, acted as a conduit for funding from both the Department of Health and the Department of the Environment.

In 2000 *Homelessness: An Integrated Strategy* (Department of the Environment and Local Government 2000) was published. This was the culmination of work by a Cross Department Team set up under the aegis of the DoEHLG. The team considered the issue of consolidating statutory responsibility but did not accept that statutory responsibility should fall on only one statutory body.

Rather than placing statutory responsibility exclusively on either the local authorities or the health boards, there is a justifiable case for both local authorities and health boards each having a statutory obligation for homelessness. *What is required is a clarification of responsibilities of both statutory agencies and the provision of services to discharge these responsibilities in an appropriate manner* (author’s italics).

The strategy did however acknowledge that the situation of joint responsibility was problematic.

It is accepted that in the past local authorities and health boards may have pointed to each other’s statutory responsibility with the result that the responses from both agencies were inadequate for the needs of the homeless or in understanding the needs of different groupings of homeless persons.

However, it went on to recommend that joint responsibility continue, with local authorities carrying responsibility for the provision of emergency hostel and temporary accommodation, and health boards being responsible for the health and in-house care needs of homeless persons.

In 2006, the report of the review of the strategy carried out by Fitzpatrick Associates (2006) was published. The report drew attention to continuing difficulties in establishing responsibility for funding for specific elements of services, and continuing difficulties in ensuring co-ordination of capital and revenue funding. There are numerous references to inadequate integration of funding between the HSE and the DoEHLG. It is important to acknowledge that many of these observations were focused on areas outside Dublin.

In August 2008, the new Government strategy *The Way Home* (Department of the Environment, Heritage and Local Government 2008) was published. The strategy notes: 'It is acknowledged that there has been some confusion about which funding agency is responsible for certain ongoing revenue funding elements.' However the issue of integration of funding between the HSE and the DoEHLG was not addressed directly, and the status quo is maintained.

The fact is that significant problems remain. There are a number of instances of services in the Dublin area where significant capital expenditure has been provided for new buildings which lay empty or partially occupied because the HSE was unable to provide funding. A number of these received a high level of publicity during the summer of 2008. The issue of confusion arising from joint responsibility was raised a number of times during the fieldwork for these evaluations. It seems clear that issues of integration have not been addressed adequately.

It is our view that the benefits of this joint responsibility for tackling homelessness are minimal and the shortcomings extremely significant.

Although there have been frequent references to the need to ensure integration of funding between the HSE and the DoEHLG, the fact is – as demonstrated by recent events – that very significant problems remain. It seems that where responsibility is shared between two different departments, each with different priorities and structures, it is very likely that confusion will result.

It is important to be clear that HSE funds homeless services in two ways: firstly it directly funds the salaries of health care staff such as doctor/GPs, counsellors, chiropodists etc.; secondly it funds the salaries of project manager/leaders, assistant project leaders, and project/key workers.

As far as the first part is concerned – the funding of health care staff, we believe this is appropriate and should continue. However, we think that the funding of other staff by the HSE is the source of the problem and we believe this responsibility should transfer to the DoEHLG.

Recommendation 24

Consideration should be given to transferring current expenditure by the HSE on non-health care staff working in homeless services, such as project manager/leaders, assistant project leaders, and project/key workers, to the DoEHLG by means of a vote transfer if it can be demonstrated that this leads to an improvement in the delivery of homeless services. The HSE should continue to fund the salaries of health care staff in homeless services. The aim of this is would be to ensure that one department – the DoEHLG – has responsibility for both capital and revenue funding of temporary homeless accommodation and supported housing. In order to realise this recommendation consultation will occur between the Department of the Environment, Heritage and Local Government, the Department of Health and Children, the Health Service Executive and the four Dublin local authorities.

There are a number of important points to be made that concern this recommendation:

- It is concerned only with temporary accommodation and supported housing. As these evaluations have shown, the great majority of homeless households need mainstream housing, with housing support as appropriate. Housing support will be funded in its entirety by the DoEHLG as established in *Homelessness: an integrated strategy*.
- It has been suggested to the consultants in discussions about this proposal that if the HSE were relieved of its responsibility to fund project workers etc, then its commitment to tackling homelessness would be diluted, and its involvement in other aspects of homeless services through funding of health care staff would diminish. However we do not see a causal link between these two functions.
- Furthermore, in relation to health care provision for homeless people, there is a very important point of principle to be underlined here, which is that homeless people's health needs should be responded to as far as possible by mainstream health services rather than dedicated homeless health services. The existence of dedicated health care services is a response to high levels of health care needs among the homeless population and an acknowledgement that the current configuration of health services militates against access by homeless people. This is referred to explicitly in *The Way Home*:

Towards 2016 states that 500 primary care teams will be in place by 2011. Therefore, the aim is that over the course of this strategy homeless people will access primary care through these new teams. It is not intended that a separate and parallel health system will exist for homeless people. The current dedicated health services for homeless people will be integrated with the primary care teams and networks.

So the principle of integration of dedicated homeless health services is accepted by both the HSE and the DoEHLG. In those circumstances it is even more difficult to see how the act of the HSE *not* funding some core staff costs of homeless services would lead to fewer health care services for homeless people.

- It would be important that regardless of changes in funding arrangements that the HSE would continue to be represented on national bodies such as the National Homeless Consultative

Committee, and on local and regional homeless fora including the Homeless Agency, and on groups such as the Management Groups recommended in *The Way Home*.

- There is however one issue that would need to be an integral part of this arrangement. HSE expenditure in 2008 on project manager/leaders, assistant project leaders, and project/key workers in the Dublin region is estimated at approximately €14.5 million. In order to ensure that the DoEHLG would not have to incur additional expenditure, implementation of this recommendation would have to be conditional on agreement being reached between the HSE and the DoEHLG on the amount of the budget transfer.

26.2 Funding housing support services

The terms of reference of these evaluations included, ‘develop and propose a funding mechanism for existing models of housing and support identified as best practice’.

Earlier in this report:

- The importance of providing both housing and appropriate supports was emphasised (Section 15).
- It was demonstrated that about a third of homeless households need mainstream housing with long-term housing support (Section 11).
- It was recommended that long-term housing support should be formally acknowledged as a housing service that is an integral element of effective mainstream housing provision for previously homeless people and others whose tenancy may be at risk without such support. (Section 15.7).
- The establishment of Housing Support Teams that would incorporate existing short-term housing support as well as the provision of long-term housing support was recommended (Section 15.9).

The next recommendation follows directly from the above.

Recommendation 25

A new defined funding scheme for all short-term and long-term housing support services should be established.

Existing short-term housing support services (resettlement, tenancy sustainment etc) are funded under Section 10 of the Housing Act 1988. This is somewhat anomalous since this section is concerned with provision of accommodation for homeless people or provision of assistance to homeless people, and people who have tenancies or who are in supported housing without tenancies are most definitely not homeless. However, notwithstanding this we suggest that housing support services should continue to be funded under Section 10 of the Housing Act 1988 for the time being at least. Apart from anything else, savings accrued from a reduction in expenditure on private emergency accommodation (arising from introduction of RASP) can be allocated to expenditure on housing support.

We estimate that the unit cost of providing housing support is an average of €4,000 per annum per client. This is based on a caseload of approximately 20 service users with a range of needs requiring different levels of support.

Typically the level of support required by clients falls off over time. This means that during the period of RASP expansion when there will be a high percentage of new clients, average caseloads may be lower and unit costs correspondingly higher.

A minority of clients will need particularly intensive support for a period, which will involve lower caseloads, and higher unit costs.

26.3 Funding supported housing

The revenue element of supported housing is funded through the Homeless Agency through the joint agreement between the DoEHLG and the HSE referred to in Section 26.1. And therein lies the same paradox identified in the previous section; people living in long-term housing, whether mainstream housing with or without support, or supported housing, are by definition, not homeless.

However, whilst this is clearly an unsatisfactory state of affairs, the consultants can see no short-term solution, except to acknowledge that supported housing is not a homeless service. So in the short-term it is proposed that the revenue element of supported housing – primarily staffing costs – is met through the existing arrangement that involves joint funding by the HSE and the DoEHLG. If the recommendation in Section 26.1 is accepted this would transfer to funding from the DoEHLG alone.

The recently published Government strategy on homelessness, *The Way Home* (DoEHLG 2008), refers to ‘supported housing’ for long-term homeless people who have spent long periods in emergency accommodation and for homeless people with disabilities (physical, intellectual or mental health difficulties) that prevent them from living independently. It states, ‘Such accommodation will be provided as part of the strategy to address the housing needs of older people and people with a disability and will be funded and supported according to the developing policies in relation to these specific groups’.

We strongly support this approach, which we hope will lead to a dedicated funding stream to meet the revenue costs of the provision of supported housing for people who for whatever reason cannot sustain a tenancy in mainstream housing.

The Way Home states that the national housing strategy for people with a disability is expected to be developed by the end of 2009.

Recommendation 26

The national housing strategy for people with a disability should incorporate a dedicated funding stream for the revenue costs of the provision of supported housing for people whose non-housing needs are such that they are unable to sustain a tenancy in mainstream housing.

It is important to note that an important source of capital funding is the Capital Assistance Scheme, which is available to registered housing associations for the capital costs of eligible housing schemes. It will be necessary for adequate funding to be provided to support this scheme, since both capital and revenue funding are required to provide residential supported housing.

27. Implementation and continuous improvement

Implementation of the recommendations in this report will be a challenging task and the proposal to establish a project management team representing key stakeholders that will be responsible for overseeing implementation is welcomed.

This will be a task for some time to come, because the reconfiguration of emergency and transitional housing can only take place as the RASP programme expands. It will be most important that a strategic approach is taken to managing this reconfiguration and that the project management team has the authority to ensure the reconfiguration takes place expeditiously and effectively.

Furthermore, the ongoing reconfiguration of services to meet the changing needs of homeless households and those at risk of homelessness should be undertaken in a strategic way, with consideration given to the design and development of a ‘continuous improvement’ programme at a systems level. This would entail developing a programme for continuous service evaluation and performance improvement, which could be undertaken at individual organisation level, as well as at the level of the system as a whole. Three key components of such a programme are:

- 1) A ‘quality management strategy’ including the establishment and continuous monitoring of relevant service quality measures that contribute to client success, organisational performance and efficient use of resources. This programme should be configured such that achievement (or not) of targets in relation to these measures results in meaningful incentives or penalties at the service organisation level as well as periodic evaluations of the system as a whole.
- 2) The development of ‘service recovery’ processes at organisational level to facilitate the identification of service failures, the cause of these failures and appropriate remedies to be applied. While there are any number of quality programmes that monitor service errors and failures, the implementation of such programmes must be complemented by processes that facilitate an appropriate response at the point of failure, as well as a service process review to ensure that the causes of failure are identified and the appropriate service design modifications undertaken.
- 3) ‘Environmental scanning’ activities focusing on changes in policy, society, the economy, the nature of homelessness and strategies employed in other jurisdictions would be of benefit to enable policy-makers, along with service providers, to anticipate change and to adapt their strategies and services accordingly.

28. Summary of recommendations

Recommendation 1

A special RAS scheme should be developed that will enable access to housing for people experiencing homelessness. It is envisaged that the scheme will involve registered housing associations entering into leases with owners of currently vacant properties. The housing associations will then let the dwellings to homeless households and be responsible for day-to-day housing management. If the tenants are in need of additional support, this will be provided by a Housing Support Team.

Recommendation 2

A working group should be established to determine the most effective course of action that will ensure effective implementation of SWA Circular No. 04/08. Membership of the working group should include representatives from the Department of Social and Family Affairs, the Health Service Executive, superintendent community welfare officers, and the Homeless Agency, together with representatives of other agencies that may be able to assist.

Recommendation 3

Housing support should be formally acknowledged as a housing service that is an integral element of effective mainstream housing provision for previously homeless people and others whose tenancy may be at risk without such support.

Recommendation 4

Existing teams providing housing support (e.g. community settlement, settlement, tenancy sustainment, transitional and other existing housing supports) should be merged into a small number of Housing Support Teams organised on an area basis, providing all housing support within a defined geographical area. These teams will be responsible for providing all short-term and long-term housing support services to tenants in their area that need it. This will include new tenants (local authority, housing association or private rented), existing tenants experiencing difficulties, and those needing long-term support.

Where housing associations currently have in place their own effective housing support services, then it may be appropriate for them to have the option of continuing with that arrangement.

Recommendation 5

Local authorities should review their waiting list systems to enable a movement of households from residential supported housing into social housing.

Recommendation 6

The consultants strongly endorse Strategic Aim 1: Preventing Homelessness that is contained in the current government policy on homelessness, *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* and urge that it is implemented in full without delay.

Recommendation 7

The HSE should ensure that the actions set out in Strategic Aim 1: Preventing Homelessness in *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013*, that aim to reduce the risk of homelessness among patients being discharged from acute hospitals should be fully implemented as a matter of urgency.

Recommendation 8

Each of the four Dublin local authorities should ensure the provision of a comprehensive homeless service that will include the following tasks:

- Assessing whether or not applicant households are homeless
- Advising and assisting with preventative action if appropriate
- Carrying out a basic assessment of the needs of applicant households using the Initial Contact Sheet that is being developed by the Homeless Agency
- Referring applicant households to emergency accommodation if required, through HIPS (see Section 17.3)
- Entering applicant households' details on the LINK system
- Referring applicant households to a local community welfare officer if appropriate

Where local authority homeless services already exist they should be developed to include the above tasks.

Recommendation 9

The existing freephone and placement service should be developed into a 24-hour Homeless Information and Placement Service (HIPS) with the following primary functions:

- Provision of information on homelessness to people who are homeless or threatened with homelessness, the public, and professionals (e.g. hospitals, social workers, gardaí, NGO staff).
- Operation of a placement service to all emergency accommodation (NGO hostels, statutory hostels, private emergency accommodation and its successors) for homeless people themselves and on behalf of the Contact and Assessment Team, local authorities and others.
- In order to realise this recommendation, consultation will occur between the Department of the Environment, Heritage and Local Government, the Department of Health and Children, the Health Service Executive and the four Dublin local authorities.

Recommendation 10

The existing street outreach teams and the Night Bus that operate in the Dublin City Council area should be replaced with one Contact and Assessment Team (CAT).

Recommendation 11

All people who become homeless for the first time or who are repeat homeless should have a basic assessment carried out using the Initial Contact Sheet being developed by the Homeless Agency, and their details should be entered on the LINK system as soon as is practicable.

Recommendation 12

Emergency accommodation services should be configured to ensure that there is adequate provision both for people who have complex ‘low threshold’ needs including chaotic drug and alcohol users, and people who require a ‘higher threshold’ drug/alcohol-free environment. These services should incorporate an assessment component and the emphasis should be on moving those who are capable into temporary or permanent housing as soon as possible. At least one existing accommodation service should be adapted as a low threshold and high support service for people with particularly complex needs (often behavioural) who are not currently ready or able for housing.

Recommendation 13

All emergency accommodation services should operate a key worker system, and should allow service users to remain resident in the service until appropriate move-on housing has been identified, subject to compliance with the rules of the accommodation. These should be a condition of funding.

Recommendation 14

Transitional support should be provided in long-term housing by Housing Support Teams rather than in transitional housing services as they are currently configured.

Recommendation 15

Dublin City Council should, as a matter of urgency, fulfil its responsibilities for the operation of private emergency accommodation including establishing an effective accommodation management system that will ensure the most efficient use of private emergency accommodation. Dublin City Council should carry out an audit of all private emergency accommodation to appraise its standards and suitability for its purpose and to provide a baseline assessment of the number of units and beds for the calculation of capitation payments to owners.

Recommendation 16

Dublin City Council should review the level of charges paid by private emergency accommodation residents, and put in place an effective system for collection of these charges.

Recommendation 17

The four Dublin local authorities should agree common policies and procedures for determining the criteria used to assess when a household with a history of anti-social behaviour will be eligible for rehousing, and what assistance will be provided to help them to address the issues that contributed to their anti-social behaviour.

Recommendation 18

In order to ensure the most efficient and effective use of existing premises, the Homeless Agency should ensure that an audit of all emergency accommodation and transitional housing premises should be carried out with a view to assessing their suitability for alternative uses and potential for reclassification.

Recommendation 19

The recommendations in *Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Abuse)* should be implemented without delay, and the provision of specialist low threshold emergency accommodation for those who require it, and community detoxification facilities for active drug users should continue.

Recommendation 20

- A The provision of independent information, advice and advocacy to people who are homeless and people at risk of homelessness should be established in the two local authorities where this service is not currently provided.
- B Food centres should ensure a provision of a range of on-site information, advice and other relevant services such as health to maximise the added value for the provision of food. Staff should actively encourage service users to avail of these services, and should also work to reduce dependency on their service by service users.
- C All services in receipt of funding through the Homeless Agency, including food centres, should actively participate in the LINK system and ensure that the details of all homeless service users are accurately entered on the system.

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Recommendation 26

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and Appendices**

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Appendix 1

The following is a list of services that were included in these evaluations. There is some variance from the original list that were provided in the tender document because some services no longer existed or were removed for other reasons, and because other services were added. The original eight headings, under which each of the services were placed have been retained, although as the report explains, some of the categorisation is difficult.

Street outreach

Depaul Trust – Ballymun Case Management Team
 Dublin City Council - Night Bus
 Dublin City Council - Emergency Outreach
 Dublin Simon – Rough Sleepers Team
 Focus Ireland - Youth and Outreach Team
 Salvation Army - House Night Reception
 South Dublin County Council - Outreach
 Dún Laoghaire- Rathdown County Council - Outreach

Private emergency accommodation (PEA)

Long-term supported housing

AIDS Housing Fund
 Dublin City Council – Oak House
 Dublin Simon – Canal Road
 Dublin Simon – Sean MacDermott Supported Housing
 Dublin Simon – NCR
 Focus Ireland – Stanhope Green
 Focus Ireland – Georges Hill
 Focus Ireland – Alyward Green
 Focus Ireland – Deerpark Lodge
 Focus Ireland – Dún Laoghaire
 Focus Ireland – Basin Lane
 Focus Ireland – James Street
 HAIL
 Sisters of Our Lady - Sean MacDermott Street
 Sisters of Our Lady - Beechlawn
 Sophia Housing - Cork Street
 Crosscare- Bentley House

Other

St Catherine's Foyer
 YMCA

Settlement and tenancy sustainment services

Access Housing Unit (Threshold)
Dublin City Council - Resettlement
Dublin City Tenancy Sustainment (DCTS)
Dublin Simon - Settlement
Focus Ireland - Community Settlement (Tenancy Support and Settlement Service and Intensive Family Settlement)
Focus Ireland - Intensive Family Support
Merchants Quay Ireland Settlement Service
Peter McVerry - Outreach and Tenancy Sustainment
Dún Laoghaire Rathdown Tenancy Sustainment Service
Fingal Tenancy Sustainment Service
South Dublin County Council Tenancy Sustainment Service

Rental Accommodation Scheme (RAS) pilots

Direct Service Provision
Focus Ireland
Threshold

Food/advice/information

Capuchin Day Centre
Crosscare - Centrecare
Focus Ireland - Open Access (Eustace Street)
Focus Ireland - Childcare
Focus Ireland - Extension
Guild of the Little Flower
Merchants Quay Ireland - Faightu Centre
Tallaght Homeless Advice Unit
Vincentian Refugee Centre

Other core emergency services

Homeless Persons Unit
HPU Freephone Service

GISS *EHR Ltd*

Appendix 2

Background paper on international experience of long-term housing
and support for *Evaluation of Homeless Services 2008 Series*

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1 Introduction

The purpose of this paper is to provide an overview of the nature of housing and support in Europe in order to identify the issues to be taken into account in deciding upon funding models to inform the development of policy in Ireland. The paper is intended to be used as a background document for the consultants undertaking the review of policy and is provided in the framework of that brief.

The paper does not provide a comprehensive description of housing with support in all EU member states but rather highlights specific approaches using specific countries to illustrate these approaches or to highlight differences. The paper draws upon existing publications by the authors in this task and specifically Edgar, et al (2000) and Busch-Geertsema and Evers (2004).

The paper initially briefly outlines the diversity of approaches to the understanding and provision of support in housing in the different welfare regimes in Europe. Despite this diversity we argue that there is a tendency to move from place centred to person centred approaches to support in housing. Support in housing has emerged for a range of vulnerable groups associated, in many countries, with the de-institutionalisation processes of the 1980s (and later). The paper considers the purpose and role of supported accommodation for homeless people. This highlights the differences from the staircase (or continuum of care) models to the more recent emphasis on housing first approaches. This section emphasises that recent reviews of housing first models stress the importance of appropriate support and the need for support to be sustainably financed if prevention of repeat homelessness is to be assured. This section also emphasises the obvious fact that support and housing can be delivered by a variety of providers (housing, support, health) and can be funded by different models (and hence funding agencies).

Management models should ensure the independence of support and housing provision and the assurance of normal tenancy rights which are not dependent upon support provision. The paper therefore examines different styles and types of support and of tailoring support packages to the needs of individuals. This is set in the context of the Finnish case study, which has recently adopted a strategy to eliminate homelessness. This case study is chosen for its similarity to the Irish situation. The final section of the paper considers the different models of funding using as examples the UK, Germany and Finland. These cases illustrate different issues, which should inform finance models. First, the UK approach, moving to supporting people, illustrates the issues of the shift of support from housing to social services and the distinction between support required to support a tenancy (enhanced housing management) and those required to support the needs of the individual (social, personal and health). The German example provides evidence of three types of financing support. This illustrates the issues involved in ensuring sustainability of support and the need for flexibility in the intensity of support as needs change. The Finnish example highlights different levels of funding (and hence the need for vertical as well as horizontal integration). The Finnish strategy is supported by specific agencies (Housing Finance and Development Centre) to ensure supply as determined by statutory local authority plans. Funding levels are guaranteed by the Finnish Lottery and ring-fencing funding for specific operational and development grants (capital and revenue funding). The central-local responsibilities are determined in a manner, which ensures central government funding at levels, which the large number (341) of municipal authorities can sustain. Further, new forms of provision and pilot projects are supported during the period of the homeless strategy (to 2011 at least). The programme is also targeted

at specific groups such as prisoners who form a substantial proportion of homeless people. In conclusion the paper attempts to relate this understanding to recent research results from Ireland.

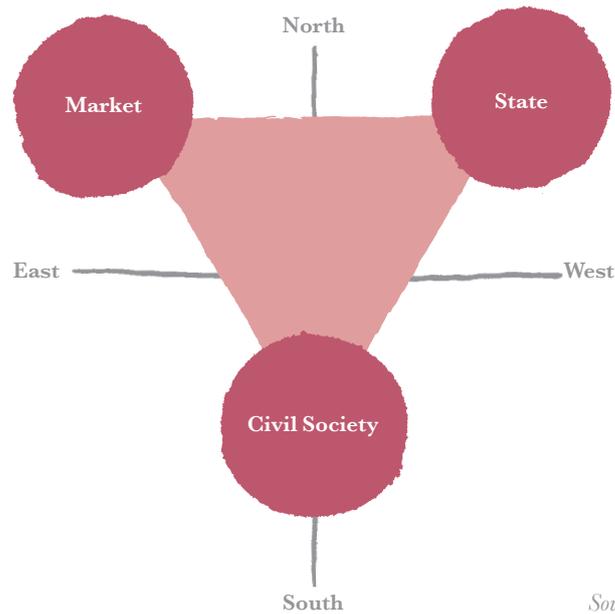
2 Support and housing

This section considers the nature of support in housing as it has developed in Europe. The section begins with a consideration of the development of support in the context of different welfare regimes in Europe. It continues by discussing the nature of support and the groups, which are commonly in receipt of support in order to live independently in the community.

Classification of EU-countries in the context of support in housing

It has been a common feature of the literature, following the seminal work by Esping-Andersen (1990), to group the countries of Europe into four distinct welfare regimes (see Edgar et al 1999, for a review in the context of social exclusion). However, in the context of supported housing, Edgar et al (2000) revert to a simpler threefold classification in order to reflect the social policy context within which supported housing/support in housing has emerged. First, there is a group of countries where the process of de-institutionalisation has had a long history, and has tended to be the main policy framework within which supported housing has developed. These include Denmark, Finland, Germany, the Netherlands, Sweden and the UK. Secondly, there are countries where the policies of social inclusion and re-integration have formed the back-cloth to the emergence of supported housing/support in housing, developed in relation to social protection legislation and related stakeholder responsibilities. This group of countries includes Austria, Belgium, France and Luxembourg. They include Italy in this group even though it has features in common with the other two groups (for example, a long history of de-institutionalisation and a strong involvement of charitable welfare provision). Thirdly, there are countries where de-institutionalisation may itself be weak or where the role of the family, and civil society, is dominant providing a strong informal care sector. Here they include the countries of Greece, Ireland, Portugal and Spain. However, their study did not embrace the new accession states of Eastern Europe.

Abrahamson (1992) proposes a simple model, which is useful since it reminds us that resources can be obtained from the three spheres of the market, the State and civil society with the welfare of the individual being 'dependent upon the extent and combination of his/her relation to these three spheres' (p6). In terms of social policies in Europe, the market and the State have, over time, been increasingly emphasised to the detriment of the sphere of civil society. In describing the institutional organisation of social policies, Abrahamson argues (see Figure 1) that the market dominated in most of western European countries because of the emphasis on social insurance systems, while the public sector dominated in Eastern Europe. In contrast institutions of civil society, such as the family and the church, become more dominant in southern Europe.

Figure 1 Institutional organisation of welfare

Source: Abrahamson 1992

Support in housing: independence and normality

The principle of enabling people to live *independently* in the community focuses our attention on the concept of 'dependence' since independent living can only be facilitated if the factors leading to a person's dependency can be addressed. Townsend (1964) in a study examining the dependency factors in older people, defined dependency in three related dimensions, which he described as:

- i. social: resulting from social isolation and lack of contact;
- ii. physical: resulting from mobility difficulties;
- iii. psychological: resulting from mental confusion or dementia.

Hence we may consider that, for some vulnerable groups at least, the physical space of the dwelling, the nature of the support arrangements in that space and the nature of the support to address social and psychological aspects of their needs will be aspects to be considered in managing support and housing. However, this conceptualisation of dependency also reminds us that there are differences between groups in terms of their care and support requirements depending upon their underlying needs. There are differences across Europe in terms of the vulnerable groups identified to receive support in housing.

The concept of normalisation underpins the community care principle of independent living. However, it does not necessarily imply that all people (no matter what their level of disability or support needs)

can be fully integrated in the community in normal housing. Thus the concept of normalisation should not be confused with the objectives of re-integration or re-settlement of people into the community. The principles of normalisation as outlined above can clearly be applied to institutional and residential establishments as well as to the delivery of care services to people living in the community.

Mallander, Meeuwisse and Sunesson (1998) have suggested that normalisation has two strands. One aims at normalising the living conditions for disabled or excluded people, the other strand aims at normalising the behaviour and lifestyles of these people. Sahlin (1999) uses this dichotomy to suggest a typology of supported living arrangements (Figure 2).

Figure 2 Typology of target groups for supported accommodation

		Normalising lifestyles	
		Yes	No
Normalising Housing Conditions	Yes	1 learning disability	2 physically disabled young people vulnerable single parents domestic violence
	No	3 alcohol/drug abusers mentally ill ex-offender	4 frail older people HIV/AIDS

Adapted from Sahlin 1999

Sahlin describes the aims of normalisation for each of these groups in the context of municipal responsibility in Sweden. For the first of these groups, those with learning disabilities, the principal objective is that of normalisation following the closure of psychiatric institutions. The second category includes people who require either adapted housing and/or support to make the transition to normal housing. The aim and practice of support for people in the third category, she suggests, reflect the fact that these people alternate between institutional care and normal housing; the aim of support being to influence behaviour. Although drunkenness was de-criminalised in Sweden in the 1970s, people in this group are still susceptible to control by the criminal justice system in the absence of support. Normalisation is oriented more towards lifestyle and everyday routine rather than towards housing conditions per se. In the fourth group, there may be no explicit normalisation aims but there is a local responsibility for service and support to facilitate independent living.

Sahlin's conceptualisation is helpful in focussing our attention on the diverse purposes of supported accommodation. In many countries it emerged following de-institutionalisation in the late 1970s and early 1980s focussed upon more normal living situations often purpose designed and managed. In such countries supported accommodation was introduced initially for groups such as people with learning disabilities, physical disabilities or mental health problems. The emergence of

supported housing for homeless groups (or groups such as young people, drug/alcohol abusers who are vulnerable to homelessness) emerged later and for different purposes. In some situations it is associated with the re-structuring or re-provisioning of large-scale hostel institutions. Equally, it is associated with the shift to more re-integrative or rehabilitative approaches away from emergency solutions to homelessness. In this context support is emphasised as a requisite to reintegration, but also often as a targeted function (e.g. training for young people, addiction counselling, employment training or counselling for women experiencing domestic violence). In most of these situations supported accommodation is then a transitional form of housing.

However in recent years, in Europe as well as in the United States and elsewhere, there has been fundamental criticism of an approach, which aims at the normalisation of the lifestyles of homeless people (instead of or) before their housing situation is normalised.

So called staircase systems and the idea of a continuum of care for making homeless people 'housing ready' before they can get access to permanent housing have been rejected, because they often contribute to the exclusion of homeless people from regular housing and can lead to an increase of homelessness instead of reducing it (Sahlin 1998 and 2005, Busch-Geertsema and Sahlin 2007). The idea of a staircase of transition is that different types of temporary accommodation with different levels of standard, autonomy and control (like low-standard shelters, category housing, training flats or transitional flats) are organised like a ladder or a staircase, comprising a number of steps or rungs for the homeless client to climb up, ultimately exiting from homelessness through acquiring a flat with regular leasehold. Meanwhile, the clients are expected to solve allegedly 'underlying' problems (e.g. pay off old debts, stop abusing substances, start working) and obtain 'training in independent living' while being monitored by social workers. The assumption is that the clients gradually qualify for regular housing. However, the flip side of this use of standards and freedom as a reward for good behaviour is that the individual who does not 'improve' is stuck on a rung, while the one who misbehaves is either degraded to a lower step or pushed down to the bottom floor, often a night shelter, as a punishment. Since more people are being evicted or transferred to lower steps in the staircase than upgraded to higher steps, and as there is a continuous flow of new homeless people who failed to get regular housing or were evicted from ordinary dwellings, the local staircase typically tends to expand on the lower rungs, while the top steps make up a bottleneck.

Housing first is not housing only

Negative results of staircase-systems were contrasted with rather positive results of the 'housing first' approach gaining much influence in the United States. Caton et al (2007) define the housing first model as 'a program that places people directly into affordable housing without requiring that tenants be 'housing ready' prior to entry.' They report important evidence of increased housing stability among homeless people with double diagnosis and a history of at least six months homelessness including street living. This group was provided with housing without a treatment prerequisite and compared with a control group of homeless persons who only received housing contingent on sobriety. Results of the 'housing first group' were significantly better after a 24-month period (spent less time homeless and more time in stable housing) than those for the control group (Tsemberis et al 2004). Atherton and McNaughton (2008) report similar results of recent research in the United States (see Siegel et al 2006, Stefancic and Tsemberis 2007), but also emphasise that at least in New York, where the Pathways to

Housing agency has acted as a prototype of the housing first approach, while access to an independent tenancy comes first ‘a considerable amount of support is then available to clients. They do not have to accept this assistance, though it is “assertively provided” (Salyers and Tsemberis 2007); in other words, there is considerable encouragement for clients to engage.’

Positive results of housing-led approaches towards homelessness (for single homeless people with additional difficulties and histories of sleeping rough) have also been reported from rehousing projects in a number of countries across Europe (Busch-Geertsema 2002 and 2005, Dane 1998). Here again the examples have shown very clearly that, especially for vulnerable homeless people with multidimensional problems, ‘housing first’ should not be misunderstood as ‘housing only’. Support was essential in many cases to enable formerly homeless people to sustain their tenancies and to cope in self-contained dwellings.

In some parts of Europe there is recognition of the need for a safe haven approach for a small minority who either prefer communal living or who have high support needs. One example is the concept of ‘skaeve huse’ in Denmark (also found in Norway and more recently the Netherlands) for people with unusual or alternative lifestyles, which tend to be small communities of self-contained houses or flats with a ‘neighbourhood’ support worker. Denmark also provides alternative residential housing for older homeless people whose history of homelessness means that sheltered housing for older people is not a suitable form of provision (see Meert 2005). The issue of housing and support provision for older homeless people is recently coming more to the fore in some countries where the need is for longer term support rather than normal permanent housing. In France, for example, there is a significant issue of housing provision for older homeless immigrants (men) who remain living in workers hostels well past retirement age.

The link between support and housing: accommodation and support arrangements

As a broad generalisation there has been a tendency across Europe to move from place-centred approaches to person-centred provision, i.e. from supported housing to support in housing (Edgar et al 2000, pp 98 ff). However, this shift is accompanied by a diverse set of management and funding arrangements. Whichever stage of development is perceived and whatever the welfare and housing systems in place, the provision of support and housing involves issues of housing provision, support provision and management and funding structures. Edgar et al (2000) provide a simplified model of these interactions (see Figure 3). This attempts to identify the arrangements lying between ordinary or permanent housing, transitional accommodation and more institutional forms of provision.

Figure 3. Accommodation, support, management and funding structures

	Community support	Intermediate support	Institutional support
Accommodation perspective	Shared housing Self-contained housing	Residential accommodation Staffed group homes Supported accommodation	Institutional accommodation Hostel accommodation
Support perspective	Transitional support visiting, floating flexible/ individualised irregular housing, skills	Transitional or permanent support on premises planned / and flexible up to 24 hours housing, skills, personal care	Permanent support on premises planned/ prescribed 24 hour skills, personal care
Management perspective	Multi-agency funding linked to social protection and housing subsidy	Multi-agency mixed funding	Single agency funding linked to care provision
User perspective	Full tenancy rights Personal control over daily decision	Limited tenancy rights Limited personal decision-making	No tenancy rights Professional control over daily decisions

This simplified typology encapsulates the fact that accommodation and support may be provided by the same agency or by different agencies and that the funding may come via subsidy to housing costs (e.g. enhanced housing management paid for from housing benefit in the UK up to 2003) or via social services costs (e.g. via normal social work budgets administered by central Government or, more normally, by local authorities) or some combination of each. The shift to supporting people rather than subsidising bricks and mortar does place greater emphasis on funding models that allow for flexibility in meeting support needs (i.e. different levels of support allowed for or different levels of support for the same individual over time) as well as allowing for sustainable provision (i.e. providing housing and support providers with confidence in managing and staffing different models of provision).

When Edgar et al were writing (2000), good practice in the UK – as elsewhere – was moving to the situation where housing and support should not be met by the same provider and that the ‘client’ should expect to have a normal tenancy which is not dependent upon the acceptance of support. Since then the EU Directive on social services of general interest (see Wolf and Edgar 2007) has raised the debate on the quality of services within the framework of modernising social services and the competition rules. This would also suggest the desirability of ensuring independence of structures of provision of accommodation and support in the interests of the client or consumer. Funding models are required that recognise that need. It also requires that models of monitoring and regulation are adequate. Recent research in Scotland has been critical of the evaluation of the outcome monitoring of supporting people (Craigforth 2008). In many countries outcome management and monitoring is still in its infancy (Wolf and Edgar 2007).

In a nation-wide survey on support in housing in Germany GISS recorded 5,782 ‘cases’ in receipt of support in housing by service providers for the homeless at 30 September 2003 (Busch-Geertsema and Evers 2004, p. 44). Most of these ‘cases’ (92%) were single persons and the majority were single men

(*ibid.*, p. 67). Both results can only be explained by the traditional structure of NGO services for the homeless in Germany. More than 40% of the persons receiving support in housing received this support after moving into an apartment with permanent tenancy. 27% lived in a single apartment but with a time-limited contract. 20.3% lived in group apartments with time-limited contracts. Only for 12% was support in housing provided in order to prevent first-time homelessness (*ibid.* 46).

Often it is an essential part of the definition of support in housing that a certain intensity and a proactive approach with home visits should at least be a conceptual element, in order to distinguish it from the services offered by advice centres who only serve those who go there. In Germany (where this was the case in the large survey referred to above) about half of the clients of services for the homeless (53%) received their support to the same extent in and outside their apartment, a quarter (25%) received support predominantly in their apartment and 21% predominantly in a social worker's office or other places outside their dwelling (Busch-Geertsema and Evers 2004, p. 100). But respondents made clear that the way support is provided may also change considerably over time, with more home visits being made in the beginning and in crisis situations and more dates arranged outside the home of the client in times of relative stability.

Needs of clients, types of support provided and goals of support in housing

If support in housing is to successfully address the social exclusion of homeless people it has to deliver (in addition to access to appropriate housing) 'support which is individually tailored and targeted and sufficiently flexible to meet independent living criteria. Supported housing requires the careful assessment of client needs and the matching of these needs with appropriate housing and personal care and support packages. The successful delivery of supported housing that combines all these features needs careful management and co-ordination; it requires a constructive partnership between housing provider and support provider. If we add to these basic service requirements the desirable characteristic of empowerment – the freedom of users to give expression to their preferences and the exercise of control and direction over their life chances – the task of co-ordination and management grows exponentially in complexity and difficulty. With possibly three agencies involved – housing provider, support provider and user – the likelihood of slippage and the potential for conflict is always present even in the best coordinated of schemes.' (Edgar et al 2000, p. 95)

The German study on support in housing lists typical support needs and services. Social workers were asked to describe the main areas of support (Busch-Geertsema and Evers 2004, pp. 96 ff.). Advice concerning social affairs (interaction with labour offices and welfare offices, realisation of claims for financial support, meeting requirements for cooperation), support in handling financial problems (debts counselling, budgeting restricted resources, including money management by service providers on behalf of individuals who feel unable to cope with their financial affairs), advice in managing and sustaining the tenancy and 'activation of self-help potentials' were the areas which were mentioned as most important. Additional help was often provided for making the necessary steps towards employment or training or some meaningful occupation, for recreational activities and activities to overcome social isolation. Persons with problems of addiction and mental health often were encouraged to seek access to more specialised support in handling these problems, so that the focus of support workers here was in the first place on referrals and motivation of clients to accept specialised support and to overcome crisis situations.

1 In Germany this was also one of the many results of extensive research undertaken in a 'research field' called 'Permanent Housing for Homeless Persons' which was funded by National Government (Department of Housing) for more than three years in the mid-1990s and which focused on pilot projects which combined the targeted provision of permanent housing for homeless people (part of which was newly constructed) with support in housing. There is a wide range of literature available (unfortunately only in German) on the individual projects (for examples see Kämper et al 1997 and Busch-Geertsema and Ruhstrat 1997) as well as on the overall results of the research field (BBR 1998). Some examples were presented in English in Busch-Geertsema 1998. Some of the projects show parallels to what has been termed 'social rental agencies' in Belgium by Pascal de Decker (2002). The main element of these projects is to gain exclusive access to regular self-contained housing for homeless people – in the private sector as well as in social rental housing – by close cooperation of NGO service providers with landlords. Sometimes – but not always – the NGOs rent and sublet houses to their clientele and almost always they take over responsibilities for providing social support to them in case of need.

2 According to the national study mentioned before more than three quarters (77.0%) of the personnel involved with support in housing from NGO services for homeless persons had an academic qualification (Busch-Geertsema and Evers 2004, p. 88).

In Germany, it has been frequently criticised – with regard to practical experiences with supported housing of formerly homeless persons – that requirements on intensity and duration of support are often too inflexible. Findings of evaluations on a number of single projects, which provided personal support to formerly homeless persons in self-contained housing, show that the actual need for personal support is difficult to predict in individual cases and can change in the course of time.¹ Although there are many homeless persons with a need for personal support definitely receding in time, this is not the case for every homeless person. In some cases a new acute need of support occurs no earlier than after a rather long period of time (caused for example by a relapse into alcoholism), in others the need of support varies in the course of time and contents of support vary as well (in the beginning questions of furnishing the dwelling and settling financial matters are of foremost relevance, while later on job and training situation, social contacts, organisation of leisure time and personal as well as health-related problems are of growing importance). The intention of support is not only to cope with problems, but to enable clients to avail themselves of necessary support by contacting regular services and advice centres (which are not specialised on problems of homeless persons, like general advice centres for problems of over-indebtedness or drug addiction, job or health centres) and to become independent from special support for the homeless. It is debatable (and different according to individual cases) how long this process takes and whether in cases of crisis regular support services are sufficient or more intensive support is needed.

The German evaluation project of several re-housing projects for homeless people made an attempt to quantify the proportions of formerly homeless persons who had resulted in need of different types of support during a period of one to two years of their tenancy. The share of those who were able to live without specialised support after a period of about half a year was assessed with 'about a third'. For 'up to 50%' a more continuous need for special support was assessed, while 'about a fifth' of the households included in the survey had sporadic needs for crisis interventions. Single people with a homeless career were assessed to be more often in continuous need of specialised and more intensive support as families (BBR 1998, p. 131). However such assessments have to be handled with caution because the quantitative basis is too small and the results depend to a large extent on the target groups and specific approaches of specific re-housing projects included in the evaluation. Nevertheless an important outcome of the evaluation was the need to secure more continuous social support for a certain fraction of formerly homeless people.

There is a wide range of variation among EU member states concerning the qualifications of personnel needed for providing support in housing. In Germany for example most of the support is provided by qualified social workers.² But there have been discussions recently that some part of the tasks (especially support with housekeeping affairs) can just as well be done by support workers without such a relatively 'high' qualification. A similar situation exists also in the UK; in Scotland for example Scottish Vocational qualifications are established for a range of levels of support, which do not require workers to have social work qualifications.

In Finland, the Y-Foundation, a national association providing permanent housing for single homeless persons, has gained positive experiences with pilot projects using volunteers for helping re-housed formerly homeless persons to cope with the challenges to live alone (Kärkkäinen 1999). Some evaluation projects for rough sleepers in the UK have similarly recommended the 'use of volunteers for befriending and lower level needs such as housekeeping' (Randall and Brown 1996, p. 78) and 'peer support' (Dane 1998, p. 85). There is also the experience of the use of supported lodgings or landlords in the UK

for young people. However the pilot project in Finland also showed that there are important limits for responsibilities to be given to volunteers and considerable resources are needed for a good organisation of voluntary work (careful selection, training, management of responsibilities, provision of feed back and of professional support if needed etc.).

The few studies which have been published so far on the outcomes of support in housing for formerly homeless persons show that re-integration of formerly homeless people into permanent and self-contained housing can be achieved to a high proportion even for marginalised persons with a long history of homelessness, living rough and additional problems. However, results also show that setting realistic goals is important. In societies with high levels of unemployment and poverty and for persons with a long history of marginalisation full autonomy might not always be a realistic perspective. If they manage to sustain their tenancy and do not relapse into homelessness this might just as well be judged as an important step to relative integration and relative autonomy, even if they still depend on support in crisis situations and struggle with finding a job and coping with restricted financial resources. (Busch-Geertsema 2005).

The action programme to reduce long-term homelessness in Finland

The Finnish programme is described here to illustrate a range of specific issues associated with the governance, management and funding of support in housing. It is also considered a relevant case study due to important similarities to the Irish situation (e.g. dominant capital city region, autonomous local government, established central and national strategies on homelessness).

In 2007, the Finnish Ministry of the Environment prepared a draft action programme to reduce long-term homelessness. The group suggested that the target should be for long-term homelessness to be halved by 2011 and eliminated entirely by 2015. As in Ireland, homelessness in Finland is closely associated with the capital region of Helsinki metropolitan area and Helsinki in particular (more than half the number in the country as a whole). Long-term homeless people constitute a group whose homelessness is classed as prolonged or chronic, or threatens to be that way because conventional housing solutions tend to fail with this group and there is an inadequate supply of solutions, which meet individual needs.

The programme to reduce long-term homelessness targets just some homeless people. Assessed on the basis of social, health and financial circumstances, this is the hard core of homelessness. The programme also focuses on the major urban growth areas and especially Helsinki itself, where long-term homelessness is concentrated.

The programme is structured around the ‘accommodation first’ principle. Solutions to social and health problems cannot be a condition for organising accommodation: on the contrary, accommodation is a requirement, which also allows other problems of people who have been homeless to be solved. The programme recognises the need for simultaneous measures at different levels, i.e. universal housing and social policy measures, the prevention of homelessness and targeted action to reduce long-term homelessness. The programme states that ‘if accommodation is to be organised for the long-term homeless there will need to be more precisely targeted, individually tailored solutions, far more dedicated support than before, rehabilitation, and monitoring and supervision’. Importantly, it establishes a need for *long-term support* for a programme of comprehensive reintegration (i.e. a return to normality).

It has been estimated that most of the housing solutions for the long-term homeless would take the form of subsidised rented accommodation, with a smaller number of similar intensive home care units as referred to in the Finnish Social Welfare Act, in which there is a round-the-clock support/supervisory staff. The estimates for each city regarding the need for various housing solutions are to be made in conjunction with the local authority implementation plans. Then the authorities will also look into the possibility of using the existing stock of housing and properties and substance abuser care accommodation units for housing the long-term homeless.

Because of the higher than average costs of such projects, it is crucially important to have state funding for the projects included in the programme. The intention is to channel *special needs group investment grants* into the projects within the framework of the powers for granting assistance in the period 2008-2011. By the start of 2009 a 50% allocation of investment aid will be allowed for projects for the long-term homeless under the Government Programme. The role of the cities will be to ensure that an adequate number of projects start up in accordance with the programme's goals.

Residential home accommodation originally deemed temporary has become a permanent solution for many homeless people in Finland. The homes therefore maintain the stigma associated with the homelessness subculture, which does little to promote the rehabilitation of the long-term homeless and help them adjust to independent living. The use of such residential homes will be abandoned gradually, systematically and in a controlled way, so that whenever a home ceases to function, replacement accommodation will be found for all clients. It is proposed in the programme that the organisations concerned should receive an investment grant from the Finnish Slot Machine Association (cf. lottery money in the UK) for basic renovations to residential homes.

A basic principle in housing solutions for the long-term homeless is that the local authorities' Social Services and Health Departments should be responsible for organising housing assistance. To ensure there are adequate arrangements for assistance, it is being proposed in the programme that state funding should be used to pay the salaries of support personnel. Since long-term homelessness is concentrated in a few urban growth centres, the proposed funding model will spread the costs associated with homelessness by allocating assistance to those cities with a large number of long-term homeless people and which are actively implementing corrective measures.

The Slot Machine Association has supported several organisations in their subsidised housing and subsidised accommodation development projects. If long-term homelessness is to be eliminated there have to be new more effective services, in the development of which there is an obvious need too for better cooperation and joint projects between organisations. The Slot Machine Association is to include in its programme objectives the *Housing Support Programme* for recently released prisoners and clients of the probation service. The purpose is also to increase the number of necessary support services available for housing for this group. In this way it is hoped that the numbers of homeless prisoners that can be placed directly with the housing services or in subsidised housing the moment they are released can be increased. That would also have a major impact on the prevention of recidivism in this homeless target group. Resources for this element are also to be concentrated on the 10 major urban growth centres where the majority of prisoners are located.

The proposals under the programme will cause the State to incur the following increases in expenditure:

1. The competent authority for deciding investment grants to improve the living conditions of special needs groups to commit to projects under the programme during the period to the tune of a maximum of €80 million.
2. The Ministry of Social Affairs and Health to allocate state funding for personnel expenditure for the programme period 2008-2011 to the tune of €10.3 million.
- 3 Funding models of support in housing

Two sets of issues arise in consideration of funding of supported accommodation. First, is the question of what type of support is eligible for funding subsidy and who is responsible for meeting the costs. Second, is how this finance is administered (basically to support the structures of provision – supply-side subsidies, or to support the needs of the individual – demand-side subsidies). The latter is examined in terms of the different models of commissioning support, which in the UK are sometimes referred to as ‘block purchase’ (where the authority purchases a project or defined number of units of accommodation for a period) or ‘spot purchase’ (where the authority purchases support for a specific client for a period of time).

Examples from the UK

The question of what support is eligible and which state budget pays can be illustrated using the UK model.

In the United Kingdom, while supported accommodation has experienced considerable development over the past 15 years, the concepts of support are not static, they continue to evolve, partly in response to change in funding regimes and partly in response to changing ideas of best practice. Amongst the most topical issues currently being debated is the distinction between housing support and social care, and between social and health care. In the initial consultation to a major Government review, the Department of Social Security (1998) produced a list of the different elements of support involving housing, social and personal support (Figure 4). These range from ‘enhanced housing management support’ (i.e. assistance with repairs and maintenance, through assistance with budgets, benefit claims and food preparation) to assistance with personal hygiene and medication (social and health care).

While this identifies a fairly comprehensive list, the actual provision and delivery of support in the United Kingdom tends to reflect the dictates of the financing system rather than the needs or preferences of service users (Clapham and Munro 1994). Different types of support services are funded in different ways – by subsidy to the housing provider for enhanced management, in the form of support services commissioned by social work, as health service payments or in the form of benefits to tenants – and as a consequence are often managed and delivered in different ways. A recent analysis of supported accommodation in Britain (DSS 1998) found that such current funding streams are complicated, uncoordinated and overlapping and that no-one has overall responsibility for ensuring quality or adequacy of support. As a result there is a tendency in supported accommodation to concentrate on high cost and highly intensive support packages. The lack of provision of low intensity, preventative support can sometimes result in some individuals receiving higher levels of support than they require, but, perhaps more commonly, it results in vulnerable people missing out altogether on support provision

leading, almost invariably, to a failure of the tenancy followed by homelessness or transfer of residency to a high cost institutional setting.

Since 2003, the shift to the supporting people funding programme has de-coupled funding of projects which paid for enhanced housing management support from housing benefit, to a person-centred approach where funding (after a transitional period) was transferred to local authority budgets. For an initial period project funding was ring-fenced as the transfer of resources from central to local government took effect. Experience in Scotland (and increasingly in England) is that as the ring-fencing is ended priority in local authority social services budgets is tending to favour 'traditional' social services clientele (e.g. the elderly, learning disabilities) to the detriment of homeless services. Furthermore, the manner in which the initial supporting people budget was determined ('sizing the pot' exercise) has resulted in geographical variations.

Figure 4 Classification of support in the UK

Category A Housing support	Category B Social support	Category C Personal/nursing care
<ul style="list-style-type: none"> — Assistance for tenants in arranging for plumbers, builders etc. — Assistance for tenants in ensuring security of dwelling (e.g. reminding them to lock up) — Arranging adaptations to cope with disability — Controlling access — Minor Repairs: e.g. changing light bulbs, unblocking sinks 	<ul style="list-style-type: none"> — Assistance with budgeting/ debt counselling — Help tenants feel they are individuals — Assistance in claiming benefits — Dealing with disputes with neighbours — Resettlement activities — Teaching life skills — Advice on diet or food preparation — After care support organising access to professional help/ social services depts etc — Liaison with relatives — Arranging move-on accommodation — Reminding tenants to take medication — Shopping — Supervision of cooking food, storage, ironing etc. — ‘Good neighbour’ tasks (e.g. welfare checks) — Arranging social events — Arranging services of tenants’ appliances 	<ul style="list-style-type: none"> — Assistance at meal times — Assistance with personal hygiene/bathing/dressing/getting into bed — Counselling to deal with alcohol/drug addiction, overcoming mental problems – including running group therapy sessions — Administering/supervising taking of medication

Source: Department of Social Security - Initial Consultation (unpublished) 1997

Funding of support in housing in Germany

In Germany, support in housing is in most cases financed on the basis of legislation for social welfare, laid down in Book XII of the Social Code (Sozialgesetzbuch XII, SGB XII). The ‘homeless section’ of this legislation are sections 67/68 SGB XII, regulating ‘support to overcome special social difficulties’. Funding for housing and general living costs is usually separated from funding for social support provided in order to facilitate the provision of floating support and to allow for different types of accommodation arrangements. In some cases NGO service providers rent apartments and sublet them to their clients, in other cases clients rent an apartment as main tenant with full tenant’s security. The latter is often preferred, but difficult to achieve in tight housing markets.

In practice there are three types of financing support in housing in Germany in the homeless sector:

1. A service is paid for on an annual basis with a fixed amount of personnel (mostly social workers) and a fixed ratio of clients per social worker (*Projektfinanzierung*). The number of clients to be served

in any moment is more or less fixed in this model; new clients can only be served if support for others is discontinued. This system provides high security for service providers (payment for a fixed number of staff is guaranteed) and is easy to calculate for the funding agency, but is rather inflexible concerning changing levels of need and concerning possible competition of service providers. In recent years this type of funding (by a fixed grant for the service project) has been discontinued in many cities and has been replaced by the second type of funding, namely by buying specific support packages on a more individual basis.

2. Specific support packages are bought by the funding agency from licensed service providers. The price per package is fixed (by a daily rate, calculated in advance on basis of the intensity and type of support provided by this package) but the duration of support and sometimes also the type of package (*Leistungstyp*) may vary in accordance with the needs of the individual client. Depending on the regional regulations, different types of support packages may be available. In the city of Berlin, for example, two types of support in housing are financed by funding authorities for single homeless persons about to be re-housed and for single persons under imminent risk of eviction. Both types include services such as information, advice and guidance but the extent of support and – in the more intensive case – of taking over specific tasks varies. For the more intensive type the ratio of clients per social worker is calculated with 11.4 and for the less intensive type the ratio is 14.9. While these two types of packages are meant for individual persons living alone (or searching for a single apartment) there is a third type of service package agreed between funding agency and service providers for single homeless people living in communal settings, namely supported group-housing (for up to eight persons, but in practice groups are not larger than five): Here the ratio of clients per social worker is calculated with 8.8.

The ratio of clients per social worker is usually the most influential element for determining the price which is negotiated between welfare agencies and the funding authorities and is the same for all service providers offering support in this field. In a large city like Berlin a whole range of service providers can offer such services and have no guarantee on the number of clients and the type of support package which will be commissioned by funding agencies.

This funding instrument is very flexible, leaves room for competition of service providers (based on the quality and availability of their service, not on a lower price), but demands highly flexible structures on the side of competing service providers⁴ and some flexibility of funding budgets according to the need of clients.

3 Other service packages for drug addicts or mentally ill persons are not mentioned here because they are usually part of a separate support system.

4 Of course the same type of funding structure can also be applied in local authorities where services are exclusively provided from one agency only.

3. A third type of funding approach functions as follows: The intensity of support is calculated in each individual case and a number of ‘service-hours’ (*Fachleistungsstunden*) are bought from a licensed service provider. Duration and intensity can differ from case to case. Usually only face-to-face hours are paid for so that all other costs (for indirect client work, time of transport, time not related to individual clients etc.) have to be included in the price per ‘service hour’. Obviously this type of funding allows for a high extent of flexibility on the side of the funding agency, but involves almost no planning, security for service providers and is time consuming for both funding agencies and service providers, because the need of every individual person has to be discussed and decided upon in detail.

In all three cases the usual procedure for individual clients is the following: An application will be prepared by the service provider in cooperation with the client and the funding agency will decide if the client really needs this support and the duration of support. For type two and three a support plan specifying support needs and measures necessary will be developed and decisions will also relate to the type of support package or the number of 'service hours' needed. Service agencies must be approved and fulfil certain quality criteria. Approvals for individual clients are often for half a year (but can be shorter or up to a year). The duration might be prolonged after a new application. Generally, financing agents demand that support is provided by qualified staff (mostly graduated social workers). Some financing agents also insist that women are supported by female qualified staff as far as possible.

The results of the large study in Germany on support in housing and the intensity of support provided was as follows: Support intensity was measured by the ratio of clients per social worker. This ratio was between 13 and 16 in 40.2% of all cases, for exactly the same percentage (40.2) the ratio was between 10 and 12 per social worker. Only a rather small share of persons received more intensive support (10.5%, seven to nine per social worker and 9.1%, less than seven clients per social worker) (Busch-Geertsema and Evers 2004, p. 101).⁵

5 It is important to keep in mind that in the German study certain criteria for defining 'support in housing' for (formerly) homeless persons (or those imminently threatened with homelessness) influence the results to some extent. As separate legislation provides for funding of support for handicapped and mentally ill persons and persons with serious addiction problems, these types of support (often more intensive than in the sector of support for homeless persons) were not included in the study. The same is true for services, which exclusively focus on young people as part of youth welfare services and on frail elderly people as part of services for the elderly. At the same time a certain intensity of support was a condition for defining the service provided as 'support in housing'. Therefore services with a ratio of less than 16 clients per social worker were not included in the study (Busch-Geertsema and Evers 2004, p. 13).

Funding for targeted action to reduce long-term homelessness in Finland

The Finnish policy that aims to reduce long-term homelessness requires the main city region of Helsinki (by 2011) to allocate around 1,000 homes, subsidised housing units or places in care to the long-term homeless. The city councils in the region, involved in implementing the programme, have to draw up plans of execution for reducing long-term homelessness. These plans will specify the need for housing solutions and support and preventive action and identify and schedule projects and other measures. The cities were required to produce their plans by 31 March 2008. After that date, letters of intent are to be drawn up between the Government and the cities, which will specify the contribution central Government makes to funding. These letters of intent should now be available (to be drawn up by 30 May 2008).

The Housing Finance and Development Centre of Finland is to allocate investment grants for groups with special needs in respect of projects approved under the programme (grants to be allocated during the period 2008-2011 at a maximum of €20 million per annum).

The use of residential homes (referred to in the Finnish Act on Accommodation and Catering, 2006/308) for long-term housing of the homeless will gradually be abandoned in favour of residential units which allow for independent, subsidised and supervised living. The Finnish Slot Machine Association (the national Lottery agency) is to be involved in implementing the programme by allocating investment grants to eligible associations, organisations or foundations responsible for residential homes, for basic renovation work and for converting them into subsidised housing units. The Slot Machine Association will set aside approximately €18 million with reference to an annual appropriation. The Association will determine on a case-by-case basis the maximum amounts approved for projects receiving grants and approve the targets for its funds as appropriate. In the period 2009-2011 the Finnish Slot Machine Association will also support, through a system of operational and development grants, organisations which develop and arrange subsidised accommodation for clients of the probation

service. €2.5 million of the whole amount for 2009-2011 may be spent specifically in the procurement of subsidised housing for recently released prisoners.

The Ministry of Social Affairs and Health has responsibility to finance the production of support services for new serviced accommodation units under the programme. The money will go on increases in personnel needed to produce such services, enabling the implementation of approved programme projects. This is to be done in such a way that projects undertaken as the cities' own or outsourced services receive central Government funds to the tune of 50% of these salary costs.

The Criminal Sanctions Agency, in collaboration with the cities involved in the programme and the organisations producing housing services, will undertake a development project to produce viable local and client-specific practices for the subsidised housing of homeless prisoners. The local authorities involved in this development project will be responsible for organising accommodation and support services, and the Criminal Sanctions Agency will contribute to the coordination of the project and offer expertise in the area of criminal sanctions. The Ministry of Justice and the Ministry of the Environment are together to be jointly responsible for implementing the project.

4 Conclusions

While writing this background report we received the recent monograph on *Perspectives on Irish Homelessness* edited by the Homeless Agency (Downey 2008). Ireland is among a number of European countries (together with Finland and Scotland), which have set themselves ambitious goals to ending homelessness (or at least long-term homelessness) within the next decade. As several authors emphasise in this recent volume, support in housing will play an important part if relapses into homelessness and first time homelessness shall be prevented. Brownlee (2008, p. 41) correctly points out that if progress is made towards the goal of reducing or even ending homelessness in Ireland, funding should be 'refocused on long-term supported accommodation or tenancy support'. However we should not discuss the two tasks alternatively but emphasise that both will be needed.

Brownlee also comments on the fact that for tackling a multidimensional problem like homelessness, different departments of Government have to be involved. However regarding to the current situation in Ireland he states that 'we remain at a point where the key barrier to further success remains the lack of an integrated response at Governmental level'. Brownlee himself provides a proposal of how to solve this problem ('perhaps the only way forward is to allocate Ministerial responsibility for dealing with homelessness in recognition of the fact that it requires cross-departmental funding and expertise'), but we cannot judge from outside if his proposal has realistic chances to be implemented. Nevertheless we agree that an integrated way of thinking and providing the necessary services and resources from different departments (access to housing, financial support with covering housing costs, social work services and financial support measures to prevent homelessness from occurring or re-occurring, health services for those in need of care) will be needed. In the case of support in housing and tenancy support this is obviously a task, which is relevant for both social departments (or the respective department responsible for social work) and housing departments.

In the same volume Pillinger (2008: 69), based on her research on pathways into, through and out of homelessness (Pillinger 2007) argues, that ‘the most important factor contributing to pathways out of homelessness is the provision of adequate, secure and affordable housing. Coupled with this is that the provision of support services – including family support, tenancy support/sustainment and key worker support, mental health support and family support – are also critical to sustaining pathways out of homelessness in the long-term’. In her interviews with clients of services for the homeless she found that ‘ongoing flexible and responsive support services, including services to prevent a crisis arising are central to the prevention of homelessness or repeat homelessness’. Not all of the support types she lists in her article have to be provided as part of ‘support in housing’, and often support workers will have a coordinating and motivating function for formerly homeless people and households imminently threatened with homelessness to get access to mainstream services (health services, family services, debt counselling, employment services etc.). But support in housing – at least as it is understood in other European countries – will have to provide information, advice and assistance with realising entitlements, dealing with public administration, housekeeping, budgeting, preventing and handling conflicts in the neighbourhood etc.

Our short background paper has shown that there is an overall trend from place-centred approaches to person-centred approaches and that flexible and individualised types of support are most appropriate. Increased interest in ‘housing first’ approaches should not lead us to underestimate the support needs of formerly homeless people and households imminently threatened with homelessness. ‘Housing plus’ is what many of them need, the ‘plus’ relating to individually tailored, floating support which in many cases has to be more intensive and more pro-active as mainstream social welfare services are. For a majority of persons this support service will have to be more intensive during an initial period (after resettlement or after a housing crisis) and may be less frequent afterwards and discontinued after a certain time (between three months and one year), while a smaller fraction of homeless people will need more continuous types of support.

Funding structures have to be flexible enough to cover varying needs in terms of intensity and extent of support as well as in terms of duration. Modern types of funding include a certain extent of competition between service providers and clear quality criteria. But they also have to make sure that services are available if needed and that NGOs are capable of employing and keeping qualified staff. Individualised support plans and a certain variety of support packages facilitate the process of adjusting the right level of support to individual persons.

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