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# **Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies**

## **Executive Summary**

Report submitted by  
Fitzpatrick Associates Economic Consultants  
to the Minister for Housing and Urban Renewal

**February 2006**



# Executive Summary

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## **Introduction**

This report is the final output of the Review of the Implementation of Homeless Strategies, an independent exercise commissioned by the Department of the Environment, Heritage and Local Government in January 2005 and carried out by Fitzpatrick Associates Economic Consultants. The review concentrates on adult homelessness and covers the implementation of *Homelessness: An Integrated Strategy*, launched in 2000, and the *Homeless Preventative Strategy*, published two years later. An examination of the local homeless fora and action plans that were subsequently developed is also a vital component. The review examines progress to date on the implementation of the strategies and action plans, with a strong focus on moving them forward, rather than on over-analysis of the past or current situation.

## **Methodology**

The findings contained in this report represent the culmination of a comprehensive research process. This began with a public consultation exercise inviting submissions from all interested parties. Detailed bilateral meetings were then held with key national stakeholders from government departments, state agencies, voluntary agencies, representative bodies and independent experts. Extensive consultation with local stakeholders has also taken place. This has included a survey of all local homeless fora, four regional workshops to which representatives from local authorities, the former health boards (now HSE), the voluntary sector and other agencies were invited, and seven area case studies. Of the seven case studies, the one focused on Dublin comprised a much more detailed examination in view of its different approach to tackling homelessness, and the scale of the problem in the city. All of this interactive research was complemented by a wide-ranging review of local and national material, involving, of course, the Integrated and Preventative Strategies, all 30 local homeless action plans, other appropriate national government policy and strategic documents, strategies and reports produced by voluntary agencies, relevant national and local evaluation and research studies, and consideration of international approaches to addressing homelessness. The study was overseen by a Steering Group which included representatives of the Department of the Environment, Heritage and Local Government, the Department of Health and Children, the Homeless Agency and the voluntary and cooperative sector, with regular liaison throughout the course of the review.

## **Homelessness: An Integrated Strategy**

The Integrated Strategy contained 24 proposals for action. Each individual action was reviewed in terms of progress, continued relevance and further development required. In all, 15 of the 24 proposed actions were considered to have been either fully or significantly progressed since the launch of the strategy, with only one action identified where little progress has been apparent.

### **INTEGRATED STRATEGY ACTIONS THAT HAVE BEEN FULLY PROGRESSED**

- 2) The local authorities & health boards will draw up action plans for the delivery of services to homeless persons, by both statutory and voluntary agencies, on a county by county basis.
- 3) A homeless forum, consisting of representatives from local authorities, the health board and the voluntary sector will be established in every county.
- 4) A director of homeless services will be appointed by Dublin City Council. A new joint executive homeless services centre will be established to manage and co-ordinate the delivery of all services to the homeless in Dublin.
- 22) The Department of the Environment, Heritage and Local Government, through the local authorities, will fund the cost of settlement workers.

### **INTEGRATED STRATEGY ACTIONS THAT HAVE BEEN SIGNIFICANTLY PROGRESSED**

- 1) Prevention strategies, targeting at risk groups, will be developed and implemented to target prevention of homelessness amongst these groups.
- 6) Local homeless persons centres will be established jointly by local authorities and health boards, in consultation with the voluntary bodies, throughout the country and the service provided will involve a full assessment of homeless persons needs and refer persons to other health and welfare services.
- 7) A single outreach service will be established to target the needs of rough sleepers. This will be implemented by the local authorities & the health board in co-operation with voluntary bodies.
- 9) The statutory and voluntary agencies will have to respond to the needs of homeless women, couples, families and persons with substance addictions.
- 10) The action plan for the Dublin area will prioritise the elimination of the use of B&B accommodation for families other than for emergencies and only for very short-term use.
- 12) Action plans will consider the need for additional sheltered, transitional and move-on accommodation and the extent to which they may be required in particular areas.
- 13) An additional night-service centre, similar to that operated by Crosscare, will be established in Dublin City and the need for additional centres elsewhere in Dublin will be examined.
- 14) Settlement programmes will be established by local authorities, or on their behalf by voluntary bodies, to encourage & support hostel residents to move from hostels and other emergency accommodation to other appropriate accommodation.
- 15) Prison management and the probation and welfare service will, through sentence management and a pre-release review process, ensure that appropriate accommodation is available to prisoners on release.
- 16) The proposed service actions by the Eastern Regional Health Authority will be integrated into the action plan for homelessness in Dublin and implemented as part of the overall strategy of responses to homelessness.
- 18) FÁS will undertake an assessment of skills and training needs of homeless persons and will appoint a person to work with homeless services in Dublin.

### **INTEGRATED STRATEGY ACTIONS THAT HAVE BEEN PARTLY PROGRESSED**

- 5) Responsibilities of local authorities & health boards regarded as jointly covering the range of needs of the homeless. Each homeless person seeking accommodation to be assessed for accommodation needs & health/welfare needs & should be referred to appropriate services.
- 8) Each local authority to assess homeless situation & prepare plan to provide accommodation for those assessed within 3 yrs. Provide proportion of lettings of new/existing units to allow hostel residents to move into sheltered/in-depth housing environment.
- 11) Special high support hostel accommodation for homeless people with addictions or with psychiatric problems needs to be established. Funding has been allocated by the Government for the provision of two such hostels in Dublin.
- 17) Each health board will consider its range of responses to the health and social well being of homeless persons in its area similar to the Eastern Regional Health Authority model.
- 19) Literacy skills will be integrated into forms of vocational training provided by FÁS or any other service including in particular by the Vocational Education Committees.
- 21) Guidelines to be issued by the Department of the Environment, Heritage and Local Government to local authorities regarding level of Section 10 contribution rate and services covered by it. Funding to be on basis of available accommodation and committed for a 3 year period.
- 23) Department of the Environment, Heritage and Local Government to fund cost of additional accommodation and the Department of Health and Children, through the health boards, to fund cost of providing care, including in-house care. Funding to be provided on 3-year basis to allow services to be properly established & managed.
- 24) Additional funding available, on top of existing capital provision, to provide additional sheltered & transitional accommodation. Increased funding under Sect. 10 for running costs of providing accommodation & health boards funding care requirements. Funding to be committed for 3 years.

### **INTEGRATED STRATEGY ACTION THAT HAS SHOWN LITTLE PROGRESS**

- 20) Action plans will include provision of outreach tutors. For the Dublin area the VEC will appoint a person to work exclusively with the homeless services.

The successful progression of most of the proposed actions originally set out in the Integrated Strategy has had a substantial impact on the way in which homelessness is perceived in Ireland, the resources that are deployed to address it, the nature of the interventions that target it, and finally, and most crucially, on the scale and extent of homelessness itself.

Among the key developments heralded by the production of the Integrated Strategy was the setting up of a local homeless forum in each local authority area, with the forum subsequently producing a homeless action plan detailing a programme of activity to address local needs with regard to homelessness. The strategy also raised the need for the development of preventative strategies to reduce the risk of homelessness for particular target groups and this prompted the development of the Homeless Preventative Strategy, launched in 2002. It recommended the establishment of the Homeless Agency in Dublin, bringing a much greater level of coordination between partner agencies in the capital. A need was identified for dedicated outreach services and homeless person centres in a number of local authority areas and funding was provided for this purpose. Emergency accommodation provision was stimulated in most urban centres to the extent that rough sleeping has been significantly reduced, and the supply of such accommodation is largely sufficient. Important steps have also been made towards the phasing out of bed and breakfast accommodation to house homeless people, although this can only be fully realised if sufficient alternative long-term accommodation options and the supports necessary to enable the homeless person to maintain the tenancy are available. This represents a key component in moving the homeless strategy forward in the future.

**FIGURE 1.1: EXPENDITURE ON HOMELESSNESS, 2000-2005**

	2000	2001	2002	2003	2004	2005
<b>Current Funding (€mn)</b>						
Department of the Environment, Heritage and Local Government <sup>1</sup>	12.6	32	43	50	45.7	51
Department of Health and Children <sup>2</sup>	1.3	8.9	18.4	21.0	26.1	30.2
<b>Capital Funding<sup>3</sup> (€mn)</b>	19.4	35.6	12.5	21.5	10	N/a
Department of the Environment, Heritage and Local Government						
<b>Total Funding</b>	<b>33.3</b>	<b>76.5</b>	<b>74</b>	<b>92.5</b>	<b>81.8</b>	<b>81.2</b>

**SOURCE: Department of the Environment, Heritage and Local Government**

<sup>1</sup> The figures for 2000-2004 are the outturn in the subhead, the figure for 2005 is the allocation.

<sup>2</sup> These figures are cumulative

<sup>3</sup> Funding provided to voluntary bodies under the Capital Assistance Scheme

Despite these notable successes, there were areas identified where progress has been more limited and further interventions are required. The strategy specified an explicit division of funding responsibility between the Department of the Environment, Heritage and Local Government and the Department of Health and Children, and although this was a positive step, there are aspects of funding provision where problems remain. The development of the local authority Social and Affordable Housing Action Plans 2004 to 2008, and the availability of multi-annual capital envelopes for the local authority house building programme, provide the framework for the provision of accommodation across the full range of housing needs, including those of homeless persons. However, there remains a need to move to a multi-annual system of current funding for projects as well as greater coordination between capital and revenue funding. These were identified as objectives in the Integrated Strategy, but both are areas where insufficient progress has been identified. The Homeless Agency has had an undoubtedly positive effect on addressing homelessness in the capital, but there is concern that there now continues to be an over-concentration of services in Dublin City Centre as a result of insufficient provision in other Dublin local authority areas. Finally, while important work has been undertaken to provide specialist accommodation facilities for those homeless individuals experiencing problems of drug addiction or alcoholism, similar initiatives have not been undertaken for those homeless people with severe psychiatric or behavioural difficulties. This can leave such individuals in the wrong environment, with inappropriately skilled people dealing with their problems. The review finds that this is a gap in provision that should now be addressed as a matter of urgency.

Moving forward then, there are perhaps five key priority areas which any future homeless strategy should seek to address, and resources should be focused upon:

- **The provision of long-term accommodation.** The Integrated Strategy has proved very successful in stimulating the provision of emergency accommodation and reducing levels of rough sleeping, but a lasting solution can only be found if appropriate long-term accommodation solutions are available. A range of options must be developed to ensure that appropriate move-on accommodation is available for homeless people. This means that there must be greater utilisation of existing local authority housing stock and provision of new social housing by local authorities where a need has been identified. It also means that the private rented sector must be engaged to a greater extent, and that the provision of long-term social housing by voluntary housing organisations is stimulated. Such accommodation must be developed in tandem with the appropriate support services that will allow individuals to be sustained in an independent living environment, or, if they are incapable of this, that they receive the necessary care on an ongoing basis in long-term supported accommodation.

- **Appropriate local treatment of homelessness throughout the country.** While the introduction of local homeless fora throughout the country has stimulated the development of new and innovative local solutions to homelessness in many areas, other areas have not afforded the issue the priority it requires. This results in a disparity in the levels of service available for homeless people in different locations. A means must be found in the future to ensure that a homeless individual, regardless of location, can access an appropriate range of services and support regardless of the part of the country in which he/she is presenting.
- **A case management approach for homeless individuals.** It is essential that a case management approach is developed and mainstreamed to ensure that the individual's unique needs are addressed and long-term solutions are found. The key principle behind the approach is ensuring the availability of key workers who will interact with homeless individuals on a bilateral basis, develop a care plan, and access the appropriate core services and specialist healthcare that he/she requires.
- **Improved coordination of capital and revenue funding.** In order to develop effective interventions to address homelessness, there is a need for greater coordination between the Department of the Environment, Heritage and Local Government and the Department of Health and Children in the planning and funding of initiatives. There is also a need to develop more formal funding mechanisms to provide more focus on assisting projects with fixed timeframes to meet objectives and make themselves obsolete rather than provision on the basis of continuation of service.
- **Better data on extent, nature and causes of homelessness.** One key impediment to the effective planning of interventions to address homelessness has been a lack of available and consistent information about the needs of homeless people and the nature and extent of homelessness around the country. Agreed definitions must be put in place, consistent methodologies adopted, and information systems established that can meet this critical information gap with regard to homelessness.

### **Homeless Preventative Strategy**

The Homeless Preventative Strategy was launched in 2002 in order to develop a coordinated response to the prevention of homelessness among key target groups leaving state care. Although it is not considered to have had as great an impact as the Integrated Strategy thus far, it should be acknowledged that it is, by nature, longer-term in its outlook than its counterpart, and work is still ongoing with regard to its implementation.



In many ways the outputs envisaged in the strategy are less tangible, involving the development of systems, protocols, good working relationships and fundamentally, the prevention of homelessness among key target groups most at risk. The review took this into consideration when examining progress with regard to each of the 14 actions that were contained in the Preventative Strategy. It found that only 2 actions had been fully progressed in the three-year period since its publication, while another two were judged to have been significantly progressed. Another six were partly progressed, while there was little evidence of any advancement in the remainder.

#### **PREVENTATIVE STRATEGY ACTIONS THAT HAVE BEEN FULLY PROGRESSED**

- 1) A specialist unit established by the PWS to assist with offenders who are homeless and additional staff will be provided to assist offenders who are homeless.
- 4) The satisfactory recruitment of staff by Trinity House and Oberstown Girls Centres to enable the pre-release/step down units becoming operational will be supported.

#### **PREVENTATIVE STRATEGY ACTIONS THAT HAVE BEEN SIGNIFICANTLY PROGRESSED**

- 11) Health boards will develop and implement aftercare protocols for all young persons leaving care.
- 12) All necessary arrangements to ensure that actions required will be in place as soon as possible and not later than six months from the publication of the strategy.

#### **PREVENTATIVE STRATEGY ACTIONS THAT HAVE BEEN PARTLY PROGRESSED**

- 3) The Probation and Welfare Service and the VECs will ensure that all prisoners who are pursuing educational courses will be able to continue them following their release.
- 5) All psychiatric hospitals to have formal & written discharge policy, communicated to all staff involved in the discharge of patients and will be provided to patients and next-of-kin.
- 6) Psychiatric teams will have a nominated professional to act as Discharge Officer and ensure that discharge policy is followed.
- 8) All hospitals to have formal admission & discharge policies in place to identify homeless persons on admission to hospital & ensure arrangements are made to ensure that accommodation is provided for the homeless person after their discharge.
- 9) These policies will be communicated to all staff involved in the admission and discharge of patients and all patients and next-of-kin will be provided with a copy of the policies.
- 10) Every hospital will have a nominated officer to act as Discharge Officer and ensure that the discharge policy is followed.

**PREVENTATIVE STRATEGY ACTIONS THAT HAVE MADE LITTLE PROGRESS**

2) The Prison Service will build and operate transitional housing units as part of their overall strategy of preparing offenders for release.

7) Records will be kept of the number of patients being discharged and the type of accommodation into which they are being discharged.

13) Education services for homeless adults extended across the country, building on experience of CDVEC initiative. 6,000 extra places under Back to Education Initiative in 2002.

14) The relevant departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness & report regularly.

Despite the shorter timescale and longer-term horizon for implementation some good progress has been evident with regard to the Preventative Strategy, and significantly more development is anticipated in the short and medium-term. Overall, the strategy has brought a much wider acknowledgement of the fact that homelessness is not only about dealing with homeless individuals, but also about preventing individuals from becoming homeless in the first instance.

The Homeless Offenders Strategy Team (HOST) has been established by the Probation and Welfare Service with a remit to promote measures to prevent offender homelessness and ensure that offenders, including those on supervision in the community and those leaving custody, have access to appropriate accommodation and services. This has facilitated the development of very good working relationships between those in the Probation and Welfare Service, local authorities, the HSE and community and voluntary sector and a number of initiatives have been progressed relating to accommodation, support services and education and training. For the young offender target group, pre-release units have been established to prepare individuals for independent living.

The HSE has successfully developed discharge policies and protocols for those leaving mental health residential facilities and acute hospitals, and these have been effectively implemented in many areas as a result of significant commitment by management and staff. There are some areas, however, where implementation of discharge protocols has been less evident, and this inconsistency in approach should be addressed in the future. Developing more effective information and monitoring systems focusing on information provision to front-line staff, record-keeping controls and on-site monitoring procedures as part of an overall quality control initiative would help to ensure that protocols are being proactively followed in all parts of the country. There is also a need for discharge policies to develop in line with the homeless strategy in general and focus on the longer-term needs of the individual being discharged. It should no longer be sufficient to merely secure emergency accommodation upon discharge and longer-term accommodation and care needs must be taken into account at this stage.

In the coming years, it is essential that preventative strategies focus not only on those target groups leaving state care, but also on other at risk groups such as new immigrants and victims of domestic violence. Family breakdown is a significant cause of homelessness, and early intervention actions will be critical in anticipating such breakdown and intervening to ensure that homelessness can be avoided. The development of protocols by the HSE for dealing with young people will be of particular help in this respect, but further action is required. Finally, monitoring of the Preventative Strategy will become increasingly important in the future, and more formal mechanisms of tracking progress should be investigated in order to ensure that at-risk groups are receiving the dedicated support required in an efficient and effective manner.

### **Local Delivery of the Strategies**

The key to success of any future homeless strategy will be the capacity of local delivery mechanisms to implement it in all parts of the country. In this regard, the review examined the nature of the homeless fora, the homeless actions plans, the delivery of local interventions to address homelessness, in addition to local perspectives on the homeless strategies in general.

There was a relatively even balance between local government, HSE and voluntary sector representation on the local homeless fora, with the inter-agency partnership created between the statutory and voluntary sectors predominantly cited as the greatest strength of the forum. However, there has been some concern on the part of the voluntary sector that their input has not been adequately reflected in the final policies adopted. There are variations in the regularity of meetings in the different areas with some fora meeting on a monthly basis and a few having not met at all since 2002. This imbalance is something that should be addressed. The lack of monitoring and reporting systems in place to track the activities of the homeless forum is also an area of weakness.

Where they operate effectively, the local homeless action plans have been highly effective in bringing forward initiatives that generate an extremely positive impact in addressing homelessness at local level. However major differences exist between the nature, structure, scope and extent of local homeless action plans around the country, with a number of different influences cited by the fora in determining the formulation of the plan. The plans would be improved by the development of actions based on a comprehensive assessment of local needs, a greater focus on practical rather than aspirational actions, the introduction of specific targets and performance indicators and appropriate monitoring mechanisms. More clearly defined terms of reference for both the fora and for drawing up the action plans should also be issued, and consideration should be given to making the production of the action plans a statutory requirement.

In general, representatives of local homeless fora were very positive in their assessment of the effectiveness of the new local approach to addressing homelessness issues. Among the successes noted was the facilitation of emergency accommodation provision, the setting up of homeless persons centres, the undertaking of important research into the causes and nature of homelessness, and the development of outreach services. Some progress has also been made in supporting the Preventative Strategy, with good working relationships developed between the HSE, local authorities and the voluntary sector in the implementation of discharge policies. However there were a number of issues arising from consideration of local perspectives that have been identified as priorities for future action. These include:

- The need to refocus on longer-term accommodation solutions, and in particular the availability of suitable outlets for single people.
- More clearly explicit funding mechanisms with agreed multi-annual funding from the local authority and the health services.
- The establishment of annual reviews and a system of monitoring in order to encourage fora to be more active and focused.
- The establishment of a case management approach for addressing the needs of homeless individuals
- Improved data collection and analysis on the extent, causes and nature of homelessness across the country under an agreed definition of homelessness.
- The need to provide accommodation solutions for homeless people requiring long-term supported care due to mental health and other issues.

### **Perspectives of Homeless Individuals**

The most important stakeholders with regard to the Homeless Strategy are, of course, homeless people themselves. A review could only be complete if it considered their views with regard to the adequacy of service provision and the steps that need to be taken if they are to succeed in finding a lasting route out of homelessness. A series of interviews were therefore held in Dublin and Galway with individuals who were either currently homeless or had been homeless in the past. The sample covered a balance of people living in emergency, transitional and long-term accommodation.

These interviews reinforced many of the findings generated from the other research phases of the review. The key findings that arose during the consultations can be summarised as follows:

- The primary reason cited by those interviewed for finding themselves homeless related to family break-up and difficulties within the family home. Other factors identified were rent increases and problems of alcoholism and drug addiction.

- Emergency accommodation is largely sufficient in urban areas, with most interviewees confirming that it is possible to get accommodation if you are homeless and that the extent of provision and number of bed spaces has increased significantly over the last five years.
- There is an urgent need to significantly increase the supply of long-term accommodation options. This will facilitate the move-on of people from emergency into transitional and long-term accommodation provision appropriate to their needs.
- It is important to develop a greater consistency in relation to the role and function of key workers, particularly in the formulation and implementation of care and support plans for service users. It would be beneficial if support is not only provided while the individual resides in emergency accommodation, but is also, where necessary, continued for a period of time after the individual moves on to longer-term accommodation.
- Difficulties exist in accessing support services such as social workers, mental health services, counsellors, and drug addiction services. Measures need to be put in place to deal with some of the other problems that had either precipitated homelessness or had been caused by homelessness, such as alcohol addiction, drug addiction and mental illness.
- Most of the interviewees who had accessed accommodation services in Dublin City and Galway City did not live in either city when they originally became homeless. The decision to move into the city centres to seek out appropriate homeless supports was not always motivated by a desire to migrate to either place. Rather, it often resulted from an absence of homeless services in the towns and communities where they had originally lived.
- There was a lack of awareness of the various services and supports that are available to homeless people, suggesting that information is either not being produced in an accessible and straightforward form or not being distributed effectively.
- The individuals interviewed believe that if the proper types of co-ordinated services and supports are put in place for them over a fairly sustained period of time, they will make a successful progression out of homelessness and into a more independent and contented lifestyle.

## Conclusions

This review highlights many issues regarding the progress of the homeless strategy over the past five years. There can be no doubt, however, that substantial progress has been made across all aspects of homelessness, from provision of housing to health services to outreach support, since the launch in 2000 of Homelessness: An Integrated Strategy. The review has found that significant success has been achieved in a number of areas, particularly in relation to the following:

- There has been a major change in the way in which people around the country perceive homelessness and there is a much closer understanding of the causes of, and issues arising from, homelessness at national and local policy level.
- Previous gaps in emergency accommodation provision in the major urban centres have now been addressed.
- The number of rough sleepers around the country has been significantly reduced.
- Strong working partnerships between key local stakeholders from local authorities, the HSE and community and voluntary agencies have been facilitated with a series of important initiatives addressing homelessness emerging from these partnerships.
- The establishment of dedicated multi-disciplinary teams in a number of areas providing a range of health services to homeless individuals.
- The development of discharge protocols for those at risk of homelessness leaving psychiatric or acute hospitals.
- Critical local interventions to address issues of homelessness have been stimulated via the requirement for local homeless action plans.
- Dedicated settlement services have been provided in areas around the country that are helping to place and sustain homeless individuals in longer-term accommodation solutions;
- The range and quality of services for homeless people have increased substantially.
- The establishment of the Homeless Agency in Dublin has led to greater coordination of funding for homeless services and projects; development of improved funding and monitoring systems; skills development within the homeless sector; extension of the range and availability of longer-term accommodation options; enhancement of homeless services; good partnership working and ultimately the reduction of the scale of homelessness within the city.

Although the review has identified the significant successes summarised above developing from the Integrated and Preventative strategies since 2000, there remain a number of gaps in terms of provision and intervention and areas of activity that now require more concentrated focus. There are a number of key challenges that have to be faced in order to continue the pace of progress.

Firstly, much of the activity with regard to accommodation to date has concentrated on emergency short-term solutions, and there is now a need to develop a range of longer-term accommodation options for homeless people. This will include:

- The provision of additional housing for homeless people by local authorities and the voluntary housing sector, via the local authority Social and Affordable Housing Action Plans 2004 to 2008.

- The engagement of the private rented sector, to a greater extent in the provision of housing for homeless people, making optimum use of the recently introduced Rental Accommodation Scheme in this regard.
- The development of long-term supported accommodation with on-site specialist care provided by the health sector to cater for the needs of homeless people with severe psychiatric problems who have difficulties with an independent living environment.

Secondly, priority must be given to the improved coordination of funding between the Department of the Environment, Heritage and Local Government and the Department of Health and Children/HSE. They must work to ensure that capital and revenue funding can be provided in tandem to support initiatives aimed at addressing homelessness. More formal funding mechanisms must also be developed, with a transparent system of project selection across the country together with regular monitoring of progress. The significant increase in national government investment to address homelessness since 2000 means that ample resources should now be available to effect real progress, if this funding can be refocused on the areas of greatest need.

Thirdly, the development of a case management approach to addressing the needs of homeless individuals must be a critical objective. This approach should be based on key workers linked to a base of core services and specialist health services that can be accessed, depending on the individual's unique needs.

Finally, preventative strategies must be developed that focus not only at the needs of individuals who have left prisons, acute or psychiatric hospitals, or state care, but also consider other at-risk groups. The issue of family breakdown is significant in this respect, and early intervention actions will be critical components of future preventative strategy if a significant reduction in the risk of homelessness is to be achieved.

## **Recommendations**

With these conclusions in mind, a series of 21 recommendations, focused around 7 key themes, have been developed. It is considered that in order to move the homeless strategy forward effectively and continue progress at a similar pace to the success experienced since 2000, the implementation of these recommendations should proceed in a timely manner.

### *Theme 1: Strategic Development*

**(1)** The Integrated and Preventative Homeless Strategies should be amalgamated and revised. The resultant revised strategy should have an overarching goal to eliminate long-term homelessness in Ireland by a defined date in the future, and include clearly defined objectives, actions, projected outcomes, timescales for delivery and an appropriate monitoring mechanism to track progress.

**(2)** The revised homeless strategy should establish a coordinated funding mechanism for the disbursement of capital and current accommodation and care related costs.

**(3)** A more formal funding procedure should be developed in order to prioritise projects for funding, involving;

- Clear national criteria for project approval.
- A transparent funding assessment and approval process that relates all proposed projects against local homeless action plan targets.
- The setting of formal targets or service level agreements for each project, with an appropriate monitoring system put in place.

**(4)** A National Homeless Consultative Committee, feeding into the Housing Forum which was set up under the partnership process, including representatives from the providers of local homeless services, should be established. This would provide input into the development of the revised homeless strategy and ongoing government policy on addressing homelessness, including the development of improved funding mechanisms and the integrated planning and delivery of interventions.

### *Theme 2: Local Delivery Issues*

**(5)** Homeless fora in major urban centres should have regard to the homeless agency partnership model in developing local strategy, actions and funding schemes from shared sources, and consideration should be given to administrative requirements necessary to achieve this. Local Authorities and HSE representatives for areas with a small base of homeless persons should consider whether a partnership approach to the provision of certain specialist services might be adopted with other areas to improve local access to services by homeless individuals.

**(6)** The production of homeless action plans should be a statutory requirement. Homeless action plans should, as a minimum, contain an overall vision, objectives, actions, output targets, timescales for achievement, indicative costs, and proposed funding arrangements, and should be formally reviewed by the homeless forum on an annual basis.

**(7)** A case management approach, based on individual needs assessment with provision for access to multiple services, should be developed and piloted. Arrangements should be put in place to ensure the availability of the full range of services which might be required to ensure that the needs of the homeless person are met in a holistic manner. In this context the appointment of key workers, responsible for facilitating access to all services needed by the homeless person, should be an integral part of the approach.



### *Theme 3: Targeting of Resources*

**(8)** There needs to be a refocusing of resources available to address homelessness. Resources previously focused on the provision of emergency accommodation should be redeployed to the provision of long-term accommodation. The continued relevance of all other interventions targeting homelessness should also be kept under review at local level to ensure that resources continue to be directed effectively towards areas of greatest need. Commitment to ongoing evaluation of existing resources targeting homelessness issues, in order to identify gaps in service provision or duplication of service, should be a condition of funding in all cases.

### *Theme 4: Accommodation Issues*

**(9)** Emergency Accommodation, although largely sufficient in the major urban centres, should continue to be provided to address outstanding requirements in other areas. It is considered, in general, that provision of long-term accommodation with the support necessary to maintain occupancy of that accommodation is more appropriate than the provision of transitional accommodation. The provision of a floating support system in tandem with this long-term accommodation offers a more practical solution to building the capacity of homeless people for independent or supported living, provided the care and other support needs of the tenant are also addressed.

**(10)** Consideration should be given to the replication of successful existing initiatives that secure long-term housing options for homeless people within the private rented sector. A system combining a portfolio of landlords willing to partake in such a scheme with tenancy support for tenants that require it facilitates the use of private rented accommodation as a long-term option for homeless people.

**(11)** Local authority and voluntary sector housing for homelessness, should, as far as possible, avoid concentration in one specific area, particularly in disadvantaged areas, and should be scattered throughout the local authority's and voluntary sector's housing stock portfolio. Local authorities should ensure that a sufficient proportion of their own and the voluntary sector's housing stock is appropriate to the needs of their homeless population and that due account is taken of the needs of this sector in the operation of their housing allocation process.

**(12)** Dedicated long-term supported accommodation staffed on an ongoing basis by health workers must be provided to cater for the very specific needs of those individuals experiencing severe psychiatric problems that have difficulties with an independent living environment, where it has been agreed by the HSE and local authority that they are in need of such accommodation.

*Theme 5: Progression of the Preventative Strategy*

**(13)** Consideration should be given to the establishment of a dedicated system to ensure that discharge policies for homeless people are adequate and are being implemented effectively in mental health facilities and acute hospitals.

**(14)** Ex-offenders should, in general, not be housed in dedicated accommodation, and should be treated for their individual housing and other support needs rather than as ex-offenders per se, but must remain a key focus of future homeless strategy as an especially at-risk group.

**(15)** Closer links should be developed between the Youth Homeless Forum and the Adult Homeless Forum in each area to improve and monitor the effectiveness of systems at local level and ensure continuum of care for the individual upon reaching 18 years of age.

**(16)** Victims of domestic violence should be recognised as an at-risk target group, and in this regard the National Steering Committee on Violence against Women should consider convening an expert working group to examine refuge provision and occupancy around the country.

**(17)** There is a need for development of early intervention preventative actions by wider social welfare agencies including the establishment of indicators that act as an early warning system and ensure that supports are offered while the potentially homeless individual remains in the family home.

*Theme 6: Information Gathering and Dissemination*

**(18)** The definition of homelessness should be revisited in order to produce a clearer, unambiguous understanding of what homelessness means for measurement and funding purposes. This should be used as the basis for a common information gathering system establishing the causes, extent and nature of homelessness and rolled out to all areas of the country.

**(19)** Regular homeless fora conferences should be held in order to facilitate the sharing and development of ideas and improvement of interventions throughout the country. Examples of best practice for the delivery of local interventions to address homelessness should be circulated to all homeless fora.

*Theme 7: Other Relevant Issues*

**(20)** All government policy should be proofed for any potential impact it may have on homelessness or interventions targeted at addressing homelessness.

**(21)** FÁS and the Vocational Education Committees should become more actively involved in the activities of local homeless fora in the future.

