Homeless Agency Partnership
The Homeless Agency Partnership 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 organisations working together to implement the agreed action plan *A Key to the Door, the Homeless Agency Action Plan on Homelessness 2007-2010* and to realise the Vision of 2010.

The Homeless Agency Partnership Board is comprised of voluntary and statutory organisations and includes representation from the following: Dublin City Council, Dún Laoghaire Rathdown County Council, Fingal County Council, South Dublin County Council, Health Service Executive, FAS, CDVEC, Probation Service, Irish Prisons Service, Irish Council for Social Housing and the Homeless Network in Dublin.

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 . . .’


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*
Introduction and Background Context

The vision that by end of 2010, long-term homelessness and the need to sleep rough will be eliminated in Dublin is clearly stated in the Homeless Agency Partnership’s third action plan, *A Key to the Door* (2007-2010).

The vision and the agreed actions set out in *A Key to the Door* are underpinned by three strategic aims which relate to the prevention of homelessness, the provision of effective services in each of the four Dublin local authority areas, and the provision of sufficient long-term housing, with appropriate supports as required.

Following a progress review (which was carried out in late 2007, the first full year of implementing *A Key to the Door*), the Board of the Homeless Agency Partnership agreed three critical priority actions for 2008. These actions, which are specifically designed to ensure that the momentum gained in achieving the Partnership’s strategic vision is maintained, were as follows:

— Measure and evidence the extent of need and projected requirements

— Develop and agree a model of service delivery for the homeless sector in Dublin

— Review current expenditure on homeless services and develop and propose a capital and revenue funding mechanism to be agreed as part of a revised funding regime

1. Measure and evidence the extent of need and projected requirements

This priority was agreed in order to generate up-to-date evidence illustrating the extent of homelessness in Dublin, the need and demand arising for service responses and the required level of housing provision, thereby facilitating the Partnership in planning for and delivering the vision of *A Key to the Door* action plan. This priority was achieved through the completion of *Counted In, 2008*.

2. Develop and agree a model of service delivery for the homeless sector in Dublin

*Core Action 4 of A Key to the Door* mandates the partnership to implement the Holistic Needs Assessment (HNA) and a Care and Case Management (CCM) approach throughout the homeless services sector in Dublin. The Board of the Homeless Agency Partnership recognises the need for a seamless approach to the delivery of services, with clear roles and responsibilities assigned to both voluntary and statutory services.
The Partnership’s twin-track strategy is focused on:

(i) The development of a ‘pathways approach’ among homeless service providers, which ensures the provision of long-term and sustainable solutions to homelessness, eliminates rough sleeping and long-term homelessness, and prevents episodic and repeat experiences of homelessness.

(ii) The development of an integrated model of service provision (also known as the Continuum of Care model) that delivers a care and case management service to homeless service users.

These twin-tracks are designed to be both mutually supportive and interdependent. This critical priority action was achieved through the commissioning of an independent evaluation of homeless services, the Evaluation of Homeless Services 2008 Series.

The evaluation process has enabled the Homeless Agency Partnership to determine what model of support and housing is required in Dublin to meet the Partnership’s stated vision of eliminating long-term homelessness and the need to sleep rough by the end of 2010.

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

A key feature of the evaluation’s approach was an analysis of how homeless services currently work as a system, thereby allowing the evaluators to point to more effective ways to provide supports that can help prevent homelessness and can also support people who are exiting long-term homelessness.

3. Review current expenditure on homeless services and develop and propose a capital and revenue funding mechanism to be agreed as part of a revised funding regime

Government expenditure on homelessness has increased significantly in recent years. Between 2005 and 2007, €168 million was spent on supporting homeless services in Dublin, and approximately €62.3 million will have been spent in 2008. In the context of such significant expenditure, there is a crucial need to ensure that resources currently committed are directed towards achieving the Partnership’s vision by end 2010.

This critical priority was achieved by establishing a Steering Group with representation from statutory and voluntary sector stakeholders and an independent chair to produce the Review of Finances and Expenditure for Homeless Services in Dublin report. The overarching objective of this report was to undertake a value for money exercise that examines and considers in detail the cost-effectiveness of homeless services in Dublin, their equity (equality of outcome), as well as their economy and overall efficiency.
Key findings and conclusions reached as a result of the three critical priorities

This submission presents a summary of the key findings and conclusions reached as a result of implementing the three critical priority actions in 2008.

It also highlights a number of important priority areas, which form part of the submission to Government in relation to implementing *The Way Home* and also in relation to creating the conditions required in order to achieve the Homeless Agency Partnership’s vision of eliminating long-term homelessness and the need for people to sleep rough in Dublin by end 2010.

In order to have a comprehensive understanding of the evidence underpinning the recommendations arising from the three critical priority actions in 2008, it would be important to refer to the complete text of all three reports i.e. *Counted In, 2008*, *Evaluation of Homeless Services 2008 Series*, and the *Review of Finance and Expenditure for Homeless Services in Dublin*. Copies of these reports accompany the publication of this submission. However, for ease of reference, the full set of recommendations from each report is set out in Appendix 1.
Critical Priority 1

Counted In, 2008; A report on the extent of homelessness in Dublin

In March 2008, the Homeless Agency conducted its fourth census enumerating the experience of homelessness in Dublin¹. The Counted In survey has been conducted every three years since 1999 as part of the national Housing Needs Assessment mandated by the Housing Act 1988. Counted In, 2008 is the most robust and comprehensive ‘point in time’ picture of the extent of homelessness in 2008 and the profile of households using homeless services in Dublin. It provides information on the definitive minimum number of adults using homeless services in Dublin; it describes who they are, precisely which category of homeless services² they avail of and how long they have been homeless and using homeless services.

Summary findings
The total number of people currently using homeless services in Dublin has not changed significantly since 2005. Indeed relative to overall population growth in Dublin, there is a small decrease in the experience of homelessness since 2005, while the number of people reporting that they are sleeping rough has fallen considerably since 2005. Today, one in every 200 households in Dublin is a homeless household.

Notwithstanding these findings, there have been very significant changes within the homeless population since 2005. Nearly half of all households reported that they were new to the experience of homelessness since 2005, thus confirming that for every one household that exited homelessness since 2005, another household took their place. In addition, nearly two out of every five people sleeping rough in Dublin are not Irish nationals.

Homeless population
A total of 2366 adults (comprising 2144 households) are in homeless services in 2008.² This is a 4% increase on the 2005 figure (2066 households). Since 2005, Dublin’s population has increased by 5%. Thus, the 2008 homeless population in Dublin represents a decrease of 1% relative to population growth in Dublin city and county. Currently, just over twice as many men as women are availing of homeless services (68% and 32% respectively). Almost half of the 2366 adults in homeless services (46.7%) became homeless for the first time at some point between March 2005 and March 2008.

People ‘sleeping rough’
In 2008, a total of 110 adults have reported that they are sleeping rough (i.e. 5% of the total homeless population of 2366 adults). When compared with the figures for 2005 (when 185 adults reported sleeping rough), this represents a decrease of 41%. However, it should be pointed out that there is a notable increase both in the number and proportion of non-Irish nationals who reported sleeping rough. When compared with the figures for 2005 (which showed that 9% of rough sleepers were non-Irish nationals) the 2008 figure represents an increase to over one third (38%) of all rough sleepers as non-Irish nationals.

¹ The survey took place between Monday 10 and Sunday 16 March 2008.
² Either resident in homeless accommodation, resident in long-term supported accommodation for people who were previously homeless, or else sleeping rough during the week of the survey.
Use of homeless services by adults

Figure 1 demonstrates that 1388 adults (59%) were resident in emergency accommodation (617 adults, 26%) or in private emergency accommodation (771 adults, 33%). In addition, 732 adults (31%) were resident in either transitional accommodation (392 adults, 17%) or long-term supported housing (340 adults, 14%).

Duration of adults’ stay in homeless services

Figures 2 (overleaf) shows a total of 1651 adults i.e. eight out of ten adults surveyed (84%) reported being in homeless services for more than six months. Of these, a majority of 989 adults were resident in emergency accommodation\(^3\). Only 316 adults had been resident in homeless services for less than six months. Almost one third of all adults in homeless services (576 or 31.4%) had been resident in homeless services for over five years.

\(^3\) This equates to 942 adults households. In addition, 169 households did not disclose how long they had stayed there. As such, the figure of 942 households should be seen as a minimum number of households in long-term occupation of emergency/private emergency accommodation.

*‘Other’ represents various other locations including domestic violence refuges, homeless detoxification and rehabilitation facilities and health service facilities.
Figure 2. Duration of all adults’ stay in homeless services by type, 2008

Figure 2a. Location of people in homeless services for less than six months

Figure 2b. Location of people in homeless services between six months and three years

Figure 2c. Location of people in homeless services for over three years
Critical Priority 2

_Evaluation of Homeless Services, 2008 Series_

The evaluation process was established in order to investigate how homeless services currently work as a system, thereby allowing the evaluators to identify more effective ways of providing supports that can assist in preventing homelessness and can also support people to exit long-term homelessness. The team conducting the _Evaluation of Homeless Services 2008 Series_ developed a robust and detailed methodology that succeeded in delivering primary survey data on service activity, quality standards and service users’ needs. In addition, data was collated from interviews and focus groups with service users and service managers. Insights were also gleaned from interviews with key stakeholders and from a review paper on comparative international experience. Uniquely, former service users were involved in the process of generating findings; they led both service user interviews and focus group discussions.

**Summary findings from the 2008 Evaluation of Homeless Services 2008 Series**

— Alongside their own motivation, nearly all service users who were asked to consider and state what enabled their progression through and out of the experience of homelessness identified ‘the quality, competence and commitment of homeless services staff’ as the single most important enabler.

— From the service managers’ perspective the key enablers identified were ‘regular and consistent inter-agency communication and co-operation alongside a detailed and clear referral mechanism leading to appropriate move-on into housing and accommodation’.

— Also identified as enablers were ‘the importance of good practice and effective organizational structures’ and factors such as ‘the increasing use of the holistic needs assessment (HNA) process and the development of improved care planning and care and case management working’.

— Barriers to exiting homelessness were identified. Foremost among these were ‘the need for access to more appropriate and affordable housing options combined with supports in housing as required’ and ‘the need for greater provision in the area of detoxification and rehabilitation services, as well as access to mental health services’.

— Among the other barriers identified to exiting homelessness were ‘a shortage of low-threshold emergency accommodation’ and ‘the shortage of drug-free emergency accommodation and high-support long-term housing’.

— Service users need more and better information about services; they also require continued improvements in inter-agency cooperation and communication.

— The 2008 Evaluation of Homeless Services 2008 Series presents a number of key findings on the role and outcomes associated with the use of private emergency accommodation for the first time. It raises significant concerns in relation to the continued use of
private emergency accommodation and the extent of the reliance on that type of accommodation as a form of service provision. The evaluation team has particular concerns about the process of assessing the needs of people who live in such accommodation. They are also concerned about the way access to private emergency accommodation is co-ordinated and managed, and about issues such as homeless households' length of stay in this type of accommodation and the assistance provided to such households in moving on from this accommodation. The Evaluation shows that a significant number of households in private emergency accommodation had an alleged history of anti-social behaviour.

Overall, the *Evaluation of Homeless Services 2008 Series* found that too few people move from homeless services' accommodation into mainstream supported housing. Indeed, many service users experience multiple stays in different forms of emergency accommodation, and many have experienced repeat episodes of homelessness. There is no one coherent pathway out of homelessness for many service users; they find their trajectory or progression through homeless services to be 'non-linear', and they experience an excessive level of repeat movements in and out of emergency accommodation.

The *Evaluation of Homeless Services 2008 Series* also found that people's movement between emergency and transitional accommodation was less than might be expected if the overall configuration of services and their functionality was more aligned to a pathway model of service provision. The level of 'user activity' among homeless services was examined as part of the evaluation process, and an attempt to illustrate the movement between services of people experiencing homelessness was undertaken. The findings are presented in Figure 3, which illustrates how homeless services are organised into three categories (i.e. emergency accommodation, transitional housing or mainstream/ residential supported housing). Using arrows, the diagram illustrates the extent of service user movement for the second quarter of 2008: the wider the width of the arrow, the greater the level of activity flow and movement between services.

The diagram shows how users of homeless services remain stuck and suspended between emergency accommodation provision and wrap-around services, while transitional accommodation remains silted up due to the relatively small intake and subsequent 'move-on' of households. The findings from the Evaluation confirm the 'non-linear' pattern of activity flow and movement between services for people experiencing homelessness. They also highlight the absence of progression onto and along a pathway out of homelessness for the majority of service users represented.
**Figure 3. 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.

* 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.

* Other including Friends, Family, Hospital, Prison, Residential addiction treatment,
The Evaluation of Homeless Services 2008 Series also produced survey findings of the needs of service users. Using a matrix that is compatible with the Holistic Needs Assessment (HNA), homeless service 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 Table 1 below.

### Table 1. Housing needs of homeless service users in Dublin, 2008

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

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

Figure 4 shows that of the 1531 homeless households surveyed, 1049 (69%) need mainstream housing with either no support (259; 17%); short-term support (391; 26%); or long-term support (399; 26%). 449 homeless households (29%) require supported housing with varying degrees of support. A further 29 (2%) were assessed as requiring nursing home care, and 3 (<1%) did not fit into any of the above categories.
Figure 4 Type of housing required by homeless households

<table>
<thead>
<tr>
<th>Category of housing type</th>
<th>Mainstream housing (no support)</th>
<th>Mainstream housing (with support)</th>
<th>Supported housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of households per category:
Overall, just over eight out of ten (83%) homeless households need some form of support, whether in mainstream housing or supported housing. Table 2 below gives the results for each of the different accommodation categories.

**Table 2 Housing needs of homeless service users in Dublin by category of service 2008**

<table>
<thead>
<tr>
<th>Type of housing needed</th>
<th>Mainstream housing with supports if needed</th>
<th>Residential supported housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rough sleeping</td>
<td>65%</td>
<td>33%</td>
</tr>
<tr>
<td>Emergency hostels</td>
<td>55%</td>
<td>41%</td>
</tr>
<tr>
<td>Private emergency accommodation</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Transitional housing</td>
<td>91%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The *Evaluation of Homeless Services 2008 Series* findings provide, for the first time, a quantified aggregate demand for mainstream housing (with or without supports) and supported housing; this data is essential for planning future housing provision. The Evaluation concludes that the high percentage of households that are assessed as requiring mainstream housing (as opposed to supported housing), strongly supports the adoption of a ‘housing first’ approach. The evaluation team asserts this is an extremely important finding that runs counter to the frequently expressed view that most homeless people need long-term high support housing as described in categories 5, 6, 7, 8 in Table 1.

Furthermore, the Evaluation indicates that Figure 4 also identifies a major gap in current service provision. It shows that while there is some long-term housing available without supports, this is not sufficient to meet demand. Additionally, while 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. The Evaluation concludes there is very little availability of the type of housing indicated (bar three mainstream housing with supports, in Figure 4 above). Thus, for some 26% of homeless households, the housing type they require is in extremely short supply.

The Evaluation also found that while overall quality standards within homeless services were significantly higher than found in the previous emergency services evaluations 2006, certain homeless services continued to fall below minimum standards in the areas of *assessment, developing settlement,* and *accessing housing.* These are considered important as each of them impacts directly on assisting service users onto and along pathways into appropriate housing. The Homeless Agency Partnership will work with service providers to ensure compliance with all required minimum standards is obtained as a matter of priority.
Critical Priority 3

Review of Finances and Expenditure for Homeless Services in Dublin

Government expenditure on homelessness has increased significantly since 2005. A total of €56.4 million was spent on homelessness in Dublin in 2006. This rose to €60.7 million in 2007. In 2007, the Department of Environment, Heritage and Local Government (DoEHLG) provided funding of €40.7 million (67% of 2007’s total) via the four Dublin local authorities and the Health Service Executive provided €20 million (33% of 2007’s total). The Homeless Agency Partnership undertook a review of finance and expenditure on homeless services in Dublin in 2008 (one of the three critical priority actions agreed for this calendar year).

The Review analysed homeless service expenditure of approximately €60.7 million in Dublin in 2007. The Review focused on the management of the 2007 out-turn expenditure relating to the following services:

- Emergency accommodation
- Private emergency accommodation
- Transitional accommodation
- Long-term supported accommodation
- Street outreach services
- Settlement services
- Advice/information/food services
- Detoxification/rehabilitation services
- Homeless Persons Unit (HPU)
- Health services

Summary findings from the Review of Finances and Expenditure for Homeless Services in Dublin

Between 2005 and 2007, €168 million has been spent in supporting homeless services in Dublin with another €62.3 million forecast to be spent in 2008. For the purposes of the Review, ‘homeless services’ is divided into two categories:

- **Homeless accommodation**, which includes emergency, private emergency, transitional and long-term housing, and

- **Homeless support services** which includes street outreach, settlement, advice, information and food services, detoxification and rehabilitation services, other relevant health services and the Homeless Persons Unit (HPU).

*Homeless accommodation* accounts for approximately 72% of total expenditure, and *homeless support services* account for the remaining 28%. Table 3 (overleaf) illustrates the trend of expenditure between 2005 and 2008 for the above services. It also highlights the financial
Contributions made by the HSE and the four Dublin local authorities, plus the year-on-year growth in expenditure in nominal terms and real terms (i.e. adjusted to take account of inflation). In real terms, expenditure grew by 6.8% between 2005 and 2006, 2.7% from 2006 to 2007. A 1.8% fall in expenditure was predicted between 2007 and 2008. The rise in expenditure between 2005 and 2006 was mainly attributable to increases in expenditure within emergency and private emergency, long-term, street outreach and detoxification and rehabilitation services. The rise in expenditure between 2006 and 2007 was due to increased provision of emergency accommodation services, long-term supported accommodation services and settlement services, coupled with the cost of improving service provision in order to meet users’ needs and develop service quality.

Table 3. Homeless Services expenditure year by year*

<table>
<thead>
<tr>
<th>Total Cost of Homeless Services</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008 (Budget)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditure</td>
<td>50,927,023</td>
<td>56,357,798</td>
<td>60,698,463</td>
<td>62,344,824</td>
<td>230,099,770</td>
</tr>
<tr>
<td>Split by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority</td>
<td>32,928,098</td>
<td>37,126,323</td>
<td>40,714,829</td>
<td>41,766,302</td>
<td>152,535,552</td>
</tr>
<tr>
<td>HSE</td>
<td>17,998,925</td>
<td>19,290,475</td>
<td>19,910,634</td>
<td>20,505,522</td>
<td>77,705,356</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>73,000</td>
<td>73,000</td>
<td>146,000</td>
</tr>
<tr>
<td>Year on Year Expenditure Growth</td>
<td>11%</td>
<td>8%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflation % HICP</td>
<td>2.7%</td>
<td>2.8%</td>
<td>3.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year on Year Expenditure Growth in Real terms*</td>
<td>8.2%</td>
<td>4.8%</td>
<td>-0.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflation % CPI</td>
<td>4.0%</td>
<td>4.9%</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year on Year Expenditure Growth in Real terms**</td>
<td>6.8%</td>
<td>2.7%</td>
<td>-1.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeless Accommodation</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008 (Budget)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>10,303,188</td>
<td>11,292,432</td>
<td>12,945,542</td>
<td>12,834,201</td>
<td>47,375,363</td>
</tr>
<tr>
<td>Private Emergency</td>
<td>13,000,583</td>
<td>15,431,582</td>
<td>16,371,631</td>
<td>17,658,815</td>
<td>62,462,611</td>
</tr>
<tr>
<td>Transitional</td>
<td>8,823,357</td>
<td>9,298,119</td>
<td>9,353,565</td>
<td>9,220,565</td>
<td>36,695,606</td>
</tr>
<tr>
<td>Long Term</td>
<td>3,383,861</td>
<td>4,463,898</td>
<td>4,966,275</td>
<td>5,129,702</td>
<td>17,973,736</td>
</tr>
<tr>
<td>Total</td>
<td>35,510,989</td>
<td>40,486,031</td>
<td>43,667,013</td>
<td>44,843,283</td>
<td>164,507,316</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeless Support Services</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008 (Budget)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Outreach</td>
<td>1,110,342</td>
<td>1,233,020</td>
<td>1,265,676</td>
<td>1,288,203</td>
<td>4,897,241</td>
</tr>
<tr>
<td>Settlement</td>
<td>1,555,872</td>
<td>1,599,548</td>
<td>2,514,091</td>
<td>2,559,393</td>
<td>8,229,104</td>
</tr>
<tr>
<td>Advice/Info/Food</td>
<td>4,657,354</td>
<td>4,389,058</td>
<td>4,442,972</td>
<td>4,776,750</td>
<td>18,466,134</td>
</tr>
<tr>
<td>Detox/Rehab</td>
<td>1,098,525</td>
<td>1,431,908</td>
<td>1,474,865</td>
<td>1,483,190</td>
<td>5,488,488</td>
</tr>
<tr>
<td>Health</td>
<td>4,191,000</td>
<td>4,250,000</td>
<td>4,250,000</td>
<td>4,250,000</td>
<td>16,941,000</td>
</tr>
<tr>
<td>Miscellaneous costs – DoE</td>
<td>1,093,814</td>
<td>1,148,505</td>
<td>1,354,756</td>
<td>1,380,133</td>
<td>4,977,208</td>
</tr>
<tr>
<td>HPU</td>
<td>1,596,789</td>
<td>1,678,728</td>
<td>1,729,090</td>
<td>1,763,672</td>
<td>6,770,279</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15,305,696</td>
<td>15,930,607</td>
<td>17,031,450</td>
<td>17,501,541</td>
<td>65,769,454</td>
</tr>
</tbody>
</table>

* The growth rate has been adjusted to remove the effects of HICP (Harmonised Index of Consumer Prices)
** The growth rate has been adjusted to remove the effects of CPI (Consumer Price Index)
High-level unit costs

For the purposes of the Review of Finances and Expenditure for Homeless Services in Dublin report, the calculation of high-level unit costs was based on total expenditure in 2007 and total units of accommodation provided by each of the three main homeless accommodation services (emergency, transitional and long-term) plus detoxification and rehabilitation services for the year as a whole.

As information on unit costing across all providers is not currently available in a consistent format, preliminary unit cost analysis was carried out at a macro level for homeless accommodation services; this is compared in Table 4. Unit costs have been calculated by dividing total expenditure by total units of accommodation and do not consider the variations in the level of support provided within accommodation type, which of course would affect these costs.

Table 4. High level unit costs for homeless accommodation services, 2007

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Level of Support</th>
<th>Average Cost per Unit per year (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency (Non private emergency)</td>
<td>Medium-high</td>
<td>29,222</td>
</tr>
<tr>
<td>Transitional</td>
<td>Medium-high</td>
<td>17,418</td>
</tr>
<tr>
<td>Long-term</td>
<td>Low-high</td>
<td>9,973</td>
</tr>
<tr>
<td>Detox/Rehab</td>
<td>Medium-high</td>
<td>27,312</td>
</tr>
<tr>
<td>Private Emergency</td>
<td>Minimum-none</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Circa 14,600 (single person)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Circa 29,500 (couple &amp; 2 children)</td>
</tr>
</tbody>
</table>

One service provider confirmed information on unit costs for the various levels of long-term support in order to point to other examples of cost structures for this form of support, which is provided within mainstream housing. This is detailed in Table 5 below. This information should be used for indicative purposes only as it only reflects the unit costs of that specific service provider, which is not necessarily a representative sample.

Table 5. Sample unit costs for supported housing provision in Dublin, 2007

<table>
<thead>
<tr>
<th>Long Term Housing</th>
<th>Cost per Unit per year (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented/Short Term Support</td>
<td>4,000</td>
</tr>
<tr>
<td>Rented/Short Term Visiting Support</td>
<td>4,700</td>
</tr>
<tr>
<td>Supported Housing (no night cover)</td>
<td>5,300</td>
</tr>
<tr>
<td>Supported Housing (caretaker and out of hours security cover)</td>
<td>11,100</td>
</tr>
</tbody>
</table>

The unit cost information shows that long-term housing with all levels of support incurs the lowest delivery costs, while emergency and detoxification/rehabilitation services are the most expensive. The Homeless Agency Partnership currently invests 48% of its budget in emergency/private emergency...
accommodation, 16% in transitional and only 8% on long-term housing with supports. Moving homeless people from emergency to long-term tenancies would represent significant cost efficiencies and, most importantly, would be more effective as a way of achieving the overall vision of eliminating long-term homelessness in Dublin by end 2010.

Conclusions reached as a result of the Review of Finances and Expenditure for Homeless Services in Dublin

— The primary conclusion of the Review of Finances and Expenditure is that changes both in policy and service provision are required in order to realise the 2010 Vision of the Homeless Agency Partnership.

The current configuration of services is, in effect, managing the homeless situation in Dublin in the short term by maintaining people experiencing homelessness in temporary accommodation, private emergency accommodation or transitional accommodation. This configuration of services is not effective in helping to achieve the Homeless Agency Partnership’s 2010 Vision. Moreover, from a financial perspective, overall homeless expenditure to date remains ineffective in meeting the strategic vision of the Homeless Agency Partnership.

— The second major conclusion of the Review of Finances and Expenditure is that overall financial resources are being spent incorrectly in order to meet the 2010 Vision, and a major change in how the pool of available funding is allocated is required.

Currently, there is an over-investment in emergency and transitional accommodation and a clear under-investment in long-term housing and accommodation options, with appropriate support services as required. If this remains unaddressed as a priority then the 2010 Vision will not be achieved against the timeline set. This means that while the strategic objectives set out in the Homeless Agency Partnership Action Plan to 2010, A Key to the Door, will remain relevant, a refocusing of service provision, coupled with a reconfiguration of funding, will be necessary in order to achieve these objectives. In other words, what is now required is a rapid refocusing of resource allocation on long-term solutions rather than on short-term fixes, and these should always be in support of the overall objective of realising the 2010 Vision.

Change must lead to the provision, delivery and take-up of housing and accommodation with related support services as required. The implementation of the agreed evidence-based recommendations on reconfiguring Dublin’s homeless services (based on the Evaluation of Homeless Services 2008 Series) will be important in terms of realising an overall model of service provision, and one that provides an exit from homelessness for people experiencing homelessness in Dublin.

— The third major conclusion of the Review is that in the absence of an adequate structured unit cost and quality framework system (i.e. one that defines services by standard costs and quality), it is not possible to determine whether value for money is being achieved in terms of economy and efficiency.

The lack of information currently available on outputs (quantity and quality) between 2005 and 2008 does not facilitate an evaluation of either overall economy or efficiency. Where information does exist, it would suggest that costs are falling year-on-year and quality is improving. However, evidence of this is not conclusive.
Finally, the Review has identified a definite weakness around information management. In particular, it has identified a problem with accessing key information sources that are essential in order to assess overall performance against objectives, quality and quantity of service provision and, most importantly, the existing and future requirements of service users.

As a result of the lack of accessible information, the Review was inconclusive in determining whether value for money was being achieved in respect of overall economy and efficiency.

Overall conclusions reached as a result of the three critical priority actions in 2008

Having concluded work on the three critical actions agreed for 2008, the Board of the Homeless Agency Partnership considered the key findings, conclusions and recommendations put forward in each of the areas outlined above. The important evidence provided by the three studies carried out by the Partnership forms the basis on which this submission is being made to Government on the implementation of the new national homeless strategy *The Way Home* (2008-2013). In addition, the Board is taking this opportunity to present a blueprint for change to all stakeholders in the Homeless Agency Partnership. This blueprint is the basis for creating the conditions required to realise the vision of *A Key to the Door*.

What change is required?

A change in policy and service provision is required from January 2009 in order to make the Partnership’s 2010 Vision a reality for those experiencing homelessness in Dublin. Innovative changes in areas of policy, service provision and practice must be agreed and implemented as a matter of urgency and should be delivered under the implementation plan for the national homeless strategy *The Way Home*, which is currently being drawn up.

Change is necessary 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 in order 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.

What will the Homeless Agency Partnership do in order to make the changes required to achieve its 2010 Vision?

Based on the findings, conclusions and recommendations in relation to the three critical priority actions implemented in 2008, the Board of the Homeless Agency Partnership urges the Government to consider the five priority areas listed below, and also to consider the full set of recommendations set out in the Partnership’s three reports: *Counted In, 2008*, *Evaluation of Homeless Services 2008* and the *Review of Finance and Expenditure on Homeless Services in Dublin* (see Appendix 1). The Board of the Homeless Agency Partnership has agreed to focus on implementation of changes based on all recommendations made and will immediately concentrate its efforts in the following areas in order to realise national policy objectives as stated in *The Way Home* and the vision as set down in *A Key to the Door*. 
The Homeless Agency Partnership’s five priority areas for 2009

1. Affordable and accessible housing with supports as required as a key priority

2. Funding of Homeless Services

3. Re-configuration of Homeless Services

4. Establish a Pathways Model of Homeless and Housing Support Services

5. Implementation and Change Management

1. Affordable and accessible housing with supports as required as a key priority

The Homeless Agency Partnership Board agrees that there is a requirement for a new policy direction which would ensure that current and future resources allocated to the Partnership from the government are directed towards the provision of sufficient affordable and accessible housing with supports as required. In this context, the Board is urging that central and local Government give priority to the establishment of a variant of the current Rental Accommodation Scheme (RAS) as an additional social housing option specifically for households experiencing homelessness in Dublin (as recommended in the Evaluation of Homeless Services 2008 Series). The Board urges this option is developed in addition to the established Capital Assistance Scheme funding for Approved Housing Bodies (i.e. housing associations and cooperative housing) and not as a substitute for ongoing programmes of investment in social housing provision.

In addition, the Board urges that those households with homeless priority on the four Dublin local authority waiting lists be given priority access to housing via this scheme. The Board urges this variation of RAS be given its own specific title and that it is aligned to the objective established for RAS in the latest social partnership agreement Towards 2016, and repeated in the statement on housing policy Delivering Homes, Sustaining Communities (2007: 50), namely, ‘to help provide the necessary springboard to accessing employment, training or education opportunities which may lead to broader accommodation options for the individual in the future’. The Board urges that the broader ‘accommodation options’ for the households involved include alternative forms of social housing tenure from the outset and that transfer and movement between this variant of RAS and local authority or housing association and voluntary and cooperative housing options is available to households.
2. Funding of Homeless Services

The Board is seeking agreement with the Department of Environment, Heritage and Local Government to establish a funding stream that underpins the delivery of supports in housing for households progressing along a pathway out of homelessness. This is in line with the new component incorporated into the assessment of housing need set out in the government’s housing policy statement Delivering Homes, Sustaining Communities (2007: 49); the ‘life cycle’ approach. This approach reflects the fact that ‘different households may experience a need for different types of housing supports, at various stages in their life cycle. The duration and extent of this may also vary over time’.

The Board is particularly cognisant of the recommendations arising from the Review of Finance and Expenditure for Homeless Services in Dublin and the Evaluation of Homeless Services 2008 Series which seeks to establish a single funding channel for both revenue and capital resources for all non-health care related housing and support services. The Board plans to begin negotiations with both the Department of Environment, Heritage and Local Government and the Health Service Executive as an immediate priority.

3. Re-configuration of Homeless Services

The Board is seeking to change the way in which homeless services are configured so as to ensure that households achieve a seamless and timely exit from homelessness. To achieve the required reconfiguration a number of important steps will have to be taken by the Homeless Agency Partnership, as follows:

a) An audit of the entire homeless accommodation portfolio of assets will have to be carried out to determine both the capacity and standard of accommodation in use across the sector. The audit will encompass building quality, suitability and adaptability for use.

b) The outcome of this audit will form the basis of the decision-making process required in order to achieve the requisite reconfiguration of services.

c) The four Dublin Local Authorities and the Health Service Executive should begin discussion and negotiations immediately on establishing a 24-hour homeless information and placement service.

4. Establish a Pathways Model of Homeless and Housing Support Services

The Homeless Agency Partnership proposes to establish a Pathways model of homeless and housing support services in Dublin that would facilitate a seamless and speedy exit from long-term homeless and the need to sleep rough. This Pathway model aims to both simplify and speed up the journey out of homelessness for those that experience it.

Homeless services will be configured to ensure that early contact, assessment and placement into temporary emergency accommodation is provided for people who present as homeless. The service will also be configured to ensure that the care and case management of a household’s needs will help to
move people onto and along the pathway to appropriate, accessible and affordable housing with support as required. In effect this will mean that a person or family experiencing homelessness will not have to go through multiple stages of occupation in different emergency accommodation options in order to realise the desired outcome i.e. an exit from homelessness into housing, with supports as required. The current configuration of services in Dublin does not form a fully coherent model of service provision.

Unquestionably, the scope and the scale of the homeless services currently in place in Dublin (which were developed over the period since the Homeless Agency Partnership’s first action plan in 2001) offer the best possible starting point for the development of the Pathways model that is now being proposed. As a result of historic and continuing investment in homeless services, and their staff complement, these services have the requisite range, capacity and competency required in order to ensure a successful transformation to a more coherent overall model of service provision – one that can realise the vision of eliminating homelessness in Dublin by end 2010. The key features required for the successful implementation of the Pathways model of homeless and housing services in Dublin may be summarised as follows:

— Prevention is fundamental – and is a key characteristic of a well-functioning homeless and housing services system.

— Supports in housing (e.g. community settlement or tenancy sustainment services) are key to preventing episodic and repeat incidences of homelessness and are an important feature of the proposed Pathways model.

— As many people as possible should be helped to avoid having to use homeless services. In this context, key mainstream services (such as those provided through health and social services, and by education, training and employment providers) are critical in terms of their role in terms of preventing and responding to homelessness.

— A person’s/ household’s initial contact with homeless services may arise in a number of different ways. For example, they may be referred from a local authority, from an advice agency, or from a day centre; they may self-refer; or they may be contacted by an outreach worker. They will therefore need to stay in temporary emergency accommodation (e.g. emergency hostel or other temporary arrangement) before moving to long-term housing. Ideally, those who need it should be helped to move into appropriate temporary accommodation as quickly as possible. Others, such as people staying temporarily with family or friends, can be assisted to move directly into long-term housing, without needing temporary accommodation. Adoption of the Pathways model will eliminate one-night stays in emergency accommodation and will ensure more low-threshold emergency accommodation options are in place. It will help progress a person or household experiencing homelessness through an appropriate emergency accommodation response and onto and along a pathway to housing with supports as required.
— Every person who becomes homeless should have an initial assessment of his or her needs carried out as soon as possible. Out-of-hours services should ensure that contact and assessment can and does occur; services personnel should also ensure that access to appropriate emergency accommodation, as well as a follow-up holistic assessment of needs is provided. The Pathways model requires that contact, initial assessment and placement services are provided on a 24/7 basis and are delivered locally (i.e. across the four local authority areas in Dublin).

— The Pathways model requires that the emergency accommodation being used should be appropriate for the needs of people experiencing homelessness. The Pathways model will also have to ensure that the person’s/ household’s stay in emergency accommodation is as short as possible, and certainly no longer than six months. People experiencing homelessness will not be required to move out of emergency accommodation until such time as appropriate long-term housing, or other appropriate accommodation, is available to them.

— Most people who are homeless need mainstream housing (either with no housing support or with appropriate short-term or long-term housing support). A minority of people who are homeless need a form of specialised supported housing, characterised by a group of housing units with some shared facilities and/or communal areas, and with varying types of staff presence, depending on the needs of the residents. For example, support may range from housing and accommodation where there is no regular staff presence to that where staff sleeps overnight, and to that where there is 24-hour staff cover. This Pathways model will ensure this specialised form of supported housing is maintained in the form of long-term supported housing or residential supported housing (or a combination of both). Supported housing provision is required as a key component of the Pathways model as it will also help deliver intermediate housing provision for certain households during their transition to more independent living with the requisite supports.

— The care and case management of a person/ household’s needs is a key delivery vehicle for progress onto and along the pathway to exiting homelessness. This form of support stays with the person as they move through the homeless services and into secure long-term housing. The Homeless Agency Partnership’s roll-out of its care and case management strategy under core Action 4 of *A Key to the Door* has prepared the ground for this move; moreover, it is developing and strengthening the sector’s overall competency and capacity to deliver person-centred services, which stay with the person/ household as they progress onto and along the pathway to exiting homelessness.

— To ensure the pathway to independent and dependent exits from homelessness are achieved, housing options for persons/ households exiting long-term homelessness (irrespective of whether they are mainstream housing options or more specialised housing options) will deliver appropriate supports in housing to their resident tenants. They will also ensure that a secure and legal tenancy agreement is in place, with rights and entitlements, roles and responsibilities of both landlord and tenant all clearly defined and accountability established and agreed.
Figure 5. Blueprint for reconfiguraton of homeless services into a Pathways model of service provision.
Figure 5 is a diagram that provides a blueprint for the future configuration of services as envisaged by the Pathways model. The model advocates adopting a two-step approach to exiting homelessness i.e. initial contact, assessment and placement in emergency accommodation, and from there, progression into appropriate housing with supports. During both steps in the process, the care and case management of the person’s/ household’s needs is already established and underway. Notably, the role played by providing supports in housing adds to the preventive function of the Pathway model.

5. Implementation and Change Management

The four key tasks outlined above require immediate attention in order to maintain momentum towards achieving the vision of ending long-term homelessness and the need to sleep rough in Dublin. A clear, detailed implementation plan and timeline must now be developed in order to help realise the changes described above and must be based on the complete set of recommendations set out in Counted In, 2008 and also in the Review of Finance and Expenditure for Homeless Services in Dublin and the Evaluation of Homeless Services 2008 Series. The implementation plan will specify the tasks and timelines for actions that will bring the Homeless Agency Partnership through an agreed transition period to the development and delivery of the proposed Pathway model of service provision. The Homeless Agency Partnership implementation plan is essential in terms of maintaining a sense of leadership and drive when making change. It will be closely aligned to the implementation plan for the national strategy on homelessness The Way Home (2008-2013).

It is crucial that the statutory sector partners - who have a clear role and legal responsibility in terms of responding to homelessness - play a central part in ensuring the establishment of an effective decision-making process that will enable the required changes to be made. In their role as key funding authorities, the Health Service Executive and the four Dublin local authorities are all central to this process. In their role as service providers contracted under service level agreements by the state, the voluntary sector actors are also central to this process.

In order to ensure that the requisite changes are implemented, the Homeless Agency Partnership recommends that a project steering group be established. The steering group will comprise of the Director of the Homeless Agency as well as senior representatives of statutory partners who have control over budget allocations and decision-making about the commissioning of services, as well as the Chair of the Dublin Homeless Network of voluntary sector homeless service providers.

The steering group will be responsible for developing the detailed implementation plan discussed above. The detail of this implementation plan will necessitate consultation with service providers and will involve a formal reporting arrangement with the Board of the Homeless Agency Partnership. The steering group will also liaise with the Homeless Network membership (who are key stakeholders in the Partnership) in order to agree the detail of how changes will be made. It is expected that the steering group will meet and report back by the end of March 2009.
Appendix 1

Recommendations arising from Counted In, 2008; from the 2008 Evaluation of Homeless Services, and from the Review of Finances and Expenditure for Homeless Services in Dublin.

1. Recommendations of Counted In, 2008

*Counted In, 2008: Action 1:*
Subject to the necessary resources being made available, the four Dublin local authorities have agreed to use the full range of available housing options to assist as many households as possible into appropriate housing. Housing options include private rented housing, the Rental Accommodation Scheme (RAS) and housing association social housing, in addition to local authority social housing.

*Counted In, 2008: Action 2:*
The four Dublin local authorities have agreed to assess cases from Counted In as a matter of urgency in order to determine their eligibility for housing support.

*Counted In, 2008: Action 3:*
The four Dublin local authorities have agreed to develop a common operational definition of homelessness under the Housing Act 1988. The Centre for Housing Research is preparing a position paper on this issue for the Homeless Agency Partnership.

*Counted In, 2008: Action 4:*
The Homeless Agency will carry out a smaller-scale repeat study of the number of people using homeless services in 2009 and 2010. The study will include the verification of persons/households using homeless services and will compare that with those given homeless priority by the local authorities.


The 2008 Evaluation has produced a total of 26 recommendations across a number of areas. Briefly, they are on issues such as access to long-term housing and appropriate supports; preventing homelessness; what should be happening for a person/household when they first becomes homeless; care and case management; the role and function of temporary accommodation; how to make the best use of premises in the current property portfolio of the homeless sector; meeting the health needs of services users; the role and function of information and advice centres and of food and day centres; other services issues arising; information systems; quality management; funding of housing and homeless services; and implementation of recommendations and continuous improvement. They are set out below against these categories.
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 in 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 supported housing into social housing.

Recommendation 6
We [the evaluation team] strongly endorse Strategic Aim One: 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 and urge that it is implemented in full without delay.
Recommendation 7
The HSE should ensure that the actions set out in Strategic Aim One: 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
— 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 free-phone 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 key stakeholders namely the four Dublin Local Authorities and the Health Service Executive.
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 suitability and standards 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 re-housing, 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
We [the evaluation team] urge that the recommendations in Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Abuse) are implemented without delay, and that the provision of specialist low threshold emergency accommodation for those who required it, and community detoxification facilities for active drug users continues.

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 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.

Recommendation 21
Homeless services should explore the continuing development of befriending and mentoring schemes for ex-homeless people, with the support from the Homeless Agency.

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 & Children, Department of Social Welfare, etc.) to enhance the LINK database with existing data that could be of relevance to service providers, policy makers and/or researchers in homeless policy.

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:

- A requirement to participate fully in LINK
- Following the review of the Holistic Needs Assessment (HNA) a requirement to consistently use the HNA
- Evidence of current compliance with HACCP if appropriate
- Evidence of annual fire safety inspections and current compliance with Fire Safety in Hostels (Department of the Environment and Local Government, 1998)
- 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 negotiate 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 approve, 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.

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 Environment, Heritage and Local Government, the Department of Health and Children, the Health Services Executive and the four Dublin Local Authorities.

Recommendation 25
A new defined funding scheme for all short-term and long-term housing support services should be established.

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.


The Review makes 12 recommendations for change in six key areas.

First, it calls for the formal adoption of a ‘housing first’ approach that would deliver greater access to housing and accommodation, with supports as required, in addition to achieving the better co-ordination of capital and revenue funding decision-making for housing and homeless service provision.

Second, it calls for a reconfiguration of housing and homeless services that would ensure the requisite provision of service on a local area basis, and would also ensure that an agreed model of provision is in place. Third, it calls for continued investment in the ongoing development and delivery of a care and case management (CCM) approach, as well as the delivery of the range of required services, including services that support personal development and deliver progression routes to training, education and employment opportunities for people experiencing homelessness.
Fourth, it identifies the development and delivery of quality standards for service provision through improved monitoring and auditing systems and a revised service level agreement (SLA). Fifth, it calls for improved unit cost analysis of cost variations in like for like services as well as development of an agreed unit costing system and innovations to share resources to improve efficiencies. Sixth, it calls for improved data management and performance management information systems.

**Recommendation 1: Long-term housing and support**

Significantly increase the availability of adequate, accessible and affordable housing with related support services (as required) and ramp-up access to same for all households experiencing homelessness in Dublin by:

- Introducing a new variant of the established Rental Accommodation Scheme (RAS) that delivers access to housing for homeless households;

- Ensure an adequate capital funding stream particularly to meet the needs of those requiring residential housing supports to meet the 2010 Vision;

- Funding and delivering a range of specified supports (as required) to the population resident in this housing, and

- Reconfiguring current housing and accommodation resources to better fit the needs of the current population experiencing homelessness in Dublin.

**Recommendation 2: Changes to funding regime for housing and supports for people experiencing homelessness**

The DoEHLG must expedite the changes required to current funding mechanisms so as to provide the necessary revenue funding to local authorities to enable them to fund, on an annual basis, provision of all the non-healthcare costs of homeless services required to deliver the range and type of housing supports that progress a person’s journey along the pathway out of homelessness. In order to realise this recommendation, consultation will occur between the Department of Environment, Heritage and Local Government, the Department of Health and Children, the Health Services Executive and the four Dublin Local Authorities.

**Recommendation 3 and 4: Reconfiguration of housing and homeless services on a local area basis**

**Recommendation 3**

A formal transition period be agreed (by the Homeless Agency Partnership) wherein the reconfiguration of homeless services required to support a service delivery model that is focused on moving a homeless person out of homelessness into long-term housing within six months, on a local area basis is undertaken and resourced.
Recommendation 4
The Homeless Agency Partnership needs to prioritise the localisation of mainstream and specialist homeless services in Dublin city and county. Resources currently invested in homeless service provision that are released due to reconfiguration are ring-fenced and retained for re-investment in homeless services and housing support (as required) to maintain capacity to deliver sought-after outcomes throughout the transition period and thereafter.

Recommendation 5: Investment in care and case management
Increased investment is required to roll out the Homeless Agency Partnership’s Care and Case Management strategy as a priority across the homeless sector in Dublin.

Recommendation 6: Investment in personal and social development to progress towards participation in training, education and employment opportunities
It is recommended that resources invested in ensuring mainstream Training, Education and Employment (TEE) providers (e.g. FÁS, CDVEC) provide innovative responses and programmes that address the needs of homeless persons are maintained and that in turn resources are invested in non-statutory homeless service providers’ delivery of progression routes towards TEE outcomes.

Recommendation 7: Developing quality standards
Delivery of the revised version of Putting People First, the current Homeless Agency Partnership guidance manual for developing quality services, auditing and performance management, should be prioritised under future resource allocation.

Recommendation 8: Service level agreements
It is recommended that a newly revised, expanded and more specified Dublin Service Level Agreement (SLA) be developed in consultation with service providers and funders, and in line with the revised version of Putting People First.

Recommendations 9, 10 and 11: Analyse unit costs, develop a unit costing system and increase shared services

Recommendation 9
Building on the work concluded for this value for money review, it is recommended that a more detailed analysis of current unit costs be conducted.

Recommendation 10
A new unit costing system and quality framework method should be developed for implementation across the homeless sector in Dublin city and county.
**Recommendation 11**

Non-statutory service providers should actively pursue changes to share back office resources that aim to reduce duplicate expenditure on administrative and overhead costs and save money.

**Recommendation 12: Integrated data and performance management information system**

Decision-making on resource investment in the development of the shared client database system needs to be expedited to ensure early delivery of enhanced data collection functions that will become a requirement under the revised service level agreements proposed in Recommendation 8 above. Furthermore, the current Quarterly Service Activity Reports and the financial returns should be immediately revised and updated and their data function confirmed and agreed as part of current service level agreements.
If you would like a complete copy of *Counted In, 2008, Evaluation of Homeless Services 2008 Series* or *Review of Finances and Expenditure for Homeless Services in Dublin*, please contact the Homeless Agency.

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