



Comhshaol, Oidhreachta agus Rialtas Áitiúil  
**Environment, Heritage and Local Government**



# **The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013**

**Delivering Homes,  
Sustaining Communities**

**Department of the Environment,  
Heritage & Local Government**

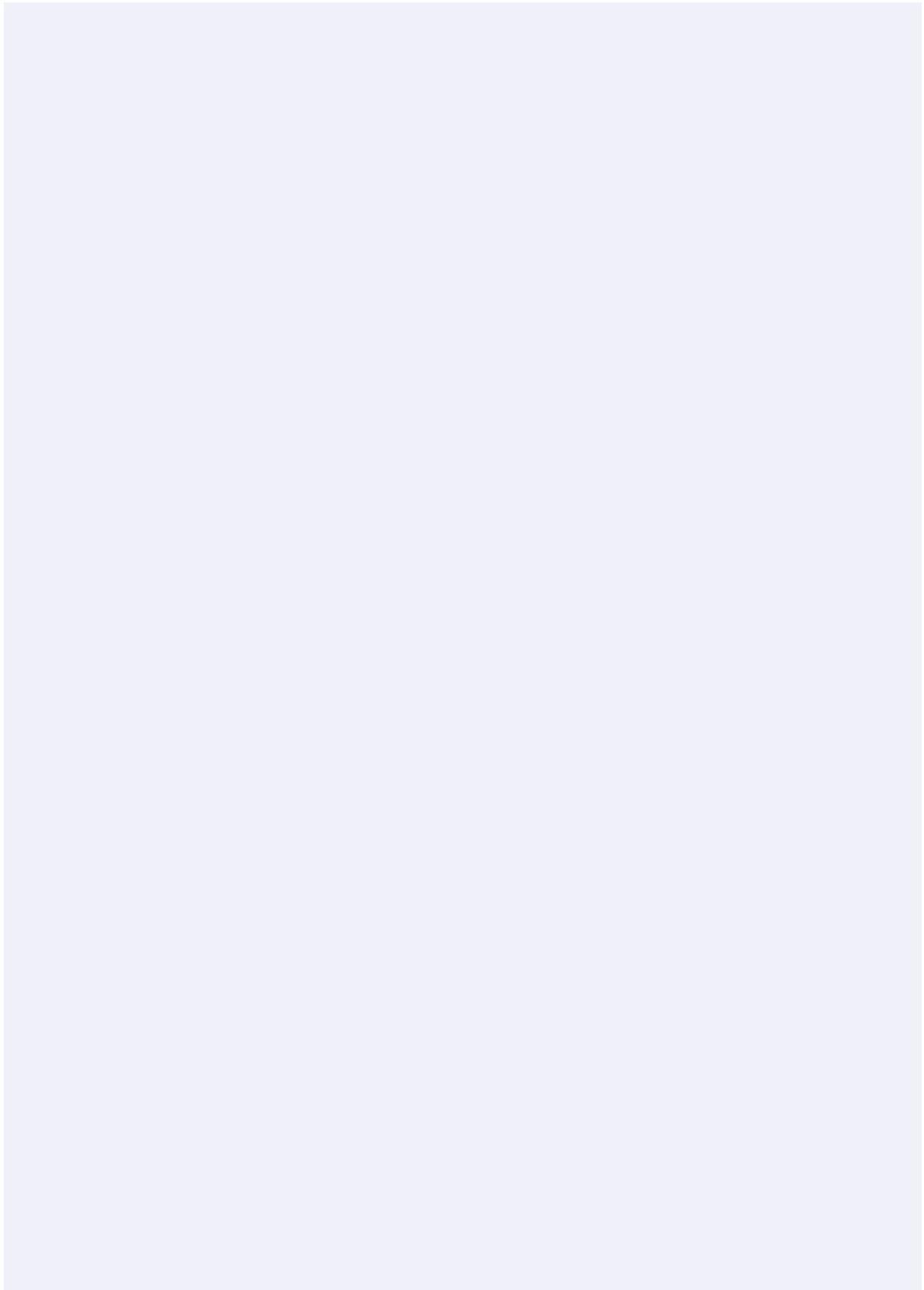
**August 2008**



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# Foreword

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***The Way Home*, the new strategy to address adult homelessness in Ireland, 2008 to 2013, marks a very important departure in Government policy on homelessness. It sets out a vision for the next 5 years, underpinned by a detailed programme of action, with 3 core objectives:**

- eliminating long-term occupation of emergency homeless facilities;
- eliminating the need to sleep rough; and
- preventing the occurrence of homelessness as far as possible.

The strategy builds on the strong progress made under the *Integrated Homeless Strategy (2000)* and *Preventative Strategy (2002)* and is informed by an *Independent Review of the Implementation of Homeless Strategies* published in 2006.

Very significant financial underpinning for this new strategy is already in place. Since 2000, over €620m has been provided for day-to-day accommodation and care running costs of homeless services. Further substantial funding has been provided for capital investment in facilities. This has delivered a wide range of homeless services across the country and this year, current State funding is over €90m. A key challenge now is to get the best possible value for money from the very substantial resources that are being devoted to homeless services. If we fail to do so, it is people affected by homelessness that will lose out most.

The new strategy will lead the drive towards value for money, effectiveness and high standards. The objective of eliminating long term occupation of emergency accommodation will involve a strategic reorientation of homeless expenditure away from emergency responses, towards long-term and mainstream housing for persons moving out of emergency accommodation, with appropriate supports while these are needed. This will, in turn, be supported by resolute action and innovative approaches to maximise the options available for people progressing from homelessness to independent living.

Preventing, as far as possible, the occurrence or recurrence of homelessness requires effective action to tackle a variety of causes involving services across a wide range of areas including health, welfare, addiction, family support, domestic and gender-based violence, education, family budgeting, training, prison and probation.



Some important decisions are likely to arise regarding homeless services and how they are delivered. Potential to improve standards, efficiency, targeting, collaboration, case management and information gathering and use must be maximised. Some re-configuration of homeless service provision may be warranted, with particular emphasis on ensuring that resources are applied in accordance with overall policy objectives, notably ending long-term homelessness and the need to sleep rough.

The Government is looking particularly to the findings of service evaluation and value for money studies being carried out under the aegis of the Homeless Agency to point the way in this regard. These will form an important element in the implementation of the new strategy, particularly with regard to maximising efficiency and value for money, including avoidance of duplication, ensuring streamlined and integrated services, and rigorous assessment of what services are required. More robust models for delivery of homeless services will be developed, with clear roles and responsibilities assigned to the various voluntary and statutory services. The benefits of experience and development of best practice models in Dublin will be extended nationally in the implementation of the strategy.

Much excellent work has been done in research and policy formulation, which has contributed to improvements in services and indeed, to the development of this strategy. From now on, however, the emphasis must move increasingly to implementation and action. The local authorities and service providers are at the coalface, but we are looking also to the Homeless Agency, the Cross Department Team on Homelessness and the local homeless fora to lead the programme of action.

While the strategy sets out clear timelines for the major actions to be taken forward, a more detailed Implementation Plan is being drawn up which will spell out how the various objectives will be pursued, lead roles, targets and priority issues such as efficiency, value for money, organisational and financial streamlining and the roles of the various agencies.

This strategy has been developed on a partnership basis through the Cross Department Team on Homelessness, with input from the National Homeless Consultative Committee, an approach that is mirrored at local level through the work of the local homeless fora. We look forward to working with our partners at central and local level in the implementation of the strategy and its success in achieving the best possible outcome for people affected by homelessness.



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August 2008

# Executive Summary

*The Way Home* is the new Government strategy to address adult homelessness from 2008 to 2013. It builds on the progress achieved to date in tackling homelessness through the implementation of the *Integrated Homeless Strategy* (2000) and *Preventative Strategy* (2002) and is informed by the findings and recommendations of the *Review of the Implementation of Homeless Strategies* by Fitzpatrick Associates Economic Consultants in 2006, (*Independent Review*) so that commitments to solve homelessness nationally can be refocused and enhanced. This commitment is reiterated in the latest social partnership agreement *Towards 2016* and in the housing policy statement, *Delivering Homes, Sustaining Communities* which both contain specific provisions to address homelessness. The new strategy has been prepared under the aegis of the Cross Department Team on Homelessness with input from the National Homeless Consultative Committee (NHCC).

## Vision

From 2010, long term homelessness<sup>1</sup> (i.e. the occupation of emergency accommodation for longer than 6 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.

## Strategic Aims

The strategy has six strategic aims to:

1. prevent homelessness,
2. eliminate the need to sleep rough,
3. eliminate long term homelessness,
4. meet long term housing needs,
5. ensure effective services for homeless people and
6. better co-ordinate funding arrangements.

Each strategic aim has a number of actions at both national and local level to ensure that these aims are achieved. The Department of Environment, Heritage and Local Government with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee will lead the development and implementation of the national actions listed for each of the strategic aims. The local actions will generally be a matter for the local action plan and relevant bodies at local level.

<sup>1</sup> *Towards 2016* requires the elimination of long term occupation of emergency accommodation by 2010, meaning that from that time no one should be in emergency accommodation for longer than six months.



## STRATEGIC AIM 1

### Prevent homelessness

The focus of this strategic aim is on early and effective interventions where homelessness occurs or where there is a substantial risk of homelessness occurring. It recognises the importance of mainstream social services in the prevention of homelessness and emphasises the essential role of local homeless fora in the prevention of homelessness at local level. The links between homelessness and poverty and social exclusion are now well understood and it is expected that wider Government policy initiatives to tackle early school leaving, unemployment, addiction and mental ill health and to support vulnerable families will ultimately lead to a reduction in the number of people becoming homeless.

## STRATEGIC AIM 2

### Eliminate the need to sleep rough

Significant progress has been made in recent years in reducing the incidence of rough sleeping through the development of temporary accommodation targeting the specific needs of couples, street drinkers and drug users who were previously excluded from shelter. These developments are positive but vigilance is necessary to ensure that emergency and long term responses to homelessness are adequate to meet emerging needs and to ensure that no one needs to sleep rough. While committed to ensuring no one has to sleep rough the Government is cognisant of the fact that among the people who sleep rough there is a cohort of individuals who are resistant to offers of accommodation and other assistance and that personal wishes and preferences need to be respected. It is important that all homeless services are focused on achieving the desired outcome for people who are homeless which is movement from homelessness into appropriate long term housing.

## STRATEGIC AIM 3

### Eliminate long term homelessness

In *Towards 2016* the Government committed to eliminating long term homelessness by 2010, meaning that, by 2010 no one should be in emergency accommodation longer than six months. Eliminating long term occupancy of emergency homeless accommodation will require careful planning and organisation at local level with support from central Government. It will be achieved by the adequate supply of long term housing in each local area to address current and projected needs, adequate community support services for households vulnerable to homelessness, accessible mental health and addiction services and effective interventions by homeless services. Some individuals in homeless



accommodation are unable to live independently and therefore it may be more suitable to house such individuals in supported housing with nursing care as necessary. This section focuses on addressing the needs of households already in long term emergency accommodation.

#### **STRATEGIC AIM 4**

##### **Meeting long term housing needs**

An adequate supply of housing, particularly for single person households, is integral to solving and preventing homelessness. A range of options must be developed including greater utilisation of existing housing stock and the provision of additional units by local authorities and greater use of the private and voluntary and co-operative housing sectors. The Rental Accommodation Scheme (RAS) offers significant potential in meeting the needs of single homeless people who are capable of independent living. Settlement services and tenancy sustainment for formerly homeless people will be necessary in some cases.

#### **STRATEGIC AIM 5**

##### **Ensure effective services for homeless people**

Services for homeless people must be well organised, co-ordinated and integrated and be focused on moving them out of homelessness as quickly as possible, into long term sustainable housing. Homeless services include street outreach, temporary accommodation, settlement, post settlement, tenancy sustainment and advice, information and day centres and specialised homeless services.

In order to ensure a consistent standard in the quality of services, it is intended to develop and apply a national quality standards framework for homeless services, which will include arrangements for monitoring compliance.

Health services are a vital component of services for homeless people. The HSE's approach to meeting the health needs of homeless people over the course of this strategy will be shaped by the *HSE Transformation Programme* and the roll-out of primary care teams and primary and social care networks. The HSE's aim is that homeless people will access primary care through these new teams and networks and it is not intended that a separate and parallel health system will exist for homeless people. The current dedicated health services for homeless people will be integrated with primary care teams and networks.



## STRATEGIC AIM 6

### Better co-ordinated funding arrangements

The strategy contains an outline for a new system of funding arrangements. It is envisaged that these will allow for the streamlining and coordination of monitoring and evaluation, it will allow for a clearer overview of the range of services and activities in the sector and facilitate more efficient and effective use of public resources.

Management groups of the local homeless fora will have initial responsibility to examine funding applications in their areas. They will recommend funding to the relevant statutory body and final decisions on funding, with consideration being given to the overall budgets available, will be made by the Department of Environment, Heritage and Local Government and the HSE.

The new systems include guidelines for monitoring and evaluation of funding and require that all services have signed service level agreements with the relevant funding bodies, prior to any funding being provided.

### Making it Happen

The strategy outlines proposed changes to current systems to improve the structures in place to support action on homelessness and enhance their effectiveness by providing better guidance and information, improving the collection, collation and dissemination of information on homelessness and good practice around the country and introducing more robust systems for service planning, delivery and evaluation.

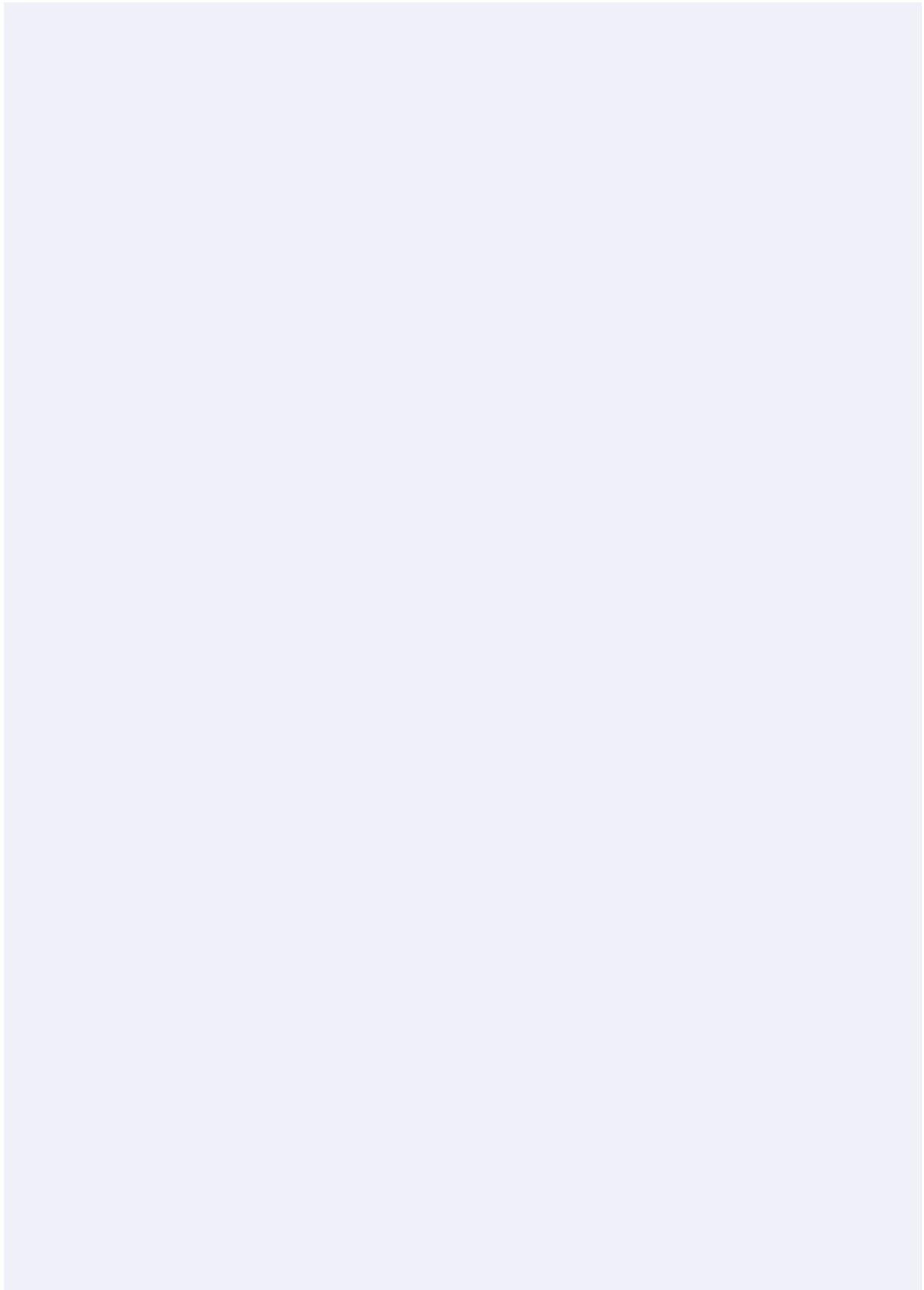
It outlines the stronger and more proactive role the Cross Department Team will have in leading and monitoring the implementation of the strategy. A particular focus will be on strengthening the role of the Local Homeless Forum and the strategy prescribes the development of a management group of the forum to ensure that homelessness receives appropriate attention and priority. Sharing of information and good practice between fora will be facilitated by the development of regional networks.

Local Homeless Action Plans will continue to form the basis for homeless policy in local authority areas. The strategy aims to ensure that these are developed in a systematic format in all areas, that they contain detailed actions with corresponding timelines and that they are evidence based.



### **Implementation Plan**

**A list of the performance indicators which will be used to monitor progress of the implementation of the strategy and its impact nationally are listed for each of the strategic aims. A more detailed implementation plan will be developed to underpin the effective implementation of the actions outlined in the strategy. This will set out how the various objectives will be pursued, targets to be achieved, the roles of various agencies and factors that will need to be addressed during implementation such as value for money and efficiency.**



## Section one: Introduction

*The Way Home* is the new Government strategy to address adult homelessness. It sets out a programme of action on homelessness over the next five years to 2013. The Government is committed to addressing the issue of homelessness on an ongoing basis in a coordinated and comprehensive manner. This commitment is reiterated in the latest social partnership agreement *Towards 2016* and in the 2007 housing policy statement, *Delivering Homes, Sustaining Communities*, which both contain specific provisions to address homelessness including the updating of existing strategies, the elimination of long term homelessness by 2010 and the improved coordination and effectiveness of responses. In particular, *Towards 2016* states (page 55) that "The situation of homeless persons who are currently in long-term emergency accommodation is of particular concern. The revised (homeless) strategies will have as an underlying objective the elimination of such homelessness by 2010..." Accordingly, the elimination of the long term (i.e. greater than 6 months) occupation of emergency homeless accommodation is the key underlying target of this strategy and will be achieved by the end of 2010.

### Strategy Process

The development of this strategy was steered by the Cross Department Team on Homelessness which is chaired by the Department of the Environment, Heritage and Local Government (DEHLG). It was shaped and informed by the findings and recommendations of the *Review of the Implementation of Homeless Strategies* carried out by Fitzpatrick Associates (referred to as the *Independent Review*) which was undertaken in 2006, by written submissions invited and received from interested bodies in advance of its drafting, by available research and information on homelessness in Ireland and by the work of the Homeless Agency in Dublin, particularly in relation to service development, evidence of what works and other good practice guidance.

The draft strategy was subject to separate Health and Poverty Impact Assessments, carried out by the Centre for Housing Research on behalf of the DEHLG in consultation with the Department of Health and Children, the HSE, the Institute of Public Health and the Office of Social Inclusion. Comments on the draft strategy were received from other Government departments and from members of the National Homeless Consultative Committee.

### Strategy Content and Structure

*The Way Home* is particularly concerned with measures to prevent homelessness, the elimination of long term homelessness and ensuring that there is consistency in the implementation of actions to address homelessness across the country. It retains the core elements of local homeless action plans and partnership working through Local Homeless Fora and aims to enhance the operation of the local fora by improving the guidance and support available to them and by introducing more effective structures, review mechanisms and information collection and sharing.



## Structure

- **Section two provides the context and background for this strategy, exploring homelessness, responses to it, progress in addressing it and outstanding challenges.**
- **Section three sets out the strategy's overarching aims, the principles underpinning the strategy and key performance indicators which will be used to monitor its implementation.**
- **There are six key strategic aims and each subsequent section of the document is devoted to one of these, outlining the background, issues to be addressed and actions to be taken at national and local level.**
- **The final section (Section Four) provides detail on the planned implementation of the strategy, including local, regional and national structures, the structure and content of local action plans and performance indicators relating to national actions.**

## Implementation

**More specific detail on implementation will be provided in an implementation plan to be prepared by the Department of Environment, Heritage and Local Government (DEHLG) in conjunction with the Cross Department Team on Homelessness. This will set out a framework for action by the relevant agencies to ensure effective achievement of the strategic aims of this strategy.**

# Section two: Context and Background

## Introduction

This section provides the context and rationale for the strategy. It presents some information on what is known about homelessness, its causes and solutions, drawing on international and Irish research and service information. It reviews trends in homelessness here and progress made to date in tackling homelessness in Ireland and outlines remaining challenges and priorities.

## Understanding Homelessness

While some people hold the view that homelessness is something that can happen to anybody, there is a growing body of research which indicates that there are underlying causes of homelessness, such as poverty and lack of housing options, and risk factors such as mental ill health, addiction, weak family supports and experience of institutional care, which put certain households at increased risk of becoming homeless. At the same time, there are triggers which may give rise to homelessness, such as eviction and relationship breakdown, and protective factors, including a significant positive relationship and engagement in work or training, which can help to prevent homelessness, even where the underlying causes and risk factors are present (Fitzpatrick, Kemp and Klinker, 2000).

While homeless populations are not homogenous, these underlying causes and risks may give rise to a number of common characteristics, including high levels of mental ill health, psychological, behavioural and personality disorders, intellectual and learning difficulties and addiction problems. Across the developed world, the majority of homeless people are single men. This evidence shows that homelessness is not a random process and as such allows for the development of targeted interventions to address homelessness and to prevent it from occurring in the first place.

Homelessness is not a point in time experience but can be seen as a continuum, ranging from being at risk of becoming homeless, through to becoming institutionalised into homelessness - staying long term in hostels and moving between them, to being entrenched in a street homeless life style. Providing effective interventions, appropriate to the point on the continuum, can ensure that households progress out of homelessness. Failure to provide appropriate interventions at each stage can result in people progressing through the continuum<sup>2</sup>.

At European Union level work by FEANTSA – the European Federation of National Organisations Working with the Homeless has resulted in an agreed typology of

<sup>2</sup> The stages of homelessness and responses to them are shown in Appendix one in a tabular format which has been adapted from the Austin/Travis County Continuum of Care System.



homelessness and housing exclusion (ETHOS)<sup>3</sup> to capture the continuum of housing need – and to allow for comparisons across member states (Edgar, Doherty and Meert, 2003). In Dublin, the Homeless Agency has used ETHOS to “ensure awareness of groups that may be at serious risk of homelessness” while accepting that not everyone included in the ETHOS categories would be legally defined as homeless within the remit of existing legislation in Ireland. The Homeless Agency is scoping out and examining ways of investigating the experience of homelessness and housing exclusion using the ETHOS typology in order to develop a robust “methodological toolkit” useful for determining and measuring the extent of homelessness and housing exclusion.

### Homelessness in Ireland

Health services and local authorities are the lead statutory bodies for addressing homelessness and the needs of people who are homeless in Ireland. The responsibilities of the health services are defined in two pieces of legislation. The Health Act, 1953 imposed a duty on health boards (now Health Service Executive (HSE)) to provide assistance and shelter to people who are homeless, a duty usually performed by Community Welfare Officers. Under the Child Care Act, 1991, health services have a responsibility to provide for the care, welfare and accommodation of children and young people aged under 18 who are homeless.

Under the Housing Act, 1988 local authorities are empowered to respond to homelessness in a number of ways: by housing people who are homeless directly, by funding voluntary and co-operative bodies to house them, by providing advice and information to them, and by providing them with financial assistance to access private rented accommodation.

The 1988 Act defines a person as homeless if:

- (a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who resides normally with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of; or
  - (b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a)
- and he is, in the opinion of the authority, unable to provide accommodation from his own resources

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<sup>3</sup> See Appendix 2 to this strategy for further information on the ETHOS typology or refer to [www.feantsa.org](http://www.feantsa.org)

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This definition is generally interpreted as including:

- people living in temporary or insecure accommodation;
- people living in emergency bed and breakfast accommodation and hostels or HSE accommodation because they have nowhere else available to them;
- rough sleepers and
- victims of family / domestic violence.

### Extent of Homelessness

As in other countries, measuring the extent of homelessness has been somewhat contentious in Ireland and there has been some disagreement as to the precise extent of homelessness. Under the Housing Act, local authorities are responsible for making periodic assessments of the number and type of homeless households in their administrative area. Triennial assessments of homelessness have been carried out by local authorities since 1991 as part of the general housing needs assessment. These assessments have a broader housing-related focus and have generally been regarded as less than ideal for measuring accurately the extent of homelessness. The housing policy statement *Delivering Homes, Sustaining Communities* (2007) recognises the shortcomings of the existing models of housing needs and homelessness assessments and provides for them to be addressed through the development of a new approach to housing need assessment, at an individual, household and area level. This issue of information shortfalls will be addressed as part of the implementation of *The Way Home*, particularly through the work of the Data Sub-Group of the National Homeless Consultative Committee.

Since 1999, there has been continued development and improvement in the methods used to assess homelessness in Dublin. The Homeless Agency, including the four Dublin local authorities, has refined a survey method (published as *Counted In* 1999, 2002 and 2005) that provides a robust assessment of those using homeless services. The survey method involves a questionnaire being completed by every person (or household) in touch with homeless services and/or registered with a local authority over the course of one week. It uses a unique identifier for each household to avoid duplication and provides a reasonably comprehensive picture of homelessness. In addition, because the same method is applied with consistency in each assessment, trends and comparisons can be made over time.

The most recent figures available are from 2005. In Dublin the *Counted In* survey showed a decrease of 19% in the number of households reporting as homeless between 2002 and 2005. These findings were accepted by both voluntary and statutory sector partners in Dublin. Nationally, local authorities recorded a small reduction in the numbers of homeless households (from 2,468 in 2002 to 2,399 in 2005) but a very significant 46% fall in the



numbers of homeless persons from 5,581 persons in 2002 to 3,031 persons in 2005. The Homeless Agency is currently developing its capacity to estimate the numbers of people at risk of homelessness (using an operational version of the ETHOS Typology) as a tool for predicting and preventing homelessness.

Updated information will be available following the outcome of the 2008 Housing Needs Assessment which took place in March 2008. It is proposed as part of this strategy to put a more robust national information framework in place. In particular, the Data Sub-Group of the National Homeless Consultative Committee will monitor the Homeless Agency's experience in utilising the ETHOS methodological toolkit and will consider the feasibility and usefulness of rolling out this approach nationally.

### **Nature of Homelessness**

The profile of homeless people in Ireland is typical of most such populations in the developed world reflecting the underlying causes and triggers which are discussed above. 80% of homeless households in Ireland are one person households<sup>4</sup>. Service information indicates that many have experience of institutional child care and many of custodial sentences, some of which are related to offences committed while they are homeless. Also, mental health and addiction problems have a higher prevalence in the homeless population than in the general population.

Traditionally, homeless services have concentrated on responding to immediate needs for shelter and food. Where equal attention is not given to providing move on accommodation and assistance to people to move out of emergency accommodation, existing accommodation becomes full, creating demand for more emergency accommodation when the real need is for appropriate long term housing options. In these circumstances households can get stuck in homelessness and long term homelessness is a significant feature of homelessness in Ireland.

Homelessness is considered long term where it is longer than six months duration and the Government has set a target to eliminate the long term occupancy of emergency homeless accommodation by 2010.

When presented with the idea of homelessness, the majority of people probably conjure up a picture of people sleeping in doorways or on streets, i.e. so-called "rough sleeping". While this is a problem in Ireland it is relatively small scale and has been reduced significantly in recent years – less than 150 at any one time – and the majority of people

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<sup>4</sup> Local Authority Assessment of Housing Need 2005 e-returns



who are homeless are accommodated in emergency and other temporary accommodation. The Dublin rough sleeper count conducted by the Homeless Agency in November 2007 found 104 individuals rough sleeping on a particular night.

The continuum of homelessness indicates the need to have a range of interventions in place. Most people become homeless as a result of a crisis and need no help other than information, support, advice and/or assistance into alternative housing. Others will need temporary accommodation and other assistance and some may need support to be provided after they have moved out of homelessness, to prevent it from recurring. While housing is acknowledged to be the key to solving homelessness, it is also recognised that a proportion of people who experience homelessness may need support in addition to housing, either on site or provided on an "outreach" or "floating" basis.

### Responses to Homelessness

The last two decades have seen significant development in responses to homelessness in Ireland. The Housing Act, 1988 defined homelessness for the first time in legislation and expanded the role of local authorities in addressing homelessness, resulting in particular in improvements in the funding available to voluntary bodies for accommodation for homeless people. While there are deficits in the assessments of homelessness undertaken by local authorities, as discussed above, the fact that assessments must be undertaken has resulted in a greater awareness of homelessness as an issue and in the development of additional responses to it.

*Homelessness - An Integrated Strategy (2000)* set out a new policy approach to homelessness. This strategy was drawn up by the Cross Department Team on Homelessness which was established in 1998 to ensure a whole of Government approach to tackling homelessness. The strategy aimed to ensure that homelessness was addressed and prevented. It made local authorities and health services jointly responsible for homelessness, with local authorities having the lead role. Under the strategy, local authorities were required to prepare three year action plans on homelessness which were "coherent, comprehensive and effective" in responding to homelessness and to be prepared in conjunction with and formally agreed by the health boards (now HSE) and relevant voluntary bodies in each area.

The *Homeless – Preventative Strategy* was published in 2002. The main theme of this strategy was to ensure that no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live. The *Youth Homelessness Strategy* published in 2001 by the Department of Health and Children, aims to eliminate homelessness among people under eighteen. A key element of this strategy is



the prevention of homelessness among young people leaving the care of the HSE and those leaving centres for young offenders through the implementation of through care and aftercare supports.

Together these strategies created a more comprehensive focus on homelessness and resulted in significant progress in tackling homelessness and addressing its underlying causes, specifically through improvements in funding for services, guidance and measurement of progress. The *Independent Review* identified successes and shortcomings in the implementation of these strategies and key priorities for a future strategy to tackle homelessness.

### **Independent Review of Homeless Strategies (2006)**

*An Independent Review of the Implementation of Homeless Strategies* was completed in 2006 by Fitzpatrick Associates Economic Consultants. It reviewed the concept, approach and implementation of the integrated and preventative strategies. It concludes that significant progress has been made on all aspects of homelessness particularly:

- 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 the 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 homelessness have been stimulated via the requirement for local homeless action plans.

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- **Dedicated settlement services have been provided in areas around the country that are seeking 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 long term accommodation options; enhancement of homeless services; good partnership working and ultimately the reduction of the scale of homelessness in the city.**

**Despite these successes the review identified a number of gaps in provision and intervention and areas that require more concentrated focus.**

- **The development of longer term accommodation options through the provision of additional social housing, greater use of the private sector and in particular the Rental Accommodation Scheme and the development of long term supported accommodation with on site specialist care.**
- **The improvement of the coordination of funding between the Department of Environment, Heritage and Local Government and the Department of Health and Children/HSE so that capital and revenue funding works in tandem, with the development of more formal funding mechanisms, more transparent selection of projects and improved monitoring across the country.**
- **The development of a case management approach to addressing the needs of homeless people, based on key workers linking to core services and specialist health services which can be accessed, depending on individual needs.**
- **The development of preventative strategies focused on at risk groups in addition to individuals leaving prison, acute hospitals and psychiatric hospitals.**

The review makes 21 recommendations:

- (1) The Integrated and Preventative Homeless Strategies should be amalgamated and revised. The resultant revised strategy should have an overarching goal to eliminate longterm 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) 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.
- (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.**
- (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.**
- (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.
- (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.
- (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.
- (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.

The Government have accepted the broad thrust of the recommendations of the review. This strategy aims to progress the recommendations of the *Independent Review*, having regard to developments in the meantime and ongoing consultation with all relevant stakeholders, including the Cross Department Team on Homelessness and the National Homeless Consultative Committee. The outcomes of the Health Impact Assessment and Poverty Impact Assessment to which this strategy was subjected have also shaped its final content.

### Current Policy Context

As well as the recommendations of the *Independent Review*, *The Way Home* takes full account of current Government policy in related policy areas and this is outlined here.

*Towards 2016* makes particular reference to homelessness and makes proposals in relation to the development of a revised homeless strategy. These are:

- the amalgamation of the integrated and preventative strategies;
- this revised strategy to have the objective of eliminating long term occupancy of emergency homeless accommodation (i.e. over six months in emergency accommodation);
- the improvement of coordination and joint agency approaches through the development of a case management approach to delivering holistic responses to the needs of homeless people and

- the strengthening of the involvement of the community and voluntary social partnership pillar and the voluntary and co-operative housing sectors through the establishment of a National Homeless Consultative Committee.

In addition, there are a number of other current policy areas of relevance to homelessness as they can impact on its incidence and on the effectiveness of responses to it. Of particular importance are those relating to housing, services for people with mental ill health and / or addiction issues, social inclusion interventions which aim to address deprivation and any which aim to address or prevent family breakdown, early school leaving, drug use and crime, all of which are risk factors for homelessness. These are outlined here, beginning with the current *National Development Plan*.

### **National Development Plan**

The *National Development Plan 2007 - 2013*, incorporating measures agreed as part of the latest social partnership agreement, *Towards 2016*, provides an overarching strategic social and economic framework. Of most relevance to homelessness is the "Social Inclusion Priority" which outlines a range of measures aimed at addressing the barriers to social inclusion particularly by improving access to health care, education, training and employment and high quality housing. The objective is to provide a coherent approach to social inclusion by improving coordination across central and local government, better monitoring and evaluation of interventions and consultation with stakeholders.

### **Delivering Homes, Sustaining Communities: Statement on Housing Policy (2007)**

The most recent statement on housing policy is *Delivering Homes, Sustaining Communities* which sets out a vision for Irish housing over ten years from 2007. This policy is largely focused on achieving high quality housing and environments, building sustainable communities, and transforming housing services so that they are tailored to address the needs of specific households. It pays particular attention to the allocation of local authority and other social housing and envisages the reform of housing services to improve choice through a range of affordable and social rented housing, including the use of the Rental Accommodation Scheme and the promotion of options other than social housing, to reflect lifecycle phases and community perspectives. It uses the life cycle approach, whereby the individual's housing need is viewed from the perspective of their current position in their life cycle and supports are tailored to address the need at this point in time and as needs change over the person's lifetime.

It envisages particular developments by local authorities to achieve stated objectives. These include the provision of comprehensive housing advice services, the establishment of a new means of assessing individual needs for housing support and the development of an appeals mechanism for tenants. It also provides for the addressing of special housing



needs through interagency responses, where need indicates this, an expanded role for voluntary and co-operative housing associations and improvements in funding arrangements for such provision.

A key element of the housing policy statement is the life cycle approach, which was articulated in the NESC report, *The Developmental Welfare State*. It focuses on five life stages – childhood, young adults, people of working age, older people and people with a disability. It emphasises the need for person centred and innovative service interventions and provides a framework for the planning and evaluation of state interventions for citizens. This approach places the individual at the centre of policy development and delivery and offers a framework for implementing a streamlined, cross-cutting and visible approach to tackling poverty and social exclusion.

### National Action Plan for Social Inclusion

The new National Action Plan for Social Inclusion 2007 – 2016 (NAPSinclusion) sets out a wide-ranging and comprehensive programme of actions and goals to address poverty and social exclusion reflecting the strong view of Government that significant interventions are required in some key areas in order to achieve the overall objective of reducing consistent poverty. These targeted actions and interventions are designed to mobilise resources to address long-standing and serious social deficits.

The plan is closely linked to the *National Development Plan 2007 - 2013* and the policy framework to complement this in *Delivering Homes, Sustaining Communities* within the overall framework of *Towards 2016* which sets out the Government's high-level goals to combat poverty and social exclusion, based on the lifecycle approach. This approach places the individual at the centre of policy development and delivery and offers a framework for implementing a streamlined, cross-cutting and visible approach to tackling poverty and social exclusion. Implementation of this approach will be supported by the measures in the NDP which identifies key policy areas where action is most required and specifies the resources which will be committed in this regard.

### Health Strategies

Health needs are an issue for many homeless people. The National Health Strategy – *Quality and Fairness – A Health System For You* (2001) is of relevance. It aims to improve the operation and quality of health services generally and has a specific aim of improving the health and well-being of people who are homeless. The primary care strategy: *Primary Care A New Direction 2001* acknowledged the central role of primary care in the future development of health services and proposed the roll out of multi disciplinary primary care teams to cover the entire population. The HSE's Corporate Plan 2005-2008 identifies the response of the HSE to both these strategies and maps out the future direction for health



and personal services. The national policy on mental health, *A Vision for Change (2006)*, and the *National Drugs Strategy 2001-2008* and its forthcoming replacement are of particular relevance to those with mental health or addiction problems.

### **Domestic Violence**

Domestic violence can give rise to homelessness. Domestic violence refuges provide emergency accommodation to individuals and their children fleeing domestic violence. Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence, which was established in June 2007, will work with DEHLG to bring forward research on domestic violence related homelessness. Cosc is also planning to carry out a mapping exercise to clarify the scale and spread of existing services. This should take account of the current level of service provision and occupancy. Work is also needed to determine the optimal level of refuge provision required in an effective system.

### **Other Social Inclusion Initiatives**

In terms of other initiatives and structures, RAPID, the *Local Development Inclusion Programme*, the County and City Development Boards (CDBs) and the Local and Regional Drugs Task Forces (established under the *National Drugs Strategy*) are all of relevance to homelessness. The former two aim to address the disadvantage and exclusion in specific geographic areas of high deprivation while the CDBs aim to bring a comprehensive focus to the future development of cities and counties, by bringing together the various statutory, voluntary and business bodies to devise strategic plans on the social, economic and cultural life of each area. The *National Development Plan* envisages a more prominent role for the CDBs in the coordination of integrated service delivery by statutory bodies and an enhanced role for RAPID.

# Section three:

## Vision and Strategic Aims

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### Vision

From 2010, long term homelessness<sup>5</sup> 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.

This vision involves 6 strategic aims.

### Strategic Aims 2008-2013

- SA1** To reduce the number of households who become homeless through the further development and enhancement of preventative measures – preventing homelessness.
- SA2** To eliminate the need for people to sleep rough.
- SA3** To eliminate long term homelessness and to reduce the length of time people spend homeless.
- SA4** To meet long term housing needs through an increase in housing options
- SA5** To ensure effective services for homeless people.
- SA6** To ensure better co-ordinated funding arrangements and re-orientate spending on homeless services, away from emergency responses to the provision of long term housing and support services.

### Principles

- An adequate supply of appropriate housing options with related housing and health support services as necessary is central in tackling homelessness.
- Homelessness can only be addressed by relevant bodies working in partnership to agreed objectives at national and local level.
- People who are homeless should be entitled to services which are integrated and of high quality.

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<sup>5</sup> *Towards 2016* requires the elimination of long term occupation of emergency accommodation by 2010, meaning that from that time no one should be in emergency accommodation for longer than six months.

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- **An important aim in the development of services for people who are homeless is to promote independence and assist people to move out of homelessness.**
  - **The views and experience of homeless service users and front line providers will be used to inform the planning of national and local policy and service responses to homelessness.**
  - **Services and funding made available to tackle homelessness must be used in the most efficient and effective way possible.**

#### **Key Performance Indicators**

- **The number of homeless households**
- **The number of people becoming homeless**
- **The number of homeless households settled successfully out of homelessness**
- **The average length of time homeless and the number of people remaining homeless for longer than six months**
- **The number of rough sleepers**
- **Compliance by homeless services with quality standards**
- **Trends in expenditure on emergency accommodation**

# Strategic Aim One: Preventing Homelessness

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## Introduction

The development of measures to prevent people becoming homeless or returning to homelessness is a central component of this strategy. The *Independent Review* found that good progress has been made in the implementation of the *Homelessness Preventative Strategy* and made five recommendations on its future progression, in particular, that its focus on preventing homelessness among individuals being discharged from state institutions, while important was too narrow and that the approach now must be widened and strengthened.

The links between homelessness and poverty and social exclusion are now well understood and it is expected that wider Government policy initiatives such as those to tackle early school leaving, unemployment, addiction and mental ill health and to support vulnerable families will ultimately lead to a reduction in the number of people becoming homeless.

## Range of Measures

The focus of this section is on early and effective interventions where homelessness occurs or where there may be a risk of homelessness occurring. Such interventions are ultimately less detrimental to the individuals and families involved than the trauma of homelessness and are also more cost efficient than the provision of emergency accommodation and related interventions. The range of measures necessary to prevent homelessness includes an adequate supply of housing, together with supports as necessary, and actions to prevent homelessness from becoming long term. These issues are addressed in subsequent sections of *The Way Home*.

## Homelessness and wider social services

Homeless services are often a final safety net, addressing the needs of individuals and families which, for whatever reason, have not been met by themselves, their families, communities or other services. Accordingly, homelessness can, in effect, act as a barometer of wider social needs and of the effectiveness of other services, at national and local level. Emerging trends in relation to homelessness must therefore act as a driver for change in relation to a broad range of social services.

## Partnership Working with Mainstream

Local Homeless Fora have brought about improvements in joint working between local authorities, HSE and voluntary bodies involved in homeless services in most areas. Developing effective preventative measures will require homeless services to develop similar relationships with mainstream services, in order to help to improve their understanding of homelessness, build their capacity to recognise and intervene with at risk individuals and groups, to ensure that their policies and practices do not give rise to or exacerbate homelessness and to ensure that homeless households have access to necessary services.



## **Education, Training and Employment**

Education and training are vital as they can help to build self esteem and pathways from homelessness and unemployment, towards self sufficiency and independence.

Interventions include the development of core life skills that assist in personal development and capacity building and include literacy and numeracy.

Nationally, there was little progress on exploiting these opportunities in the course of the implementation of the last strategy and there is a need for better connections between homeless services and providers of these services. Protocols should be developed at local level to ensure people have access to education, training and employment services.

## **Addiction Treatment**

It is recognised that addiction is a contributor to homelessness and that timely access to treatment services can significantly reduce the risk of homelessness. Further discussion on drugs and treatment services is included under Strategic Aim Five: Ensure Effective Services for Homeless People.

## **National Action**

The Department of Environment, Heritage and Local Government with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee will lead the development and implementation of measures to prevent homelessness<sup>6</sup> and monitor their impact through the following actions.

- Complete national quality standards and good practice guidance for early intervention and preventative measures for implementation from 2009.
- Arrange for the development of national guidance on delivery of educational, training and work opportunities for people who are homeless within six months of the publication of the strategy.
- Arrange for the development of national guidance on addiction, mental health and other treatment services for people while homeless.
- Encourage and support the redeployment of resources from emergency homeless interventions to settlement and early interventions.
- In partnership with Cosc bring forward research on the links between domestic violence and homelessness and ways of preventing it.

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<sup>6</sup> Including prevention of return to homelessness

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- **Ensure in partnership with the Office for Social Inclusion that, in the performance of poverty impact assessments, policymakers are requested to take appropriate account of the impacts of policies on the homeless and those potentially at risk of homelessness, as a group which is particularly vulnerable to poverty.**
  - **Monitor trends in the causes of homelessness through improved data collection and research to inform future preventative measures.**
  - **Monitor and evaluate the progress of each Local Homeless Forum in the development and implementation of preventative measures from 2009.**
  - **Monitor and evaluate the effectiveness of the preventative actions of this strategy, particularly among people leaving institutional care.**

#### **Local Action**

**Each local area action plan will contain measures to prevent homelessness from occurring or reoccurring. These measures will be appropriate to local needs with the emphasis on developing or expanding existing services and on making mainstream services more responsive to the needs of at risk groups. Where appropriate, the development of preventative measures should be approached on a regional basis or shared by two or three local homeless fora. Measures to prevent homelessness should include the following:**

- **early intervention and preventative measures;**
- **arrangements for effective communication and joint working with relevant statutory and voluntary services to build their awareness and capacity;**
- **procedures for identifying and addressing the needs of at risk households and groups;**
- **protocols for ensuring that people have access to education, training and treatment services when they are homeless in order to prevent repeat homelessness;**
- **procedures for tracking pathways into homelessness and addressing policies and practices that give rise to it and**
- **arrangements for the agreement of appropriate discharge policies and practices with relevant bodies, including prisons, hospitals, child care services as appropriate.**

## Early Intervention and Preventative Measures

Early intervention and preventative measures are those which aim to prevent homelessness occurring or recurring. Table 1 outlines possible preventative measures which can be taken to address particular situations.

**Table 1: Possible Preventative Measures**

<b>Situation</b>	<b>Preventative Measure</b>	<b>Provider/Partners</b>
<b>Notice to quit/eviction</b>	<p><b>Housing advice and advocacy to address causes of eviction and/or ensure smooth move to alternative accommodation</b></p> <p><b>Accessible public information on housing rights</b></p> <p><b>Community mediation in cases of neighbour disputes and anti social behaviour</b></p> <p><b>Information on income support</b></p> <p><b>Implementation of Action Programme on Private Rented Accommodation Standards</b></p>	<b>Citizens Information Board<sup>7</sup>, homeless services, local authority, Community Welfare Officer, PRTB Dispute Resolution Services</b>
<b>Rent/mortgage arrears</b>	<b>Provision of debt advice and negotiation for repayment schedule with landlord/lender</b>	<b>MABS, Community Welfare Officer, voluntary bodies, initial contact through Citizens Information Board</b>
<b>Vulnerable tenants</b>	<b>Better assessment of at risk tenants and the establishment of early warning systems and interventions for arrears and anti social behaviour</b>	<b>Local authorities, HSE</b>
<b>New to area</b>	<p><b>Accessible public information on available housing</b></p> <p><b>Comprehensive housing advice</b></p> <p><b>Outreach to vulnerable groups such as foreign nationals and refugees</b></p>	<b>Citizens Information Board, homeless services, local authority, community welfare services, refugee and integration groups</b>

<sup>7</sup> Citizens Information Board (CIB): face to face through Citizens Information Centres (CICs); by phone through the Citizens Information Phone Service (CIPS); online through [www.citizensinformation.ie](http://www.citizensinformation.ie)

<b>Situation</b>	<b>Preventative Measure</b>	<b>Provider/Partners</b>
<b>Family dispute/family unable to provide accommodation</b>	<b>Mediation</b> <b>Provision of temporary accommodation pending return or planned move</b>	<b>Family Support Agency, local authority, specialist housing service, youth services, Gardaí</b>
<b>Domestic violence</b>	<b>Accessible public information on local services and help lines</b> <b>More proactive involvement of Gardaí in dealing with perpetrators</b> <b>More effective use of barring orders</b> <b>Development of protocols to deal with homelessness as a result of domestic violence</b> <b>Counselling available on outreach basis</b> <b>Emergency accommodation for perpetrators (to enable women and children to remain at home)</b>	<b>Citizens Information Board, Network of Women's Refuges, Women's Aid, Gardaí, local authorities, HSE, local refuges, Cosc - National Office for the Prevention of Domestic, Sexual and Gender-based Violence</b>
<b>Leaving State institutions</b>	<b>Improve discharge planning for all individuals leaving prison, childcare, hospital and other state institutions to include identification of housing and follow up supports through close links between those institutions with housing providers and community based services</b>  <b>Information on income support</b>	<b>Prisons, Probation Service, Multi-Agency Group on Homeless Sex Offenders (MAGS), childcare services, hospitals, local authorities, community care services, community welfare services, addiction support services</b>
<b>Young people leaving home</b>	<b>Leaving home modules in schools</b> <b>Public information on housing rights and responsibilities</b>	<b>Department of Education and Science, local schools, youth services, emigrant services, Citizens Information Board, local authorities</b>

### Other Measures

Table 2 provides an outline of possible actions to be taken to achieve the other objectives which will contribute to the prevention of homelessness.

**Table 2: Other Preventative Actions**

<b>Objective</b>	<b>Possible Actions</b>	<b>Target Groups and Partners</b>
<p><b>Better identification of at risk households</b></p>	<p><b>Interagency working to identify vulnerable and problematic families on a neighbourhood basis</b></p> <p><b>Development of planned interagency intervention to support household</b></p>	<p><b>Family support services, youth services, schools, public health nurses, local authorities, Gardaí, GPs, mental health and addiction services, education welfare officers, community welfare officers, social workers, estate management services, local authorities allocations sections, initial contact through citizens information services, community groups and information services</b></p>
<p><b>Effective communication and joint working</b></p>	<p><b>Identify the relevant statutory and other bodies in the local area and involve in the development of preventative plan</b></p> <p><b>Consider how best to engage with each of them at a strategic and policy level. Options include inclusion on the Homeless Forum, membership of sub groups of the Forum, periodic meetings with Forum, joint seminars, presentation of experience of homeless services</b></p> <p><b>Consider how to engage with them on an individual basis through the development of case management or other joint working arrangements</b></p> <p><b>Make arrangements for wider communication with other structures such as County Development Boards and umbrella groups and businesses possibly through the publication of periodic bulletins</b></p>	<p><b>Family support services, youth services, schools, public health nurses, local authorities, Gardaí, GPs, mental health and addiction services, education welfare officers, community welfare officers, social workers, estate management services, local authorities allocations sections</b></p>

<b>Objective</b>	<b>Possible Actions</b>	<b>Target Groups and Partners</b>
<b>Track pathways into homelessness</b>	<p>As part of overall information system include direct causes of homelessness</p> <p>Review periodically, feedback to relevant services, take remedial action as necessary</p>	<b>Hospitals, prisons, HSE, homeless services, community welfare services, mental health and addiction services</b>
<b>Improve capacity of mainstream services to meet the needs of homeless persons</b>	<b>Regular communication, joint working, briefings from homeless services and fora, regional training events, sharing of research findings, sharing of best practices</b>	<b>Regional networks and local homeless fora</b>
<b>Ensure people who are homeless have access to education, training and employment to reduce the risk of recurring homelessness</b>	<p>Ensure that homeless services include assessment of education, skills and treatment needs in general assessment of everyone who becomes homeless</p> <p>Homeless services develop close working relationships with relevant bodies so that referrals are made</p> <p>FAS and VEC to provide assessment of individual's capacity and training and education needs and contribute to the development and implementation of individual care plans</p>	<b>FAS, VEC, other training bodies, relevant voluntary organisations</b>
<b>Ensure people who are homeless have access to treatment services to reduce the risk of recurring homelessness</b>	<p>HSE, addiction services to fast track assessment of suitability for treatment, contribute to care plan and its implementation</p> <p>Homeless services develop close working relationships with relevant bodies so that referrals are made</p>	<b>HSE, relevant voluntary bodies</b>

# **Strategic Aim Two: Eliminate the need to sleep rough**

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## **Introduction**

Rough sleeping is a small scale problem in Ireland and some have estimated that there are fewer than 150 who sleep rough nationally, over two thirds of these in Dublin. The *Independent Review* recognised that significant progress has been made in recent years in reducing the incidence of rough sleeping, through the development of temporary accommodation targeting the specific needs of couples, street drinkers and drug users who were previously excluded from shelter. These developments are positive but vigilance is necessary to ensure that emergency and long term responses to homelessness are adequate to meet emerging needs and to ensure that no one needs to sleep rough.

## **Adequate and Appropriate Emergency Accommodation**

The *Independent Review* noted that there had been significant progress in the provision of emergency accommodation around the country. The review recommended a refocusing of attention and resources on to the provision of longer term accommodation responses and this is supported by Government. However, it is also important to ensure that there is an adequate supply of emergency accommodation and other services in local areas. Failure to do so may result in people sleeping rough or moving to another area where accommodation is available.

It is intended that, in the long term, interventions by homeless services and by mainstream services aimed at addressing deprivation, social exclusion and mental ill health will ensure that the risk of an individual experiencing the extreme sense of alienation and exclusion which may lead to their sleeping rough will be minimised to the greatest extent possible. In the more immediate term it will be necessary to ensure an adequate supply of appropriate emergency accommodation and street based services to ensure that no rough sleeping occurs as a result of a lack of alternatives. A crucial element of this is to ensure that services designed for homeless people do not exclude those most in need of them.

## **Needs Centred and Outcomes Focused**

While committed to ensuring that no one has to sleep rough the Government is cognisant of the fact that among the people who sleep rough there is a cohort of individuals who are resistant to offers of accommodation and other assistance and that personal wishes and preferences need to be respected, within an overall framework of services which consistently and persistently offer choice and opportunity and are centred on the needs of individuals. At the same time it is important that all homeless services are focused on achieving the desired outcome for people who are homeless which is movement from homelessness into appropriate long term housing.



## National Action

The Department of Environment, Heritage and Local Government, with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee, will lead the development and implementation of measures to eliminate the need to sleep rough through the following actions.

- Provide local authorities, health services and Homeless Fora with guidance and support on eliminating the need to sleep rough within six months of the publication of this strategy.
- Continue to support the funding of street outreach services where necessary and complete a review of these services in 2009 to assess their effectiveness and future.
- Require periodic reports from local authorities on the incidence of rough sleeping and interventions for them.
- Monitor and evaluate the progress of each local homeless forum in the implementation of relevant measures in this area.
- Commission national quality standards and good practice guidance for street outreach and emergency accommodation for completion by mid 2009 and for implementation from 2009.

## Local Action

Each local action plan must contain measures to tackle and prevent rough sleeping where this is an issue and to ensure an adequate supply of emergency accommodation and other interventions. In preparing them consideration should be given to the following:

- Where there is rough sleeping what is the pattern of this? How do the needs of rough sleepers relate to the entry criteria of emergency accommodation? Are the people sleeping rough known to the hostels and are they excluded from them for some reason? Have these reasons been considered by the hostel providers and can they be revised? If not is there another provider who can accommodate the individual?
- Care and Case Management: Are there arrangements in place to make and manage intensive interventions with rough sleepers? Can these be put in place? Who will manage this process?

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- **Existing emergency accommodation: are any residents there on a long term basis? Would providing them with more suitable permanent accommodation free space in emergency accommodation and meet potential needs? A clear programme of intervention and move on accommodation will ensure that emergency accommodation does not get blocked.**
  - **If it is agreed that new or additional emergency accommodation is required, can this be provided from existing accommodation in the area rather than building new projects? Consideration should be given to the use of accommodation in the private sector which can be appropriate and cost effective when the length of stay is kept to a minimum.**
  - **In areas where homelessness is not extensive, approaching the issue of emergency responses on a regional or shared basis between two or three local authorities may be appropriate.**
  - **Consideration should also be given to placing people who are homeless directly into rented housing in areas where there is a ready supply of mainstream housing. In these circumstances tenancies could be conditional on compliance with a support programme as necessary.**
  - **In addition to emergency accommodation it is necessary to ensure that people who are homeless or at risk of homelessness have access to information and referral services. Each local area should ensure that there is a widely advertised contact point for advice, information and referral for people who are homeless.**

# **Strategic Aim Three:**

## **Eliminate long term homelessness**

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### **Introduction**

Living long term in unsuitable accommodation is detrimental to a persons well being and motivation and represents very poor value for money since emergency accommodation costs at least twice as much as ordinary housing. *Towards 2016* requires the elimination of long term homelessness by 2010, meaning that from that time no one should be in emergency accommodation for longer than six months. Eliminating long term occupancy of emergency homeless accommodation will require careful planning and organisation at local level, with support from central Government. The guiding principle in achieving this goal must be the achievement of better outcomes for the individuals involved.

The measures outlined here for the elimination of homelessness are intended to be once off so that in the future the partners in each local homeless forum, particularly the local authority, with appropriate supports from the other partners, including the HSE and the voluntary and co-operative housing sector, will be responsible for ensuring that no one spends more than six months in emergency accommodation. This will be achieved by the adequate supply of long term housing in each local area to address current and projected needs, adequate community support services for households vulnerable to homelessness, accessible mental health and addiction services and effective interventions by homeless services, including settlement. Measures to be undertaken to achieve these are addressed in other sections of the strategy and this section focuses on addressing the situation where people are already long term in emergency accommodation.

### **Use of Bed and Breakfast**

Accommodation which is designed for use in an emergency is generally not suitable for long term occupation. In this context, emergency accommodation includes all such accommodation whether provided by voluntary, statutory or private bodies. Particular attention will be paid to addressing the situation in Dublin where many households are long term in bed and breakfast accommodation and where previous targets to phase out the use of such accommodation have not been met. The four Dublin local authorities and the Homeless Agency will have a key role to play in this regard.

### **Long Term Moving from Hostel to Hostel**

The situation whereby individuals have been long term in the homeless system must also be addressed. Some individuals move around from hostel to hostel. Their cumulative residency in hostels must be taken into account and agreement made between the hostels involved as to which will take responsibility for implementing the proposals in this strategy in respect of these individuals. Care and case management initiatives, to include appropriate tracking mechanisms, will need to be developed in order to avoid duplication of service response and ensure a continuum of care and housing supports are in place.



### **Supported Housing and Nursing Care**

Many people who are long term homeless have been in emergency accommodation much longer than six months and often for many years. Some of them may be elderly and in any case probably in poorer physical condition than their chronological age would indicate. It is unlikely that mainstream housing options will provide an appropriate solution and it will be necessary to provide housing with additional supports on site and in some cases nursing care. Such accommodation will be provided as part of the strategy to address the housing needs of older people and people with a disability and will be funded and supported according to the developing policies in relation to those specific groups.

Some people who are homeless have disabilities which mean that it is not possible for them to live independently. These disabilities may be physical, intellectual or relate to mental health difficulties. Again, where appropriate, their needs for housing and support services may be addressed as part of mainstream housing provision, with responsibility for support services being taken by the local HSE. In the context of homeless people with a disability, including mental ill-health, it should be noted that the Department of the Environment, Heritage and Local Government commenced work on the development of a national housing strategy for people with a disability in October 2007. The strategy will have particular regard to adults with significant disabilities and those who experience mental health difficulties. A range of supports are required in order that people who experience mental ill health can sustain tenancies thereby reducing the risk of becoming homeless. In this context, the strategy will reflect the diverse housing needs of people with a disability and ensure that the appropriate structures and supports, to effectively deliver on these needs, are in place. The national housing strategy for people with a disability is expected to be developed by the end of 2009.

### **Mainstream Housing**

Others will be able to settle into mainstream housing, although some may need visiting support or tenancy sustainment services. In such cases, housing in the local authority, voluntary and co-operative housing, and private rented sectors should be used as appropriate, taking into account the needs of each individual, the necessity for housing to be of good quality, located where support services and amenities are accessible and the need to avoid concentrating vulnerable households in one area. Housing available under the Rental Accommodation Scheme should be particularly suitable for people capable of independent living. Measures to meet long term needs are contained in the next section.

### **Redesignation of Emergency Accommodation**

It is possible that, in some cases, accommodation which is designated as emergency may in fact be suitable for long term occupation and in such cases the accommodation may be re-designated, once it complies with certain requirements and standards and is approved



by the relevant statutory agencies. In such instances, where people are in appropriate long term accommodation, they would obviously no longer be deemed to be “homeless” and Section 10 funding<sup>8</sup> would not be an appropriate funding support. Redesignation of a proportion of Section 10 funding for long-term supported accommodation rather than as homeless funding is likely to form part of this change.

### **National Action**

The Department of Environment, Heritage and Local Government, with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee, will lead the development and implementation of measures to eliminate long term homelessness through the following actions.

- **Ensure that the National Housing Strategy for People with a Disability and the ongoing work of the Cross Department Team on Sheltered Housing for Older People take into account and make provision for the needs of people who are currently homeless.**
- **Provide local authorities and health services with detailed guidance and support to eliminate the long term occupation of emergency accommodation within six months of the publication of this strategy.**
- **Develop a specification for accommodation suitable for long term occupation by end of first quarter 2009.**
- **Monitor the progress of each local homeless forum in the elimination of long term homelessness.**
- **Commission national quality standards and good practice guidance for supported housing, tenancy sustainment, outreach services, settlement services and emergency accommodation for completion by mid 2009 and for implementation from 2009.**

### **Local Action**

To progress this strategic aim the following process is to be undertaken by each local authority and HSE, in consultation with the Local Homeless Forum and other relevant local actors and completed within one year of the publication of the strategy.

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<sup>8</sup> The Department recoups 90% of expenditure by local authorities for the provision of accommodation and related services for homeless persons under Section 10 of the Housing Act 1988

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- **Each local authority to identify individuals in their area who have been homeless for six months or more.**
  - **A needs assessment to be completed in respect of each individual including health, social and housing needs and their preferences and capabilities. These assessments should be carried out by suitably trained staff, in consultation with emergency accommodation providers and key workers as appropriate.**
  - **Arising from this assessment a profile of the population should be developed and submitted to the DEHLG to facilitate the development of a national picture and overall plan.**
  - **An assessment of the suitability of emergency accommodation for long term occupation to be carried out by a suitably qualified independent person.**
  - **Based on the assessments, a plan for appropriate alternative accommodation arrangements to be completed for each individual and implemented by the local authority in conjunction with health services, voluntary homeless service providers and other relevant bodies.**
  - **Where accommodation designated emergency is considered to be suitable for long term occupation, the appropriate funding and management arrangements should be made by the local authority and HSE in conjunction with the accommodation provider and subject to best practice and quality standards requirements. This accommodation will then become part of long term housing provision and not homeless accommodation.**

# Strategic Aim Four: Meet long term housing needs

## Introduction

An adequate supply of housing, particularly for single person households, is central to solving and preventing homelessness. The implementation of the integrated strategy on homelessness resulted in an increase in the provision of temporary accommodation for homeless people and the review concluded that the future focus of action must be on ensuring that the long term housing needs of people who experience homelessness can be met.

In the context of this strategy, the focus is on the needs of single people who account for over 80% of homeless households in Ireland<sup>9</sup>. A range of options must be developed including greater utilisation of existing housing stock and the provision of additional units by local authorities and greater use of the private and voluntary and co-operative housing sectors. The Rental Accommodation Scheme (RAS) offers significant potential in meeting the needs of single homeless people who are capable of independent living. A period of tenancy sustainment support will be needed in some cases. People who are homeless are eligible for RAS housing even where they have not previously been claiming rent supplement through the Supplementary Welfare Allowance Scheme.

## National Development Plan 2007 – 2013

Under the new National Development Plan some €18 billion will be invested in housing programmes providing accommodation for 140,000 households over the period of the plan, including an ambitious programme to deliver 60,000 new units of social housing and 40,000 affordable homes.

This reflects the commitments in *Towards 2016*, to increasing the total number of new commencements and acquisitions of social housing to 27,000, in the period 2007 to 2009. *Towards 2016* also promises over 17,000 affordable houses between 2007 and 2009. Overall, the needs of some 60,000 households will be met through the range of social and affordable housing measures between 2007 and 2009.

## Settlement and Tenancy Sustainment

Settlement services encourage and support people to move on from hostels and other emergency accommodation such as bed and breakfasts to appropriate accommodation, whether sheltered, transitional or independent. Tenancy sustainment provides on-going support to individuals in long term independent accommodation for a period of time after they have been housed. It arises from the reality that people presenting as homeless have often previously passed through the system but in the absence of relevant supports have not sustained independent tenancies with the result that they become homeless again.

<sup>9</sup> Local Authority Assessment of Housing Need 2005 e-returns



**Improvements in the supply of social housing through the local authority, voluntary and co-operative and private housing sectors, including RAS, will help to reduce homelessness and enable people who are homeless to move on. However, housing by itself will not solve homelessness in every case and there is also a need for interventions to assist people to move out of homelessness and support services to help them to maintain tenancies.**

**Such services include settlement services provided as part of the range of homeless services and post settlement or tenancy support services which are provided on an outreach or floating basis. The *Independent Review* found that these services had been particularly important in helping people to move from homelessness in several areas. They can also provide a level of comfort to landlords and open up more housing options than might be available without them.**

**In Dublin and other urban areas where homelessness is of a greater scale these services are often differentiated with settlement and tenancy sustainment services being separate to one another and to other homeless services. This is not the practice in other parts of the country where the scale of need can be much lower and it may be possible for hostel workers to provide both settlement and tenancy sustainment services.**

### **Tailored Responses**

**Not everyone who experiences homelessness will be able to move into mainstream housing, even with supports, and some will need housing with care provided on site. There is also a need to develop more tailored housing responses in individual cases where independent living is not possible and for those who are currently hard to place, such as sex offenders, individuals with challenging behaviours and severe mental health issues. While the homeless sector is not and should not be responsible for these groups it often ends up being the only source of accommodation and assistance to them and it is appropriate that it is involved in securing more appropriate responses to those needs – if only to prevent them from becoming homeless. An example of a tailored response is the work of the Multi Agency Group on Homeless Sex Offenders which is a thematic subgroup reporting to the Homeless Agency’s Care and Case Management Steering Group.**

### **National Action**

**The Department of Environment, Heritage and Local Government, with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee, will lead and support local authorities in meeting the long term housing needs of people who are homeless and monitor the effectiveness of their activities through the following actions.**

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- **Consideration of the issue of a stream of funding for long term supported housing by end 2009.**
  - **Consideration of other relevant strategies including the forthcoming National Housing Strategy for People with a Disability and the work of the Cross Departmental Team on Sheltered Housing for Older People in the context of informing future national policy on the housing of people with multiple needs and challenging behaviours.**
  - **Provide local authorities and health services with detailed guidance and support in planning to meet long term housing needs within six months of the publication of this strategy.**
  - **Monitor and evaluate the progress of each local homeless forum in meeting needs, including identifying obstacles to progress.**
  - **Commission national quality standards and good practice guidance for supported housing, tenancy sustainment, settlement services, outreach, emergency services and housing advice for completion by mid 2009 and for implementation from 2009.**

### **Local Action**

**Each local homeless action plan will contain actions to be taken to address the long term housing needs of homeless people currently in the area, including those long term in emergency accommodation. Plans should also take account of projected needs and should include provision for settlement and tenancy sustainment services, as necessary. Consideration should be given to the following.**

- **How many households are in need of housing currently and how many are likely to need housing in the next five years? The local authority's housing services plans and housing action programmes are key resources in this regard.**
- **Ring fencing allocations for homeless households by local authorities: some local authorities have committed to setting aside a proportion of lettings to homeless households. This can be effective in ensuring that these households are given priority but care needs to be taken to ensure that the allocations reflect the needs of the homeless population in an area - where the predominant need is among single people then the provision of family type accommodation will not impact significantly on homelessness. The potential perverse effects of such a policy on the behaviour of applicants also need to be considered – will it encourage households to “go homeless” displacing others on the housing waiting list and**



**incurring the costs of emergency accommodation? Finally it will not help anyone to allocate tenancies to people who will not be in a position to sustain them and it will be necessary for local authorities to develop adequate assessments of housing and other needs and have in place appropriate arrangements to ensure that tenancies are sustainable.**

- **It is necessary to ensure that accommodation targets in local homeless action plans are fully reflected in housing services plans and housing action programmes, to facilitate overall monitoring.**
- **Using the private rented sector: If there is an adequate supply of private rented housing in the area, how can this be used to meet pressing needs? If support services were available would this make this housing option viable? What are the barriers to accessing and maintaining private rented housing? How can a RAS type approach be used to help address needs of people moving out of homelessness?**
- **Using the voluntary and co-operative housing sector: What new housing is due to come on stream in the next five years, including casual vacancies? How much is suitable for single people? How many lettings could go to people with support needs if funding was made available to the voluntary and co-operative housing provider? Does providing funding for support services make for better value for money than providing homeless accommodation?**

# Strategic Aim Five: Ensure effective services for homeless people

## Introduction

While addressing the underlying causes of homelessness and putting in place measures to prevent homelessness from occurring, it is important to ensure that the services that homeless people rely on are well organised and focused on helping them to move quickly out of homelessness and into long term sustainable housing. In this context homeless services include all street outreach, temporary accommodation, settlement, post settlement, tenancy sustainment and advice, information and day centres targeting homeless or formerly homeless people and specialised health services.

## Service Quality and Consistency

The *Independent Review* considered the issue of homeless service delivery and concluded that the range and quality of services varied across the country with some areas having a good range of services and others having few or none. One effect of this disparity is to create a geographic lottery whereby the type of intervention that a homeless person can expect to receive is dependent on which area he or she presents in. However, the Review acknowledged that a full range of services was not justified in all areas, given the level of demand and suggested that services might be developed regionally by two or three local homeless fora together. Generally in such cases it would be anticipated that the local homeless forum with the greatest homeless population would act as the lead agency in such a regional approach.

This approach has been incorporated into this strategy, with the proviso that the needs and improved outcomes for households who are homeless are the primary consideration. One of the strategic aims of the strategy is to re-orientate expenditure on services in favour of responses which will help to move people from homelessness and sustain them in long term housing and priority will be given to measures in keeping with this approach.

In order to ensure a consistent standard in the quality of services, it is intended to develop and apply a national quality standards framework for homeless services which will include arrangements for monitoring compliance.

## Care and Case Management

The *Independent Review* recommended that a case management approach should be taken to the delivery of interventions. The core elements of case management are assessment, appointment of case manager, development of care plan and the implementation of that plan, bringing in other services as necessary. Care management is distinct from case management, providing for a sector wide planning and coordination of case management, for its monitoring and evaluation and for troubleshooting when there are blocks in the system. Care management involves the co-ordination of services at management and administrative level while case management involves the implementation



of care management policies at client level and the delivery of individually tailored care plans.

The Government is in broad agreement with this approach particularly where there are complex and multiple needs requiring a multi agency response and especially where homeless services by themselves cannot address needs. Even where the needs are not complex the approach of assessment and care planning should be practised by all homeless services.

Significant work has been undertaken by the Homeless Agency in developing and piloting a care and case management approach to homeless services, including the development of a broad range of research and practice guidelines. The Homeless Agency's approach aims at developing an integrated service response to homelessness with the development of inter-agency protocols underpinning relationships between the key stakeholders providing interventions for those experiencing homelessness. The Cross Department Team on Homelessness will examine the feasibility of rolling out this system on a national basis in partnership with the Homeless Agency.

#### **Health Service Delivery**

Over the course of the previous homeless strategies, due to the difficulties that many homeless people had in accessing mainstream health services, the HSE developed a range of targeted services to improve access and outcomes for homeless people. These included

- the establishment of multidisciplinary teams in Dublin, Cork, Limerick and Waterford;
- GP clinics in hostels and day centres;
- funding to NGOs to employ nurses, chiropodists and counsellors;
- improvements in access to medical cards for homeless people;
- an effective outreach mental health team in Dublin;
- a dedicated alcohol detoxification and rehabilitation service;
- dental surgery in a day centre for homeless people;
- an outreach needle-exchange service;
- protocols developed with both acute and mental health hospitals to prevent inappropriate discharges into homelessness.

In addition, in Dublin, the SafetyNet Service was established to coordinate the various services delivering health to homeless people and to ensure a comprehensive and seamless service.

The approach of the HSE to meeting the health needs of homeless people over the course of this homeless strategy will be shaped by the *HSE Transformation Programme* and in



particular the commitment to reconfigure existing services in line with the roll-out of primary care teams and primary and social care networks. The central vision of the Transformation Programme is that by 2010 "Everybody will have easy access to high quality care and services that they have confidence in and that staff are proud to provide". The HSE's target is to place clients at the centre of the care continuum and this is particularly relevant in the context of homeless people. Work is currently underway within the HSE to ensure that the new primary care teams and primary and social care networks<sup>10</sup> are configured to meet effectively the needs of homeless people in their area in a manner that reflects the nomadic life-style and reluctance to engage with services of some homeless people.

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

The national policy on mental health, *A Vision for Change* (2006) is currently being implemented by the HSE. The policy proposes a holistic view of mental illness and recommends an integrated and multidisciplinary approach to the many factors that contribute to mental health problems. The emphasis is on interventions that aim to maximise recovery from mental illness and build on the resources within service users that allow them achieve meaningful integration and participation in community life. A central aspect of the new policy is the development of Community Mental Health Teams (CMHT) that will serve the entire population. It specifically states that the CMHT with responsibility for the homeless population in each catchment area be clearly identified and that it should be equipped to offer effective outreach. The policy recognises that some CMHTs should be established on a regional or national basis to address the complex needs of specific categories. In this context it recommends that two such teams be established in Dublin to address the needs of homeless people. One of these teams is currently in existence and covers the Dublin City South area.

The *National Drugs Strategy 2001-2008* provides the strategic framework for drugs services in Ireland. A steering group has been established to review the current strategy and to develop a new *National Drugs Strategy* to cover the period 2009-2016. The Homeless Agency is represented on the steering group and this ensures that a particular focus of the new strategy will be the needs of homeless drug users. It is expected that the group will

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<sup>10</sup> It is envisaged that four or five primary care teams will comprise a primary and social care network. The network will allow access to more specialist services.



make recommendations for a new strategy by the end of 2008. The work of the group will include:

- an examination of the progress and impact of the *National Drugs Strategy 2001 - 2008* across the five pillars of supply reduction, prevention, treatment, rehabilitation and research in the context of the objectives, key performance indicators and actions set out therein;
- an examination of the relevance of the existing strategy in tackling the current nature and extent of problem drug use in Ireland, including emerging trends and cross-cutting issues;
- a review of the operational effectiveness of the structures of the *National Drugs Strategy*, including co-ordination mechanisms;
- examining developments in drugs policies at EU and international level;
- consideration of how a new strategy should address problem drug use, including the structures through which this would be done; and
- develop performance indicators to ensure the future effectiveness of the new strategy.

The *Report of the Working Group on Drugs Rehabilitation 2007* sets out a comprehensive policy for drugs rehabilitation aimed at facilitating problem drug users to regain the capacity for daily life from the impact of their drug use. Some key recommendations focus on effective inter-agency approaches based on a continuum of care for the individual and an expansion of the range of treatment options available. The report identified the availability of suitable housing as a key support in the overall rehabilitation process, and one which, if not addressed adequately, increases the likelihood of relapse following rehabilitation. Homeless people were identified as a specific risk group in this context.

The *Report of the HSE Working Group on Residential Treatment and Rehabilitation 2007* recommended an increase in the number of detoxification and rehabilitation beds for both drug and alcohol treatment. The group recommended that the treatment needs of problem drug and alcohol users who are homeless should be prioritised, since homelessness is one of the key criteria indicating client suitability for inpatient admission. The HSE has adopted both of these reports and is committed to respond to the actions set out in the reports.



**It has been argued that the provision of dedicated health services for homeless people can serve to marginalise them within the healthcare delivery system. Therefore, the main focus of the HSE over the timeframe of this strategy will be to ensure that as the various health strategies outlined above are rolled out the needs and particular circumstances of homeless people will be addressed in an inclusive and comprehensive manner by all mainstream health service providers.**

### **Coordinated and Integrated System**

**Traditionally homeless services have developed in response to urgent needs and in an uncoordinated manner. Almost all of these services were provided by voluntary bodies and were established at a time when the understanding of the needs of people who experience homelessness and the responses necessary to address those needs were less well developed.**

**It is now recognised that this configuration of services is sub-optimal and not necessarily conducive to delivering optimum outcomes for people who are homeless and can even serve to keep them outside mainstream services, trapped in homelessness. Under this strategy, it is intended that, in every city and county, homeless services will operate as part of a coordinated system delivering an integrated response which is focused on addressing emergency needs, helping homeless people to settle out of homelessness and working to prevent homelessness from occurring.**

**Making this happen will require changes to the way in which services are planned, funded, monitored, evaluated and delivered and Local Homeless Fora will oversee this. Services will be evaluated to assess their contribution to the elimination and prevention of homelessness and the continuation of funding for them will be dependent on their contribution to the achievement of these aims.**

### **Information Systems**

**Homeless services are a major source of information on people who become homeless in terms of their profile, needs, experiences and outcomes. This information is crucial to developing a picture of homelessness, its causes and solutions but it is not available in any systematic way. Some systems to capture information on service users have been developed, including one by the Homeless Agency. It is proposed to develop a national and integrated information system which will be used to develop profiles, review trends in homelessness, improve understanding and knowledge and to monitor the effectiveness of interventions. While such a system will facilitate timely reports it is not intended as a substitute for contact between services and between services and funding bodies.**



The Homeless Agency completed a review of its existing homeless client database, the LINK system, in 2007. Arising from this review, the Agency has commissioned consultants to create a functional specification for a new homeless client database system. This specification will make certain that the cost, timeframes and end product are ensured prior to the commencement of any new system. The new client database will be able to be used on a national basis.

The information on homeless people and their needs must also be linked to information on services specifically for homeless people and more mainstream services. The proposed information system will be a vital source of information on homelessness. It is envisaged that periodic assessments or stock counts of homelessness will continue as a means of checking the validity and accuracy of the information and to enable historic comparisons. The Cross Department Team on Homelessness will establish a joint project group with the Data Sub-Group of the National Homeless Consultative Committee and the Homeless Agency to develop a national information system, building on the work undertaken to date by the Agency. The Department of the Environment, Heritage and Local Government will set aside funding from its existing homeless funding provision to resource this work with the aim of delivering a nationally available system in 2009.

#### Definition of Homelessness

The Government is satisfied that the definition of homelessness under the Housing Act 1988 is broad and inclusive and it is not anticipated that it will be reviewed. A review of the definition of homelessness for operational purposes will be carried out. In this case, this review will be undertaken by the Cross Department Team on Homelessness in consultation with the National Homeless Consultative Committee with reference to the ETHOS typology.

#### National Roll Out of Best Practice Learning

In addition to funding arrangements, care and case management and other areas of best practice, the Homeless Agency has achieved some significant successes in enhancing the quality of homeless services in Dublin, developing partnership working, improving the evidence base for homeless service development and implementing information collection and dissemination systems. Supporting the implementation of this strategy will be an important focus of the Agency's role in the future. It is now also clear that there is a need for these functions and supports to apply nationally to facilitate similar improvements and consistency. A review to determine how best to apply such a national system will be undertaken by the Department of the Environment, Heritage and Local Government with the support of the Cross Department Team on Homelessness in 2008/2009 and the new model will be applied from 2010.



## National Action

The Department of Environment, Heritage and Local Government with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee in leading and supporting homeless services to be effective will carry out the following actions.

- Provide local authorities, health services and Local Homeless Fora with detailed guidance and support to ensure that good practice and learning is rolled out nationally.
- Arrange for the development and application of a case management approach to homeless people and the implementation of best practice principles in homeless services.
- Liaise with the Interdepartmental Group on Drugs and the National Drugs Strategy Team regarding access for homeless people to addiction services.
- Review how the definition of homelessness in the Housing Act 1988 is applied operationally by end 2009.
- Commission a review of the best model of a system to support local action and to support and monitor nationally action on homelessness and have a recommended model in place by 2010.
- Review existing information systems and establish a nationwide system from 2009, building on experience to date with the LINK system.
- Establish and implement a programme of homeless service evaluation to begin in 2009.
- Complete national quality standards on case management and interagency working and apply from 2009.

## Local Action

Each local action plan must contain measures which will ensure that services for homeless people are of good quality, focused on the needs of people who are homeless and aimed at helping them to move quickly out of homelessness and into long term sustainable housing. Measures should include:

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- **Arrangements for the development of new services, based on evidence of need and what works.**
  - **Arrangements for the monitoring and evaluation of services.**
  - **Arrangements for ensuring that homeless services operate as a system and are integrated with other local services.**
  - **Arrangements for the development and application of a case management approach to homeless people and the implementation of best practice principles in homeless services.**

# Strategic Aim Six: Better coordinated funding arrangements

## Introduction

The *Independent Review* noted that of all the themes in the integrated strategy around which specific actions were devised, funding was identified as the one where further action is most critical in any future homeless strategy. It is accepted that funding for homeless services outside of the Dublin area is fragmented and less coordinated than would ideally be the case. There are a variety of application points, varying procedures and differing requirements in relation to monitoring and evaluation.

The *Independent Review* recognised that the Homeless Agency has developed a model of good practice for the funding of services and it is intended to extend these arrangements nationally, following a review. The review will aim to make any necessary adjustments to the funding arrangements to make them applicable nationally, will address any confusion of responsibility between local authorities and the HSE and will address the issues of headquarter costs and unit costing and benchmarking of services.

The new financial arrangements will replace all existing schemes for voluntary and statutory agencies. It will include funding arrangements for agreed core services as well as arrangements for innovative and new services. The new funding system will allow for the phasing in of service contracts / service level agreements which will apply equally to voluntary and co-operative bodies and statutory services.

The new arrangements are intended to provide a single point of access for information about funding and for receipt and assessment of applications. They will also allow for the streamlining and coordination of monitoring and evaluation. The existence of a coordinating mechanism for funding will also ensure a clear overview of the range of services and activities in the sector. This will facilitate a more efficient and effective use of public resources.

## Division of Funding

The integrated strategy clarified the respective funding responsibilities of local authorities and the HSE. The Department of Environment, Heritage and Local Government recoups 90% of expenditure by local authorities for the provision of accommodation and related services for homeless persons under Section 10 of the Housing Act 1988. The level of funding has increased significantly since the adoption of the Integrated Strategy, with €15.8m provided in 2000 increasing to €52.9m in 2007, amounting to €332m in total over the seven-year period. These figures represent 90% of the total funding in this regard, with local authorities responsible for the remaining 10%. This implies that total funding channelled through local authorities between 2000 and 2007 amounted to some €369m. Expenditure on homelessness by the Department of Health and Children was in the order of €32.6m in 2007 and a total of €171m in the period 2000 to 2007.

It is acknowledged that there has been some confusion about which funding agency is responsible for certain ongoing revenue funding elements. The table below outlines the division of costs which has to date applied in relation to emergency and transitional accommodation projects for homeless persons.

**Table 3: Division of funding responsibilities between the DEHLG / local authorities<sup>11</sup> and the Health Service Executive**

DEHLG/Local Authorities	Job Title	Health Service Executive
√	Attendants/Shift Attendants	
√	Clerical/Secretarial Staff	
√	Laundry/Bed Supervisor	
√	Cook/Kitchen Staff	
√	Cleaner	
√	Janitor	
√	Maintenance Person	
√	Security Officer	
√	Street Outreach Worker	
√	Settlement Worker	
√	Approved HQ overhead costs	
	Project Manager/Leader	√
	Assistant Project Leader	√
	Project/Key Worker	√
	Childcare Leader	√
	Childcare Worker	√
	Doctor/GP	√
	Nurse	√
	Social Worker	√
	Family Support Worker	√
	Counsellor	√
	Home Help	√
	Chiropodist	√
	Optician	√
	Occupational Therapist	√
	Health Promotion Officer	√
	Therapist	√
	Harm Reduction Staff	√

<sup>11</sup> Note that any rental income to be credited to the Department of the Environment, Heritage & Local Government/local authorities.

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## Co-ordination of Capital and Current Funding Streams

Difficulties around ensuring that both capital and revenue funding was in place for projects due to the different approval mechanisms in the Department of the Environment, Heritage and Local Government, the local authorities and the HSE was specifically raised in the *Independent Review* and needs to be further addressed.

Under the Capital Assistance Scheme (CAS), voluntary & cooperative housing bodies receive capital funding to provide accommodation to meet special housing needs such as those of older people, people with a disability, homeless persons, returning emigrants or smaller families.

When an application to provide accommodation for homeless people is received by a local authority for a CAS project, it will be forwarded to the Management Group<sup>12</sup> of the Local Homeless Forum to assess whether the project is a priority need and in line with the Local Homeless Action Plan. The Management Group will also decide whether the project is eligible for Section 10 current funding and ensure that the local authority apply for and receive sanction from DEHLG for this funding before the project commences.

The CAS application form will be amended to include a section specifically for homeless projects which will ask the local authority to confirm that the Management Group have approved the project as being a priority need and that agreement in principle for Section 10 funding has been received from DEHLG.

The Department of the Environment, Heritage and Local Government in conjunction with local authorities and the HSE is in the process of agreeing a protocol with regard to support costs for social housing projects for people with a disability. The Cross Department Team on Homelessness will examine the potential of that protocol being adapted for application to the homeless sector with the aim of having such a protocol in place within six months of the publication of this strategy.

## Principles underpinning the new funding arrangements

### Related to Overall Policy Objectives

Funding will fully support Government policy and strategy in relation to homelessness and the achievement of the objectives of the relevant Local Homeless Action Plan. In particular, projects which address the commitment in *Towards 2016* to eliminate the long term occupancy of emergency homeless accommodation will be prioritised for assessment and funding approval, if appropriate.

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<sup>12</sup> The Management Group of the Local Homeless Forum will consist of senior representatives of the relevant local authority and the HSE who will be able to make local decisions on funding applications in the area. See Section 4 of this strategy for further details on the Management Group.



### Unity and Coherence

The relevant statutory funding bodies are committed to ensuring that funding in relation to homelessness is provided in a co-ordinated way, through a process to be managed by the Local Management Group.

### Transparency

The availability of funding, the application process, how decisions are made and on what basis, will all be clearly communicated to applicants for funding and to the general public. Any organisations which are not approved for funding will be given information on the reasons for that decision.

### Rationality

Decisions on funding will be based on demonstrable need for specific services and will be dependent on organisations seeking funding being able to demonstrate clearly the capacity to deliver those services efficiently, effectively and in a cost-effective manner.

### Adequacy

Funding will as far as possible, and within the overall context of available Government budgetary resources, relate to the actual cost of providing services to an appropriate standard<sup>13</sup> in a cost-effective way.

### Needs related

Funding will be related to meeting known and emerging needs of homeless people. Where services no longer service a need, they will be reconstituted or funding may be terminated, as appropriate. Of course, if such services are provided by a voluntary body, it may choose to continue providing its services in the absence of funding from a statutory agency being available.

### Accountability

Monitoring and evaluation arrangements will be devised to ensure improved accountability for expenditure of funds on homeless services, both in terms of value for money and effectiveness in addressing the needs of people who are homeless.

### Eligible Projects/Services and Activities

Statutory funding will be available for accommodation, care and other services for people who are homeless or at risk of homelessness. Section 10 funding currently covers the cost of accommodation and related services for homeless people, however, other funding

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<sup>13</sup> It is the intention of the Department of the Environment, Heritage & Local Government to have a suite of standards for specific categories of homeless services developed in cooperation with appropriate statutory and voluntary organisations, with advice from the National Homeless Consultative Committee.



streams may be considered in relation to certain accommodation related costs, for example, via the Sustainable Communities Fund.

Priorities for funding will be as outlined in this strategy, having regard to any specific local priorities as outlined in the Local Homeless Action Plan and will include the following:

### Core services

- **Projects / services that address any gaps in the provision of emergency, transitional and long term accommodation. The need for long term accommodation for formerly homeless persons will be an ongoing overarching priority in the context of this strategy.**
- **Projects / services which reduce the numbers of people sleeping rough – the overarching aim in this regard should be the elimination of rough sleeping in each local area.**
- **Projects / services which reduce the length of time homeless people spend in emergency accommodation. A particular priority in the context of this strategy will be to ensure that the maximum amount of time spent in emergency accommodation will be no longer than six months by the end of 2010.**
- **Projects / services which will enable homeless people to settle successfully in their own long term accommodation and optimise their independence – including any necessary support services to facilitate such settlement.**
- **Projects / services to prevent people from becoming homeless in the first place and / or intervene early in relation to people at risk of homelessness.**
- **Projects / services to improve the health and well-being of homeless people or people at risk of homelessness.**
- **Projects / services that link homeless people or people at risk of homelessness with educational / training activities that enhance the skills, qualifications and employment potential. Funding of the educational / training activities themselves will remain the responsibility of FÁS and the VECs.**
- **The development of specialist services, as necessary, for people outside of major urban areas and the localisation of existing centralised services which should**



decrease the significant number of persons who migrate to major urban areas to access services.

#### Ancillary services / other activities

- **Projects / services which improve the quality of services to people who are homeless or at risk of homelessness.**
- **Projects / services which promote effective partnership working and a continuum of care in addressing the needs of homeless people.**
- **Research into the nature and extent of homelessness in the local area; research on the needs, aspirations and abilities of people who are homeless; and how best homelessness can be eliminated and prevented.**
- **The development/improvement/reorientation of existing projects and services.**
- **Pilot and innovative projects and services.**

#### Restrictions – projects and services which will be ineligible for funding

**It is anticipated that the following will not be funded.**

- **Projects and services which do not contribute significantly to achieving the above priorities, or do not meet the needs of homeless people or people who are at serious risk of becoming homeless.**
- **Unnecessary duplication of services – in this context, an important priority going forward will be ongoing monitoring and evaluation of services to ensure that they are continuing to meet real needs.**
- **Poor quality services, where there is no plan to improve these services. An important feature in this regard will be the development of national standards for various categories of services.**
- **Services which are not cost-effective. In this regard, the Cross Department Team on Homelessness, advised as appropriate by the National Homeless Consultative Committee, will consider piloting appropriate methodologies to monitor the cost effectiveness of homeless services.**

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## Costs that will be covered by funding

### Actual Costs

Funding will directly relate to the actual cost of providing projects or services, subject to the availability of public funds and to such costs being reasonable.

### Overheads

Funding may include apportioned overheads (traditionally referred to as "HQ costs"), e.g. administration, finance, personnel, training, etc. that can be directly related to the service provided. However, it is not envisaged that any such apportionment of overheads would exceed 5% of the overall direct cost of providing the service.

### Assessment of Funding Applications

The Homeless Agency will retain its current responsibility for the coordination and administration of schemes in the Dublin area at least until end 2010<sup>14</sup>. Outside of the Dublin area each local authority will establish a Local Management Group within the overall framework of its existing Local Homeless Forum. In order to avoid any conflict of interest, voluntary, co-operative or community organisations that may be submitting applications for statutory funding for the provision of homeless services will not be represented on this Local Management Group. Membership will be comprised of representatives from the statutory bodies with responsibility for payment i.e., the local authorities, the HSE and where appropriate FÁS, VECs, Family Support Agency and other statutory agencies with a funding remit.

Applications will be assessed in the first instance by the Local Management Group of the relevant Local Homeless Forum or by the Homeless Agency's Assessment Panel in the case of Dublin. The representatives of the statutory agencies will be in a position to make decisions in principle on behalf of their agency and will be guided by the priority needs outlined in this strategy and in the relevant Local Homeless Action Plan. A proposed budget for the service will then be submitted to the budgetary authorities within the relevant statutory funding agencies where the final decisions on state funding will be made in the context of the national budget for homeless services. Further details of the remit of the Local Management Group are contained in Section Four: Making it Happen.

### Assessment Criteria

Applications for funding will be assessed on the following criteria:

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<sup>14</sup> The situation in this regard will have to be reviewed depending on what decisions are taken in relation to the future of the Homeless Agency.

- 
- that the application meets the relevant national priorities and the priorities of the Local Homeless Action Plan;
  - evidence of need for the service;
  - demonstrable outcomes for proposed clients;
  - demonstrated commitment to national quality standards;
  - that the proposed service represents value for money;
  - the extent to which the proposed service unnecessarily duplicates other services;
  - the capacity of the organisation to implement programmes effectively including the outcomes of previous monitoring and evaluation of services provided by the organisation;
  - the funding resources available;
  - the extent to which the application form is accurately, appropriately and fully completed and returned within any specified deadlines.

#### **Where an application is not successful**

The reasons for applications being turned down will be explained in person or in writing to the applicants.

#### **Monitoring and Evaluation**

Each Local Homeless Forum will monitor all funding provided, in order to:

- ensure that funding is spent in accordance with the service/funding arrangement;
- track the outputs and outcomes of the funding;
- monitor emerging trends or difficulties.

The level of monitoring will be appropriate to the size of the funding. It may include completing written monitoring forms and / or personal visits.



### Self-evaluation

All organisations will be encouraged to evaluate their own services on a regular basis.

### External Evaluation

Where a service is funded by these funding arrangements, the service will be subject to an independent evaluation, commissioned by the Local Management Group / Homeless Agency, at least every five years. Where a service is partially funded by these funding arrangements the evaluation will only normally cover those aspects of the work where there is a service agreement with the Local Management Group (or the Homeless Agency in the case of Dublin), unless agreed otherwise with other funding bodies, or with the organisation itself.

### Timetable of Evaluations

Each Local Homeless Forum (or the Homeless Agency in the case of Dublin) will develop a timetable of evaluations over the period of its Local Homeless Action Plan, so that a manageable number of evaluations are carried out in any one year. However, each Local Management Group will reserve the right to instigate an independent evaluation at any stage, if there is a cause for concern about an organisation's performance.

### Scope of Evaluations

Evaluations will examine:

- the extent to which the project or service had made an impact in achieving national and local objectives, particularly in the context of this strategy and of the relevant local Homeless Action Plan;
- the extent of achievement of service level agreement targets and other relevant performance indicators;
- throughput of service users e.g. no service user should be longer than 6 months in emergency accommodation;
- outcomes for service users;
- evidence of continued need for the service;
- compliance with any national or local service standards;
- the views of service users and other stakeholders with the services provided;

- 
- **financial management and accountability;**
  - **cost-effectiveness of the service or project, including in comparison with other relevant services or projects in the sector;**
  - **the views of staff, managers and trustees and**
  - **recommendations for the future.**

### **Service Level Agreements**

**A service level agreement will be drawn up by the Local Management Group of the Local Homeless Forum (or the Homeless Agency in the case of Dublin) in relation to each approved application, for approval and authorisation by the funded and funding agency. No funding will be given until a service level agreement is agreed and signed and, where appropriate, the organisation confirms in writing that it is ready to proceed with the project. See Appendix 3 for an outline of the content of a service level agreement.**

### **National Action**

**The Department of Environment, Heritage and Local Government, with appropriate input from the Cross Department Team on Homelessness and the National Homeless Consultative Committee, will facilitate streamlining and co-ordination of funding throughout the country through the following actions.**

- **Rollout of new funding arrangements on a phased basis focussing initially on the major urban centres outside Dublin.**
- **Examination of the potential for the protocol on support costs for social housing projects for people with a disability, which is currently being finalised, being adapted for application to the homeless sector within six months of the publication of this strategy.**
- **Amendment of CAS application form to include a section specifically for homeless projects within six months of publication of strategy.**
- **Develop an appropriate service level agreement to be used at local level by 2009.**
- **Develop and pilot appropriate methodologies to monitor the cost effectiveness of homeless services.**



### **Local Action**

**To progress this action the following process is to be undertaken by each local authority and HSE, in consultation with the Homeless Forum and other relevant local actors and completed within one year of the publication of the strategy.**

- **Each Local Homeless Forum to form a Local Management Group consisting of senior officials of the relevant local authority and the HSE who have the authority to make decisions on funding in the area.**
- **Services to be funded must be in line with the principles outlined in this strategy.**
- **Applications to be examined with reference to the assessment criteria.**
- **Monitoring and evaluation of services to be an integral part of the work of local homeless fora.**
- **Service level agreements to be drawn up in relation to each approved application. No funding should be given until a service level agreement is agreed and signed.**

## Section four: Making it happen

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### Introduction

A weakness in the implementation of the preventative and integrated homeless strategies identified in the *Independent Review* is the lack of consistency around the country. At the same time the review acknowledges the progress made in areas where there is strong leadership and the commitment of resources to tackling homelessness. It also recognises the importance of the Homeless Agency in achieving a reduction of homelessness in Dublin through improvements in funding, monitoring, service quality and skills, good partnership working and the range and availability of longer term housing options.

In light of these findings it is proposed to improve the structures in place to support action on homelessness and enhance their effectiveness by providing better guidance and information, improving the collection, collation and dissemination of information on homelessness and good practice around the country and introducing more robust systems for service planning, delivery and evaluation.

### Future Priorities for Cross Department Team

The Cross Department Team on Homelessness will continue to be responsible for ensuring a “whole of Government” approach to tackling homelessness.

The Cross Department Team will also take a stronger and more proactive role in leading and monitoring the implementation of this strategy, in supporting local authorities and homeless fora in its local implementation and in addressing the deficits in funding, quality standards and information, pending a decision on the best model for national rollout of best practice learning discussed in Strategic Aim Five: *Ensure Effective Services for Homeless People*.

To ensure more effective working the Cross Department Team will agree annual work programmes, will meet at least four times a year, will be advised by the National Homeless Consultative Committee, will liaise with the National Housing Forum and will provide yearly reports to the Cabinet Committee on Social Inclusion.

### More Effective Local Homeless Fora

The *Independent Review* considered the forum model to be working well in most areas and providing an effective mechanism for addressing homelessness, with their greatest strength being the opportunity for interagency working and exchange of views within a structured framework leading to more dynamic relationships between the sectors. However, it also identified significant variations in practice with some fora meeting rarely or not at all, poor organisation and follow through and a sense that fora were too large and did not adequately reflect the views of voluntary sector representatives. The review



concluded that these problems were exacerbated by a lack of monitoring and reporting systems to track the activities of fora. These difficulties are acknowledged and to ensure greater consistency in the operation and effectiveness of Local Homeless Fora it is proposed that they will:

- Be responsible for input into the development of three year action plans on homelessness.
- Monitor the implementation of the action plans from an operational perspective.
- Meet at least four times a year.
- Advise the Management Group on all issues of relevance to homelessness, including the need for new and improved accommodation and services, and keep them informed of issues arising in the implementation of action plans, including any obstacles to implementation through regular quarterly briefings. These briefings should include evidence based data and views from forum members on emerging issues, actions that need to be taken to improve performance, changes needed in the action plan and other issues that may arise.
- Contribute to the development of systems to monitor and measure the implementation of the local action plan and capture timely and accurate information on homelessness in the local area.
- Provide a forum for discussion and debate on homelessness in the local area including consideration of emerging needs, trends in homelessness, challenges facing services and best practice in addressing needs.
- Identify areas for further research and arrange seminars, training, site visits etc in order to enhance the understanding of homelessness and responses to it among forum members and other relevant bodies at a local and/or regional level.
- Ensure the continuous improvement in the quality and effectiveness of homeless services. It should fulfil this function by identifying the needs of service providers in terms of skills and information necessary to bring services up to agreed standards and by reviewing service information on a regular basis.
- Finalise local aspects of the terms of reference for the forum in consultation with existing forum members and relevant service providers. The terms of reference should make provision for the appointment of a chair.

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- **As a minimum, the forum should comprise a representative from a homeless service in the county, an official from the local authority, an official from the Health Service Executive (with authority to take decisions with resource implications); a representative from the Prison Service (particularly in cases where there are prison facilities sited within the local authority's functional area); a representative from the Probation Service, a representative from the local Vocational Educational Committee, a representative from FÁS, representatives from approved housing bodies in the area, a representative from Family Resource Centres or / and Citizens Information Board as appropriate within the local authority's functional area and a representative from the appropriate Local or Regional Drug Task Force.**
  - **Representatives should be at management level and with a grasp of the day to day operation of homeless services.**
  - **The issue of how to engage with other relevant services, such as mental health or local area services should be carefully considered, taking into account local experience to date. There may be value in including some of these services as full forum members or as part of a sub committee structure. In the case of others it may be more appropriate to engage with them on a periodic basis, through the organisation of meetings or special events or through issuing bulletins and reports.**
  - **Each member of the forum should be responsible for ensuring that they are informed about their service users and any emerging trends or issues and for keeping members of their own organisation informed of the working of the Forum and Management Group.**

### **Local Management Group**

**To ensure that homelessness receives appropriate attention and priority and that there is clear and joint decision making by local authorities and health services it is proposed that a Management Group of the Local Homeless Forum will be established in each area where such a structure does not already exist. It will comprise representatives of the local authority, the HSE and other statutory bodies who should be at a sufficiently senior level to ensure that decisions can be made swiftly, that homelessness is integrated into other policy and service areas within each organisation and with other statutory bodies. It is envisaged that the local authority and HSE will be represented by the Director of Housing and the Local Health Manager respectively.**



**The Management Group will:**

- **assess and make decisions in principle on all funding applications for homeless services;**
- **submit proposed budget for services to the budgetary authorities within the relevant statutory funding agencies;**
- **be responsible for developing effective, efficient and integrated responses to homelessness including the approval of three year local homeless action plans and the commitment to seek adequate and appropriate resources for their implementation;**
- **meet regularly of which at least one such meeting should be with a full plenary of the Homeless Forum to formally review action plan progress; and**
- **have links with similar groups in neighbouring counties to develop a high level regional focus on homelessness.**

### **Regional Focus**

**There are advantages in taking a regional focus to addressing homelessness and there are already regional structures in place in the Midlands, the South East and south of the country. In addition to Local Homeless Fora it is proposed that regional networks should be established. The precise arrangements for these networks will be finalised by the DEHLG in consultation with the City and County Managers Association and the HSE but it is envisaged that they will:**

- **meet at least once a year;**
- **provide a more strategic and region wide focus on homelessness;**
- **provide a forum for the sharing of information between local homeless fora on their experiences and progress in implementing action plans;**
- **provide a forum for the exchange of experience and ideas, reports on innovative projects in the region; and**
- **provide a forum for the identification of region wide research, training and information needs and make arrangements to respond to these needs.**



## Local Action Plans

Local three year action plans on homelessness will continue to be the mainstay for the implementation of Government policy in this area, providing a focus for locally sensitive and relevant action. The *Independent Review* found that there was significant disparity in the quality of homeless action plans. Where they were operating effectively, plans had been highly effective in bringing forward initiatives which have impacted positively on homelessness but there was no consistency across the country.

While some plans had detailed actions and identified responsible agencies, many contained aspirational statements rather than detailed actions, without time lines or performance indicators. The review found that local needs assessments were not generally used to inform the development of plans and only in a small number of cases was there a statistical base line against which to measure progress.

The review reported that almost every plan contained measures for the provision of emergency and transitional accommodation – even though many of these had no specific targets – leading to an over concentration on short term responses at the expense of more permanent responses. Similarly, there was little focus on the prevention of homelessness although there was progress in the improvement of interagency working with state institutions and the development of discharge protocols but implementation varied across the country.

Three specific recommendations were made in relation to local action plans.

- 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.
- Areas with a small base of homeless persons should consider whether a partnership approach with other areas could be adopted to the provision of some services to improve local access.

## Statutory Basis for Action Plans

The production of homeless action plans will be made a statutory requirement. The local authority in consultation with the Management Group of the Local Homeless Forum, relevant organisations and individuals will be required to produce and formally adopt three



year action plans. The plans should also be adopted by the HSE and by other relevant bodies.

### *Time frames*

- Action plans will be for a three year period.
- Local Homeless Fora should meet as soon as practicable after the publication of this strategy to consider its implications.
- Where a current action plan is out of date the local authority should begin work immediately on preparing a new action plan to take account of the provisions in the strategy.
- All revised plans should be completed within twelve months of the publication of the strategy.
- The preparation of subsequent plans should commence six months before the end of the most recent plan time frame.

### *Preparation of Plans*

- The local authority is responsible for ensuring that homeless action plans are prepared in accordance with the requirements of the strategy and within specified time frames.
- Where capacity constraints exist in relation to the in-house preparation of a plan consideration should be given to commissioning independent consultants to assist with its preparation.
- Plans should be informed by a comprehensive consultation process with homeless and other relevant statutory and voluntary services and organisations, a review of progress in implementing the previous or current action plan and a review of relevant data and evidence.
- A draft plan should be produced for consideration by those consulted before the plan is finalised.
- Guidance on the preparation of action plans will be provided by the DEHLG including access to models of good practice within six months of the strategy being published.

### *Approval of Plans*

- Plans should be formally adopted by the Local Homeless Forum and by the local authority.
- The plans will be adopted by HSE Local Health Managers in their role on the Local Management Group of the Homeless Forum.
- Plans should be submitted to the DEHLG and to the HSE. Subsequent approval for funding for projects arising out of the Local Homeless Action Plans will be based on compliance with the requirements in this strategy and have regard to available budgets.



### *Purpose and Scope*

The purpose of the action plans is to ensure that responses to the needs of households who are homeless or at risk of homelessness are comprehensive, coherent and effective. As such local action plans must, having regard to local needs and evidence of what works, contain measures that:

- prevent homelessness from occurring or recurring;
- ensure adequate and appropriate emergency responses;
- develop where necessary specialist services to achieve an increase in responsiveness of mainstream services to prevent homelessness;
- provide for the elimination of long term homelessness;
- provide for long term housing needs, with support needs as necessary;
- develop high quality, effective and holistic responses to the needs of people who are homeless;
- address the use of bed and breakfast accommodation, where necessary and
- ensure that administrative and other systems are efficient, effective and accountable.

These are dealt with in more detail in other sections.

### *Evidence Base*

Plans should be informed by and refer to relevant information and evidence. As a minimum this should include:

- a social and economic profile of the area including information on areas of deprivation, based on census data;
- the numbers and profile of homeless households in the area, based on official assessments and information from service providers;
- a profile of relevant services and other resources in the area which are of relevance to people who may be homeless or at risk of homelessness (e.g. housing,

community welfare, mental health, social work, employment, education and training services, family support services, community services, specialist services);

- a profile of homeless services and service users in terms of the type of service, activities, target groups, profile of users, number of individual service users, annual throughput, occupancy rates, staffing levels, costs and sources of income;
- a profile of the households who have been in emergency accommodation for six months or longer or who would fall into this category in the course of the plan;
- a breakdown of additional housing due to be available during the course of the plan in the local authority, housing association, private rented and RAS sectors and an estimate of the proportion committed to homeless households;
- an assessment of housing supply for homeless households, based on an estimate of need and
- a summary of relevant statutory bodies' policies e.g. ring fenced housing allocations for homeless households, discharge procedures, interagency protocols etc.

### *Plan Structure*

To ensure consistency and comparability it is proposed that all action plans follow the same format as recommended by the *Independent Review* as follows. Guidance will be provided in relation to the development and presentation of their plans.

- ***Context and Background:***
- ***Mission:*** An overall purpose for the plan
- ***Principles/values:*** A set of 4-6 shared principles or values which reflect the approach of the forum to the implementation of the plan and to people who are homeless
- ***Main Aims:*** The key aims of the plan
- ***Key performance indicators:*** High level indicators which will demonstrate the effectiveness of the plan

- 
- **Objectives:** Each of the aims should be broken down into objectives which allow the aims to be achieved. Objectives should be SMART (specific, measurable, attainable, reviewable and time bound)
  - **Actions:** The actions necessary to achieve the objectives. The actions should have time targets for completion as well as the body or bodies responsible for carrying them out.
  - **Cost:** An estimate of the cost of each action and a total cost for the plan
  - **Resources:** The funding and other resources available for the plan and the sources of these
  - **Mechanisms for reviewing:** Specific arrangements for the periodic review and amendment of the plan

# National Performance Indicators

## Introduction

The following performance indicators will be used to monitor progress of the implementation of the strategy and its impact nationally.

### STRATEGIC AIM ONE

*To reduce the number of households who become homeless through the further development and enhancement of preventative measures*

- Number of households newly homeless by household and last address
- Number of people homeless on admission to state care and hospitals, by last address
- Number of people homeless on discharge or discharged into homelessness, by institution and area
- Trends in participation in health, treatment and education by people while they are homeless
- Completion of research on links between domestic violence and homelessness on time
- Protocols in place for ensuring that people have access to education, training and treatment services when they are homeless

### STRATEGIC AIM TWO

*To eliminate the need for people to sleep rough*

- Trends in numbers of people sleeping rough by gender, age and area
- Review of street outreach teams completed on time
- Trends in compliance with national good practice guidelines (from 2010)
- Number of sleepers accommodated by household type, area, type of accommodation
- Trends in number of people accommodated returning to rough sleeping



### **STRATEGIC AIM THREE**

*To eliminate long term homelessness*

- Trends in the number of people long term in emergency accommodation by area, service provider, and household type
- Trends in expenditure on long term housing options compared to emergency accommodation
- Trends in the length of time people are homeless by area, provider and household type
- Trends in compliance with quality standards for long term supported housing for implementation from 2009.

### **STRATEGIC AIM FOUR**

*To meet long term housing needs*

- The number and % of households settled by household type, by landlord (private, local authority, RAS, voluntary and co-operative, supported) by area and previous status (rough sleeping, long term in homelessness)
- Number of households engaged with tenancy sustainment services, by location, housing type and length of engagement

### **STRATEGIC AIM FIVE**

*To ensure that all services for people who are homeless are effective in addressing needs*

- Review existing information systems and establishment of nationwide system by end 2009
- Establishment and implementation of a programme of homeless service evaluation by 2009
- Completion of national quality standards on case management and interagency working by 2009

### **STRATEGIC AIM SIX**

*To re-orientate spending on homeless services, away from emergency responses to the provision of long term housing and support services*



- 
- **Trends in funding for emergency and long term responses**
  - **Roll out funding arrangements nationally on a phased basis.**

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# Appendix one:

## Austin / Travis County - Continuum of Homelessness and Responses

Causes, Triggers and Characteristics	Level of Homelessness	Appropriate Responses
<p><b><i>Environmental/Structural</i></b></p> <ul style="list-style-type: none"> <li>● Lack of jobs</li> <li>● Low wages</li> <li>● Lack of affordable housing</li> <li>● Addiction</li> <li>● Weak family ties</li> <li>● Institutional care without appropriate through care procedures and practice</li> </ul>	<p><b>At risk</b></p>	<ul style="list-style-type: none"> <li>● Jobs skill training</li> <li>● Diversified economy</li> <li>● Diversified housing stock</li> <li>● Advice and information services (welfare rights, housing, education, treatment)</li> <li>● Landlord/tenant mediation and legal advice</li> <li>● Alcohol and drug treatment services</li> <li>● Community based early interventions, including tenancy sustainment services</li> <li>● Emergency assistance (income maintenance, accommodation, help with finding alternative accommodation)</li> </ul>
<p><b><i>Personal Crisis</i></b></p> <ul style="list-style-type: none"> <li>● Family violence</li> <li>● Eviction</li> <li>● Separation, divorce</li> <li>● Loss of job</li> <li>● Hospitalisation</li> <li>● Imprisonment</li> <li>● Leaving institutional child care, prison</li> <li>● Changes in drug/alcohol use</li> </ul>	<p><b>Newly homeless</b></p>	<ul style="list-style-type: none"> <li>● Early outreach and engagement</li> <li>● Emergency assistance (including hospitalisation, temporary accommodation)</li> <li>● Mental health and family support services</li> <li>● Planned discharge procedures with arrangements for housing and support as necessary</li> <li>● Substance misuse interventions</li> </ul>
<p><b><i>Culture of Homelessness Type 1</i></b></p> <ul style="list-style-type: none"> <li>● Loss of social and family ties</li> <li>● Dysfunction</li> <li>● More problematic drug/alcohol use</li> <li>● Institutionalised in hostel situation with no motivation to move on</li> </ul>	<p><b>Vulnerable to remaining homeless</b></p>	<ul style="list-style-type: none"> <li>● Case and care management</li> <li>● Appropriate settlement services in hostels</li> <li>● Adequate supply of supported housing</li> <li>● Residential addiction services and follow up services</li> </ul>

Causes, Triggers and Characteristics	Level of Homelessness	Appropriate Responses
<p><b><i>Culture of Homelessness Type 2</i></b></p> <ul style="list-style-type: none"> <li>● Street lifestyle (street drinking, street sleeping)</li> <li>● Criminal or unsocial behaviour</li> <li>● Imprisonment</li> <li>● Disinterest in work</li> </ul>	<p><b>Marginalised and Disenfranchised from services</b></p>	<ul style="list-style-type: none"> <li>● Street outreach services focusing on harm reduction</li> <li>● Mental health and other services on outreach basis</li> <li>● Addiction treatment</li> <li>● Specially developed services to ensure harm minimisation, development of engagement etc (e.g. wet services, low threshold shelters, intensive case management)</li> </ul>
<p><b><i>Entrenched</i></b></p> <ul style="list-style-type: none"> <li>● Complete isolation from society and services</li> <li>● Dysfunction</li> <li>● Dangerous alcohol/drug abuse and misuse</li> </ul>	<p><b>Long term</b></p>	<ul style="list-style-type: none"> <li>● Intensive mental health interventions, centre based and outreach</li> <li>● Treatment services</li> <li>● Tailor made responses to individual needs and use of care and case management</li> <li>● Appropriate accommodation</li> </ul>

Source: Austin / Travis County – Continuum of Care System as adapted for *Making it Home - An action plan on homelessness in Dublin 2004-2006*

## Appendix two: Ethos Typology

### The European Typology of Homelessness and Housing Exclusion (ETHOS)

Conceptual Category	Operational Category	Living Situation
Roofless	<b>1</b> People living rough <b>2</b> People in emergency accommodation	<b>1.1</b> Public space or external space <b>2.1</b> Night shelter
Houseless	<b>3</b> People in accommodation for the homeless  <b>4</b> People in Women's Shelter <b>5</b> People in accommodation for immigrants  <b>6</b> People due to be released from institutions  <b>7</b> People receiving longer-term support (due to homelessness)	<b>3.1</b> Homeless hostel <b>3.2</b> Temporary accommodation <b>3.3</b> Transitional supported accommodation <b>4.1</b> Women's shelter accommodation <b>5.1</b> Temporary accommodation/reception centres <b>5.2</b> Migrant workers accommodation <b>6.1</b> Penal institutions <b>6.2</b> Medical institutions <b>6.3</b> Children's institutions/homes <b>7.1</b> Residential care for older homeless people <b>7.2</b> Supported accommodation for formerly homeless people
Insecure	<b>8</b> People living in insecure accommodation  <b>9</b> People living under threat of eviction <b>10</b> People living under threat of eviction	<b>8.1</b> Temporarily with family/friends <b>8.2</b> No legal (sub)tenancy <b>8.3</b> Illegal occupation of land <b>9.1</b> Legal orders enforced (rented) <b>9.2</b> Re-possession orders (owned) <b>10.1</b> Police recorded incidents
Inadequate	<b>11</b> People living in temporary/non-conventional structures <b>12</b> People living in unfit housing <b>13</b> People living in extreme overcrowding	<b>11.1</b> Mobile homes <b>11.2</b> Non-conventional building <b>11.3</b> Temporary structure <b>12.1</b> Occupied dwellings unfit for habitation <b>13.1</b> Highest national norm of overcrowding

(2007, from [www.feantsa.org](http://www.feantsa.org))

# Appendix three: Service Level Agreement – Indicative Content

## Content of the Service Level Agreement

The service level agreement will cover the following:

- The name, address and legal status of the parties to the agreement;
- The period of the agreement;
- The inputs which will be covered by the funding, e.g. the number and type of staff;
- The outputs which the funded body is agreeing to provide, e.g. the number of bedspaces, occupancy levels, opening hours, the number of users of a day centre, etc.;
- The outcomes to be achieved by the funded body, e.g. the number of people to be resettled;
- The amounts being committed, when payments will be made, the financial reporting required, etc.;
- The powers of the Local Management Group (or the Homeless Agency in the case of Dublin) to terminate the agreement and recover any funding not expended as agreed;
- The obligation on a funded body to participate fully in all agreed monitoring and evaluation arrangements;
- The arrangement for varying the terms of the service level agreement, e.g. only in writing and agreed by both parties;
- The obligation on the funded body to comply with all relevant health & safety regulations;
- The obligation on the funded body to have appropriate insurance to cover all reasonable risks and that the funding body will not be responsible for any claims arising from the activities of the body;
- The obligation on the funded body not to sell, or otherwise dispose of any capital item wholly or partly funded through the new arrangements, unless approved in writing;

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- **The arrangements for appointing staff, i.e. where a post is being funded (wholly or partly) through the new arrangements and the post is a new post or becomes vacant, the position must be filled in accordance with good equal opportunities practice;**
  - **The requirement to acknowledge the source of funding in any recruitment advertisement. Posts funded through these arrangements should only be advertised at the salary scale approved as part of the funding;**
  - **Potential applicants for consultancy work or employment must declare their relationship with existing staff or trustees in the organisation. The Local Management Group (or the Homeless Agency in the case of Dublin) must be informed where it is intended to appoint a consultant who is related, by birth or marriage, to a staff member or trustee involved in the organisation. Where the cheapest tender is not being accepted a detailed written explanation must be provided. An up to date tax clearance certificate must be provided.**
  - **Arrangements when things go wrong, i.e. when it becomes apparent to an organisation in receipt of funds that they will not be able to deliver the agreed service level agreement objectives, or there are allegations of fraud, misuse or misappropriation of funds, the organisation must immediately inform the Local Management Group (or the Homeless Agency in the case of Dublin) in writing. Failure to do so may result in the immediate withdrawal of the funding;**
  - **Where the organisation informs the Local Management Group (or the Homeless Agency in the case of Dublin) that some aspect of the service level agreement will not be delivered as agreed, for a justifiable reason, the Local Management Group (or the Homeless Agency in the case of Dublin) may agree to a limited re-negotiation of the service level agreement. Where the reason is not considered justifiable, the funding may be wholly or partially withdrawn.**
  - **Arrangements for the production of audited accounts. The funding should be allocated to the financial year(s) in accordance with the proportion of expenditure to which it relates. Accounts should show all income and expenditure details;**
  - **Arrangements for terminating the agreement;**
  - **The duties and responsibilities of the relevant statutory body and the Local Management Group (or the Homeless Agency in the case of Dublin) in relation to the services which are funded under the new arrangements.**
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# Appendix four: Rental Accommodation Scheme

Extract from Department of the Environment, Heritage and Local Government's Guidance on RAS and Homelessness [Circular Letter to Housing Authorities N02/07 - 2 January 2007]

The circular issued in January 2007 updated local authorities on a number of operational changes which had taken place in relation to the RAS. Specifically in relation to homeless persons, it indicated that the RAS can be used by local authorities to accommodate homeless persons/households who are not on rent supplement but who have a long-term housing need. This objective was part of the proposed action in the setting up of the RAS.

The RAS can facilitate a more flexible response by housing authorities towards meeting the needs of certain homeless persons who are capable of sustaining a tenancy in the private rental sector. At the same time it can help improve accommodation standards in the private rented market. The RAS will also give more choice and greater long-term security to tenants and marks a fundamental change in housing policy. It will improve co-ordination of housing activities by strengthening the role of local authorities in housing provision and support services.

In particular, the RAS can facilitate appropriate tenancy sustainment, the adoption of a case management approach and the application of a consistent approach nationwide. One of the benefits of the RAS is the elimination of poverty traps – tenants can stay in the scheme upon taking up full time employment unlike rent supplementation although DSFA have introduced changes in relation to retention of rent supplement for persons returning to work full-time who have been accepted by local authorities as being in need of accommodation under the RAS. [Section 25 of Social Welfare and Pensions Act 2007]

The RAS is also considered a useful mechanism through which to progress the *Towards 2016* commitment to "eliminate the long term occupancy of emergency homeless households by 2010". Indeed other important recommendations of the *Independent Review* are also capable of being delivered in part through the RAS. This includes an enhanced focus on tenancy sustainment, improvements in data collection, and the application of a case management approach for providing ongoing housing support for certain homeless persons.

While RAS may be used by local authorities to accommodate homeless persons provided that there is a designated RAS homeless accommodation unit available and the local authority deems the homeless person suitable for such accommodation. Authorities in assessing homeless people's suitability for the RAS consider each case on a case-by-case basis. Transfer to RAS may not be the best option in cases of homeless persons assessed as not having a long-term housing need or assessed as not being capable of independent living.



### **Funding of the RAS Homeless Programme**

**The Department of the Environment, Heritage and Local Government recoups to local authorities 90% of their expenditure on the provision of accommodation and related services for homeless persons (Section 10 funding). At present, this is largely in respect of emergency homeless accommodation as well as some transitional facilities. RAS provides an opportunity to provide accommodation for homeless persons who are capable of making the transition to independent living.**

**Funding for homeless persons transferred to RAS will be provided from Section 10 in a similar manner to the way in which the main RAS programme is funded and claimed from the Department. As indicated above, a homeless person does not need to be in receipt of rent supplement to be eligible for RAS.**

**The approved rates under Section 10 for payment for homeless persons constitute the maximum that can be paid for those homeless persons transferred to RAS accommodation under these arrangements. For RAS purposes it is deemed to consist of two elements – (a) an amount for the provision of the accommodation; and (b) an amount for tenancy sustainment. The accommodation figure should not exceed the level of rent supplement for homeless persons in the area at the time. The tenancy sustainment funding is to be provided as a declining figure over up to a three-year period for the particular persons transferred. On transfer to RAS, the household concerned will cease to be counted as homeless and a financial contribution from the tenant, based on the differential rents scheme, will be payable. Where a tenancy is terminated the deposit should be returned to the Local Authority or if required be retained by the landlord.**

# Appendix five: Health Impact Assessment (HIA)

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The Centre for Housing Research (CHR) was requested by the Department of the Environment, Heritage and Local Government (DEHLG) to undertake a Health Impact Assessment (HIA) of the new homeless strategy. A full report of this process will be available in conjunction with the strategy. However for the purposes of a succinct addendum to the strategy document, the HIA process is summarised below.

## Rationale for Health Impact Assessment

It is increasingly recognised that many factors outside of the health care sector influence health. The ability to reach and maintain good health is shaped not only by individual life-style factors and genetics, but also by the environment and the conditions in which people live, work and play. It follows then, that the policy decisions taken in all of these areas have the potential to impact on health.

HIA can help to inform and influence the decision-making process by providing decision-makers with an evidence base on which to make improved choices for health and well-being. It can also help to reduce inequalities in health by highlighting where proposals may impact on some particularly vulnerable groups within the population.

## Appraisal

The Centre for Housing Research undertook responsibility for the appraisal phase in consultation with the steering committee. This included:

- a detailed literature review,
- consultation with key informants at two consultation events held in September 2007 to which 550 stakeholders were invited and
- feeding this information back into DEHLG to help inform the final strategy.

Health Impact Assessments typically involve ongoing monitoring and evaluation of recommendations. The strategy has already outlined methods in this regard, and these should be kept under review in terms of health impacts.

The HIA process assisted in the development of the strategy. It helped inform and enhance the potentially positive impact of the strategy for people experiencing homelessness / 'at risk' of experiencing homelessness, with particular regard for positive health impacts. The HIA document (published separately) should be consulted for an overview of the full HIA process.

# Appendix six:

## Poverty Impact Assessment (PIA)

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The principal intention of the Poverty Impact Assessment (PIA) process is to identify the impact of policy proposals on those experiencing poverty or at risk of experiencing poverty. From this, all policies can be reviewed to identify any potentially positive/negative impacts and measures can be introduced to enhance/minimise these impacts. The official definition states:

*[Poverty Impact Assessment is] the process by which Government departments, local authorities and State agencies assess policies and programmes at design, implementation and review stages in relation to the likely impact that they will have or have had on poverty and on inequalities which are likely to lead to poverty, with a view to poverty reduction.*

There are two main stages in carrying out a Poverty Impact Assessment, the screening phase and the full assessment. The full assessment involves seven steps:

1. Formal consultation
2. The policy aims and target groups should be defined
3. Available data and research should be identified
4. Impacts should be assessed and alternatives considered
5. Decisions should be made and monitoring tools implemented and enforced
6. Results should be published
7. A summary sheet should be returned to the relevant departmental social inclusion liaison officer

The DEHLG engaged the Centre for Housing Research (CHR) to undertake the PIA on its behalf with guidance from a steering committee<sup>15</sup>, and particular assistance from the Office for Social Inclusion.

The CHR hosted two consultation events in conjunction with the Health Impact Assessment consultations in September 2007. The feedback received at these events informed the PIA and the final strategy. The full text of the PIA will be available in conjunction with the strategy.

The PIA process assisted in the development of the strategy, helping to inform and enhance the potentially positive impact of the strategy for people experiencing homelessness / 'at risk' of homelessness with particular regard to alleviating poverty. The PIA document (published separately) should be consulted for an overview of the full PIA process.

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<sup>15</sup> This was the same steering committee membership as for the Health Impact Assessment process as these two ran concurrently.



