

Housing First National Implementation Plan 2018-2021

September 2018

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Foreword by Eoghan Murphy T.D., Minister for Housing, Planning and Local Government

Resolving homelessness is one of the most important challenges facing this Government. Rebuilding Ireland, the Government's Action Plan on Housing and Homelessness, sets out a wide range of actions to tackle homelessness including measures aimed at homeless individuals who need a high level of support in order to exit homelessness. It is widely recognised that many people who sleep rough, and who are frequent users of emergency hostels and shelters, have complex needs around mental health and addiction and require individualised supports to successfully move from homelessness to a sustainable tenancy.

The Housing First approach has been Government policy for a number of years. With Housing First, the priority is to support a person who has experienced homelessness into permanent housing as quickly as possible, without any preconditions around sobriety or mental health treatment. Then, continue working intensively with them on these issues once they are housed. Housing First recognises that a stable home provides the basis for recovery in other areas.

Based on the success of Housing First in Dublin, Rebuilding Ireland tripled the targets for Housing First tenancies in Dublin followed by a commitment to expand Housing First to Cork, Galway and Limerick. Earlier this year, a National Director of Housing First was appointed within the Dublin Region Homeless Executive to support the achievement of the Rebuilding Ireland targets and to develop a national plan.

The publication of this National Implementation Plan for Housing First 2018-2021 is a significant milestone that underpins the Government's commitment to reduce and eliminate rough sleeping and long-term homelessness. It commits to the rollout of Housing First in every county in Ireland and sets annual targets for each local authority. It also highlights the need for local authorities and Approved Housing Bodies to work together on increasing the supply of single person housing.

The alignment of housing and health supports means that Housing First is very much a joint initiative of my Department, the Department of Health, local authorities, HSE and NGO providers. I welcome the support of the Minister for Health and the HSE in the development of this plan. I want to recognise the work of the DRHE and the Housing First providers in Dublin, who have achieved results that have provided a strong platform for the national expansion of the programme and the publication of this ambitious plan. The Government is fully committed to the implementation of this plan and to working with all of the stakeholders to ensure its success.

Foreword by Simon Harris T.D., Minister for Health

There is a strong link between homelessness and ill-health. People who are homeless have very poor physical and mental health and are more vulnerable to addiction problems. They face severe health inequalities, with an average life expectancy as low as 40 years, half the average life expectancy for the rest of society. As a society, we must address these inequalities as a matter of urgency.

Reducing health inequalities is one of the objectives of *Healthy Ireland*, the government population health strategy. This goal requires interventions to address the social determinants of health and to target groups with high health risks. The social determinants of health are underpinned by income inequality and poverty, lack of material resources (housing for example) and limited access to employment. These are whole-of-government issues and require the involvement of a wide range of stakeholders.

I welcome Housing First as a way of addressing the social determinants of health for people who are homeless. By taking people off the streets and supporting them in individual tenancies, we are in a position to break the cycle of homelessness and ill-health. Indeed, Housing First is a win-win situation for the health service. It will reduce pressure on emergency departments where homeless people can be over-represented. It will also make existing services, such as the Hep C programme, more effective as homeless people will be better able to follow their treatment plans and to attend out-patient clinics.

At same time, we must provide a more joined-up approach across the healthcare system to respond to the complex needs of people who are homeless. I recently published the Sláintecare implementation strategy. The strategy aims to provide high quality, accessible and safe care that meets the needs of the population. Central to this is the development of new models of care that deliver more effective and integrated care, including care for individuals with multiple, complex needs, such as people who are homeless.

Their care is complex and often requires input from a range of professionals and services, not just in the health sector. They require ongoing person-centred support from community-based services to enable them to live as full a life as possible and avoid care crises or admissions to hospital or residential care. People with complex needs should have a key worker in the community with direct responsibility for coordinating their care, who will work across sectors to facilitate other needs such as housing, education or employment.

In keeping with the Slaintecare model of integrated care, my Department and the HSE is committed to providing wrap-around health supports for Housing First tenancies, including a key worker, case management, GP and nursing services, peer support and other specialist care.

My Department has demonstrated its commitment to the health needs of people who are homeless by allocating an additional €6 million since 2016 on targeted measures to improve services. In 2018, this funding supported a new step-up, step down intermediate care facility provided by the Simon Community, which I commenced in September. In addition, through the Service Reform Fund, funding has been provided for an additional 100 Housing First tenancies in Cork, Limerick and Galway. Further funding will be provided shortly for the implementation of a hospital discharge policy for people who are homeless, which will support the transition from emergency care to community-based care, and free up bed capacity in acute hospitals.

The national implementation plan for Housing First is a strong statement of the Government's commitment to ending chronic homelessness and to addressing the complex health needs of a vulnerable population. It is a tangible example of a joined-up approach between two Government departments that can make a real difference in people's lives.

The challenge now is to deliver on this joined-up approach by ensuring that local authorities, community healthcare organisations and voluntary service providers all work together at the local level to achieve real benefits for people who are homeless.

Foreword by Dublin Region Homeless Executive

The Dublin Region Homeless Executive (DRHE), which co-ordinates the response to homelessness across the four Dublin local authorities, and incorporates the office of the National Director of Housing First, has worked closely with the Department of Housing, Department of Health, local authorities and the HSE in developing this Housing First National Implementation Plan 2018-2021. The rollout of Housing First to every county in Ireland is a significant step towards reducing and ending homelessness for some of the most vulnerable homeless people.

Housing First is a proven solution to homelessness for people who have been rough sleeping, and long-term users of emergency hostels and shelters, with high needs around mental health and addiction. It provides homeless individuals with a stable, secure home of their own as quickly as possible in order to effectively target them with personalised housing and health supports. These wrap-around services, which are provided for as long as needed, help people stay housed and support them in their recovery.

The publication of this plan builds on the success of Housing First in Dublin which is delivered by a partnership of local authorities, HSE and NGO providers. The Dublin Region Housing First Service, following a successful pilot, has housed 214 homeless individuals with a history of rough sleeping and with complex needs around mental health and addiction since 2014. Over 85% of these individuals have remained permanently out of homelessness. This has been achieved by adopting a strong case management approach to helping tenants remain housed.

The national rollout of Housing First presents a real opportunity to change how we tackle homelessness in Ireland. By adopting a joined up approach between housing authorities, health services and the non-profit sector, we can go from managing homelessness to eliminating it. The DRHE is committed to playing our part in supporting the delivery of the ambitious but achievable targets set out in this plan.

Section 1: Introduction and Background

Introduction

This National Implementation Plan for Housing First 2018 -2021 underpins the Government's commitment to provide permanent and lasting solutions to rough sleeping and long-term homelessness in Ireland. With the total number of adults in emergency accommodation standing at 6,024 as of July 2018, tackling the twin issues of housing supply and homelessness is a major priority for Government. Key to Housing First is providing direct access to long-term housing and then supporting the person in their home with intensive housing and health supports.

Rebuilding Ireland has put in place a range of policy responses to the homelessness crisis. Housing First has proven to be a very successful measure directed at individuals who have been sleeping rough and using emergency homeless accommodation on a long-term basis, with complex needs that have prevented them from exiting homelessness. As well as ending homelessness for individuals who have been sleeping on the streets for many years, Housing First can contribute to an overall reduction in the numbers of people rough sleeping.

It is clear that individuals with high support needs can become entrenched in rough sleeping and face many barriers to successfully exiting emergency homeless accommodation. International studies have shown that those who are chronically homeless tend to use emergency accommodation at proportions far in excess of their percentage of the homeless population. By committing to providing housing with intensive supports to vulnerable individuals who experience homelessness, the long term use of emergency accommodation by these individuals and consequently the overall need for such facilities in the first place should be reduced.

Experience from other countries shows that Housing First works best as part of an overall integrated strategy to address homelessness. While the provision of additional emergency accommodation will remain important in the short to medium term, the national rollout of Housing First will contribute to limiting the demand for further emergency beds and, in some parts of the country, it will help to avert the need for them at all. By expanding Housing First to every region, it will bring the lasting benefits currently experienced principally in the Dublin region to every city and town where it is needed.

Policy Context for Housing First

A housing-led/ Housing First approach has been the explicit goal of Government homelessness policy for some time. The Programme for Government (2011) included a commitment to ending long-term homelessness and the need to sleep rough by implementing a housing-led approach.

“[W]e will alleviate the problem of long term homelessness by introducing a ‘housing first’ approach to accommodating homeless people. In this way we will be able to offer homeless people suitable, long term housing in the first instance and radically reduce the use of hostel accommodation and the associated costs for the Exchequer.”

The Government’s *Homeless Policy Statement* (February 2013) emphasised a housing-led approach that focused on accessing permanent housing as the primary response to all forms of homelessness. It drew on a review of existing policies and practices set out in *Ending Homelessness – a Housing-Led Approach* (May 2012).

The Homeless Policy Statement defined the housing-led approach to be adopted in the Irish context:

“A housing-led approach is about accessing permanent housing as the primary response to all forms of homelessness. It includes the prevention of loss of existing housing, and it incorporates the provision of adequate support to people in their homes according to their needs. Housing First is one example of a housing-led policy approach.”

It identified the availability and supply of secure, affordable and adequate housing, measures to prevent the occurrence or recurrence of homelessness, and the availability of supports to help people maintain independent living as critical to guaranteeing the success of the housing-led approach in Ireland.

The *Implementation Plan on the State’s Response to Homelessness* (May 2014) set out a range of measures to accommodate rough sleepers including securing a ring-fenced supply of accommodation to house homeless households and mobilise the necessary supports.

Rebuilding Ireland (July 2016), the Government’s Action Plan on Housing and Homelessness sets out an explicit aim to “strengthen our efforts and resources towards providing homeless people with a home following the housing-led, housing-first approach.”

In terms of targets, *Rebuilding Ireland* committed to tripling the Housing First programme in Dublin from 100 to 300 tenancies by end 2017. An additional target of 100 Housing First tenancies for other

urban areas was established as part of the Ministerial review of Rebuilding Ireland in September 2017. It also committed to establishing specific targets for each of the Dublin Local Authorities.¹

A National Director of Housing First commenced in February 2018 and is based in the Dublin Region Homeless Executive. The role of the Director is to drive a cross-Government approach to Housing First, support regional and local delivery of Housing First programmes, and oversee achievement of the Rebuilding Ireland targets.

A National Implementation Group was established in March 2018, including representation from the Department of Housing, Planning and Local Government, the Department of Health, the HSE, and the Local Authorities, and the National Director of Housing First, to oversee planning and delivery of the programme nationally.

Homelessness in Ireland

The July 2018 Homelessness Report, published by the Department of Housing, Planning and Local Government, showed that there were 6,024 adults accessing State-funded emergency accommodation arrangements overseen by housing authorities nationally.

Of the 6,024 adults, 3,567 (59%) are individuals who are homeless with the remaining adults counted amongst families who are homeless. A total of 2,201 (62%) of the 3,567 individuals who experience homelessness are in the Dublin region. The vast majority are accommodated in Supported Temporary Accommodation (STA) which includes hostels with onsite support.

Homeless Individuals	July 2018
Nationally	3,567
Dublin	2,201

¹ See <http://rebuildingireland.ie/news/outcomes-from-review-of-rebuilding-ireland/>

With regard to rough sleeping, an official rough sleeper count is carried out by the Dublin Region Homeless Executive in Spring and Winter each year. The Spring Rough Sleeper Count 2018 (conducted on 27 March) showed that there was a minimum of 110 people sleeping rough across the Dublin region on the night of the count. Of those identified, 84% were male and 16% female.

Homelessness and Health

People who are homeless with high support needs around mental health and substance use face multiple barriers to exiting homelessness and this contributes to a cycle of rough sleeping, hostel use and high usage of hospital emergency departments.

The health inequalities of people who experience homelessness in Ireland are rooted in poverty and deprivation. The multiple causes and facets of health problems mean people who are homeless have much shorter lives compared to the rest of the population, with an average life expectancy of 42 years of age (44 in males and 37 in females), compared with 82 years of age in the general population.

Research (O'Reilly *et al.*, 2015) shows that many people who experience homelessness in Ireland have multiple simultaneous chronic conditions and that tri-morbidity of physical ill health, mental ill health and problems related to alcohol and drug use are highly prevalent in people who are homeless. More than half (58%) have a diagnosed mental health condition and nearly all (89%) had either a mental or physical health condition. Findings in the area of addiction suggest a high level of poly drug use among people who are homeless.

Over a quarter (27%) of people who are homeless report having a disability compared to 14% of the general population and people who experience homelessness have poorer self-reported health than the general population (CSO, 2017). In addition, diseases related to alcohol and/or drug addiction are more prevalent in homeless than housed people (Beijer *et al.*, 2012) and people who are homeless experience the earlier onset of frailty and other geriatric syndromes usually seen in older adults (Adams *et al.*, 2007).

Existing Rebuilding Ireland targets

The Housing First target for the Dublin region under Rebuilding Ireland is for the creation of 300 tenancies, a tripling of the initial target of 100 tenancies established in 2014. By end August 2018, 250 tenancies had been managed and created for 214 unique individuals across the four local authority areas. The experience with Housing First to date shows a level of tenancy sustainment of over 85% so it is clear that the programme is delivering positive results.

Plans are also well advanced for the rollout of 100 Housing First tenancies in Cork, Galway and Limerick. While rough sleeping and long-term homelessness may be most prevalent in the large urban centres, Housing First offers the potential to assist in addressing homelessness in all parts of the country. This plan sets additional and new targets for every part of the country that seek to build upon the current Rebuilding Ireland targets.

Section 2: Housing First: Definitions, Principles and Evidence

The terms 'Housing First' and 'housing led' are sometimes used interchangeably and this section provides definitions for both in the Irish context. The principles that underpin Housing First are critical to the design and delivery of Housing First services are described, along with the strong evidence base that has accumulated internationally and in Ireland that Housing First delivers positive outcomes for people who are homeless with complex needs.

Definitions of Housing Led / Housing First

Housing First

The Housing First model of homeless service provision was conceived in New York in 1992 by Dr. Sam Tsemberis and his organisation, Pathways to Housing, as a response to the needs of people with mental health issues living on the streets and who in many cases spent frequent periods in psychiatric hospitals.

The priority target group for a Housing First response are people with a history of sleeping rough and long-term users of emergency homeless accommodation with high and complex mental health and addiction needs.

The model offers the provision of immediate, permanent and affordable housing to tackle homelessness, and then provides the appropriate wraparound housing and health supports, and connections to community-based supports, to ensure people maintain their housing and improve their overall health and well-being. This support is time unlimited and provided for as long as required.

Housing First does not require individuals to resolve the issues that contributed to them becoming homeless before being provided with housing, but rather stable housing is seen as a basis for recovery and reintegration.

Housing Led

The term 'housing led' is often used alongside Housing First, but Housing First is distinguished by the structure and intensity of the supports on offer.

Housing led is used to describe all policy responses to homelessness that increase direct access to permanent housing and increase capacity for both prevention and the provision of adequate floating support to help people maintain their homes. This may be contrasted with the 'staircase' model which uses hostels and transitional housing as steps towards independent housing or the 'treatment first' model where mental health and /or addiction treatment are prioritised before permanent housing provision. These approaches require a degree of housing readiness on the part of the person who is homeless before they can secure access to permanent housing.

Housing First may be distinguished from general housing led approaches by its fidelity to core principles that involve the time unlimited provision of intensive housing and health supports to small caseloads of people with complex needs.

Principles of Housing First

A number of key principles are associated with Housing First. Housing First programmes that follow these principles have been found to achieve broadly the same high success rates. The eight principles below are drawn from the Housing First Guide Europe (2014-2016), which is closely based on the principles contained in the original Housing First handbook developed by Dr. Sam Tsemberis (2010).

1. Immediate Access to Housing without Preconditions

Housing First programmes help their clients obtain immediate access to independent homes, scattered throughout neighbourhoods or apartment blocks, with regular tenancies and a range of off-site supports.

2. Choice and Control for Service Users

The services provided by the Housing First team are client-led, so that the individual chooses the timing, nature and extent of services offered.

3. Separation of Housing and Treatment

Housing support and treatment services are provided separately. Housing First tenants are required to follow the terms of their tenancy like everyone else, but the individual does not have to engage in treatment to access or remain in housing. Equally, tenancy breakdown does not affect the individual's access to treatment.

4. *Recovery Orientation*

Housing First services focus on the overall well-being of an individual, including their physical health, mental health, social support from family and friends and integration into the wider community.

5. *Harm Reduction*

Harm reduction offers support, help and treatment, but does not require individuals to abstain from drugs and alcohol. It seeks to encourage people to change behaviours around drug and alcohol use that cause them harm.

6. *Assertive Engagement without Coercion*

The Housing First approach is to engage with service users in a positive but not directive manner that promotes the belief that recovery is possible.

7. *Person-Centred Planning*

Housing First services use person-centred planning, which essentially involves organising support and treatment around an individual and their needs, rather than expecting them to adjust and adapt to the services on offer.

8. *Flexible Support for as long as is required*

Services are not time limited and because individuals have mainstream tenancies, they can remain in their home and in the community where they are supported along their chosen path to recovery.

Housing First Fidelity

Housing First 'fidelity' is a term commonly used to describe the extent to which a particular service follows the principles of Housing First in its service delivery. For example, in order to address the diverse approaches being used to implement Housing First in the USA, the Pathways to Housing National Organisation developed a Fidelity Scale to promote consistency in implementing the Housing First model. The Fidelity Scale allows services to measure their progress in meeting the requirements of the Housing First model, to recognise when the service may be drifting away from the model, and to avert situations where existing models of service are re-labelled as 'Housing First'. A number of other agencies have also produced Housing First fidelity assessment tools.

Evidence for Housing First Internationally

Housing First is an internationally recognised permanent solution for people who sleep rough and long-term users of emergency accommodation with complex needs. The international evidence shows that Housing First services need to be a part of an integrated homelessness strategy to be truly effective.

The evidence for its effectiveness is stronger than any other intervention targeting rough sleepers and individuals who are homeless. Housing First has delivered very positive housing outcomes for a group whose needs have not been met by mainstream homeless services. While flexibility is required to adapt the approach to local conditions, it is important to follow the main principles of Housing First and preserve 'fidelity' to the original evidence-based model. Outcomes are achieved when the core principles are followed.

There is strong international evidence on the effectiveness of Housing First. It has worked in cities including Amsterdam, Copenhagen, Glasgow, Helsinki, Lisbon, London, Paris, Vienna, New York and Vancouver. It has also been deployed in rural contexts across Canada and in Vermont in the USA.

In the United States where it first originated, Housing First has contributed to a reduction in chronic homelessness. Many empirical studies have confirmed the effectiveness of the Housing First approach. In a four-year study in the USA, involving 255 homeless persons, those participating in Housing First programmes had a tenancy sustainment rate of 75% whilst those engaging in treatment first programmes had a tenancy sustainment rate of 50% (Stefancic and Tsemberis, 2007).

Housing First has been successfully included as part of integrated national strategies to address homelessness in Canada, France, Denmark, Norway and Finland. Integrated homelessness strategies based on extensive interagency collaboration, the deployment of homeless prevention strategies, and a number of different types of services for those who are homeless, which include Housing First as an essential component, are designed meet the range of needs of single homeless people. Integrated strategies involving Housing First have been successful in reducing homelessness to very low levels, especially in the Nordic countries.

In Canada, the At Home / Chez Soi project (2009-2013) was a five-year research project that tested programmes for people with a mental illness who experienced homelessness using a Housing First approach. Housing with intensive supports was delivered across the five cities of Vancouver, Winnipeg, Toronto, Montreal and Moncton. The project involved a large investment of over \$110 million dollars to end homelessness by providing participants with housing and supports delivered

by specialised teams with small caseloads. Over 1,000 people were moved out of homelessness into housing with supports. Funded by Health Canada, and conducted by the Mental Health Commission of Canada, the project used a randomised controlled trial (RCT) methodology to follow over 2,000 formerly homeless individuals in the five cities over two years. The evaluation study found that Housing First was much more successful than other approaches in achieving housing sustainment outcomes, as well as contributing to improved community functioning and quality of life. However, significant health and substance use outcomes were not immediately discernible and may only follow in the longer-term (Goering *et al.*, 2014).

France has undertaken one of the largest trials of Housing First in Europe. The Un Chez-Soi d'abord programme (2011-2016) piloted Housing First in four cities - Lille, Paris, Toulouse and Marseilles - and this was driven nationally by DIHAL, the inter-ministerial body responsible for the national homelessness strategy. The Housing First model deployed closely resembled the Pathways to Housing model in the USA. A total of 703 people who were homeless entered the Un Chez-Soi d'abord research programme, with 353 in the Un Chez-Soi d'abord group and 350 in the control group using traditional homeless services. Participants on average were homeless for 8.5 years, of which the average time spent rough sleeping was 4.5 years, 79% had an addiction and 100% had severe mental illness (e.g. schizophrenia, bipolar disorder). Two years into the programme, 85% were still housed, principally in the private rented sector, and the length of hospital stays had reduced by over 50%.

Finland has seen particularly positive results from Housing First. Since 2008, national homelessness strategies (PAAVO programmes 2008-2015) have been based on the Housing First model, as part of an integrated approach between the state, municipalities and NGOs. Building and buying new housing was one of the most important goals of the Finnish National Programmes to reduce long-term homelessness. A major aspect of the programme was the extensive conversion of shelters and dormitory-style hostels into supported housing. For example, the last major hostel for people who are homeless in Helsinki comprised 250 bed spaces and this was converted into 80 independent apartments. New on-site support services were tailored to meet the needs of individual tenants. Finland has all but eliminated rough sleeping and housed a significant number of people who were long-term homeless. The present national policy programme launched by the Government in June 2016 now focuses on the prevention of homelessness.

International programmes have demonstrated that substance use does not impact an individual's ability to maintain housing. However studies found that substance use outcomes have varied and

revealed a need for Housing First programmes to be adequately tailored to address the needs of those housed. It was also recommended that the programme lies within a broader culture of harm reduction.

In the Canadian and French studies, health, mental health and substance use outcomes varied. Improvements in health and mental health outcomes could be attributed to the level of fidelity to the Housing First core principles and long-term recovery, strengths and person focussed supports that offer choice in treatment. Improved health and substance use outcomes is also thought to depend on the types of available support services in the community, connections with community-based services and access to specialised care, including psychiatric treatment and rehabilitation.

While health and substance use outcomes have varied across international Housing First studies, many studies have demonstrated improvements in quality of life, community functioning, social and familial relationships and reductions in use of hospital and emergency services.

Evidence in Ireland

The Dublin Housing First Demonstration Project which ran for three years from 2011-2014 was a collaboration between State and voluntary agencies comprising the Dublin Region Homeless Executive (on behalf of the four Dublin Local Authorities), Health Service Executive (HSE), Focus Ireland, Peter McVerry Trust, Dublin Simon Community and Stepping Stone.

The project targeted 30 long-term rough sleepers. It followed the Pathways Housing First model pioneered in New York City. Housing First clients were housed in the community with the same rights as private tenants, with intensive health and accommodation / tenancy wraparound supports delivered on an individual case management basis.

The demonstration project was part of a European wide evaluation, assessing how the model could be used in the European context which included five test sites (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon) and five peer sites (Dublin, Gent, Gothenburg, Helsinki and Vienna).

An independent evaluation (Greenwood, 2015) of the project found that Housing First clients achieved considerably greater levels of housing stability than a comparison group of service users in

pre-existing homeless services.² 80-85% of tenancies were sustained among a more vulnerable group with higher support needs, compared with 50% tenancy sustainment outcomes for those accessing 'staircase' or 'continuum of care' models.

The Dublin Housing First Demonstration Project successfully ended homelessness for people who for many years were sleeping rough, moving in and out of hostels and shelters, and accessing other homeless services in the Dublin region. Housing First participants showed generally better health, mental health, and social integration outcomes, although this was not universal. The considerable success of the project led to the establishment of a mainstream Dublin Housing First Service in 2014.

Conclusions

The evidence for Housing First from programme trials and evaluations carried out in North America, Europe and Ireland may be summarised as follows:

- Housing First works for homeless people with complex needs including:
 - a) People who sleep rough
 - b) Long-term users of emergency homeless accommodation
 - c) People with high and complex needs around health, mental health, and addiction
 - d) People with repeated contact with the criminal justice system
- Generally, 75-85% of Housing First tenants maintain sustained exits from homelessness.
- Housing First can contribute to improvements in health, mental health, addiction and social integration, but this happens over longer periods of time and may not be measurable for all tenants.

² A total of 52 participants were recruited to the evaluation, 26 in the Housing First group and 26 in the comparison group.

Section 3: Description of Current Housing First Delivery in Ireland

Introduction

The Dublin Region Housing First service is currently the best example of the rollout of a comprehensive Housing First model in Ireland and it is described in detail below. Other self-reported, innovative Housing First / housing led projects that are clearly committed to reaching a high level of fidelity, but in some cases may need further support to do so, have commenced in recent years and these are briefly described.

Dublin Region Housing First Service (2014-Present)

History

The Dublin Region Housing First Service is operated by a Focus Ireland and Peter McVerry Trust consortium on behalf of the Dublin Region Homeless Executive, four Dublin Local Authorities and the HSE. Following a successful pilot, the service was tendered for a three-year period commencing in 2014, and will be retendered in 2018. The initial target of 100 tenancies was increased to 300 following the publication of Rebuilding Ireland in 2016.

Outcomes

1. A total of 214 unique individuals have been supported in tenancies with 182 of these successfully retaining their tenancies. This represents a retention rate of 85.1%.
2. A total of 250 tenancies have been created or managed and 161 were active as of August 2018.
3. A total of 89 tenancies have ended with 47 (52%) of these as a result of estate management issues and 17 (19%) as a result of tenants' deaths. The vast majority of tenancies that ended due to estate management issues were voluntarily surrendered.
4. A total of 187 properties have been sourced, with 147 properties actively tenanted as of August 2018 and 40 no longer used for Housing First.

Table 1: Dublin Housing First Retention Rate

Dublin Housing First Summary of All Unique Individuals Housed at end August 2018	Number	Rates
Unique Individuals Who Successfully Retained Housing (Retention Rate)	182	85.1%
Unique Individuals Currently Supported in Supported Temporary Accommodation (STA), Temporary Emergency Accommodation (TEA) and One Night Only (ONO) beds	16	7.5%
Unique Individuals Returned to Rough Sleeping	6	2.8%
Unique Individuals in Custody	5	2.3%
Unique Individuals Returned to Friends / Family	4	1.9%
Unique Individuals Deceased Out of Tenancy	1	0.4%
Total Number of Unique Individuals Housed	214	100%

Target group

The Dublin Region Housing First Service targets people who are chronically homeless. The service was initially targeted at those with a history of entrenched rough sleeping who have complex support needs and were reluctant to access emergency accommodation. In this respect, the Spring 2018 count showed there was a minimum of 110 people who are sleeping rough in the Dublin region. The target group was subsequently broadened to also include people with high support needs who are accessing emergency accommodation on a long-term basis.

Housing Choice and Structure

The service helps clients to move as quickly as possible (i.e. target period is four weeks) into an independent tenancy based on their housing choice, but this depends on the availability of suitable properties. Properties sourced for the Housing First service are spread across the four Dublin Local Authorities on a scatter-site basis. Of the 187 properties secured and allocated over the lifetime of the service, the highest proportion have been provided by Local Authorities (40%), followed by the NGOs delivering the service (25%), other Approved Housing Bodies (22%), and the remainder have

been secured in the private rented sector (13%). As local authorities have 100% nomination rights to AHB properties funded under the Capital Assistance Scheme in almost all cases³, the overwhelming majority of allocations to Housing First have been made by the four local authorities. The areas of greatest demand from clients are Dublin 1 (23%), Dublin 8 (15%) and Dublin 2 (11%), with the remaining properties spread across other Dublin areas (51%).

Clients may require more than one tenancy before a stable tenancy is found. Where a tenancy breaks down, the tenant is supported to surrender their existing tenancy and to move to another tenancy. A client may need the support of on-site staff in supported temporary accommodation before being moved to another tenancy. The client will continue to be supported by their Intensive Case Manager while they are in temporary accommodation and there is no break in the provision of support.

If a client's needs cannot be met by Housing First or if they choose not to live in a Housing First tenancy or their needs escalate to a level that exceeds the support provided by Housing First, the service may look at other options including a home care package brokered through the HSE, a nursing home place through the Fair Deal scheme, or Long Term Supported Accommodation (i.e. onsite support).

Table 2: Dublin Housing First tenancies by source of accommodation 2014 - 2018

Source of Tenancies	2014	2015	2016	2017	2018 (August)	Total
Local Authority Housing	18	19	9	36	6	89
Focus Ireland/McVerry Trust Partnership	11	12	7	26	17	73
Private Rented Accommodation	0	1	17	17	9	44
Other Approved Housing Bodies	5	1	1	26	11	44
Total	34	33	34	106	43	250

³ The Capital Assistance Scheme (CAS) provides housing for special categories of need and, in accordance with the rules of the CAS, in instances where an AHB received only 95% of the capital cost of the scheme it will retain 25% nomination rights.

Service Configuration

In line with the Housing First model, the team provides intensive housing supports and health supports including mental health and addiction, with a crisis intervention available at all times.

a) Intake Team

A key feature of the Dublin Housing First Service is that there is a combined street outreach service and intake team for Housing First. A team of Project workers (6) and Contact Workers (4) engage with rough sleepers on the streets from 7am in the morning until 1am every night.

The intake element of the service assesses rough sleepers for suitability for Housing First and if they meet the criteria they are supported to access Housing First units. In order to provide stability and continuity for Housing First clients, the Intake Team Project Worker who assesses and accepts an individual as a Housing First client also provides visiting support to them in their tenancy. This not only provides familiar support for the client it also allows the services to provide better support. As the project worker knows the client from intake to exit they can learn the best way to support their client.

In the case of a potential Housing First candidate that is not rough sleeping but is currently in emergency accommodation, the Project Leader or the Team Leader will organise to meet the client and assess the level of support required. The assessment will look at all aspects of the person's support needs. If the client requires Housing First support it will be communicated to the local authority and the person may then be referred to the Intensive Case Management team.

The outreach element of the service operates a housing-led approach to assist transient or periodic rough sleepers to access emergency homeless accommodation, using a pool of emergency beds that are ring-fenced for the Intake Team and other beds that are accessed via the DRHE Central Placement Service. Where possible, people who are rough sleeping are supported to access longer-term emergency accommodation beds (i.e. Supported Temporary Accommodation).

b) Housing Supports

The team consists of 15 Intensive Case Managers (ICM), each with a maximum caseload of 12 participants. The Intensive Case Managers are divided into three teams with caseloads assigned to geographical clusters to reduce travel time and optimise the period spent in supporting Housing First tenants. Intensive Case Managers may make multiple daily visits to tenants' homes, depending on

the level of need. An on-call function ensures 24/7 supports are on hand in the event of tenants requiring out of hours support.

Three Property Officers support the participants with appointments to the Community Welfare Officer, interviews and signings for properties. Property Officers liaise with local area officers in relation to any estate management concerns and they support clients that are in arrears with rent or bills. The buy-in of Local Authorities and AHBs in relation to the management and maintenance of properties is critical.

c) Multidisciplinary Team

The Multidisciplinary Team provides a range of health supports which are separate from the client's engagement with housing supports.

A Counselling Psychotherapist (1) provides support to clients on a one-to-one basis. Clients are encouraged to take up this support but it is not compulsory. Clients can also decide what areas they would like to work through including, for example, addiction, trauma, suicidal ideation, bereavement, depression and anxiety.

Addiction Support Workers (2) work with clients who have addiction support needs to help them identify triggers and harm reduction techniques. They collaborate with outside agencies and in conjunction with Intensive Case Managers and other members of the multidisciplinary team to ensure appropriate supports are in place.

The Community Mental Health Nurses (1.5) work with clients with observed and diagnosed mental health support needs. They liaise with medical professionals to ensure continuum of care in the community and support clients to attend appointments with mental health services and to be medication compliant.

Service user participation and the involvement of persons with a lived experience of homelessness are areas that need to be addressed further.

Outcomes and Impact

A total of 214 individuals have been housed in 250 tenancies, with 182 successfully retaining their tenancies (85.1% retention rate). A number of rough sleepers who have been regularly sleeping at key points around the city have been accommodated.

While housing outcomes are readily measured within a short period of time, health outcomes are discernible over a longer period of time. The DRHE, HSE and Housing First service are looking at appropriate ways to measure health, social and well-being outcomes based on national and international approaches.

It is apparent that the normalisation of housing facilitates a different type of engagement with health services, including direct access to GP services in the community rather than specialist homeless services and reduced access to hospital emergency departments. It also facilitates clients in their choice of treatment around substance use.

Housing first is increasingly known as a model of service provision in the Dublin region and has gained credibility as effective and deliverable. Branded vehicles have increased awareness among the general public and rough sleepers. Across voluntary and statutory agencies there is an increased awareness of both the model and the service provision in Dublin.

Other housing-led / Housing First projects across the regions:

The following are short descriptions of some existing projects that are based either wholly or in part on the Housing First model:

- Cork Simon Community's Settlement /Housing First Team has been operating with the support of Cork City Council since 2013. This service is for people with complex needs who have been sleeping rough or using emergency accommodation on a long-term basis. In addition to housing and other supports provided by Cork Simon Community, participants are facilitated to access to health supports provided by the HSE Adult Homeless Integrated Team. A total of 101 people have been housed through the service since 2013.
- Since 2016, Limerick City and County Council has been promoting the Housing First approach which has been adopted by a number of providers:
 - a) Novas Housing First in Limerick City and County has been operational since 2016. Referrals are made by the Limerick Homeless Action Team (LHAT), in consultation with emergency

accommodation and hostel providers. The target group includes those in emergency accommodation for over six months, with mental health and/or addiction issues. Two workers support individuals to access and maintain their own accommodation with intensive wraparound supports brought into their homes. A total of 16 out of 22 nominations from the LHAT have secured tenancies to date.

b) Peter McVerry Trust Housing First service has operated in Limerick City and County since October 2017. Referrals are made by LHAT in consultation with emergency accommodation/hostel providers. The target group includes those who have been in emergency accommodation for more than 6 months with mental health and/or addiction issues. A total of 13 tenancies have been secured to date.

c) The Mid West Simon Community Housing First service has operated across Limerick City and County since April 2016. The target group includes people in emergency accommodation with mental health and/or addiction issues and a range of supports is provided. A total of 29 people are currently engaged with the service and 12 tenancies have been secured to date. An external evaluation including a fidelity assessment will be completed in 2018.

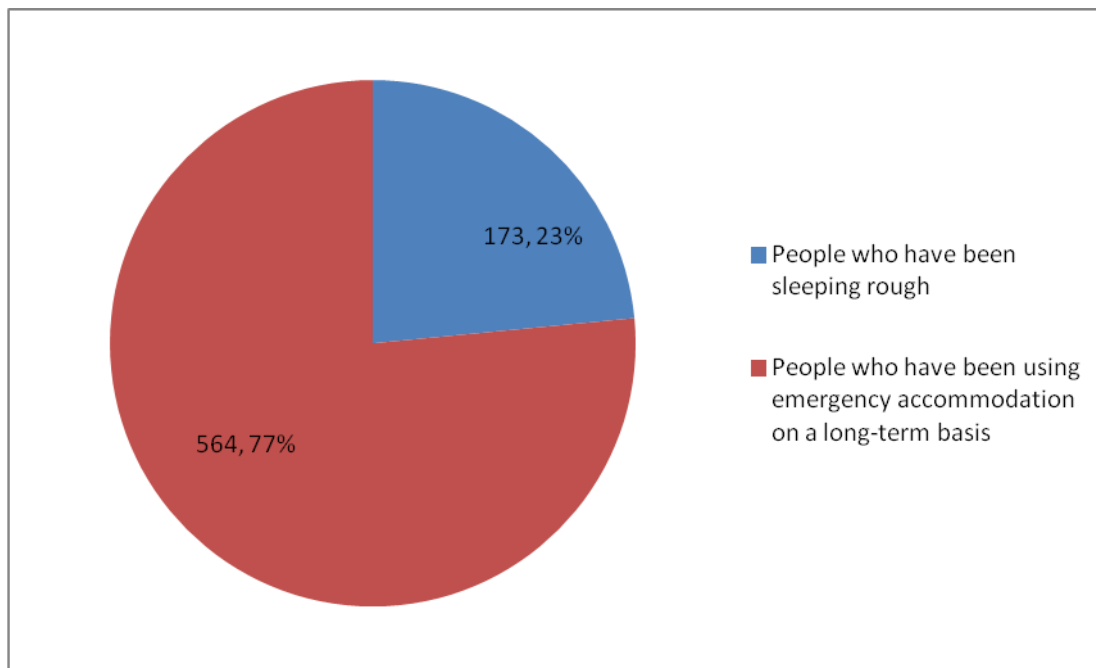
- Since 2015, Midlands Simon Community has operated a Housing First service across the Midlands region. The target group is referred from the relevant local authority and are long term homeless clients who have episodic or continuous engagement with services but have failed to secure a long-term tenancy. Two Housing First project workers are supported by county Homeless Action Teams. A total of 36 people are engaged with the project and 26 tenancies have been created.
- As well as being a partner in the consortium delivering the Dublin Region Housing First Service, since 2017 a Peter McVerry Trust (PMVT) Housing First service has operated in the Dublin region. The service has supported 38 individuals in tenancies to date.
- Focus Ireland has developed youth housing services in Limerick, Cork and Waterford that draw on the Housing First model but comprise other features including the provision of transitional housing. These services are operated in partnership with Tusla and / or relevant Local Authorities and mainly cater to young people with a history of State care.

Section 4: Audit of Need for Housing First by Region

Summary

A review of homelessness data from every local authority in Ireland has identified 737 adults who could be targeted for a Housing First Programme nationally. The individuals in this group have been identified as having at least one high support need, principally around mental health and addiction. Of these 737 adults, 564 have been accessing homeless accommodation for more than 6 months and 173 have engaged in rough sleeping.

Figure 1: Breakdown of Housing First Target Group



Methodology

The main target group for Housing First are people who sleep rough and people who are long-term homeless with high support needs. In order to identify how many potential targets for Housing First are located in each region, three criteria were identified and the corresponding datasets were investigated:

- a) **Long-term homelessness (LT):** The first data set examined looked at how many adults were using emergency accommodation and had been in services for in **excess of six months** (either consecutively or cumulatively over a 12-month period) on December 31st, 2017.

There were a total of 6,182 in emergency accommodation on the night of 31st of December 2017. Of these, 2,982 (48%) had been accessing emergency accommodation for six months or more on that date.

- b) **Rough Sleeping (RS):** The second data set was gathered directly from regional lead Local Authorities and it related to how many persons were engaged in **rough sleeping** during the final quarter. In Dublin, this was based on the official Winter rough sleeper count figure of a minimum of 184 persons who were sleeping rough across the region.
- c) **High Support Need (HSN):** Finally, data was extracted from a national **survey of support need** (i.e. addiction, mental health or physical health) that was undertaken by the DRHE on all persons in services on May 5th 2018. It must be noted that this information was collated from service providers and it was not generated through a standardised health assessment. Responses were received in respect of a total of 3,399 adult individuals, representing 84% of persons in Supported Temporary Accommodation. Of these 3,399 individuals, 1,349 were reported to have one, two or three high support needs.

Housing First Immediate Targets

When considering the three datasets above, long-term homelessness, rough sleeping and high support needs, there are four data intersections, which are identified in the diagram below, that contain persons who should be the immediate focus of Housing First programmes:

- a) 24 adults have engaged in rough sleeping and experienced long-term homelessness and have at least one High Support Need.
- b) 68 adults have engaged in rough sleeping and experienced long-term homelessness.
- c) 105 adults have engaged in rough sleeping and have high support needs.
- d) 564 adults have at least one High Support Need and experienced long-term homelessness.

Overall, there are 705 adults who appear in at least two of the datasets so have the highest level of intervention need.

Figure 2: Housing First Target Groups

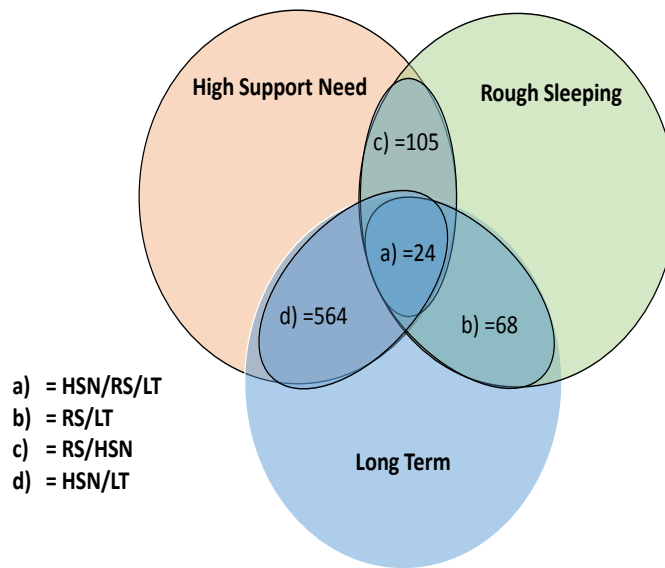


Table 3 provides a breakdown of the target of 737 adults by the nine homeless regions, which are broken down as follows:

Dublin: Dublin City Council, Dun Laoghaire-Rathdown County Council, Fingal County Council and South Dublin County Council.

Mid-East: Kildare County Council, Meath County Council and Wicklow County Council.

Midlands: Laois County Council, Longford County Council, Offaly County Council and Westmeath County Council.

Mid-West: Limerick City and County Council and Clare County Council.

North-East: Louth County Council, Monaghan County Council and Cavan County Council.

North-West: Donegal County Council, Leitrim County Council and Sligo County Council.

South-East: Carlow County Council, Kilkenny County Council, Tipperary County Council, Waterford City and County Council and Wexford County Council.

South-West: Cork City Council, Cork County Council and Kerry County Council.

West: Galway City Council, Galway County Council, Mayo County Council and Roscommon County Council.

	Dublin	Mid-East	Midlands	Mid-West	North-East	North-West	South-East	South-West	West	Total	%
1. Rough Sleeper & High Support Needs	71	0	0	0	0	0	9	25	0	105	14%
2. Rough Sleeper & Long Term Homeless	44	0	0	0	0	0	3	21	0	68	9%
3. Long Term Homeless & High Support Need	430	30	5	20	3	8	24	33	11	564	77%
4. Long Term Homeless & High Support Needs & Rough Sleeper	16	0	0	0	0	0	0	8	0	24	<i>n/a</i>
Totals (1, 2& 3 only)	545	30	5	20	3	8	36	79	11	737	100%

Survey of Support Need Data

Adults with high or complex support needs can find it difficult to leave homeless accommodation as they may struggle to secure or sustain tenancies without appropriate supports. Surveys asking key workers to identify whether services users had no, low or high support were distributed to service providers in the region in an effort to determine how many adults could benefit from engagement with Housing First services (see Methodology above). The surveys were completed on the 5th of May 2018.

Table 4: Survey Results Breakdown of High Support Needs				
	One High Support Need	Two High Support Needs	Three High Support Needs	Total
Mental Health	257			
Addiction	421			
Physical Health	108			
Mental Health & Addiction (Dual Diagnosis)		229		
Mental Health & Physical Health		83		
Addiction & Physical Health		105		
Mental Health/Physical Health/Addiction			146	
Total	786	417	146	1,349

A more detailed analysis was undertaken of those adults with high support needs to determine what combination of physical health, mental health or addiction support needs if any, existed. Table 4 indicates that there are a notable number of people who are homeless with one high support need or more who have been homeless for a shorter period of time but who may also need to be targeted with a Housing First intervention in order to sustainably exit homelessness. In formulating targets for the next three years, the data above was considered in detail by every local authority in the country. In many areas, this was augmented by local authority knowledge and service data.

ii) National Housing First Targets

The purpose of this plan is to ensure that Housing First is available to people who are homeless with high support needs across Ireland. Table 5 sets out Housing First targets for every local authority in the country for the next three years. The targets agreed with each local authority are based on an audit of existing need in each local authority area and the expected capacity to make housing allocations to Housing First clients. The approach to delivery is regional and the targets for Local Authorities are therefore interrelated and dependent upon a successful integrated approach across each region. The targets per region are presented in Table 6.

A review of the achievement of these targets in each region and the outstanding need in year three will determine the Housing First targets for the remaining two years of this plan. It is envisaged that

in some local authority areas outside the main urban centres the focus will shift to preventing people with high support needs from entering emergency accommodation services, once the needs of the current cohort of people have been addressed by the initial rollout of Housing First programme.

Table 5: Housing First Targets per Local Authority

Local Authority	2018/2019	2020	2021	Total
Carlow County Council	1	1	2	4
Cavan County Council	3	3	3	9
Clare County Council	5	3	3	11
Cork City Council	15	15	10	40
Cork County Council	6	4	4	14
Donegal County Council	4	5	5	14
Dublin City Council	50	50	50	150
Dun Laoghaire Rathdown County Council	11	11	11	33
Fingal County Council	15	15	15	45
Galway City Council	5	10	15	30
Galway County Council	4	6	9	19
Kerry County Council	10	10	10	30
Kildare County Council	15	8	8	31
Kilkenny County Council	2	2	1	5
Laois County Council	2	3	4	9
Leitrim County Council	1	1	1	3
Limerick City and County Council	10	15	5	30
Longford County Council	1	1	1	3
Louth County Council	7	8	8	23
Mayo County Council	1	2	3	6
Meath County Council	10	6	6	22
Monaghan County Council	1	1	1	3
Offaly County Council	3	4	5	12
Roscommon County Council	1	2	3	6
Sligo County Council	8	8	8	24
South Dublin County Council	15	15	15	45
Tipperary County Council	2	2	1	5
Waterford City and County Council	3	3	4	10
Westmeath County Council	3	3	4	10
Wexford County Council	2	2	2	6
Wicklow County Council	5	3	3	11
Total	221	222	220	663

Table 6: Housing First Targets per Region

Region	Local Authority	2018/2019	2020	2021	Total	
Dublin Region		91	91	91	273	(41%)
	Dublin City	50	50	50		
	Dun Laoghaire Rathdown	11	11	11		
	Fingal	15	15	15		
	South Dublin	15	15	15		
Mid-East Region		30	17	17	64	(10%)
	Kildare	15	8	8		
	Meath	10	6	6		
	Wicklow	5	3	3		
Midlands Region		9	11	14	34	(5%)
	Laois	2	3	4		
	Longford	1	1	1		
	Offaly	3	4	5		
	Westmeath	3	3	4		
Mid-West Region		15	18	8	41	(6%)
	Limerick City and County	10	15	5		
	Clare	5	3	3		
North-East Region		11	12	12	35	(5%)
	Louth	7	8	8		
	Monaghan	1	1	1		
	Cavan	3	3	3		
North-West Region		13	14	14	41	(6%)
	Donegal	4	5	5		
	Leitrim	1	1	1		
	Sligo	8	8	8		
South-East Region		10	10	10	30	(5%)
	Carlow	1	1	2		
	Kilkenny	2	2	1		
	Tipperary	2	2	1		
	Waterford City and County	3	3	4		
	Wexford	2	2	2		
South-West Region		31	29	24	84	(13%)
	Cork City	15	15	10		
	Cork County	6	4	4		
	Kerry	10	10	10		
West Region		11	20	30	61	(9%)
	Galway City	5	10	15		
	Galway County	4	6	9		
	Mayo	1	2	3		
	Roscommon	1	2	3		
Total					663	(100%)

Section 5: Resourcing the Delivery of Housing First

Funding Arrangements for Housing First

Housing First involves the provision of housing accompanied by intensive housing and health supports. Capital funding for the provision of housing units is provided by the Department of Housing across the various social housing delivery streams and current funding is made available for the provision of housing supports, mainly in the private rented sector. Homeless exchequer funding is provided under Section 10 of the Housing Act 1988 for the provision of on-street services that engage with potential Housing First clients, the provision of intensive visiting supports principally delivered directly into tenants' homes, and roles that involve the sourcing and management of Housing First properties. The Department of Health / HSE funds health supports for Housing First clients in the areas of mental health and substance use. As the Housing First model is based upon ready access to supports, support has been provided for health posts directly managed by NGO-led Housing First services as well as the alignment of mainstream health services with the needs of Housing First clients. The HSE funds primary care services for people who are homeless and this also plays an important role. The Dublin Region Housing First Service was awarded in 2014 using an open tendering process and this is expected to be replicated for Housing First delivery in the other regions.

Service Reform Fund (SRF) for Housing First in Urban Areas

The Service Reform Fund (SRF) is an initiative of the Department of Health, Health Service Executive (HSE), the Department of Housing, Planning, and Local Government, Atlantic Philanthropies and Genio to implement homelessness, mental health and disability service reform in Ireland. It aims to re-configure existing services towards more integrated person-centred supports which are also more transparent, accountable and cost-effective, in-line with government policy. A fund of just under €6 million has been allocated to homelessness through the SRF, comprising funds provided by the Department of Housing, Planning and Local Government, the Department of Health/HSE and private funding from Atlantic Philanthropies. In line with Rebuilding Ireland, the SRF is being implemented using an integrated approach across the stakeholders.

The aim of the SRF programme is to:

- Develop and improve wrap around health supports in Housing First tenancies to provide positive outcomes in terms of securing stable housing and addressing their underlying mental health and addiction challenges.
- Enhance integrated care pathways to improve access to housing and health supports and prevent over-utilisation of hospital services.

The programme focuses on the 'chronic homeless' population including people who are sleeping rough and/ or people who have been accessing supported temporary accommodation (STA) for more than six months in the past 12 months.

The programme is focusing on three areas of work:

1. Support 100 additional Housing First tenancies in Cork, Limerick and Galway, and further tenancies in Waterford, including wraparound housing and health supports for Housing First participants.
2. Explore whether the existing Dublin Region Housing First Service requires additional integration and enhancement of health supports.
3. Improve integrated pathways and joint working through pilot implementation of a Dublin-wide homeless hospital discharge policy and enhanced screening and referral processes for Housing First tenancies (see Appendix 1).

Work is well advanced on the first of the three focus areas, to support 100 additional Housing First tenancies in Cork, Limerick and Galway. Discussions around the tenancies to be supported in Waterford are to commence in the third quarter of 2018. Initial meetings around the other two work areas have also taken place.

SRF Progress to Date

Proposals for SRF funding were invited from Local Authorities and HSE in Cork, Limerick and Galway. Separate funding streams will be used to cover the costs of the accommodation and the tenancy support workers on the one hand, and the health supports, including mental health and addiction supports, on the other. The combined housing and health strands of this programme will target the

cohort of homeless adults who are rough sleeping and / or long-term users of emergency homeless accommodation with complex health needs.

The proposals from the three areas were developed with close consultation between Community Healthcare Organisations (CHOs)⁴ and Local Authorities and with support at a national level from the Department of Housing, Planning and Local Government, the Department of Health/HSE (Social Inclusion) and Genio. Proposals were assessed based on the commitment of the Local Authorities and CHOs and partner organisations to deliver sustainable, coherent and integrated reforms according to agreed criteria:

- Evidence of quality of processes developed for engagement with relevant NGO's service users and HSE CHO Staff.
- Fidelity to a Housing First approach.
- Capacity to grow and sustain change.
- Cost effectiveness and value for money.
- Capacity to manage and lead effectively.
- A clear implementation and outcome evaluation process.

A review of the proposals was carried out by a grants committee representing all of stakeholders in April 2018. The committee subsequently met with each of the regional consortia to discuss their proposals in detail. Following the finalisation of the plans provided, contracts were issued to all three regions. The funding support committed will enable the delivery of intensive housing and health supports in accordance with the Housing First model. A tendering process to secure a provider to lead the delivery of the Housing First service is being undertaken in each region, with a view to commencing service rollout in late 2018. .

⁴ Community Healthcare Services are the broad range of services that are provided outside of the acute hospital system delivered through the HSE and its funded agencies to people in local communities. The country is divided into 9 CHO areas.

i) Cork Housing First Initiative

The Cork Housing First Initiative consortium includes representatives from Cork City Council, Cork County Council and HSE (including addiction, mental health, acute hospitals and homeless services). This initiative aims to support 40 people who are homeless to move and sustain tenancies in single-person scatter site accommodation units across Cork city. This will involve a collaborative approach between relevant stakeholders across homeless services, mental health services, hospital services, and drug and alcohol services. The Adult Homeless Integrated Team (AHIT) provides a full spectrum of addiction, mental health, and medical services on an in-reach and assertive outreach basis to the homeless population in Cork and it has strong links with primary care services.

Currently in the region (Cork Kerry Community Healthcare), all homeless, prison and drug and alcohol services work to a common case-management system guided by the National Drugs Rehabilitation Framework (2010). This sees all services using standardised consents, screening tools, and initial and comprehensive assessment documentation including interagency care plans. Referral processes, assignment of case-managers to co-ordinate supports, and a series of protocols to ensure coherent and comprehensive support for service users are also key components. A working group comprising workers from drug and alcohol services, local authority and NGO-led homeless/housing services, and Cork Prison meet monthly to review the case-management approach in the region. The consortium is committed to engaging service users in the development of services and supporting them to do so.

ii) Limerick Housing First Initiative

The Limerick Housing First consortium includes representatives from Limerick City and County Council and HSE Mental Health and Addiction Services. The Limerick Housing First Tenancy Support initiative aims to engage with 30 persons who are accommodated in emergency accommodation. Limerick City and County Council will provide a minimum of 15 units of accommodation specifically for the proposed Housing First Tenancy Support Project over the three-year period. A non-profit provider will identify and secure a further 15 units. The Housing First Tenancy Support Team will operate a 'no threshold' service and will demonstrate an ability to deliver an assertive engagement approach to working with people experiencing long term homelessness. The team will work on an ongoing operational basis in tandem with the CHO Housing First Mental Health and Addiction Supports Team in offering participants intensive, visiting support, holistically combining tenancy

sustainment supports and responses to a wide range of needs including alcohol and/or drug dependency, physical and mental health (enduring or otherwise). Housing Support and Intensive Case Management will be flexible, and capable of responding to emergencies on a 24/7 basis. The team will have responsibility for providing an emergency out-of-hours response both to participants and to housing providers of any tenure to cover units used for Housing First.

iii) Galway Housing First Initiative

The Galway Housing First consortium includes Galway City Council and HSE including Homeless Services Coordinator, Galway Mental Health Services, Regional Drugs Services and other health services (e.g. public health nursing). The initiative aims to deliver 30 accommodation units over three years for people experiencing chronic and episodic homelessness in Galway city. Housing First clients will be provided with access to single-person scatter site accommodation units. They will be supported by a dedicated multi-disciplinary team that will include mental health, addiction, social work, tenancy sustainment and other supports operating seven days a week. The plan will be delivered over three years in line with a Housing First approach. The consortium will look at measures to be taken to ensure the sustainability of the new initiative following the completion of the three-year Housing First funding programme.

iv) Waterford Housing First Initiative

Given the high quality, integrated proposals which have been received from Galway, Limerick and Cork, the SRF will consider a similar proposal from Waterford, again involving an integrated plan with the local authority and the HSE. This has the potential to target those both people who have experienced rough sleeping and long-term users of emergency accommodation. In supporting this initiative in Waterford, the SRF will therefore help to underpin the national rollout of Housing First in all of the main urban centres outside Dublin, as well providing additional supports for Housing First in the Dublin region.

Section 6: Department of Housing and Local Authority Supports for Housing First

The Department of Housing, Planning and Local Government is committed to supporting the increased supply of single person properties across the various social housing delivery mechanisms. Under Section 10/ Homeless Exchequer funding the provision of housing supports for Housing First will be supported across the country.

Section 10 funding for Housing First Supports

Section 10 funding is provided by the Department of Housing to local authorities under the 1988 Housing Act combined with a contribution of funding directly from each local authority's revenue streams. Section 10 funding for Housing First projects in 2018 is due to amount to over €4.1 million. This funding is made available to support posts involved in Housing First delivery including on-street services, housing supports, and property sourcing/ management.

Funding of €3 million has been provided under the Dormant Accounts Fund Action Plan 2018 for Housing First. This funding will come under the voted budget of the Department of Housing and has been ring-fenced to accelerate the roll out of the Housing First Implementation Plan nationally in 2019.

Social Housing Delivery

The supply of social housing properties, especially for single person households, is critical to the successful delivery of Housing First and the Department of Housing is committed to ensuring that Local Authorities are supported and encouraged to ensuring that suitable properties are in place to meet the Housing First targets set out in this plan.

In terms of overall social housing supply, the Government has committed €6 billion under Rebuilding Ireland to support the delivery of 50,000 additional social housing units to be delivered by end 2021. The 50,000 new homes are to be delivered through build 33,500, acquisition 6,500 and leasing 10,000. In 2018, the published national delivery target under Rebuilding Ireland is 7,869 additional social homes. A pipeline of over 800 one-bedroom units is currently scheduled to be delivered by Local Authorities and Approved Housing Bodies over the period to 2021 through construction, acquisition and turnkeys.

In order to further support delivery by Local Authorities and AHBs, the Department has streamlined its approval processes, established a Housing Delivery Office to provide technical advice and project management expertise, as well as supporting Local Authorities in acquiring additional staffing resources.

In terms of the specific supply mechanisms, the following are relevant to increasing supply for Housing First:

a) Local Authority (LA) and Approved Housing Body (AHB) New build (including Part V)

The Department provides funding to Local Authorities for the delivery of new social housing, by way of traditional direct construction activity as well as other methodologies including rapid build technologies and regeneration activity. In addition, new build projects are commissioned on a turnkey basis from private developers, along with new build properties yielded through the Part V requirements. Funding for this range of delivery is provided across a range of programmes including the Social Housing Capital Investment Programme (SHCIP).

Approved Housing Bodies are important delivery partners locally and through local authorities, the Department provides essential funding to AHBs under the Capital Assistance Scheme (CAS) and the Capital Advance Leasing Facility (CALF). CAS funding is for the provision of accommodation for persons with specific categories of Housing needs such as homeless and older persons. CALF assists with the financing of the construction or acquisition of units that will be provided for social housing use. The CALF loan facility can support up to 30% of the eligible capital cost of a project, where the units will be provided under long-term lease (Payment and Availability (P&A) arrangements) to Local Authorities for social housing use. AHBs will be encouraged to make provision to increase the supply of one-bedroom units for Housing First clients.

b) Acquisitions Programme

Funding is provided to local authorities to acquire existing and second hand properties for social housing use. Identifying and undertaking such social housing acquisitions is largely delegated to local authorities, so that they may respond flexibly to all opportunities to provide new social housing and respond to local needs. Such funding is also provided on the basis that the houses are suitable for social housing use and suitable also across a range of other considerations including value for money, design, planning and other compliances.

A particular emphasis has been placed on providing local authorities, and approved housing bodies, with the capacity to harness the potential of vacant properties for use as social housing. A Vacant Homes Unit has been established in the Department, with the aim of driving and co-ordinating actions at central and local government levels, and of supporting Local Authorities in their actions. Specific delivery programmes have been established, including the Repair and Leasing Scheme and the Buy and Renew Scheme. Funding of €32 million has been earmarked in 2018 for the Repair and Leasing Scheme, with the potential to deliver 800 vacant properties for social housing. The Buy and Renew Scheme facilitates local authorities to acquire and remediate vacant properties that may be suitable for social housing.

A further measure is the Housing Agency Acquisition Programme and rolling €70 million fund. The initiative directly targets the acquisition of vacant properties from banks and investment companies, primarily private equity funds. The Housing Agency is currently purchasing on a targeted basis, primarily one-bed apartments and some two-bed apartments on the open market. The Agency is particularly active in the Dublin region and it believes that a target of 50 one-bed apartments per annum is achievable but there is potential to increase the scale of acquisitions. The Housing Agency is not currently engaged in examining the market for one-bed properties in other regions but it is in a position to take on such a role as part of the national rollout of Housing First. In addition, the Housing Agency continues to purchase vacant properties from banks and other financial institutions on a national basis. A proportion of these properties are allocated to homeless individuals and families, some of which will be allocated under the Housing First programme.

c) Leasing

The current policy objective of the long term leasing of social housing homes is focused on increasing the supply of high quality social housing generally, as well as the off-balance sheet potential of private and other institutional investment in social housing. Local authorities and AHBs are facilitated to enter long or short term contractual arrangements to secure privately owned properties for social housing for up to 20-25 years. This flexibility allows local authorities and AHBs to secure existing high-quality properties in private developments, which can be useful in meeting general needs as well as specific categories of need include Housing First, without the delay of construction. The Department's Social Housing Current Expenditure Programme (SHCEP) funds all of the leasing and availability contracts entered into by Local Authorities.

d) Housing Assistance Payment / Rental Accommodation Scheme

The commitment under Rebuilding Ireland is to provide 50,000 long-term social housing homes and, in addition, to provide a further 87,000 flexible housing supports through the Housing Assistance Payment (HAP) and Rental Accommodation Scheme (RAS) between 2016 and 2021. Almost 18,000 new HAP tenancies were established in 2017. HAP is an important exit route out of homelessness for both families and individuals and will play a role in the overall delivery of tenancies for Housing First.

Supply of One-bedroom Units

Central to the successful implementation of Housing First will be ensuring an adequate supply of one-bedroom units. The Department of Housing, Planning and Local Government's updated *Design Standards for New Apartments* (March 2018) acknowledges that future housing need will have to account for the large growth in 1-2 person households in Ireland. In light of this fact, the updated design standards have outlined a requirement that:

Apartment developments may include up to 50% one-bedroom or studio type units (with no more than 20-25% of the total proposed development as studios) and there shall be no minimum requirement for apartments with three or more bedrooms.

The guidelines also allow for greater flexibility on small urban infill sites and refurbishment of existing buildings. As well as easing the restrictions on the construction of one-bedroom units, updated guidelines have been issued on the construction of such properties in regards to minimum unit size. This will ensure a high degree of liveability in the units.

Section 7: Department of Health and HSE Supports for Housing First

Introduction

Addressing the health needs of persons experiencing homelessness and improving access to healthcare is a key priority for the Department of Health and the HSE. There is a high prevalence of mental health and addiction issues among people who experience rough sleeping and long-term users of emergency accommodation and it is recognised that they face additional challenges in accessing and using health services optimally. People who are homeless place high demand on emergency health services, at the same time their lack of appropriate accommodation undermines the effectiveness of healthcare interventions.

Reducing health inequalities for people who are homeless requires interventions to address the social determinants of health. These social determinants are not exclusive to health, but are underpinned by income inequality and poverty, lack of material resources, and limited access to employment. These are whole-of-government issues and involve a wide range of stakeholders. The Department of Health and HSE recognise that housing is a key social determinant of health and commit to supporting plans for the national implementation of Housing First initiatives by providing the health supports to ensure Housing First participants maintain their tenancy and improve their health and well-being.

Inclusion health is a framework for driving improvement in health outcomes for social excluded groups, including people who experience homelessness. It encompasses research, policy coordination and service delivery. The aim is to improve access to health and related services through coordinated and targeted actions.

Current Department of Health and HSE Supports for Housing First / People who are Homeless with Complex Health Needs

The Department of Health and the HSE support the adoption of a Housing First approach, based on the provision of housing and intensive case management with the desired outcome of permanent and stable housing, improved health and well-being of people experiencing homelessness. The Department of Health and the HSE aim to improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs, by providing wrap-around health supports that may include a key worker, case management, GP nursing services, peer support and/or other specialist care providers.

In line with Rebuilding Ireland commitments, funding allocation to improve the health outcomes for people who experience homelessness has been increased by €6m above the actual expenditure in 2015. This brings the total funding for improving health outcomes for people who are homeless to €36m. This funding is used to provide targeted interventions for people who may experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs.

Since 2011, HSE funding has been provided to the Dublin Housing First Demonstration Project and the Dublin Region Housing First Service to support the delivery of healthcare supports for Housing First. Since 2017, HSE funding has also been increased to support housing first projects in other regions. Additional measures are planned to enhance existing supports in the Dublin region and to support the extension of Housing First across the country.

Ongoing and Planned Initiatives to Support Housing First / People who are Homeless with Complex Health Needs

A. Service Reform Fund Homeless Initiative

The Department of Health and the HSE have secured funding from the Service Reform Fund to provide physical health, addiction and mental health supports for people on the Housing First programme (see section 5 for details).

i) Integrated Wraparound Health Services for Housing First

Considerable progress has been made with Community Healthcare Organisations (CHOs) / Local Authorities to advance plans to support 100 additional Housing First tenancies in Cork, Limerick and Galway (see Section 5). The potential for the extension of similar supports to Waterford will be explored.

It is proposed that the rollout of health supports for Housing First in other parts of the country, that are outside the SRF process, would be considered in the context of the annual HSE Service Plan and be predicated upon the commitment of housing supports by the Department of Housing and local authorities.

ii) Enhanced Health Supports for Dublin Housing First Initiative

A review of existing health input in the Dublin Region Housing First service will be undertaken to guide the enhancement of wraparound health supports to improve health and well-being outcomes for housing first participants. This will include a review of systems used to currently monitor and report on health outcomes.

iii) Improve Integrated Pathways and Joint Working

As part of the commitment to improved integrated pathways and joint working, the following two measures are being progressed:

a) Hospital Discharge Protocol

A National Hospital Discharge Protocol for Homelessness (Guidance Framework) was approved in line with the HSE Integrated Care Guidance Policy 2014 and the Implementation Plan on the State's Response to Homelessness 2014. The aim is to ensure that that all discharges of persons experiencing homelessness or at risk of homelessness from acute and mental health care services are planned, with the necessary accommodation and supports in place prior to discharge. A key requirement will be to ensure that suitable accommodation is available and that integrated care pathways are strengthened for those experiencing homelessness with complex health needs.

The Dublin homeless hospital discharge oversight committee involving acute hospitals, mental health, primary care/social inclusion, local authorities and the Homeless Network will lead on the pilot implementation of a Dublin-wide homeless hospital discharge protocol and an evaluation of a pilot project within a selected site. Effective implementation of a homeless discharge protocol in each CHO/hospital group will follow based on learning from the pilot project. An important consideration will be the identification of potential Housing First clients within the hospital system.

b) Joint Assessment and Care Planning

The National Drug Rehabilitation Framework advocates an integrated and coordinated care approach to drug rehabilitation in Ireland, providing guidelines around standardised protocols (screening, assessments, care planning and case management) within the addiction services. As part of a planned integrated care approach, the HSE proposes to

support national adaptation of the assessment tool and training programme within homeless services and potentially across the care pathway.

B. Other Measures for People who are Homeless with Complex Health Needs

Mental health, substance use and primary care services play an important role in meeting the complex health needs of people experiencing homelessness. A number of targeted measures are also in progress.

i) Mental Health

In addition to the mental health supports already in place when presenting at emergency departments, the HSE have prioritised the provision of improved out-of-hours liaison and seven-day responses for mental health. A working group has been established to progress models of care for 7/7 and 24/7 services.

The HSE is developing a stepped model of care in which the homeless population receives timely access and appropriate mental health care, addiction interventions and other secondary specialist services appropriate to their mental health needs. The model aims to enhance access to mental health supports in the community and establish clear pathways into specialist mental health services and addiction services while supporting mental health staff working within the NGO structures within a clinical governance/supervision framework.

The National Office for Suicide Prevention has agreed to support a pilot 2 year extension of counsellor availability to homeless persons in the Dublin and surrounding counties. In addition, a Dual Diagnosis Clinical Programme is currently being developed and needs to align with Housing First to improve outcomes for people with co-morbid severe mental illness and substance misuse problems.

ii) Substance Use

The national drug strategy, *Reducing Harm Supporting Recovery*, recognises that people who are homeless are at a far higher risk of problem drug use than people in secure housing. A key objective of *Reducing Harm Supporting Recovery* is to attain better health and social outcomes and there are associated actions in the strategy to achieve this goal. While problematic substance use can lead to homelessness, homelessness can also contribute to the development of substance use problems. This underlines the importance of homelessness services and

addiction services working together in a collaborative way, such as through the nine regional homelessness forums. Although a lack of housing is currently a society-wide issue, providing independent tenancies to people experiencing homelessness with appropriate supports offer the best outcomes for individuals that have successfully completed treatment and rehabilitation.

The Department of Health and the HSE is supporting the development of a Dual Diagnosis Clinical Programme. The establishment of a Supervised Injecting Facility will directly support the health of persons experiencing homelessness including Housing First participants.

iii) Primary Care Services

The HSE will improve primary care services by enhancing services within homeless accommodation and by enhancing in-reach speciality primary care services. The Dublin mobile health clinic which provides outreach health services for hard to reach homeless people with complex needs will move from a three to a five-day week basis. The HSE is funding the development and expansion of multi-disciplinary homeless health teams in each CHO area, comprising nurses, social workers, occupational therapists, mental health and addiction workers as well as administration support. The teams work to ensure that people who are homeless are linked with appropriate health and social care services and that essential partnerships with other services are achieved through key working and case management as appropriate.

iv) Intermediate Healthcare Centre

The Department of Health and the HSE will fund an intermediate healthcare facility for service users who are homeless and require nursing and related care prior to hospital admission and post discharge from hospital. Capital funding for a new premises will also be considered.

v) Competency Framework for Homeless and Addiction Services Staff

The Department of Health and the Health Service Executive, in conjunction with the Dublin Region Homeless Executive, are developing a competency framework for homeless services and addiction services. The competency framework will define a set of core competencies that underpin effective frontline and supervisory work in homeless and addiction services and will also be used to identify training gaps in the sectors.

Furthermore, funding for the above listed programmes does not include a range of general health services which person experiencing homelessness avail of including acute hospital inpatient/outpatient services, Primary Care services, HSE addiction and mental health services.

Section 8: Housing First for Prisoners and Other Target Groups

Housing First for Prisoners

Prisoners and other persons convicted before the courts frequently present with high and complex support needs. The challenges faced by such individuals is often compounded by an absence of suitable and stable accommodation, often resulting in the person becoming entrenched in emergency homeless services. A number of voluntary organisations currently work with the Justice agencies, providing housing responses for those with medium support needs. However, some of those with more complex needs, including health, mental health and addiction problems, remain difficult to place. It is widely recognised that a targeted intervention is needed for this group.

Housing First programmes for prisoners have been successfully delivered internationally, including in New York and Vermont in the USA, where they have impacted on reduced homelessness and incarceration rates for the target group.

Policy context

A number of recent policy documents have endorsed Housing First as an approach that should be considered for the above target group.

A Housing First approach to prisoner resettlement in Ireland was cited in the recent *Oireachtas Joint Committee Report on Penal Reform and Sentencing*⁵:

‘A coordinated approach to step-down accommodation post-release is needed between the relevant Government departments and housing agencies. A Housing First approach is a useful starting point. Under this model, the outgoing offender is placed in his or her own home and provided with individualised supports based on his or her needs.’

The report of the *Homelessness Inter-Agency Group*⁶ mentions the scope for a Housing First project for prisoners:

‘A targeted Housing First scheme for prisoners could play a role in supporting vulnerable prisoners at risk of homelessness while also supporting reintegration into society and reducing recidivism.’

⁵ Oireachtas Joint Committee Report on Penal Reform and Sentencing (May 2018)

⁶ Homelessness Inter-Agency Group Report to Minister for Housing, Planning and Local Government (June 2018)

The *Review of Penal Policy report*⁷ highlighted the complex relationship between incarceration and homelessness, calling for an increased focus on the provision of accommodation to facilitate the reintegration of offenders into society.

Proposed approach to delivery

The general profile of the potential Housing First target group would be prisoners and other persons convicted before the courts with high support needs who would be homeless on release from custody and returning to the community following a lengthy or life sentence as well as those under Probation Service Supervision in the community who fit the relevant criteria.

It is proposed to establish clear processes whereby justice agencies can refer persons for assessment into Housing First. The processes will enable, on a national level, the targeting of those with both complex needs and associated risks of further criminal behaviour. The initiative will therefore provide positive outcomes for the individual and the community, given that reduced rates of recidivism are an anticipated outcome. The person referred would be provided with a permanent, secure tenancy on a scatter site basis (i.e. no clustering) in a carefully chosen property that matches the needs of the client.

Persons on community supervision, referred by the Probation Service, will be included within the broader national processes for Housing First, with dedicated points of contact established to ensure clear and timely communication.

For those in custody, referrals would ideally need to be agreed well in advance (i.e. 6 months) of release. As the release date approaches, an NGO-led Housing First service would work with a range of stakeholders, including The Irish Prison Service, Gardai, The Probation Service, the Dublin Region Homeless Executive and the relevant Local Authorities to ensure a smooth transition from custody to an identified housing unit. To achieve this, a specific Housing First project, targeting prisoners will be established.

In line with best practice, it is envisaged that a Housing First service for prisoners would comprise a team consisting of intensive case managers providing visiting housing support (i.e. up to daily visits), a multi-disciplinary team of addiction and mental health specialists, and a property function to

⁷ Review of Penal Policy report (2014)

source and manage suitable properties. In addition to the specialist interventions above, other to be provided would include life skills such as budgeting, household management, cooking, cleaning, and support to integrate in to the community. The support provided by Housing First is time unlimited and this means that this will potentially be provided for the rest of the person's life, if needed.

The funding of a three-year pilot project involving approximately 25 'hard to house' prisoners per year is currently under consideration by the Irish Prison Service, the Probation Service and the Department of Justice. This may include offenders subject to community supervision by the Probation Service where deemed appropriate. A cross-departmental, cross-sectoral approach to the needs of those with high support needs would harness the strengths of multiple agencies to respond to the needs of this complex group, averting the risk of homelessness and reducing the prisoner's likelihood of reoffending.

Housing First for Youth

Housing First is recognised as an effective approach to addressing the need of homeless adults with complex needs, but Housing First for young people experiencing homelessness is an emerging approach both internationally and in Ireland. Youth homelessness is different from adult homelessness and this means that independent, secure tenancies may not always be the most appropriate response. A range of Housing First models of accommodation and support for youth exist that include scatter site housing but also transitional accommodation and permanent supported housing (Gaetz, 2014). An international discussion is ongoing as to what Housing First for Youth should look like and whether there is a place within it for transitional approaches (Mayock and Parker, 2017). Given the presence of Housing First for Youth projects in Ireland and the diverse range of needs of young people who are homeless, it is important to capture the emerging practice and the outcomes for younger adults of these projects.

Housing First for Youth projects in Ireland predominantly target young people with a history of State care. Section 45A of *The Child Care Amendment Act 2015* places a statutory duty on Tusla to determine whether a young person leaving care has a "need for assistance". Tusla is committed to maintaining aftercare supports for such young people/young adults from 18 - 21 years of age (or 23 years if in full time education or accredited training). The service offered is based on each young adult's assessment of need, which may include needs around education, finance and budgeting, training and employment, health and wellbeing, personal and social development, family support and accommodation. An aftercare plan is developed for the young person and the aftercare service

provided can include an allocated aftercare worker, drop-in service to provide guidance and support, and / or financial support.

In term of accommodation, Tusla is working with multiagency partners to implement the Capital Assistance Scheme (CAS) for Care Leavers at risk of homelessness, within the context of Rebuilding Ireland Action Plan for Housing and Homelessness. It has agreed a streamlined approach with Approved Housing Bodies and the Dublin Region Homeless Executive which will ensure a more rapid response to meeting the housing needs of care leavers.

Section 9: Evaluation, Research, Training and Other Supports

Evaluating Housing First

Three related goals form the basis for the evaluation of Housing First programmes:

- i) Promoting housing sustainment and a lasting exit from homelessness (i.e. 'housing retention').
- ii) Enhancing the health and well-being of Housing First service users, including mental health, physical health, limiting illness and disability, and problem drug and alcohol use.
- iii) Improving the social integration of Housing First service users, including social support and self-esteem, engagement in community and civic life, meaningful activity and economic integration, and preventing criminal or anti-social behaviour.

Cost effectiveness is another important measure, which includes assessing the impact of the Housing First intervention on the use of high-cost services, including emergency hostels and shelters, presentations at emergency departments, hospital stays and contact with the criminal justice system. The cost effectiveness and cost utility of Housing First can be also compared with the cost of other 'business as usual' intervention measures (Tinland *et al.*, 2013).

Fidelity assessment, process evaluation and effectiveness evaluation are three approaches that are used in evaluating Housing First:

- i) A Fidelity Assessment of Housing First examines the extent to which the service follows the core principles of Housing First. Evidence internationally confirms that high fidelity services have better outcomes (Tsemberis, 2010; Pleace and Bretherton, 2013; Goering *et al.*, 2014). The Pathways to Housing Fidelity Scale and the Canadian At Home/Chez Soi programme fidelity measures are examples of fidelity tests.
- ii) A Process Evaluation aims to understand the functioning of a Housing First service including how, why and under what conditions it has a high impact. This includes the structure, resources and processes involved in delivery. It also examines how interventions lead to change in Housing First service users and the external factors influencing delivery.
- iii) An Effectiveness Evaluation looks at the outcomes being delivered by a Housing First service. It measures the extent to which targets are being met and the barriers and facilitating factors that

impact on progress. The inclusion of the views of service users is crucial in measuring the effectiveness of the service.

The gold standard of Housing First evaluations to date has been the implementation of comparative randomised control trials (RCTs) using a mixed methods (both quantitative and qualitative research) approach. RCTs need careful design and involve studying two identically matched groups, one using Housing First and the other using existing homelessness services, over a number of years and looking at the outcomes for both groups. RCTs have been used across multiple sites to test the French and the Canadian Housing First programmes. These good practice approaches will be taken into account in developing a model for Housing First evaluation in Ireland.

Proposed Multi-site Evaluation of the SRF Homelessness Initiative

Funding will be provided under the Service Reform Fund to conduct a three-year evaluation across the three SRF Homelessness Initiative Work Areas and 4-5 geographical sites.

There is a need to assess both the impact and the value for money of this programme. Whilst much is known internationally about best practice in Housing First and hospital discharge, the service provision and institutional context in Ireland is complex and these reform efforts will encounter challenges during the implementation phase. There is also a need for action research to enable the SRF to navigate these challenges in 'real-time' by helping to surface emerging issues and facilitate constructive discussions. The objectives of the evaluation and action research work will be to:

- i) Rigorously evaluate, to an international standard, the impact of the Housing First supports in Ireland on the target population compared with the currently available alternative supports.
- ii) Evaluate the effectiveness of the Hospital Discharge programme.
- iii) Inform the implementation of the Housing First and Hospital Discharge programmes by highlighting implementation opportunities and challenges and by helping to inform how service users' voices can more effectively shape service provision.

An international advisory group will help inform the tendering process and the management of the impact evaluations.

The evaluation will also consider the role of data in advancing and supporting Housing First development across all regions. The work areas may be combined with a single evaluation framework so as to benefit from economies of scale.. It is essential that relevant and reliable real-time data will be available to assist with measuring interventions and outcomes for Housing First clients.

Housing First Good Practice and Training

The DRHE provides annual training options for statutory and state funded homeless services. Two accredited training programmes take place annually at Dublin City University: i) the Undergraduate Certificate in Homeless Prevention and Intervention Programme (QQI Level 8) and ii) Effective Management in Homeless Services Module (QQI Level 8). Both courses include inputs on Housing First and course material related to services users with interrelated health, mental health, and addiction issues. As part of the national rollout, it is proposed to expand the Housing First content and to include the technical and implementation requirements of Housing First.

Opportunities for public bodies involved in Housing First delivery, including Local Authorities and HSE, to exchange good practice will be explored through the regional homelessness structures. Local authorities will be provided with training opportunities in order to enhance their capacity to deliver Housing First. This will be co-ordinated by the Office of the National Director of Housing First.

A Housing First Good Practice Platform (GPP) for NGOs has been in existence since early 2017. It is involved in sharing information and experience, engaging in European Housing First events, and facilitating training opportunities. It draws on the support of the European Housing First Hub, established by FEANTSA and the Finnish Y-Foundation.

Appendix One: Service Reform Fund Hospital Discharge Pilot and Enhancement of Joint Assessment and Care Planning

The Service Reform Fund (SRF) Homelessness Initiative aims to address the complex housing and health needs, including mental health and addiction, of people experiencing homelessness and improve their access to appropriate healthcare. The focus is on **three areas of work**; the first two are described in the main body of this plan and more information on the third area is described below:

1. Support 100 additional Housing First tenancies in Cork, Limerick and Galway (and further tenancies in Waterford), including wrap around health supports for Housing First participants.
2. Explore whether the existing Dublin Region Housing First service requires additional integration and enhancement of health supports.
3. Improve integrated care pathways and joint working through:
 - a) Pilot implementation of a Dublin-wide homeless hospital discharge policy; and
 - b) Enhancement of joint assessment and care planning, including screening and referral processes for Housing First participants in Dublin.

3 (a) Dublin homeless hospital discharge protocol pilot project

A homeless hospital discharge protocol for Dublin, adapted from the National Homeless Hospital Discharge Policy, has been proposed to improve efficiency of local referral processes, ensure homeless patients being discharged have access to appropriate health care and housing, and prevent over-utilisation of hospital services.

An oversight committee consisting of HSE Social Inclusion, Acute Hospital, Mental Health and Primary Care divisions, Dublin Region Homeless Executive and the Homeless Network has been established to oversee the pilot implementation and evaluation of the protocol. A feasibility study to assess the viability of a standardised protocol and approach across key services within a proposed Dublin pilot site is being progressed.

3 (b) Enhancement of joint assessment and care planning, including screening and referral processes for Housing First participants in Dublin

The National Drugs Rehabilitation Framework (2010) advocated an integrated and coordinated care approach to drug rehabilitation in Ireland, providing protocols for screening, assessment, care planning, referral, case management, confidentiality and information sharing within the addiction services. A joint assessment tool developed with both the addiction and homeless sectors was successfully piloted in 2016/2017. As part of a planned integrated care approach, the HSE National Social Inclusion Office proposes to support national adaptation of the assessment tool and accompanying training programme within addiction services and homeless services. As an initial step, this will be trialled and evaluated within the pilot site selected for the Dublin homeless hospital discharge protocol project.

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