

Review of Finances and Expenditure for Homeless Services in Dublin



Homeless Agency Partnership

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

Shared Vision

The Homeless Agency Partnership Vision

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

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

National Partnership Agreement

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

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

National Homelessness Strategy

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

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

Preface	2		
Section 1: Executive Summary	4	1.1 Introduction to Homeless Agency Partnership and Value for Money Review	5
		1.2 Objectives of expenditure on homeless services	11
		1.3 Current validity of objectives of expenditure and compatibility with Government Strategy	12
		1.4 Level and trend of costs and outputs associated with homeless services and the efficiency with which they are utilised to achieve the objectives	12
		1.5 Extent to which the objectives have been achieved	16
		1.6 Validity of expenditure and alternative approaches	17
		1.7 Performance measurement	18
		1.8 Conclusions and recommendations	20
Section 2: Background	29	2.1 Homelessness in Dublin 2008	30
		2.2 Introducing the Homeless Agency Partnership	31
Section 3: The Value for Money Review	38	3.1 Scope of the Value for Money Review	39
		3.2 Review methodology	40
		3.3 Terms of reference	41
		3.4 Organisation of the Review	42
Section 4: Objectives on expenditure on homeless services	44	4.1 Key homeless service objectives 2007-2010	45
		4.2 Consultation with service users in the development of <i>A Key To The Door</i>	46
		4.3 Quality framework	47
Section 5: Analysis of cost and output trends	50	5.1 Trends in homeless service expenditure 2005-2008	51
		5.2 Trends in homeless service provision 2005-2008	54
		5.3 Unit costs 2007	57
		5.4 Analysis by service category 2007	59
		5.5 Value for money	78
Section 6: Validity of expenditure and alternative approaches	82	6.1 Social responsibility and legislative mandates	83
		6.2 Future allocation of homeless resources	83
		6.3 Funding	84
Section 7: Performance measurement	86	7.1 Overview	87
		7.2 Characteristics of effective Key Performance Indicators (KPIs)	88
		7.3 Homeless Agency KPIs	88
Section 8: Conclusions and recommendations	92	8.1 Key conclusions	93
		8.2 Recommendations	94
Appendix 1: Homeless Agency Partnership participation structures and membership	103		
Appendix 2: Members of the Review of Finance Steering Group	107		
Appendix 3: Cost trends by service and type	108		
Appendix 4: List of funded agencies	110		



Preface

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

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

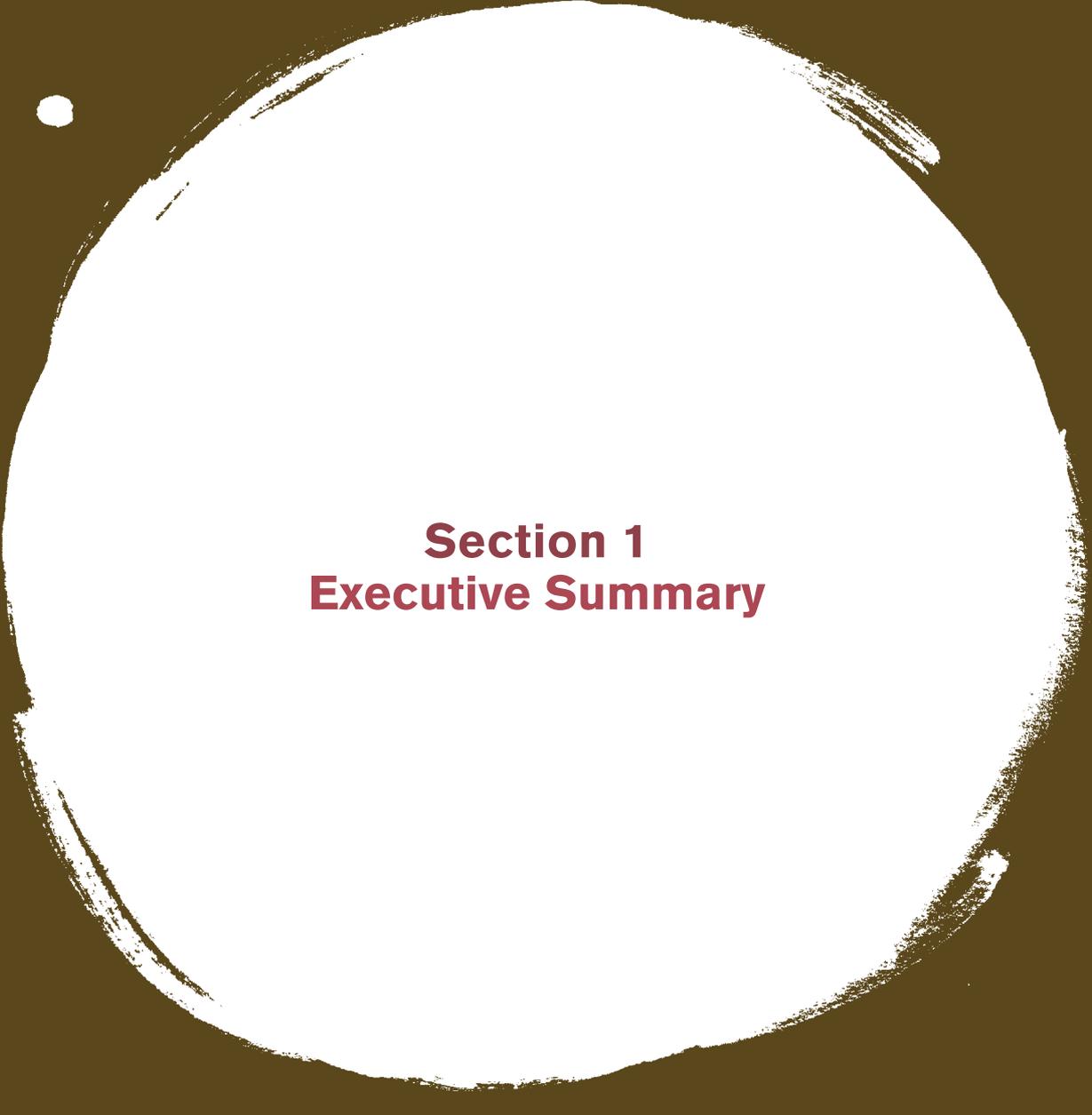
Change is required to ensure access to adequate and affordable housing and accommodation with supports (as required) is ramped up for people who are homeless in Dublin. In parallel a reconfiguration of homeless services is required to develop and deliver progression routes onto and along a pathway out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

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

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

Kathleen Holohan,

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



Section 1
Executive Summary

1.1 Introduction to Homeless Agency Partnership and Value for Money Review

1.1.1 Homelessness in Dublin 2008

Homelessness is a complex social problem. The primary need of people who are experiencing homelessness is appropriate long-term housing. In conjunction with this need for housing many homeless people have physical health, mental health, addiction and/or other support needs that must be addressed in order for them to be able to maintain long-term housing.

There is no simple solution to resolving this complex social problem and it is recognised that a range of factors explain why people become homeless or continually return to homelessness (for example, poverty, relationship breakdown, drug and/or alcohol dependency or other crisis events). A holistic approach to the problem is required that looks at the specific needs of each homeless person and manages and supports their needs along a pathway out of homelessness.

2144 households were in homeless services during the week of *Counted In, 2008* survey, which took place in March 2008. This represents a definite minimum number of households that were either resident in homeless accommodation, resident in long-term supported accommodation for people who were previously homeless, or else sleeping rough during the week of the survey. This figure represents a 4% increase on the equivalent figure for 2005, which is 2066 households. However, Dublin's population grew by 5% in the period 2005-2008, so overall use of homeless services decreased by 1% relative to population growth. The survey took place between Monday 10 and Sunday 16 March 2008.

1.1.2 Introducing the Homeless Agency Partnership

Homeless Agency Partnership

The Homeless Agency Partnership was established in 2001, following on from the former Homeless Initiative. The Partnership includes statutory and voluntary sector organisations. The stakeholders participating in the Partnership include statutory members from the four Dublin local authorities, Health Service Executive, FÁS, CDVEC, Prison Service, Probation Service and the representatives of the Homeless Voluntary Network which comprises a range of Non Governmental Organisations (NGOs). The Irish Council for Social Housing is also a member of the Homeless Agency Partnership. The Partnership is responsible for developing and delivering services for people who experience homelessness. The work of the Partnership takes place within the context of the strategic action plan – *A Key to the Door*, The Homeless Agency Partnership Action Plan on Homelessness 2007 - 2010.

A Key to the Door, is the Dublin homeless action plan for responding to adult homelessness in Dublin. The agreed Vision contained within this plan is to eliminate long-term homelessness and the need to sleep rough by end 2010. The Vision is underpinned by three strategic aims; namely prevention, support and the provision of housing, all of which will be achieved by way of implementing 10 core and 74 additional actions.

Homeless Agency Partnership Board and Consultative Forum

The primary role of the Board is to ensure the implementation of the Homeless Agency Partnership action plan, *A Key to the Door* (2007-2010). The Board sets the strategic policy framework and ensures that the activities of the Homeless Agency are in keeping with relevant policy frames and best practice in terms of accountability and management. The Board is also responsible for ensuring that the Homeless Agency meets its stated objectives, in accordance with adopted plans, and for devising appropriate impact measures. In turn, the Board liaises with the Cross Departmental Team¹ on Homelessness through the Director of the Homeless Agency, maintaining informal channels of communication as well as formal reporting. The Consultative Forum, which is independently chaired and comprises voluntary and statutory representation, acts in an advisory capacity to the Board in addition to having a monitoring role in terms of implementing actions of *A Key to the Door*.

Homeless Agency

The Homeless Agency is responsible for the planning, co-ordination and administration of funding in relation to the provision of quality services to people who are homeless in the Dublin area and for the development of responses to prevent homelessness. The Agency supports and facilitates the work of the Partnership under the direction and guidance of the Board. Key areas of responsibility for the Agency include:

- Leading policy formulation and implementation.
- Managing and co-ordinating the quality and range of services available to address homelessness.
- Developing and monitoring quality standards.
- Evaluating services and implementing systemic changes and improvements.
- Researching and disseminating information on the causes of and responses to homelessness.
- Responding to training and developmental needs within the homeless services sector.

The Homeless Agency also convenes a Funding Assessment Panel to propose and agree funding for the development and delivery of homeless services in Dublin. The Department of Environment, Heritage and Local Government (DoEHLG) and Department of Health and Children (DoHC) via the Dublin local authorities and Health Service Executive (HSE) respectively allocate funding to a range of statutory and voluntary homeless services. Currently, the Department of Environment, Heritage and Local Government is responsible for the operating costs of services and projects, while the Department of Health and Children is responsible for targeted healthcare and support costs. The Funding Assessment Panel's work is guided by *A Clearer Future*², which sets out the Homeless Agency's funding policy framework.

The Homeless Agency received €1.5 million to support its operation in 2007. Expenditure is focused on supporting staff to deliver key work programmes and activities that set out to meet the Vision in *A Key to the Door*, namely through the Care and Case Management initiative and the Learning and Performance training programme.

Whilst it is evident that the Homeless Agency adds considerable value in terms of the wealth of experience of its team of people and its structured approach to delivering key homeless programmes, the governance and performance monitoring framework that supports the relationship between the

¹ The Cross Departmental Team (CDT) is an interdepartmental group comprising of key Government departments under the Chair of the Department of Environment, Heritage and Local Government. As stated in *The Way Home*, the CDT will 'continue to be responsible for ensuring a "whole of Government" approach to tackling homelessness'.

² *A Clearer Future* is the agreed policy and guidance framework of the Homeless Agency Partnership, which determines the manner in which public funding is dispersed. *A Clearer Future* is available on www.homelessagency.ie

Homeless Agency, statutory funders and service providers needs to be further strengthened to ensure optimised service provision.

1.1.3 Key studies informing the Review

The Homeless Agency Partnership has been proactive in commissioning a number of key pieces of research to enable them to firstly gain a better understanding of the trend in homelessness and evidence the need for homeless services today; and secondly to assess the quality of outputs being provided by existing service providers.

— *Counted In, 2008*³

This is the Homeless Agency's third survey enumerating the experience of homelessness in Dublin. This survey is carried out every three years as part of the mandatory Triennial Assessment of Housing Need under the Housing Act, 1988. *Counted In* represents a very robust and comprehensive 'point in time' picture of the extent of homelessness and profile of households using homeless services, thereby acting as an important barometer in relation to progress being achieved under *A Key to the Door* in addition to planning effective responses to homelessness. Key findings from *Counted In, 2008* are:

- 2144 households were found to be experiencing homelessness during the week of the *Counted In* survey in 10–16 March 2008. This figure represents a 4% increase on the equivalent figure for 2005, which was 2066 households. However, Dublin's population grew by 5% in the period 2005–2008, so overall homelessness decreased by 1% relative to population growth.
- 110 people reported sleeping rough. This is a decrease of 41% since 2005, when 185 people reported sleeping rough.
- In addition, the Homeless Agency also co-ordinates the Rough Sleeper Street Count. A total of 115 people were observed to be sleeping rough during a one-night street count conducted in April 2008. The street count is an alternative to the *Counted In* survey method as a way of confirming a minimum number of people sleeping rough on the night in question. The majority of people were observed sleeping rough in suburban areas. The street count method is in place to provide more regular information that is robust due to the confirmation of rough sleeping through direct observation. Its findings are not directly comparable with the survey.

³ The *Counted In, 2008* report will be published in December 2008.

⁴ *Pathways to Home* can be seen on the homeless agency website at <http://www.homelessagency.ie/research/publications.asp>

— *Evaluation of Emergency Hostels and Transitional Housing and Support Services (2006)*⁴

During 2006, the Homeless Agency commissioned a programme of independent evaluations. Sixteen emergency hostel evaluations were conducted by consultants Mr Simon Brooke and Mr Roger Courtney. Additionally, 20 transitional housing and support services were evaluated by economic consultants Fitzpatrick Associates. Following the conclusion of the evaluation process in early 2007, the Homeless Agency established two implementation groups comprised of stakeholders nominated from both the statutory and voluntary partners to manage the prioritisation and implementation of key recommendations. The result was the publication of *Pathways to Home*.

— ***Pathways to Home*⁵ 2007**

Pathways to Home is a statement of direction adopted by the Board of the Homeless Agency in response to the recommendations arising out of the aforementioned evaluations. These recommendations trigger the need for change through investment to build and finance places of change, improve quality standards of homeless services, complemented by support packages and access to mainstream services to move people into independent living where appropriate.

— ***Evaluation of Homeless Services (2008)*⁶**

Pathways to Home identified the need for an integrated model of housing and related housing and support services that moved people into independent living and allowed them to sustain their tenancy. Therefore as a follow-on to the above evaluation process, the *Evaluation of Homeless Services 2008* series was commissioned by the Homeless Agency in collaboration with key stakeholders. The agreed principal objective for the evaluation process was to examine evidence of practices within homeless services that (a) provide for and support service users on a pathway away from the need to sleep rough, out of long-term homelessness and into independent living; and (b) work to prevent the incidence of episodic and repeat experiences of homelessness. A key feature of the approach taken is to look at how homeless services currently work as a system, thereby allowing the evaluators to point to more effective ways in which to provide supports that can both assist in preventing homelessness as well as supporting people out of long-term homelessness. Summary findings from 2008 evaluations include the following:

- Too few people move from homeless services into mainstream housing and residential supported housing.
- There are excessive repeat movements in and out of emergency accommodation.
- The flow from emergency to transitional accommodation is less than would be expected.
- The summary findings from the annual needs survey conducted by Brooke and Associates in collaboration with the Homeless Agency indicated that of the 1531 homeless households surveyed, 1049 (69%) need mainstream housing. Of this group of 1049, 259 (17%) need no support, 391 (26%) need short-term support and 399 (26%) need long-term support. Additionally, 449 (29%) require residential supported housing with varying degrees of support. Taking into consideration this snapshot needs survey; it is argued that 84% of those surveyed require some form of support depending on need at a given time.
- Overall quality standards within homeless services were significantly higher than found in the emergency services evaluations in 2006. However some services still fell below minimum standards in some areas.

5 *Pathways to Home* can be seen on the homeless agency website at <http://www.homelessagency.ie/research/publications.asp>

6 Evaluations of *Homeless Services 2008 Series* will be published in December 2008.

7 It is noted that the Independent Evaluator was also a member of the Review of Finances Steering Group.

For the purpose of this review, the steering group did not consider or review the full evaluation report by Brooke and Associates (which is subject to a separate process and steering group) but did consider the summary findings and recommendations indicated by Brooke and Associates.⁷ It is crucially important that the full *Evaluation of Homeless Services 2008* series report is read in conjunction with this report. This will allow for very important contextual information in relation to how the current configuration of homeless and housing services work as a system, the quality of the provision in place and recommendations for change, which seeks to build on the skills and expertise of the professional staff and the provision of support and housing.

1.1.4 Government policy

The Irish Government confirmed their continued commitment to tackling homelessness when they launched their new national strategic plan, *The Way Home⁸: A Strategy to Address Adult Homelessness in Ireland 2008-2013*, in August 2008. This plan builds upon the work of the previous action plans, *Homelessness – An Integrated Strategy 2000* and *Homeless Preventative Strategy 2002*, and is informed by an independent *Review of Implementation of Homeless Strategies 2006*.

The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013 has three core objectives:

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

Long-term homelessness is when a person has been homeless for over six months. A repeat experience of homelessness will be counted as long-term if a person has been homeless for over four weeks and his/her cumulative experience of homelessness exceeds six months in duration over the last five years. This includes people leaving prison or other institutions.

1.1.5 Scope of Review

The main objective of the exercise was to examine the overall economy, efficiency and effectiveness of homeless services in Dublin.

Expenditure on homelessness has increased significantly in terms of current Government commitments. A total of €56.4 million was spent on homelessness in Dublin in 2006 rising to €60.7 million in 2007, of which €40.7 million (67%) was provided by the local authorities and €20 million (33%) by the HSE.

The scope of this review is therefore to look at homeless service expenditure of approximately €60.7 million in Dublin in 2007. This includes all expenditure made via the Homeless Agency under agreed Service Level Agreements (SLAs), all expenditure from Dublin local authorities on direct provision of private emergency accommodation and all HSE expenditure on dedicated health services for homeless service users in Dublin.

⁸ *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* can be seen at <http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/FileDownload,18192,en.pdf>

It is important to note that the above figures do not represent the full scale of resource expenditure on homelessness in Dublin in 2007. The full economy of both scope and scale of resources expended on homelessness must firstly take account of the additional monies and resources invested directly by the voluntary sector that are obtained through charitable donations and fundraising efforts as well as from other income streams (e.g. income from investments and yields from assets). Secondly, the added value to overall service provision obtained through the deployment of volunteers and the skills transfers arising from corporate social responsibility programmes must also be taken into account. These additional resources are estimated to have amounted to approximately €10 million in 2007.⁹ Mainstream statutory services also expend a significant level of resources in the provision of adult services such

as education, health, training and local authority provision which people who are experiencing homelessness can access.

Notwithstanding this, in order to confirm the impact of public expenditure on homeless services in Dublin and to help illustrate alternative options in expenditure decision-making, a Review of Finance exercise was commissioned by the Homeless Agency Partnership Board.

Trend analysis, focusing on costs and services delivered, will be presented for the period commencing 2005 to 2008. The Review focuses on the management of this expenditure and the value for money obtained from it. The expenditure relates to the following services:

- Emergency accommodation (to include private emergency accommodation).
- Transitional accommodation.
- Long-term supported accommodation.
- Street outreach services.
- Settlement services.
- Advice/information/food services.
- Detox/rehabilitation services.
- Homeless Persons Unit (HPU).
- Health services.

It is also important to note that private emergency accommodation, the HPU and health services are funded directly and monitored for quality purposes by the local authority and the Health Service Executive respectively, and they do not come under the aegis of the Homeless Agency Partnership. Notwithstanding this, it was agreed that the review would concentrate on expenditure for which there is a direct Service Level Agreement (SLA) between the provider and the Homeless Agency Partnership as well as private emergency accommodation and HPU. It will not be evaluating in depth health expenditure although information can be obtained from the HSE if requested. Private emergency and HPU services will be reviewed despite there being no SLA due to their significance in terms of supporting the homeless system and overall scale of costs.

1.1.6 Review methodology

The Review involved the study of objectives, inputs, activities, outputs and outcomes associated with the homeless expenditure in 2007 to reach conclusions on the following evaluation criteria: rationale, economy, efficiency, effectiveness, and continued relevance. The evaluation criteria are reflected in the evaluation questions agreed in the Terms of Reference in Section 3. The general approach adopted is based on the programme logic model as described in the *Department of Finance Value for Money and Policy Review Initiative Guidance Manual*¹⁰.

A steering group was set up to undertake the Review. The steering group worked under the independent chairmanship of Mr David Fitzgerald and included members from the Homeless Agency executive; key statutory agencies (HSE and local authorities, some of whom are members of the Homeless Agency

⁹ This estimate is made on the basis of details provided to the Homeless Agency by a number of voluntary providers in terms of additional spend on adult homelessness and does not purport to represent the full nature and extent of the added value gained.

¹⁰ *Department of Finance Value for Money and Policy Review Initiative Guidance Manual* can be seen at <http://www.finance.gov.ie/documents/publications/guidelines/VFMGuidanceManual.pdf>

Funding Assessment Panel); and the voluntary Homeless Network. A list of steering group members can be found in Appendix 2.

Deloitte Consulting, an external firm with experience of conducting value for money reviews, was appointed to assist with specific aspects of the review as follows:

- Assist in the definition of the structure of the report.
- Support objective analysis.
- Facilitate formulation of conclusions.
- Quality assess the draft report.

1.1.7 Terms of reference

The Board of the Homeless Agency Partnership agreed to the overarching terms of reference (TOR) for the purposes of carrying out the Review, which was to undertake a value for money exercise that examines and considers in detail the cost effectiveness of homeless services in Dublin, their equity (equality of outcome), as well as their economy and overall efficiency. On establishing its work programme, the review steering group aligned their TOR to the *Department of Finance Value for Money and Policy Review Initiative Guidance Manual* and its framework. Therefore, the framework from which this review takes place is undertaken as follows:

- Identify the objectives of the expenditure on homeless services in Dublin.
- Examine the current validity of the objectives of the homeless services expenditure and their compatibility with the overall Government’s homeless strategy. *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013*.
- Identify the level and trend of costs and outputs associated with the provision of homeless services and comment on the efficiency with which they have been utilised to achieve objectives.
- Examine the extent to which the objectives have been achieved.
- Evaluate the degree to which the objectives warrant ongoing expenditure and scope for alternative approaches to achieving these objectives.
- Specify potential performance indicators that might be used to monitor and evaluate the efficiency and effectiveness of future expenditure on homeless services.

1.2 Objectives of expenditure on homeless services

The overarching objective of the expenditure on homeless services in 2007 is to realise the Partnership’s Vision **‘to eliminate long-term homelessness and the need to sleep rough by 2010’**. This is underpinned by three strategic aims, focused on prevention, quality and local provision of appropriate housing and support services:

1. Prevent people from becoming homeless.
2. Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area.

3. Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households.

1.3 Current validity of objectives of expenditure and compatibility with Government strategy

The overarching objective of the expenditure examined here is the realisation of the Homeless Agency Partnership Vision for 2010 as stated in its current action plan *A Key to the Door*. Launched at the beginning of 2007, this four year action plan to address adult homelessness is fully aligned with the three core objectives stated recently by Government as part of revised national strategy to 2013 for addressing homelessness in Ireland. These are:

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

The Cross Departmental Team (CDT) on Homelessness is responsible for ensuring a ‘whole of government’ approach to tackling homelessness. Under *The Way Home* (2008: 68), the CDT will ‘take a stronger and more proactive role in leading and monitoring implementation of this strategy’ and ‘will agree annual work programmes, will meet at least four times a year, will be advised by the National Homeless Consultative Committee (NHCC), will liaise with the National Housing Forum and will provide yearly reports to the Cabinet Committee on Social Inclusion’.

The Homeless Agency and representatives of the wider partnership are also members of the NHCC. The NHCC acts as an advisor to the CDT on the implementation of the revised strategy *The Way Home*. As such the alignment between the objectives of the Homeless Agency Partnership and of Government remains both valid and compatible and furthermore is mutually supportive and reinforcing.

1.4 Level and trend of costs and outputs associated with homeless services and the efficiency with which they are utilised to achieve the objectives

The Review of Finances (RoF) analysed the trend in cost and outputs generated from homeless services between 2005 and 2008 to assess value for money achieved in terms of economy and efficiency.

1.4.1 Trends in homeless service expenditure 2005-2008

Between 2005 and 2007, €168 million has been expended in supporting homeless services in Dublin with another €62.3 million is forecasted to be spent in 2008. Homeless services can be split into two main categories:

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

¹² All figures have been provided by the Homeless Agency in collaboration with statutory funders.

— Homeless support services which includes street outreach, settlement, advice/info/food, detox/rehab, health and the Homeless Persons Unit (HPU).

Homeless accommodation accounts for approximately 70% of total expenditure with support services accounting for the remaining 30%. The following table illustrates the trend of expenditure between 2005 and 2008 for the above services and highlights the contributions from both the HSE and local authorities and the year on year growth in expenditure before and after allowing for inflation.

Homeless Services expenditure year by year¹²

Total Cost of Homeless Services	2005	2006	2007	2008 (Budget)	Total
Total Expenditure	50,816,685	56,357,798	60,639,463	62,285,824	230,099,770
Split by:					
Local Authority	32,928,098	37,126,323	40,714,829	41,766,302	152,535,552
HSE	17,998,925	19,290,475	19,910,634	20,505,522	77,705,556
Other	0	0	73,000	73,000	146,000
Year on Year Expenditure Growth		11%	8%	3%	
Inflation % HICP		2.7%	2.8%	3.3%	
Year on Year Expenditure Growth in Real terms*		8.2%	4.8%	-0.6%	
Inflation % CPI		4.0%	4.9%	4.5%	
Year on Year Expenditure Growth in Real terms**		6.8%	2.7%	-1.8%	

* The growth rate has been adjusted to remove the effects of HICP (Harmonised Index of Consumer Prices)

** The growth rate has been adjusted to remove the effects of CPI (Consumer Price Index)

Homeless Accommodation	2005	2006	2007	2008 (Budget)	Total
Emergency	10,303,188	11,292,432	12,945,542	12,834,201	47,375,363
Private Emergency	13,000,583	15,431,582	16,371,631	17,658,815	62,462,611
Transitional	8,823,357	9,298,119	9,353,565	9,220,565	36,695,606
Long Term	3,383,861	4,463,898	4,996,275	5,129,702	17,973,736
Total	35,510,989	40,486,031	43,667,013	44,843,283	164,507,316

Homeless Support Services	2005	2006	2007	2008 (Budget)	Total
Street Outreach	1,110,342	1,233,020	1,265,676	1,288,203	4,897,241
Settlement	1,555,872	1,599,548	2,514,091	2,559,593	8,229,104
Advice/Info/Food	4,657,354	4,589,058	4,442,972	4,776,750	18,466,134
Detox/Rehab	1,098,525	1,431,908	1,474,865	1,483,190	5,488,488
Health	4,191,000	4,250,000	4,250,000	4,250,000	16,941,000
Miscellaneous costs – DoE	1,093,814	1,148,505	1,354,756	1,380,133	4,977,208
Homeless Pensions Unit	1,598,789	1,678,728	1,729,090	1,763,672	6,770,279
Total	15,305,696	15,930,767	17,031,450	17,501,541	65,769,454

It is noted that the figure above representing the HPU accounts for the funding allocated to the HSE from Dublin City Council for the purpose of operating the freephone and placement service. Taking into account the full cost to the HPU, to include HSE expenditure, the cost at 2007 levels is €3.3m.

In real terms, expenditure grew by 6.8% between 2005 and 2006, 2.7% from 2006 to 2007 with a 1.8% fall in expenditure predicted between 2007 and 2008 (budget). The increases between 2005 and 2006 were mainly attributable to increases in expenditure within emergency/private emergency, long-term, street outreach and detox/rehabilitation services whilst increases between 2006 and 2007 were due to increases in emergency, long-term and settlement services. The rationale for increases was mainly due to improvement and expansion in service provision to meet need and developing service quality.

1.4.2 Trends in homeless service provision 2005-2008

Where information was available, an assessment was carried out to identify the number of services provided year on year under each service category and the associated number of staff employed in support of those services. This analysis looked to ascertain value for money achieved between 2005 and 2007 in terms of economy and efficiency by looking at the average ‘cost per service’ and average number of ‘staff per service’. Whilst these ratios provide an indication as to whether value for money is being achieved or not, the variations that exist between services in terms of level of service, quality and bed capacity and the insufficient information on these variances make it impossible to draw a definite conclusion either way.

Appendix 3 presents the ‘cost trends by service and type’ and ‘staff by service’ ratios for the following service categories: emergency, transitional, long-term, street outreach, settlement/tenancy sustainment, advice/info/food, and detox/rehab between 2005 and 2007. Sufficient information was not available to carry out this analysis for: private emergency, HPU, and health services. Please note that information on 2005 staff numbers is missing for a large proportion of the services so assessment of ‘staff by service’ ratios will focus on 2006 and 2007 only. Year on year increases/decreases in cost per service are expressed in real terms, taking into account inflation based on CPI rates as stated by the Central Statistics Office (CSO).¹²

The analysis suggested that economies were achieved across all service categories bar settlement, supported by a reduction in cost per service between 2006 and 2007 in real terms. However, as stated above the variances that exist between services mean that this picture can only be used insofar as to suggest a positive trend, however this is by no means a definite achievement of economies.

The ‘staff by service’ ratios provide an indication of efficiencies achieved in terms of human resources needed to support a service. From the analysis it would appear that efficiencies have been achieved across emergency, transitional and street outreach services whilst inefficiencies exist across long-term, advice/info/food and detox/rehab services. However, without having more information as to whether these services were being delivered sufficiently by the number of resources in the previous year we are unable to state categorically that these services have become less or more efficient.

¹² Inflation rates are CPI rates stated by the CSO.

1.4.3 Unit costs 2007

Information on the cost per unit of service is critical in the assessment of economy and efficiency as well as providing a benchmark to which quality and cost can be compared across services and indeed geographically.

The importance of unit costing as a benchmark against which value can be measured was identified by the Homeless Agency Partnership in 2005 and consequently a unit costing exercise was undertaken and a draft report was produced in October 2005. Unfortunately this piece of work was not developed on an annual basis and today these unit costs are out of date.

For the purposes of this report high-level unit costs have been calculated based on total expenditure and total units of accommodation provided by each of the three main homeless accommodation services (emergency, transitional and long-term) plus detox/rehab services in 2007. Information on unit costing across all providers is not available currently.

Preliminary unit cost analysis has been carried out at a macro level for homeless accommodation services and is compared in the following table.

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

It is crucially important to note that these unit costs have been calculated by dividing total expenditure by total units of accommodation and do not consider the variations in level of support provided within accommodation type, which of course would affect these costs.¹³

Information on unit costs for the various levels of long-term support has been provided by one service provider, which is detailed in the table below.¹⁴ This information should be used for indicative purposes only as it only reflects the unit costs of that specific service provider which is not a true average.

Long Term Housing	Cost per Unit per year (€)
Rented/Short Term Support	4,800
Rented/Short Term Visiting Support	4,700
Supported Houseing (no night cover)	5,300
Supported Houseing (caretaker and out of hours security cover)	11,100

¹³ Variations in cost per bed were considered in some depth. For example, transitional provision can range between €7883 to €54,330 per bed, emergency provision can range between €19,414 to €71,910 and long-term accommodation ranges between €6473 and €33,183 per bed. It is important to note that these cost variations can exist due to the very different forms of supports provided by organisations, which can range between low support to very high intense support. In addition, facilities being used vary in terms of capacity and building standards, which can mean higher facilities costs. It is noted that the steering group decided further work and clarification is required in order to comprehensively understand this area.

¹⁴ These figures have been provided by Focus Ireland.

The above information highlights that long-term housing at all levels of support is the lowest cost form of housing while emergency and detox/rehab are the most expensive to deliver. The Homeless Agency Partnership currently invests 48% of its budget in emergency/private emergency accommodation, 15% in transitional and only 8% on long-term housing with supports.

1.4.4 Analysis by service category

Each service category was evaluated in as much detail as was available in terms of inputs, activities, outputs and outcomes to gain an understanding of the value for money achieved by expenditure on homeless services in 2007. This analysis highlighted some weaknesses in terms of linking with the Department of Finance value for money programme logic model, introduced in Section 3.2. These weaknesses are due to the fact that information on inputs and outputs year on year, with particular focus on 2007, was not consistently available across all providers.

Overall, due to the obvious weakness in appropriate data, the review was unable to draw any firm conclusions as to whether value for money was and is being achieved in terms of economy and efficiency. In this regard, it is paramount that a framework to define unit costings in addition to defining outcomes sought is developed. The recommendations made will address this area. Whilst the Review is unable to draw any firm conclusions as to whether value for money was and is being achieved in terms of economy and efficiency, it is evident the quality of service provision has improved between 2005 and 2008. Furthermore, the humanitarian contribution to homeless resources significantly enhances and augments those explicitly provided by government funding.

1.4.5 Value for money – economy and efficiency

Although information was available on inputs year on year, the absence of a detailed unit cost framework prevented a full assessment of economy, as there was no reasonable benchmark against which cost and quality could be measured. At a high level year on year growth in costs appear to be falling as do 'costs per service' for all services bar settlement which would suggest economies are being achieved, assuming of course that quality and quantity of output is not falling as well.

Output information by service category was inconsistent and incomplete which made the assessment of efficiencies achieved year on year and indeed in 2007 very difficult to ascertain. High-level calculation of 'staff by service' would suggest efficiencies have been achieved across emergency, transitional and street outreach services whilst inefficiencies exist across long-term housing, advice/info/food and detox/rehab services. However, without having more information as to whether these services were being delivered sufficiently by the number of resources in the previous year we are unable to state categorically that these services have become less or more efficient.

1.5 Extent to which the objectives have been achieved

This section assists us in making a conclusion on the ‘effectiveness’ of homeless service expenditure with a specific focus on 2007 spend.

The review confirmed that the current configuration of homeless services does not lend them to eliminating homelessness, however they have been successful in managing the homeless situation, which is demonstrated by the overall reduction in the homeless population and people sleeping rough between 2005 and 2008. As stated previously, the *Counted In, 2008* study identified a homeless population of approximately 2144, 78 more than in 2005, which represents a reduction of 1% in relation to population growth in Dublin. There has also been a 41% reduction in people rough sleeping over the same period.

Notwithstanding the obvious improvements, the study also identified that of this population 84% have been homeless for more than six months and 54% for more than two years which clearly conveys that elimination of long-term homelessness – as defined in *The Way Home* – will not be met unless significant changes are made. It is noted, however, that the Homeless Agency Partnership is only in the second year of a four year action plan and that many of the existing services have evolved to support the previous action plans, the current configuration of services is not necessarily the required fit with the strategic plan.

This review also identified a definite lack of alignment between the current services being provided and the three strategic aims:

1. Prevent people from becoming homeless;
2. Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area; and
3. Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households.

Strategic Aim 1

Preventing homelessness requires that mainstream public services (particularly local authorities, Health Service Executive, training, education and employment services) play a vital role in developing and adapting responses to ensure that the risk of homelessness is reduced. Specialist homeless services are also crucial not only in offering support to those who become homeless but also in respect of preventing the re-occurrence of the experience of homelessness through advocacy, outreach, food, information and advice services. This type of service provision currently receives approximately 13% of the total funding currently being allocated to preventative type support services. The agreed emphasis now on Core Action 4 of *A Key to the Door* and the full deployment of a care and case management approach, which includes the deployment of protocols governing institutional discharge (e.g. hospitals and prisons), will also be invaluable in terms of preventing homelessness in the first instance. The development of a comprehensive information and awareness strategy, which is Core Action 3 of *A Key to the Door*, is also critical in terms of creating and advocating greater awareness of homelessness, the responses to homelessness and ways in which prevention can reduce known risk factors.

Strategic Aim 2

The strategic aim of providing effective homeless services in each local area is inadequate in supporting localised homeless service delivery. At present, homeless support services accounts for 28% of expenditure, whilst all accommodation related provision accounts for approximately 72%. The review has shown that although a large percentage of the total homeless budget is currently committed to providing homeless accommodation and support services they are not necessarily being provided consistently across Dublin city and county. Very significant change in the way the current configuration of homeless services is necessary to ensure achievement of this objective. Services need to be provided in an integrated and more holistic way, which looks at each homeless individual and responds to that individual's array of needs by way of comprehensive assessment, care planning and follow up as required. There needs to be a stronger emphasis on localising mainstream and specialist homeless support services on an area basis in a way, which achieves greater equity across Dublin City and County.

Strategic Aim 3

The strategic aim of providing sufficient long-term housing, with appropriate supports as required, for people who are homeless is currently supported by a proportionally small amount of funding, approximately 8% as compared to that, which is expended in homeless accommodation and support services as stated previously. Notwithstanding the fact that each local authority provides a percentage allocation of social housing to those with homeless priority, there needs to be a refocus of policy and resource allocation away from short term fixes and responses towards the longer term requirement of mainstream housing and health supports as required.

1.6 Validity of expenditure and alternative approaches

This section assists us in making a conclusion on the 'continued relevance, efficiency and effectiveness' of homeless service expenditure with a specific focus on 2007 spend.

1.6.1 Social responsibility and legislative mandates

Following the *Counted In, 2008* survey it is evident that Dublin city and county still has a significant homeless problem that the Government needs to continue to address. The question is 'should it be addressed it in a different way?'

It is also important to be aware of the Irish State's legislative obligations in terms of responding to homelessness: the Health Act 1953, the Housing Act 1988 and the Childcare Acts 1991 and 1995. These pieces of legislation divide responsibility between the health services and local authorities in the provision of shelter, support and housing for people who experience homelessness. Other pieces of legislation are detailed in Section 6.1.

1.6.2 Future allocation of homeless funding

It is clear from this review that the overall vision of eliminating long-term homelessness and the need to sleep rough by 2010 is at a distance from being achieved. The current configuration of services being

funded, whilst effective in managing homelessness, is not effective in eliminating homelessness and this needs to be addressed as a matter of urgency.

Approximately, 64% of funding is currently invested in emergency and transitional services and only 8% in long-term supported housing. Given that the ultimate aim is to move homeless people out of emergency accommodation within six months into long-term housing tenancies, the current allocation of resources is not an appropriate fit to the strategic aims of *A Key to the Door* and it is not surprising that over 84% of people who are homeless have resided in emergency accommodation for more than six months. This is further supported by findings from the *Evaluation of Homeless Services 2008* series, which identified that of the 1531 homeless households surveyed, 1049 (69%) need mainstream housing, and of this group of 1049, 259 (17%) need no support, 391 (26%) need short-term support and 399 (26%) need long-term support. Additionally, 449 (29%) require residential supported housing with varying degrees of support.

There needs to be a major change in how the pool of available funding is allocated as well as an in-depth assessment of unit costs to ensure best price and quality are achieved going forward and expenditure is effective in meeting the objectives. There needs to be a refocus on long-term solutions rather than short-term fixes with the development of a service delivery model that supports the Vision – to eliminate long-term homelessness and the need to sleep rough by 2010.

15 *A Clearer Future: New Funding Arrangements for Homeless Services in Dublin* can be accessed at www.homelessagency.ie

16 Dublin LINK was developed by the Homeless Agency and Resource Information Service in conjunction with homeless service providers in Dublin. It is a web-based database designed to support the delivery of integrated services to users of homeless services by providing one shared database. This facilitates the sharing of agreed information on service users, and interventions made with them, between named agencies. It also provides management information on service activity for service managers and the Homeless Agency.

1.6.3 Funding

Homeless services are provided under the auspices of the Homeless Agency Partnership and are funded by the DoEHLG, the four Dublin local authorities and the HSE. The mechanics of the existing funding arrangements are clearly detailed in *A Clearer Future: New Funding Arrangements for Homeless Services in Dublin*.¹⁵

The successful implementation of a new service delivery model will necessitate the review of the current funding mechanism and possibly require it to change. This is echoed by *The Way Home*, which seeks better coordination in funding arrangements as one of its strategic aims. *The Way Home* recognises that difficulties around ensuring that both capital and revenue funding is in place for projects on an ongoing basis needs to be further addressed. Without this commitment a new service delivery model will be ineffective in the long-term.

1.7 Performance measurement

It is not always possible to measure the direct effects of a policy on a service, especially with respect to prevention and elimination of long-term homelessness. *A Key to the Door* outlines in detail Key Performance Indicators (KPIs) needed to measure and monitor achievement against the overall vision as well as for each of the three key strategic aims. These are detailed in Section 7.3 of the report.

The stated indicators are still very relevant to measuring whether the overall vision and three strategic aims are being achieved and key data sources needed to measure these include: *Counted In* survey; Homeless Persons Unit (presentation of new and repeat homelessness); Dublin LINK¹⁶ (people

accessing homeless services); other reports and records from homeless services and state institutions (e.g. local authority assessment of housing need); and reports from visiting support services.

However, this review has highlighted critical weaknesses in the accessibility of the above information sources, which currently prevent the systematic monitoring and measurement of these KPIs. Investment is needed in key information systems, processes and practices to ensure this information is easily and readily accessible in the future, and KPI and activity/volume data must be matched with unit cost data and quality standards to provide a truly effective management framework.

1.8 Conclusions and recommendations

1.8.1 Key conclusions

- One conclusion of this review is that change in policy and service provision is required in order to realise the 2010 Vision of the Homeless Agency Partnership. To date homeless services have been commissioned on an *ad hoc* and reactive basis to meet short-term needs rather than to support the long-term strategic aims set out under the Homeless Agency Partnership action plan to 2010, *A Key to the Door*, whereby the experience of long-term homelessness and the need to sleep rough is eliminated by 2010.

Consequently the current configuration of services are, in effect, managing the homeless situation in Dublin in the short-term by maintaining people experiencing homelessness in temporary, emergency and transitional accommodation. However, the same configuration of services is not yet effective in realising the 2010 Vision of the Homeless Agency Partnership. From a review of finance perspective, overall homeless expenditure to date remains ineffective in meeting the strategic vision of the Homeless Agency Partnership.

- Secondly, this Review concludes that overall resource expenditure is being expended incorrectly to meet the 2010 Vision and a major change in how the pool of available funding is allocated is required. There is currently an over-investment in emergency and transitional accommodation and a clear under-investment in long-term housing and accommodation options with appropriate support services as required. If this remains unaddressed as a priority then the 2010 Vision will not be achieved against the timeline set. This means that while the strategic objectives set out in the Homeless Agency Partnership Action Plan to 2010, *A Key to the Door*, are still relevant, a refocusing of service provision and a reconfiguration of funding will be necessary to achieve them.

In other words, there needs to be a rapid refocusing of resource allocation on long-term solutions rather than short-term fixes and these should always be in support of the overall objective of realising the 2010 Vision. Change must lead to the provision, delivery and take-up of housing and accommodation with related support services as required. The implementation of agreed evidence-based recommendations on reconfiguring Dublin's homeless services (based on the 2008 Evaluation of Services) will be important here in realising an overall model of service provision that provides an exit from homelessness for people experiencing homelessness in Dublin.

- Thirdly, this Review concludes that in the absence of an adequate structured unit cost and quality framework system (that defines services by standard costs and quality) it is not possible to draw firm conclusions about whether value for money is being achieved in terms of economy and efficiency. Similarly, the insufficiency of information currently available on outputs (quantity and quality) between 2005 and 2008 does not enable evaluation of the same. Existing information would suggest that costs are falling year on year and quality is improving, however this is not by any means conclusive.
- Lastly, the Review has identified a definite weakness around information management, in particular accessing key information sources that are imperative in assessing overall performance against objectives, quality and quantity of service provision and most importantly existing and future requirements of same. It is due to this absence of accessible information that this review of finances were inconclusive in determining whether value for money was being achieved in respect of economy and efficiency.

The following recommendations look to address the above findings where appropriate.

1.8.2 Recommendations

The 12 recommendations for change set out below are made in the following six areas:

1. The formal adoption of a ‘housing first’ approach that delivers greater access to housing and accommodation with supports as required, as well as the achievement of better co-ordination of capital and revenue funding decision making for housing and homeless service provision.
2. The reconfiguration of housing and homeless services that ensures the required provision of service on a local area basis, and an agreed model of provision.
3. Investment in the ongoing development and delivery of a care and case management (CCM) approach and the delivery of the range of required services, including services that support personal development and deliver progression routes to training, education and employment opportunities for people experiencing homelessness.
4. Development and delivery of quality standards for service provision through improved monitoring and auditing systems and a revised service level agreement (SLA).
5. Improved unit cost analysis of cost variations in like for like services as well as development of an agreed unit costing system and innovations to share resources to improve efficiencies.
6. Improved data and performance management information systems.

Housing first and the capital and revenue funding regime

Increased access to adequate and affordable housing and accommodation options with housing support services (as required) is a characteristic of the ‘housing first’ approach and is considered necessary to ensure current levels of expenditure can meet the strategic aims of the *A Key to the Door* action plan and help realise the 2010 Vision, thereby generating better overall value for money.

The proposed recommendations of the *Evaluation of Homeless Services 2008 Series* have identified mechanisms to achieve this outcome and are supported by the conclusions of this Review of Finances exercise.

Recommendation 1: Long-term housing and supports

1. Significantly increase the availability of adequate, accessible and affordable housing with related support services (as required) and ramp-up access to same for all households experiencing homelessness in Dublin by:
 - Introducing a new variant of the established Rental Accommodation Scheme (RAS) that delivers access to housing for homeless households;
 - Ensure an adequate capital funding stream particularly to meet the needs of those requiring residential housing supports to meet the 2010 Vision;
 - Funding and delivering a range of specified supports, including health, (as required) to the population resident in this housing; and
 - Re-configuring current housing and accommodation resources to better fit the needs of the current population experiencing homelessness in Dublin.

It is evident that there are significant issues with the current funding mechanism and the latest national strategy on homelessness to 2013 *The Way Home* acknowledges the confusion that still exists about which funding agency is responsible for certain ongoing revenue funding elements of services for people experiencing homelessness. *The Way Home* also recognises that difficulties around ensuring that both capital and revenue funding is in place for projects on an ongoing basis needs to be further addressed.

This remains particularly the case in relation to funding the delivery of all housing supports and non-healthcare costs of homeless service provision. There are currently a number of homeless services that have received capital funding and that are ready for occupation but have remained closed or under-occupied as the HSE has received no new additional revenue funding in 2007 and 2008.

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

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

Reconfiguration of housing and homeless services on a local area basis

Whilst it is imperative to have enough long-term housing and accommodation options with appropriate support services to ensure the 2010 Vision can be realised, it is also important not to underestimate the importance of emergency services within the homeless system. Emergency services remain the

first port of call for people experiencing homelessness and it is vital these services are able to provide each individual with the right types and level of service that ensures progression along a pathway from emergency services and towards an exit from homelessness.

The localisation of housing and specialist homeless provision is crucial in offering local supports that can both prevent homelessness and, where it does occur, reduce the need for people to travel to Dublin city centre to access services. Localisation is an agreed core action of *A Key to the Door* and needs to be prioritised in terms of ongoing investment in homeless services.

This reconfiguration of services required to achieve better value for money will be subject to an agreed transition period necessary to build and establish capacity required to meet present and future need for all services, emergency, support and long-term housing. This will necessitate the decommissioning of certain service provision and re-investment of resources to support a service delivery model that is focused on moving a homeless person out of homelessness into long-term housing within six months.

This formal transition period is required as part of an overall change management strategy that must retain the commitment, energy and determination of the personnel and volunteers involved in homeless service provision in Dublin.

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

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

Care and case management and progression routes to training, education and employment opportunities

There is an obvious need to improve service delivery based on care and case management in homeless service provision. Care and case management needs to become fully embedded in all homeless services and should be provided consistently to establish the individual needs of each homeless person and ensure their progression towards, onto and along a pathway out of homelessness.

The current Care and Case Management (CCM) strategy being implemented by the Homeless Agency Partnership under Core Action 4 of *A Key to the Door* is fundamental to the delivery of quality supports,

especially for known groups among the population experiencing homelessness. Provision of the range of services identified as required by known groups is also pivotal to the success of the CCM strategy.

This Homeless Agency Partnership's Care and Case Management strategy, supported through the Learning and Performance programme should continue to be rolled out as a priority throughout the agreed transition period during which service reconfiguration takes place.

Recommendation 5: Investment in care and case management

5. Increased investment is required to roll out the Homeless Agency Partnership's Care and Case Management strategy as a priority across the homeless sector in Dublin.

Current state funded 'labour market activation' schemes represent important interventions that address the relative and consistent poverty position of socially excluded persons (including persons experiencing homelessness) as they offer the opportunity to overcome secondary benefits barriers that produce poverty and unemployment traps as a person seeks to move from welfare to work.

Public service provision, income supports and activist or innovative measures that are focussed in ways that become integrated and developmental for individuals, families, communities and the economy are becoming the focus of social policy interventions across the lifecycle stages from childhood, working age and elderly¹⁷.

The Homeless Agency Partnership policy statement of December 2007 *Pathways to Home* recognises that within homeless services, support packages should focus on improving an individual's capacity to move away from crises and allow a period of stabilisation to be obtained so that a person can proceed to the next stage of rehabilitation.

Core life skills such as literacy and tackling innumeracy, as well as vocational training and general aptitude skills that enhance personal development need to be delivered to develop personal capacity, confidence and self-esteem among persons experiencing homelessness. This is critical if progression routes towards active labour market schemes that support participation in the economy through education and training are to be developed and maintained.

¹⁷ For more discussion on the re-orientation of state social policy to the lifecycle approach focussed on developmental outcomes see NESCC (2005) *The Developmental Welfare State*.

Recommendation 6:**Investment in personal and social development to progress towards participation in training, education and employment opportunities**

6. It is recommended that resources invested in ensuring mainstream Training, Education and Employment (TEE) providers (e.g. FÁS, CDVEC) provide innovative responses and programmes that address the needs of homeless persons are maintained and that in turn resources are invested in non-statutory homeless service providers' delivery of progression routes towards TEE outcomes.

Quality standards and service level agreements

To ensure value for money is being achieved and performance measurement that indicates same is in place, attention needs to be given towards having appropriate systems and processes that seek to improve quality, enhance outcomes for service users and have regard to measuring and monitoring resource impact and effectiveness towards realising the 2010 Vision.

Quality standards and an outcome monitoring and auditing system should be central to the proposed reconfiguration of service delivery and be implemented as a priority in order to help realise the national policy commitment on quality standards set out in the new government strategy *The Way Home: Adult Homeless Strategy 2008-2013*.

Recommendation 7:**Developing quality standards**

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

Service Level Agreements (SLAs) are important instruments that define the role and responsibility of both the service provider and the commissioner of services (i.e. the funders) and provide clarity in terms of the quantum and quality of service provision required. In addition the SLA is an important mechanism in monitoring and analysing the impact of responses put in place.

The SLA should accord more robustly to the strategic aims of the Homeless Agency Partnership action plan to 2010 *A Key to the Door* and the newly launched national homeless policy to 2013 *The Way Home* and should include agreed redress arrangements and mechanisms for evident non-compliance in key service delivery areas of monitoring and reporting on outcomes, performance and standards and the use of agreed data systems.

Recommendation 8: Service level agreements

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

Unit costing and shared services

Further analysis and clarification of unit costs is required to fully explain factors leading to known variations in the cost structures and outturn unit costs between like for like services. In addition, a comprehensive unit costing system related to the cost structures required to ensure delivery of quality standards in service provision would provide the Homeless Agency Partnership with more clarity in respect of achievement of economies and efficiencies.

This unit cost system should aim to assist in establishing cost structures required to provide services to a specified quality standard of activity and outcome, set out in *Putting People First*, and should be used to identify and agree items of expenditure as well as report and monitor annual costs and cost variations.

Furthermore, in relation to certain established cost structures (e.g. human resources, finance and administration), non-statutory homeless service providers should consider how to better achieve an improvement in efficiency of expenditure in these areas, where appropriate, by actively developing shared services and resource mechanisms.

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

9. Building on the work concluded for this value for money review, it is recommended that a more detailed analysis of current unit costs be conducted.
10. A new unit costing system and quality framework method should be developed for implementation across the homeless sector in Dublin city and county.
11. Non-statutory service providers should actively pursue changes to share back office resources that aim to reduce duplicate expenditure on administrative and overhead costs and save money.

Improved data and performance management information systems

As stated previously, significant developments are needed to ensure that key information needed to assess and measure overall performance against objectives, quality and quantity of service provision and existing and future requirements of same, is readily available and easily accessible.

The current shared client database system operated and maintained by the Homeless Agency Partnership (the LINK system) holds significant potential for providing greater value to the range of stakeholders in homeless service provision, policy and programme decision-making and should be improved, extended and more appropriately supported.

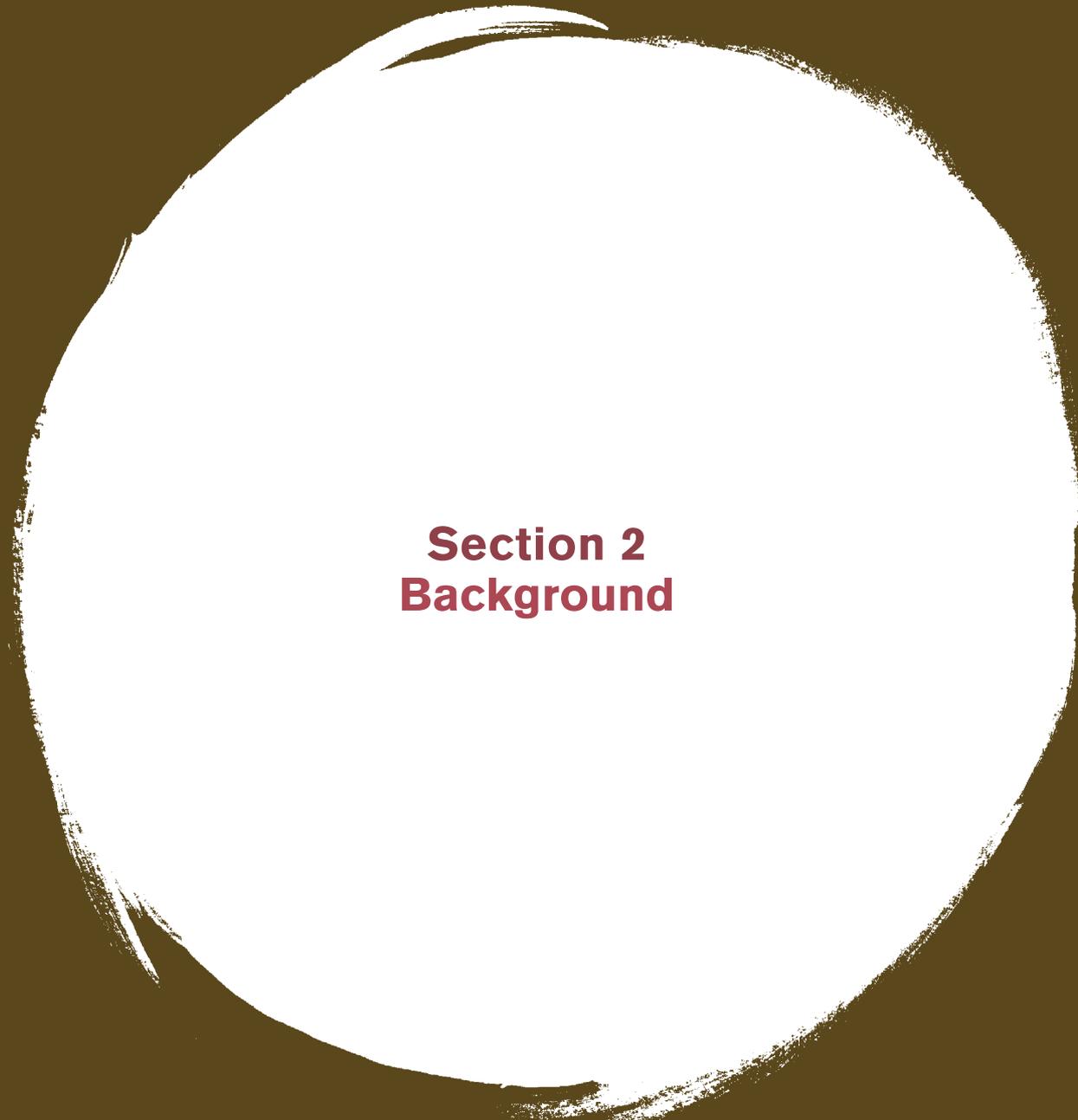
Future development options for this shared client database have been identified based on the findings and recommendations of an independent review of the LINK system commissioned by the Homeless Agency Partnership. These are currently being considered by the Homeless Agency Partnership and the DoEHLG and decision-making on this matter should be expedited as a matter of priority.

In addition, there is also a significant opportunity for gathering and analysing unit cost data at the service provider level (which could be used by the service providers themselves for managing their own operations and performance over time). With consistent submission of Quarterly Service Activity Reports and financial returns from all service providers as well as more accurate and comprehensive data entry, an integrated data and performance management system could be developed as a resource for all service providers.

This should aim to collect data and report on the key performance indicators as set out in *A Key to the Door* as well as any additional performance management indicators agreed under the proposed revised service level agreements.

Recommendation 12: Integrated data and performance management information system

12. Decision-making on resource investment in the development of the shared client database system needs to be expedited to ensure early delivery of enhanced data collection functions that will become a requirement under the revised service level agreements proposed in Recommendation 8 above. Furthermore, the current Quarterly Service Activity Reports and the financial returns should be immediately revised and updated and their data function confirmed and agreed as part of current SLAs.

A large, textured white circle is centered on a dark blue background. The circle has a slightly irregular, hand-drawn appearance with some darker blue shading at the edges, suggesting it might be a brushstroke or a stylized graphic element. The text is centered within this circle.

Section 2 Background

2.1 Homelessness in Dublin 2008

Homelessness is a complex social problem. The primary need of people who are experiencing homelessness is appropriate long-term housing. In conjunction with this need for housing many people who are homeless have physical health, mental health, addiction and/or other support needs that must be addressed in order for them to be able to maintain long-term housing.

Unfortunately there is no one simple solution to resolving this complex social problem and it is recognised that many factors, including shortages in appropriate housing, can all contribute to homelessness. A holistic approach to the problem is required that looks at the specific needs of each homeless person and manages and supports these needs through the pathway out of homelessness.

Counted In, 2008 is the third survey enumerating the experience of homelessness in Dublin. This survey is carried out every three years as part of the mandatory Triennial Assessment of Housing Need under the Housing Act 1988. *Counted In* represents a very robust and comprehensive ‘point in time’ picture of the extent of homelessness and profile of households using homeless services, thereby acting as an important barometer in relation to progress being achieved under *A Key to the Door* in addition to planning effective responses to homelessness. Key findings from *Counted In, 2008* include:

- 2144 households were found to be experiencing homelessness during the week of the *Counted In* survey from March 10 to 16 2008. This figure represents a 4% increase on the equivalent figure for 2005, which were 2066 households. However, Dublin’s population grew by 5% in the period 2005-2008, so overall homelessness decreased by 1% relative to population growth.
- 110 people were reported sleeping rough through the *Counted In* process. This is a decrease of 41% since 2005, where 185 people were reported to be sleeping rough.

In addition, the Homeless Agency also co-ordinates the Rough Sleeper Street Count. A total of 115 people were observed to be sleeping rough during a one-night street count conducted in April 2008. This street count is an alternative to the *Counted In* survey method as a way of confirming a minimum number of people sleeping rough on the night in question. The majority of people were observed in Dublin city locations, with very few people observed sleeping rough in suburban areas. The street count method is in place to provide more regular information that is robust due to the confirmation of rough sleeping through direct observation. Its findings are not directly comparable with the survey.

Of those surveyed, 59% were reported to be staying in emergency accommodation, 17% in transitional, only 14% in long-term supported housing and 4% sleeping rough. Of these over 54% had been homeless for two years or more whilst only 16% had been homeless for less than six months. Of the total population, 68% were male and 52% were between the ages of 21 and 39.

Since the inception of the Homeless Agency in 2001, following on from the Homeless Initiative, there has been considerable progress and acceleration of actions made both in terms of the development of partnership working between voluntary and statutory services and the improvement in the quality of services. This improvement centred on a shift in service delivery, away from making a person fit into the services available and towards making the services suitable to the needs of the person who is homeless.

The Homeless Agency, in cooperation with its voluntary and statutory partners, has continued to develop and refine its method of determining the number of people and households experiencing homelessness as well as improved information on the range of their support needs. Clarifying the extent and nature of homelessness is a pre-requisite to understanding and developing responses to it. The evidence base captured in *Counted In, 2008* and *Evaluation of Homeless Services 2008* series illustrates the extent of need and demand for services, the type of services that should be in place to address the need, the required level of housing provision and the resources that need to be in place to realise these responses.

It is important that the success that has been achieved through implementation of the earlier action plans does not lead to a sense of complacency. The significant commitment made by the Department of the Environment, Heritage and Local Government, the Health Service Executive and the four local authorities in Dublin, in terms of the allocation of resources and the development of policy must be continued. The commitment and work undertaken by the voluntary sector is also critical to the implementation of the action plan. It is imperative to continue this support to ensure that the key strategic aims of this action plan are met.

2.2 Introducing the Homeless Agency Partnership

2.2.1 The Homeless Agency Partnership

The Homeless Agency Partnership established in 2001, following on from the former Homeless Initiative established in 1996, involves statutory and voluntary sector organisations.¹⁸ The stakeholders participating in the Partnership include statutory members from the four Dublin local authorities, Health Service Executive (HSE), FÁS, CDVEC, Prison Service, Probation Service and the representatives of the Homeless Voluntary Network which comprises a range of Non Governmental Organisations (NGOs). The Irish Council for Social Housing is also a member of the Homeless Agency Partnership. The partnership is responsible for developing and delivering services for people who experience homelessness. The work of the partnership takes place within the context of the strategic plan *A Key to the Door*.

¹⁸ See Appendix 1 for list of all organisations working within the Homeless Agency Partnership.

A Key to the Door is the Homeless Agency Partnership's action plan on homelessness in Dublin. The agreed Vision contained within this plan is to eliminate long-term homelessness and the need to sleep rough by end 2010. The Vision is underpinned by three strategic aims, namely prevention, support and the provision of housing, all of which will be achieved by way of implementing 10 core and 74 additional actions.

2.2.2 The Homelessness Agency Partnership Board and Consultative Forum

The primary role of the Board is to ensure the implementation of the Homeless Agency Partnership action plan, *A Key to the Door (2007-2010)*. The Board sets the strategic policy framework and ensures that the activities of the Homeless Agency are in keeping with relevant policy frames and best practice in terms of accountability and management. The Board is also responsible for ensuring that the

Homeless Agency meets its stated objectives, in accordance with adopted plans, and for devising appropriate impact measures. In turn, the Board liaises with the Cross Departmental Team¹⁹ (CDT) on homelessness through the Director of the Homeless Agency, maintaining informal channels of communication as well as formal reporting.

The Consultative Forum, which is independently chaired, comprises voluntary and statutory representation, and acts in an advisory capacity to the Board in addition to having a monitoring role in terms of implementing *A Key to the Door*.

2.2.3 The Homeless Agency

The Homeless Agency is responsible for the planning, co-ordination and administration of funding in relation to the provision of quality services to people who are homeless in the Dublin area and for the development of responses to prevent homelessness. The agency supports and facilitates the work of the partnership under the direction and guidance of the Board. Key areas of responsibility for the agency include:

- Leading policy formulation and implementation.
- Managing and co-ordinating the quality and range of services available to address homelessness.
- Developing and monitoring quality standards.
- Evaluating services and implementing systemic changes and improvements.
- Researching and disseminating information on the causes of and responses to homelessness.
- Responding to training and developmental needs within the homeless services sector.

The Homeless Agency also convenes a Funding Assessment Panel to propose and agree funding for the development and delivery of homeless services in Dublin. The Department of Environment, Heritage and Local Government and Department of Health and Children via the Dublin local authorities and Health Service Executive respectively allocates funding to a range of statutory and voluntary homeless services. Currently, the Department of Environment, Heritage and Local Government is responsible for the operating costs of services and projects, while the Department of Health and Children is responsible for targeted healthcare and support costs. The panel comprises statutory representatives from the funding agencies (the four local authorities in Dublin and the Health Service Executive). Its work is guided by *A Clearer Future*, which describes the Homeless Agency's funding policy framework. The Funding Assessment Panel assesses annual applications from voluntary agencies to provide new or expanded services, and to agree continuing services, in partnership with the four Dublin local authorities and the Health Service Executive.

Funding for the Homeless Agency is provided by the four Dublin local authorities and the Health Service Executive. In 2007 the Homeless Agency incurred €1.5 million operational costs. These are split into more detail in the table below.

¹⁹ The Cross Departmental Team (CDT) is an interdepartmental group comprising key Government departments under the chair of the Department of the Environment, Heritage and Local Government. As stated in *The Way Home*, the CDT will 'continue to be responsible for ensuring a "whole of government" approach to tackling homelessness'.

Salaries and Wages	775,555.00
Homeless Agency Operational/Programme Costs (to include the following cost centres):	621,410.61
— Research, report publications and dissemination	
— Care and case management/holistic needs assessment	
— Board, consultative forum and network meetings	
— Communications, library and IT supports (i.e. LINK, website, etc.)	
— Parkgate Hall facilities	
— Administrative overheads (i.e. post, telephone, stationery)	
— Temporary staff costs	
Learning and performance (i.e. training provided to sector staff)	118,195.39
Total	1,515,161

The resources, activities and outputs of the Homeless Agency staff are laid down in the form of work programmes, which are complementary to the realisation of actions contained within *A Key to the Door*. The Homeless Agency comprises 15 staff members. All the work of the Homeless Agency staff compliments that undertaken by the Board, Consultative Forum and other bodies that form part of the participatory structure. It provides the administrative structure and support necessary for the Homeless Agency Partnership to function.

Key activities and outputs – 2007

In keeping within its role and responsibility, the Homeless Agency and its staff undertook the following tasks, which demonstrate key activities and outputs for 2007.

The management team

- Overall management and co-ordination of the Homeless Agency work programme.
- Co-ordination and support of all Board, Consultative Forum Activity.
- Support to the Homeless Network and its membership.
- Support to all providers (statutory and voluntary) in the operational implementation of *A Key to the Door*.
- Participation and specialist support to DoEHLG in the development of revised National Homeless Policy (including participation on the National Homeless Consultative Committee/Data Subgroup).
- Chair of Emergency and Transitional Accommodation Evaluation/Implementation Steering Group.
- Policy Advisor to Cross Departmental Team on Homelessness.
- Policy submissions to various agencies on cross cutting issues.

Research and information Team

- Research and survey activity (e.g. preparation for *Counted In, 2008*, rough sleeper counts, rapid needs assessment).
- Data collection, analysis and presentation (e.g. LINK, holistic needs assessment, HPU and Night Bus presentations, homeless housing allocations).
- Sector database co-ordination and management and evaluation (i.e. LINK).

- Collaboration with external bodies for research purposes (e.g. Trinity College Dublin and the National Council on Ageing and Older People).
- Co-ordinating and supporting the EU10 Migrants Study.
- Collation and analysis of Quarterly Service Activity Reports.

Communications and information team

- Co-ordination of all communications between the Homeless Agency and its partners (i.e. Board, Consultative Forum, networks, providers, Government departments) to include specialist workshops/event management/Homeless Agency Partnership launches.
- Media coverage including press releases, handling of all media queries and responses.
- Development of an information and awareness strategy.
- Management of communication tools via Homeless Agency website, *CornerStone*, *Update* and library.
- Voter registration drive for service users experiencing homelessness.
- Parliamentary questions.

Learning and performance team

- Development and Implementation of a range of generic and specialist training programmes for homeless sector staff as well as organisations/professionals working in the context of homelessness.
- Accredited training modules. A total of 1160 training places were offered in 2007. A total of 1,020 staff availed of training throughout the year.
- Development of competency framework for sector staff through the Learning and Performance Network.
- Development of Sector Induction Programme.
- Co ordination of Service User Participation Pilot.
- Development and roll out of a dedicated homeless services Managers Programme.

Service integration

- Development and implementation of a Care and Case Management Strategy for the homeless services sector so as to provide a continuum of care by ensuring that there is a coherent, consistent, coordinated approach across the different service providers.
- Roll out, on a pilot basis, the implementation of the Holistic Needs Assessment.
- Co ordination of Service Provider Networks.

Finance team

- Administration and monitoring of Homeless Agency Partnership budget and Homeless Agency budget (including liaison support).
- Co ordination of Service Level Agreements for service providers.

Whilst it is evident that the Homeless Agency adds considerable value in terms of the wealth of experience of its team of people and its structured approach to delivering key homeless programmes, the governance and performance monitoring framework that supports the relationship between the Homeless Agency, statutory funders and service providers needs to be further strengthened to ensure optimised service provision.

2.2.4 Key studies informing the Review

The Homeless Agency Partnership has been proactive in carrying out and commissioning a number of key pieces of research to enable them to firstly gain a better understanding of the trend in homelessness and evidence the need of homeless services today, and secondly to assess the quality of outputs being provided by existing service providers.

— *Counted In, 2008*

This is the fourth survey about homeless service users. This survey is carried out every three years as part of the Triennial Assessment of Housing Need. The method was developed by the Homeless Agency in collaboration with stakeholders of the Homeless Agency Partnership, as well as the National Homelessness Consultative Committee and its data sub-group. The method used is a census across all homeless services during the period of 10–16 March 2008. *Counted In* represents a very robust and comprehensive ‘point in time’ picture of the extent of homelessness and profile of households using homeless services, thereby acting as an important barometer in relation to progress being achieved under *A Key to the Door* in addition to planning effective responses to homelessness. Key findings from *Counted In, 2008*:

- 2144 households were in homeless services during the week of the *Counted In* survey in March 2008. This represents a definite minimum number of households that were either resident in homeless accommodation, resident in long-term supported accommodation for people who were previously homeless, or else sleeping rough during the week of the survey. This figure represents a 4% increase on the equivalent figure for 2005, which were 2066 households. However, Dublin’s population grew by 5% in the period 2005-2008, so overall homelessness decreased by 1% relative to population growth.
- 110 people reported sleeping rough. This is a decrease of 41% since 2005, when 185 people reported sleeping rough.

Previous surveys were carried out by the Homeless Agency in 2005 and 2002 and by its predecessor the Homeless Initiative in 1999.

— *Evaluation of Emergency Hostels and Transitional Housing and Support Services 2006*²⁰

During 2006, the Homeless Agency commissioned a programme of independent evaluations. Sixteen emergency hostel evaluations were conducted by consultants Mr Simon Brooke and Mr Roger Courtney. Additionally, 20 transitional housing and support services were evaluated by economic consultants Fitzpatrick Associates. Following the conclusion of the evaluation process in early 2007, the Homeless Agency established two implementation groups comprised of stakeholders nominated from both the statutory and voluntary partners to manage the prioritisation and implementation of key recommendations. As a result a number of key objectives to ensure implementation were then agreed by the Board of the Homeless Agency Partnership as outlined in *Pathways to Home*, the Homeless Agency Partnership’s statement of direction for emergency and transitional housing and support services in Dublin to 2010 (launched in 2007). *Pathways to Home* also provided the context in which the 2008 series of evaluations were carried out.

²⁰ The 2006 independent evaluations can be seen on the homeless agency website www.homelessagency.ie

— ***Pathways to Home 2007***²¹

Pathways to Home is a statement of direction adopted by the Board of the Homeless Agency in response to the recommendations arising out of the aforementioned evaluations. These recommendations trigger the need for change through investment to build and finance places of change, improve quality standards of homeless services complemented by support packages and access to mainstream services to move people into independent living where appropriate.

— ***Evaluation of Homeless Services 2008***²²

Pathways to Home identified the need for an integrated model of housing and related housing and support services that moved people into independent living and allowed them to sustain their tenancy. Therefore as a follow-on to the above evaluation process, the *Evaluation of Homeless Services 2008* series was commissioned by the Homeless Agency in collaboration with key stakeholders. The agreed principal objective for the evaluation process was to examine evidence of practices within homeless services that (a) provide for and support service users on a pathway away from the need to sleep rough, out of long-term homelessness and into independent living; and (b) work to prevent the incidence of **episodic and repeat** experiences of homelessness. A key feature of the approach taken is to look at how homeless services currently work as a system, thereby allowing the evaluators to point to more effective ways in which to provide supports that can both assist in preventing homelessness as well as supporting people out of long-term homelessness. For the purpose of this review, the steering group did not consider or review the full evaluation report by Brooke and Associates (which is subject to separate process and steering group) but did not consider the summary findings and key recommendations indicated by Brooke and Associates (the independent evaluator was also a member of the Review of Finances Steering Group). It is crucially important that the full *Evaluation of Homeless Services 2008 Series report* is read in conjunction with the report. This will allow for very important contextual information in relation to how the current configuration of homeless and housing services works as a system, the quality of the provision in place and recommendations for change, which seeks to build on the skills and expertise of the professional staff and the provision of support and housing.

Summary findings provided by Brooke and Associates included:

- Too few people move from homeless services into mainstream housing and residential supported housing.
- There are excessive repeat movements in and out of emergency accommodation.
- The flow from emergency to transitional accommodation is less than would be expected.
- The summary findings from the annual needs survey conducted by Brooke and Associates in collaboration with the Homeless Agency indicated that of the 1531 homeless households surveyed, 1049 (69%) need mainstream housing. Of this group of 1049, 259 (17%) need no support, 391 (26%) need short-term support and 399 (26%) need long-term support. Additionally, 449 (29%) require residential supported housing with varying degrees of support. Taking into consideration this snapshot needs survey, it is estimated that 84% of those surveyed require some form of support depending on need at a given time.
- The annual needs survey conducted by Brooke and Associates in collaboration with the Homeless Agency indicates that 69% of those surveyed require mainstream housing with support as appropriate.

21 *Pathways to Home 2007* can be viewed on the Homeless Agency website on www.homelessagency.ie/research/publications.asp

22 Evaluations of *Homeless Services 2008 Series* will be published in December 2008.

- Overall quality standards within homeless services were significantly higher than found in the emergency services evaluations in 2006. However some services still fell below minimum standards in some areas.

The *Review of Finances* considered the summary findings and key recommendations by Brooke and Associates whom were also represented on the steering group. It is crucially important that the full ‘Evaluation of Homeless Services – 2008’ report is read in conjunction with this review. This will allow for very important contextual information in relation to how the current configuration of homeless and housing services works as a system, the quality of the provision in place and recommendations for change, which seeks to build on the skills and expertise of the professional staff in place and the provision of support and housing.

2.2.5 Government policy

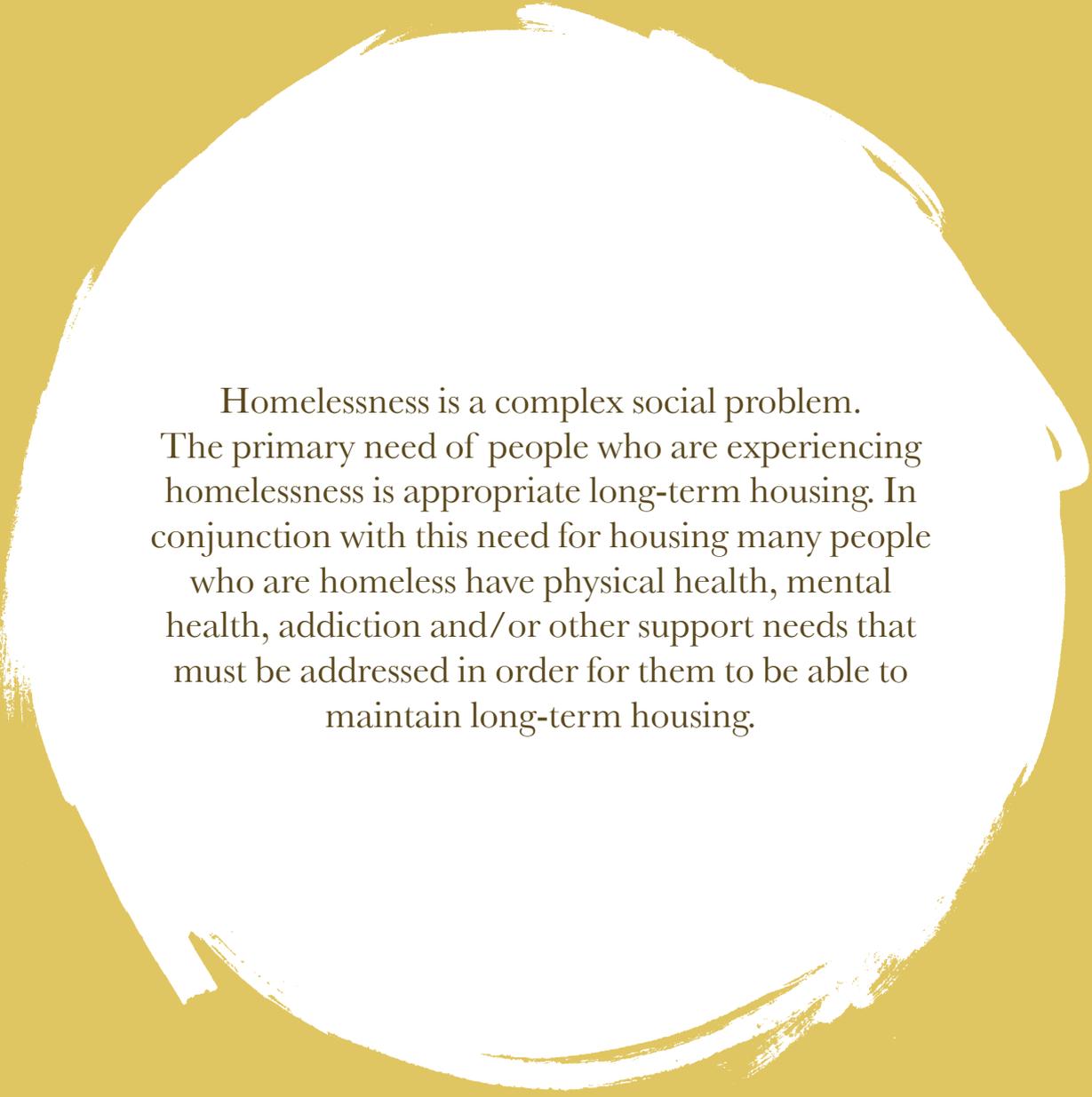
In May 2000, the Irish Government committed to tackling homelessness through the launch of *Homelessness – An Integrated Strategy 2000*, which aimed to address the range of issues that impact on homelessness nationally. It was prepared under the aegis of the Cross Departmental Team on Homelessness, working closely with the Department of the Environment, Heritage and Local Government. The strategy recognised the need to address factors not only related to the provision of accommodation, but also to health, care and welfare, education and training and prevention in order to effectively tackle homelessness in Ireland. This was followed in 2002 by *Homeless Preventative Strategy 2002* and both strategies were reviewed in 2006 to assess performance against each and make further recommendations to promote progress in addressing the issue of homelessness.

Following on from this, *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* was launched in August 2008 and builds on the work of *Homelessness – An Integrated Strategy 2000* and *Homeless Preventative Strategy 2002* and is informed by an independent review of the Implementation of Homeless Strategies 2006.

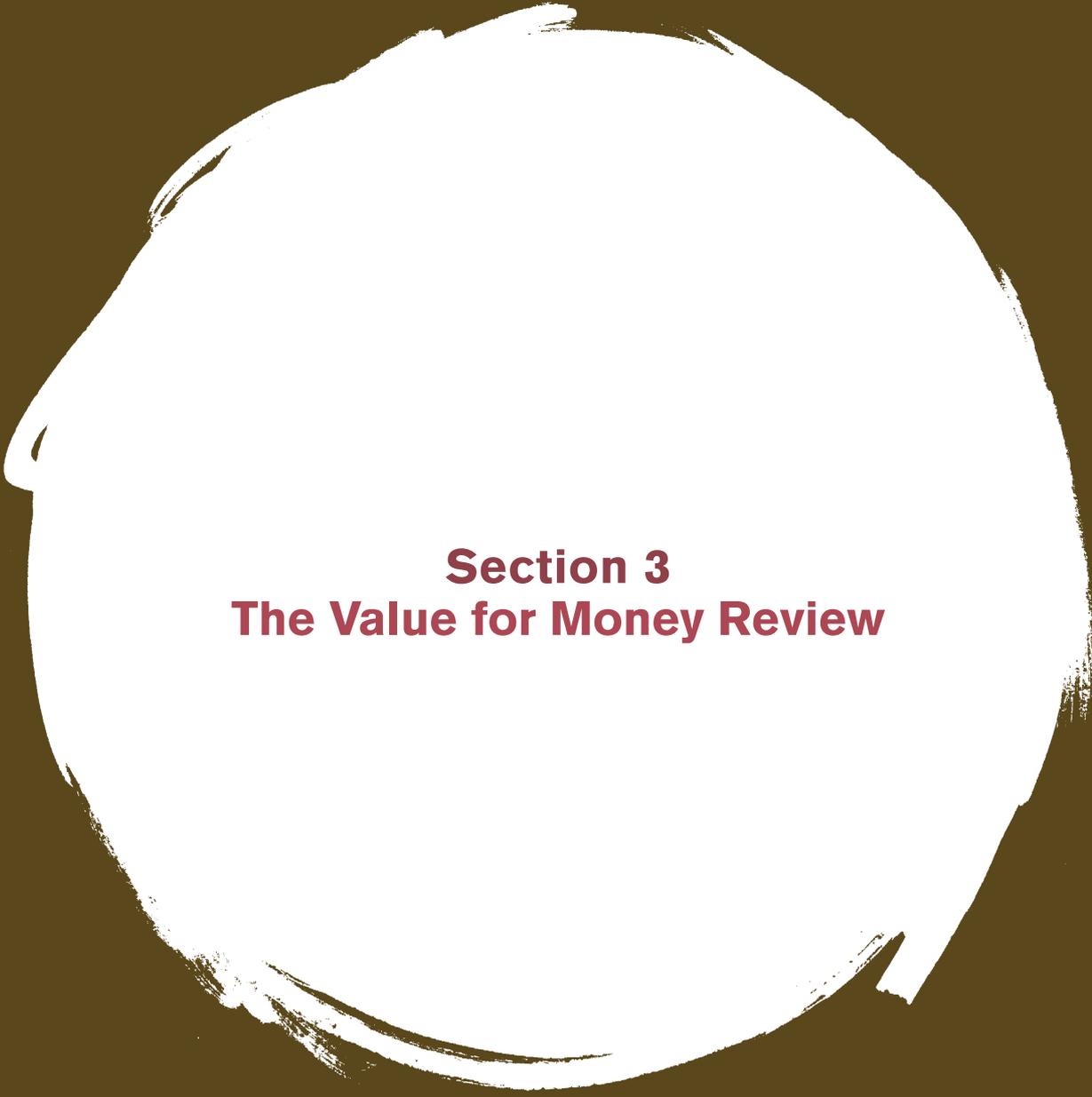
The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013 has three core objectives:

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

Long-term homelessness is when a person has been homeless for over six months. A repeat experience of homelessness will be counted as long-term if a person has been homeless for over four weeks and his/her cumulative experience of homelessness exceeds six months in duration over the last five years. This includes people leaving prison or other institutions. However, the six-month period does not include time spent in a transitional programme, as long as it has not exceeded its agreed duration (typically six months to two years). Where a person is unable to access long-term housing after the agreed duration of a transitional programme, he/she will be considered long-term homeless even if he/she remains in transitional accommodation.



Homelessness is a complex social problem. The primary need of people who are experiencing homelessness is appropriate long-term housing. In conjunction with this need for housing many people who are homeless have physical health, mental health, addiction and/or other support needs that must be addressed in order for them to be able to maintain long-term housing.



Section 3
The Value for Money Review

3.1 Scope of the VFM Review

Expenditure on homelessness is significant in terms of current government commitments. A total of €56.4 million was spent on homelessness in Dublin in 2006 rising to €60.7 million in 2007, of which €40.7 million (67%) was provided by the local authorities and €20 million (33%) by the HSE. In addition, mainstream statutory services also expend a significant level of resources in the provision of services such as education, health, training and local authority provision, which people experiencing homelessness can access.

It is important to note that the above figures do not represent the full scale of resource expenditure on homelessness in Dublin in 2007. The full economy of both scope and scale of resources expended on homelessness must firstly take account of the additional monies and resources invested directly by the voluntary sector that are obtained through charitable donations and fundraising efforts as well as from other income streams (e.g. income from investments and yields from assets). Secondly, the added value to overall service provision obtained through the deployment of volunteers and the skills transfer arising from corporate social responsibility programmes must also be taken into account. These additional resources are estimated to have amounted to approximately €10 million in 2007. This figure is calculated on the basis of estimates provided by service providers, which also includes fundraising initiatives and other grant sources, which of course add tremendous added value in terms of responses to homelessness.

Notwithstanding this, in order to confirm the impact of public expenditure on homeless services in Dublin and to help illustrate alternative options in expenditure decision-making, a review of finance exercise was commissioned by the Homeless Agency Partnership. The main objective of the exercise was to examine the cost effectiveness of homeless services in Dublin, their equity (quality of outcome) as well as their economy and overall efficiency.

The scope of this review is homeless service expenditure of approximately €60.7 million in Dublin in 2007. This includes all expenditure made via the Homeless Agency under agreed Service Level Agreements (SLAs), all expenditure from Dublin local authorities on direct provision of private emergency accommodation and all HSE expenditure on dedicated health services for homeless service users in Dublin.

Trend analysis will be carried out, focusing on costs and services delivered, from the period commencing 2005 to 2008. The review focuses on the management of this expenditure and the value for money obtained from it. The expenditure relates to the following services:

- Emergency accommodation (to include private emergency accommodation).
- Transitional accommodation.
- Long-term supported accommodation.
- Street outreach services.
- Settlement services.
- Advice/information/food services.
- Detox/rehabilitation services.

- Homeless Persons Unit (HPU).
- Health services.

It is important to note that private emergency accommodation, the HPU and health services (HPU) are funded directly and monitored for quality purposes by the local authority and the Health Service Executive respectively, and they do not come under the aegis of the Homeless Agency Partnership. This review will concentrate on expenditure for which there is a direct SLA between the provider and the Homeless Agency Partnership as well as private emergency accommodation and HPU. It does not evaluate health in depth although information can be obtained from the HSE regarding these elements. Private emergency and HPU services will be reviewed despite there being no SLA due to their significance in terms of supporting the homeless system and overall scale of costs.

3.2 Review methodology

The Review involved the study of objectives, inputs, activities, outputs, and outcomes associated with homeless expenditure in 2007 to reach conclusions on the following evaluation criteria: rationale, efficiency, effectiveness and continued relevance. The evaluation criteria are reflected in the evaluation questions agreed in the Terms of Reference in the next section. The general approach is based on the programme logic model as described in the *Department of Finance Value for Money and Policy Review Initiative Guidance Manual*²³.

The rationale for this approach is that if the links between inputs, activities, outputs and outcomes can be confirmed and achievement measured by reference to agreed performance indicators for each link in the chain, then there is a basis for reaching conclusions on the performance delivered by the programme. Where it is found that there are weaknesses in some linkages within the programme logic, then this has a basic effect on the strength of the conclusions that can be reached. For example, if the programme logic links between outputs and outcomes are weak then this affects the conclusions that may be reached on effectiveness and impact.

The evaluation criteria and how they were assessed as part of this review are described below:

Rationale

Rationale refers to evaluation questions concerned with identifying the objectives and examining their validity. For any investment to be successful, there needs to be clear objectives set to ensure resources are appropriately allocated and desired outcomes are achieved.

Economy

Evaluations of economy are in-depth considerations of inputs. It refers to obtaining the best quality inputs at the best price, at both a macro and micro level. For this review, specific service inputs and costs were evaluated over the period 2005 to 2008 to gain a micro perspective of economy, and total homeless inputs and cost of those inputs were evaluated to gain a macro perspective of economy.

²³ *Department of Finance Value for Money and Policy Review Initiative Guidance Manual* can be seen at www.finance.gov.ie/documents/publications/guidelines/vfmguidelinemanual.pdf

Efficiency

Efficiency is a comparison of outputs to inputs and can be viewed in two different ways:

- Whether the same level of output and result could be achieved with fewer inputs, i.e. at a lower cost; or
- Whether a higher quality or quantity of outputs might be delivered from a fixed amount of input.

For this review, specific service inputs and outputs were evaluated over the period 2005 to 2008 with particular focus on value for money achieved in 2007. The key studies described in Section 2.2.4 provided insight to the quality of output and outcome delivered by homeless services.

Effectiveness

Effectiveness is defined in terms of the extent to which the objectives have been achieved and the planned benefits delivered. For this review, attention was paid to the specific outputs and outcomes generated by homeless services and whether these were enabling achievement of key objectives, which were to undertake a value for money exercise that examines and considers in detail the cost effectiveness of homeless services in Dublin, their equity (equality of outcome) as well as their economy and overall efficiency. The key studies described in Section 2.2.4 provided insight to the effectiveness of existing homeless services.

Continued relevance

Continued relevance refers to the justification for continued allocation of public money to homeless services. To measure this criterion the environment/context in which the programme operates was assessed, the achievement of objectives was reviewed and target indicators were challenged.

3.3 Terms of reference

The Board of the Homeless Agency Partnership agreed the overarching terms of reference (TOR) for the purposes of carrying out the review. On establishing its work programme, the review steering group aligned the TOR to the template by the *Department of Finance Value for Money and Policy Review Initiative Guidance Manual*, as follows:

- Identify the objectives of the expenditure on homeless services in Dublin;
- Examine the current validity of the objectives of the homeless services expenditure and their compatibility with the overall Government's homeless strategy *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013*;
- Identify the level and trend of costs and outputs associated with the provision of homeless services and comment on the efficiency with which they have been utilised to achieve objectives;
- Examine the extent to which the objectives have been achieved;
- Evaluate the degree to which the objectives warrant ongoing and scope for alternative approaches to achieving these objectives; and
- Specify potential performance indicators that might be used to monitor and evaluate the efficiency and effectiveness of future expenditure on homeless services.

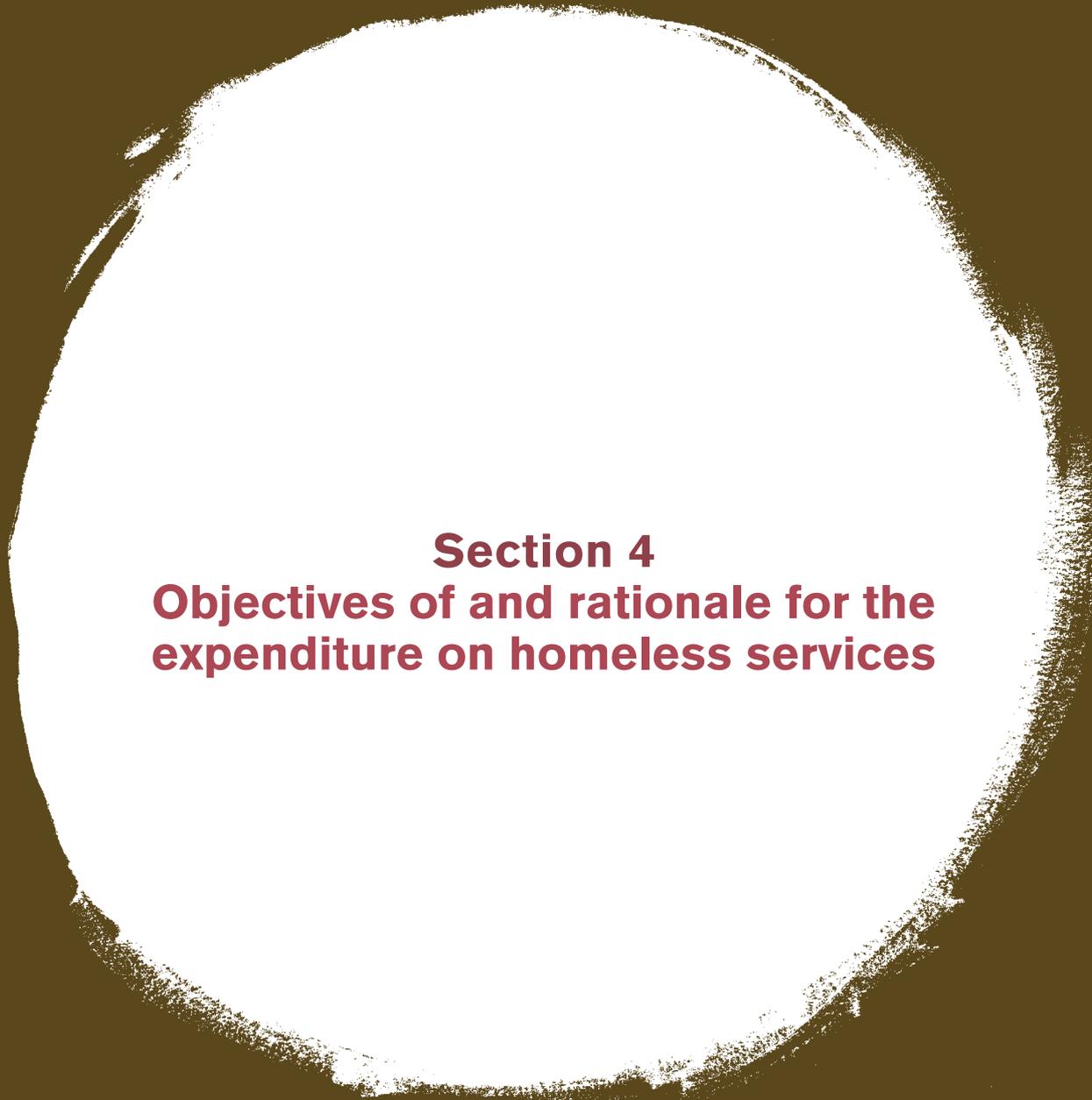
3.4 Organisation of the Review

A steering group was set up to undertake the Review. The steering group worked under the independent chairmanship of Mr David Fitzgerald and included members from the Homeless Agency Executive; key statutory agencies (HSE and local authorities), some of whom are members of the Homeless Agency Funding Assessment Panel; and the voluntary sector. A detailed list of members of the group can be found in Appendix 2.

Deloitte Consulting was appointed as an independent member of the steering group to assist in carrying out the review as follows:

- Assist in the definition of the structure of the report.
- Support objective analysis.
- Facilitate formulation of conclusions.
- Quality assess the draft report.

Expenditure on homelessness is significant in terms of current government commitments. A total of €56.4 million was spent on homelessness in Dublin in 2006 rising to €60.7 million in 2007, of which €40.7 million (67%) was provided by the local authorities and €20 million (33%) by the HSE. In addition, mainstream statutory services also expend a significant level of resources in the provision of services such as education, health, training and local authority provision, which people experiencing homelessness can access.



Section 4
Objectives of and rationale for the
expenditure on homeless services

The focus of this review is to analyse the expenditure on homeless services in Dublin, Ireland for 2007 in order to assess whether they were achieving value for money, also taking into account trend of costs and services delivered between 2005 and 2008. To examine the context in which this expenditure took place, we reviewed the Homeless Agency Partnership Strategic Plan *A Key to the Door* (2007-2010) and the Government's new homeless strategy *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013*.

4.1 Key homeless service objectives 2007-2010

The Vision of the Homeless Agency Partnership, in accordance with the Government's new homeless strategy, is to

“eliminate long-term homelessness and the need to sleep rough in Dublin by 2010”.

This Vision is underpinned by three strategic aims, focused on prevention, quality and providing local access to appropriate housing and support services which in turn are supported by specific core actions:

- Prevent people from becoming homeless.
 - Identify people and households at risk of homelessness and intervene appropriately with a co-ordinated multi-agency approach.
 - Implement an information and awareness strategy.
 - Ensure access to mainstream health services and other services for people and households at risk of homelessness.

- Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area.
 - Implement the Holistic Needs Assessment and the Care and Case Management approach across the homeless services sector.
 - Continue the localisation of mainstream and specialist homeless services.
 - Increase service user participation.

- Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households.
 - Local authorities and housing associations to provide social rented housing.
 - Identify and advocate for the removal of barriers preventing access to private rented accommodation.
 - Maximise housing provision for people and households through the Rental Accommodation Scheme.
 - Evaluate and review existing models of long-term housing supports and seek appropriate revenue funding streams for the implementation of best practice in this area for people who have been homeless.

The above actions are supported by specific key performance indicators (KPIs) which are introduced in Section 7. Detailed information on the progress of each of the above actions is provided in the Homeless Agency publication *A Key to the Door* 2007²⁴.

Following this review there were three critical priorities for 2008, identified as:

1. Measure and evidence need and projected requirements.
2. Develop and agree a model of service delivery for the homeless sector in Dublin.
3. Review current expenditure on homeless services and develop and propose a capital and revenue funding mechanism to be agreed as part of a revised funding regime.

The above priorities have been addressed to some extent by the key studies introduced in Section 2.2.4.

4.2 Consultation with service users in the development of *A Key to the Door*

On developing and establishing the Homeless Agency Partnership action plan *A Key to the Door*, consultations took place with service users and people who have used homeless services in the past. The consultations took place in 12 homeless services, including emergency accommodation, transitional housing and day centres. People were also interviewed in long-term housing and on the streets. A total of 105 men, women and children were interviewed, mainly in groups. Their views were sought on the following issues:

- Reasons for becoming homeless.
- Comments on existing homeless and housing services.

Not all individuals expressed opinions on all of the above and some people's comments were contradicted by other service users, however their feedback does provide invaluable insight into the causes of homelessness and the quality and effectiveness of existing services overall and was used to inform direction of the strategic plan. A summary of these findings is provided below but full details of these consultations can be found in *A Key to the Door*.

Reasons for becoming homeless

The principle immediate causes identified were family breakdown, alcohol, heroin and mental health problems.

Comments on existing homeless and housing services

— Emergency

- The importance of emergency accommodation being accessible 24 hours a day was emphasised.
- Service users had very positive experiences of the Dublin City Council Homeless Night Bus service, although some of them said that long waits for the bus service could be very frustrating.
- Private emergency accommodation (B&Bs) were described as better than hostels because of more privacy, but it was stressed that B&Bs are not the answer and they are often a place where people

²⁴ *A Key to the Door* 2007 can be accessed on www.homelessagency.ie

get ‘dumped’. It was felt that there were many drug users in some B&Bs so it is really difficult to stay off drugs if accommodated there.

- There was a repeated call for ‘dry’ hostels for people trying to stay off drink or drugs, as well as a repeated call for ‘wet’ hostels for people who cannot or are not ready to stay off drink or drugs.
- Loneliness in private rented accommodation was raised as an issue, along with the importance of being occupied during the day.

— ***Transitional***

- It was noted that transitional housing is of particular value to people who are recently out of treatment or long-term homeless. However, it was also felt that people should be able to move straight into their own accommodation and not waste time in transitional housing.

— ***Settlement***

- The people interviewed had very positive views about community settlement, whether provided by voluntary bodies or local authorities. It was highlighted that community settlement is essential to help some people stay in private rented accommodation.

— ***Rehab/detox***

- A shortage of treatment/detox beds was highlighted as well as the impossibility of giving up drink or drugs while on the streets. The importance of appropriate housing or accommodation for people who have been through detox was raised. It was stressed that if someone has to go into a hostel after treatment there is a much greater chance that he/she will start using again.
- Some service users highlighted big gaps in rehabilitation services and the importance of help to reintegrate ex-drug users.

— ***Other***

- Some people raised the issue of having to give landlords money in hand, on top of the rent supplement. This left them with very little money left over.
- It was stressed that local authority housing waiting lists are too long.
- A ‘huge need’ for houses or accommodation for people coming out of prison was highlighted, as well as a need for more accommodation for lone parents.

25 *Putting People First* can be sourced from the Homeless Agency.

4.3 Quality framework

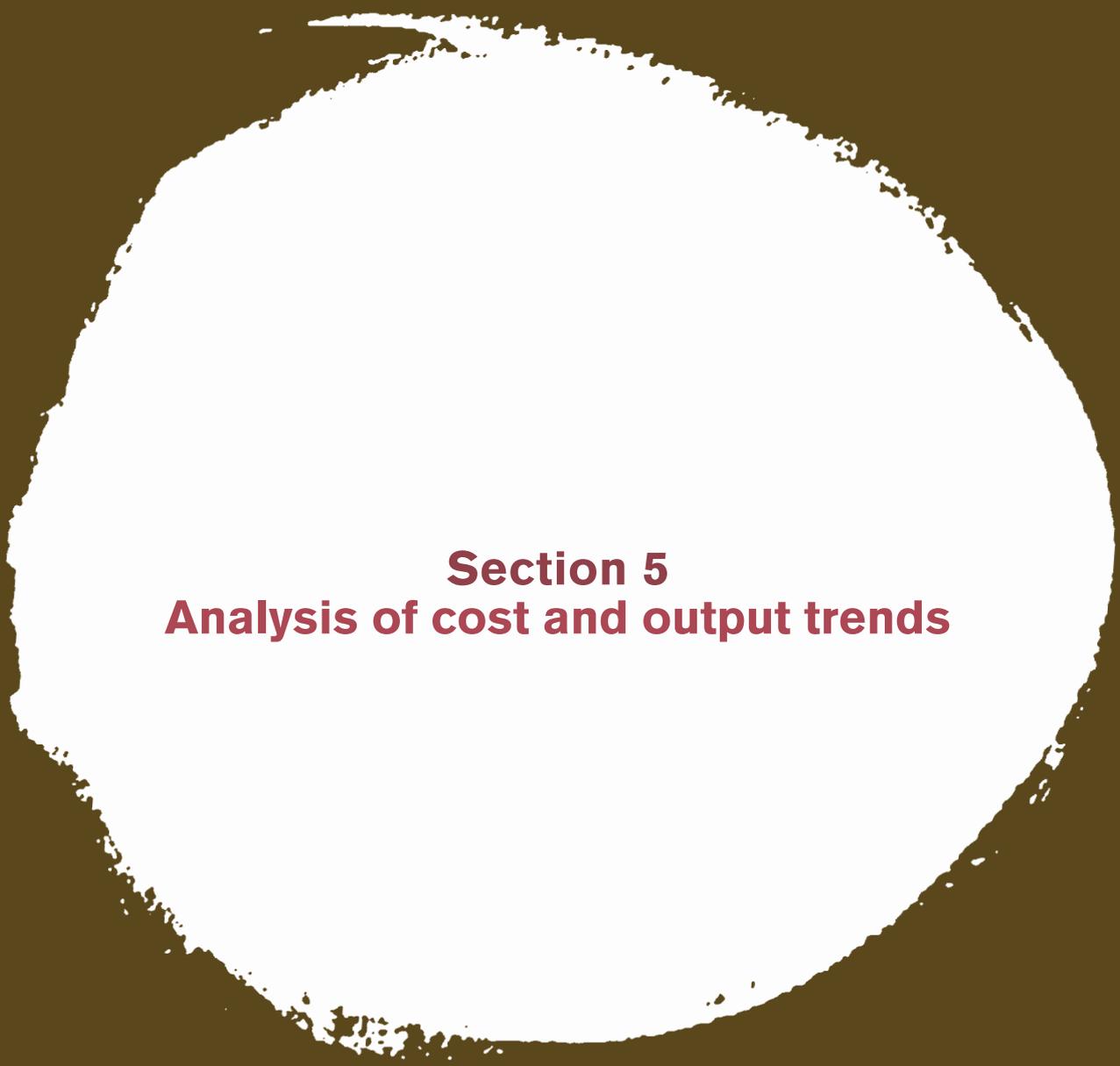
*Putting People First*²⁵ was produced in 1999 by the Homeless Initiative, predecessor to the current Homeless Agency Partnership, as part of an improvement programme for homeless services throughout the wider Dublin area.

Putting People First is a tool for providers of homeless services for developing and improving service quality and practice. This good practice handbook contains comprehensive guidance on implementing good practice standards and sets out specific goals and performance measures for providers to achieve.

This standards manual was also used as part of the evaluation methodology developed for the evaluation of emergency hostel accommodation, transitional and housing supports services in 2006. This allowed service providers to establish benchmarks in terms of where their organisation was placed in terms of quality provision and best practice. It also allowed for the development and improvement of services based on independent verification. *Putting People First* has also been used as part of the *Evaluation of Homeless Services 2008 Series*.

This manual demonstrates the Homeless Agency Partnership's proactive drive to achieve optimum quality services and has provided a framework with which quality of service provision can be monitored and measured to some extent. However, the framework needs to be developed to detail quality standards by service at a more granular level. The Homeless Agency Partnership has committed to revising the current version of *Putting People First* in 2009.

The focus of this review is to analyse the expenditure on homeless services in Dublin, Ireland for 2007 in order to assess whether they were achieving value for money, also taking into account trend of costs and services delivered between 2005 and 2008. To examine the context in which this expenditure took place, the Homeless Agency Partnership Strategic Plan *A Key to the Door (2007–2010)* and the Government’s national homeless strategy *The Way Home (2008–2013)*, was reviewed.



Section 5
Analysis of cost and output trends

This section analyses the trend in cost and outputs generated from homeless services between 2005 and 2008 with particular focus on value for money achieved as a result of expenditure in 2007.

5.1 Trends in homeless service expenditure 2005-2008

Between 2005 and 2007, €168 million was invested in supporting homeless services in Dublin with another €62.3 million forecast to be spent in 2008. Homeless services can be split into two main categories:

- Homeless accommodation which includes emergency, private emergency, transitional and long-term housing; and
- Homeless support services which includes street outreach, settlement, advice/info/food, detox/rehab, health and the Homeless Persons Unit (HPU).

Homeless accommodation accounts for approximately 72% of total expenditure with support services accounting for the remaining 28%. The following table illustrates the trend of expenditure between 2005 and 2008 for the above services and highlights the contributions from both the HSE and local authorities and the year on year growth in expenditure before and after allowing for inflation.

Homeless Services expenditure year by year²⁶

Total Cost of Homeless Services	2005	2006	2007	2008 (Budget)	Total
Total Expenditure	50,927,023	56,357,798	60,698,463	62,344,824	230,099,770
Split by:					
Local Authority	32,928,098	37,126,323	40,714,829	41,766,302	152,535,552
HSE	17,998,925	19,290,475	19,910,634	20,505,522	77,705,556
Other	0	0	73,000	73,000	146,000
Year on Year Expenditure Growth		11%	8%	3%	
Inflation % HICP		2.7%	2.8%	3.3%	
Year on Year Expenditure Growth in Real terms*		8.2%	4.8%	-0.6%	
Inflation % CPI		4.0%	4.9%	4.5%	
Year on Year Expenditure Growth in Real terms**		6.8%	2.7%	-1.8%	

Homeless Accommodation	2005	2006	2007	2008 (Budget)	Total
Emergency	10,303,188	11,292,432	12,945,542	12,834,201	47,375,363
Private Emergency	13,000,583	15,431,582	16,371,631	17,658,815	62,462,611
Transitional	8,823,357	9,298,119	9,353,565	9,220,565	36,695,606
Long Term	3,383,861	4,463,898	4,996,275	5,129,702	17,973,736
Total	35,510,989	40,486,031	43,667,013	44,843,283	164,507,316

Homeless Support Services	2005	2006	2007	2008 (Budget)	Total
Street Outreach	1,110,342	1,233,020	1,265,676	1,288,203	4,897,241
Settlement	1,555,872	1,599,548	2,514,091	2,559,593	8,229,104
Advice/Info/Food	4,657,354	4,589,058	4,442,972	4,776,750	18,466,134
Detox/Rehab	1,098,525	1,431,908	1,474,865	1,483,190	5,488,488
Health	4,191,000	4,250,000	4,250,000	4,250,000	16,941,000
Miscellaneous costs – DoE	1,093,814	1,148,505	1,354,756	1,380,133	4,977,208
HPU	1,598,789	1,678,728	1,729,090	1,763,672	6,770,279
Total	15,305,696	15,930,607	17,031,450	17,501,541	65,769,454

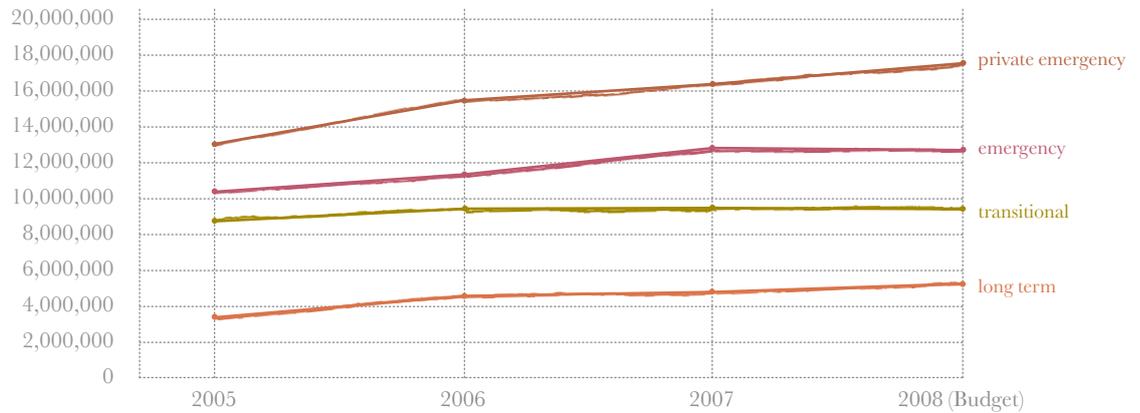
* The growth rate has been adjusted to remove the effects of HICP (Harmonised Index of Consumer Prices)

** The growth rate has been adjusted to remove the effects of CPI (Consumer Price Index)

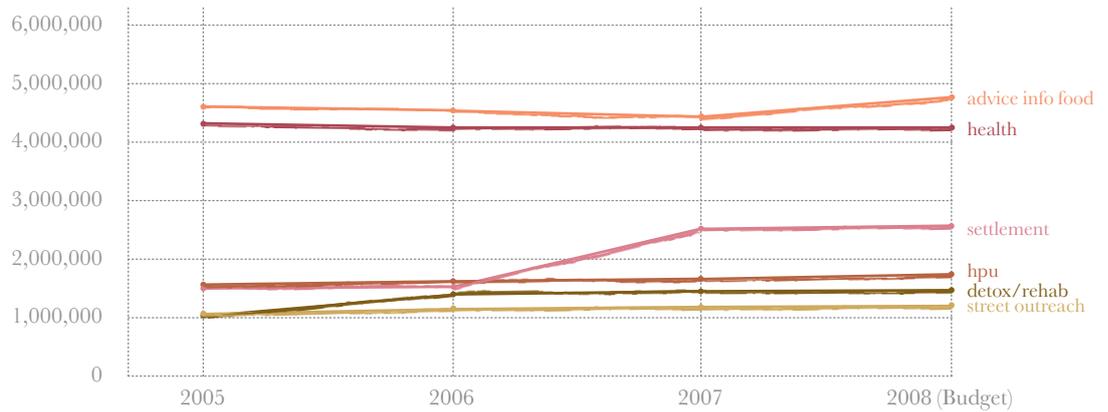
²⁶ All figures have been provided by the Homeless Agency Finance Team in collaboration with the statutory funding agencies.

The graphs below illustrate the year on year growth in expenditure for homeless accommodation and support services between 2005 and 2008. It is noted that the figure above representing the HPU accounts for the funding allocated to the HSE from Dublin City Council for the purpose of operating the freephone and placement service. Taking into account the full cost of the HPU, to include HSE expenditure, the cost at 2007 levels is €3.3m.

Expenditure on Homeless Accommodation Services by year



Expenditure on Homeless Support Services by year



For homeless accommodation, there have been notable increases in emergency, private emergency and long-term accommodation expenditure between 2005 and 2008, whilst expenditure on transitional services has remained relatively flat over this period.

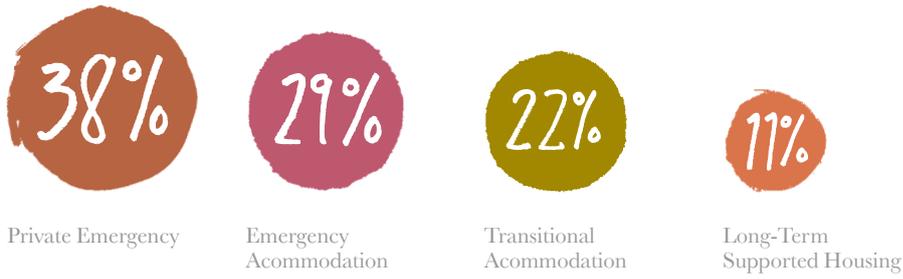
For homeless support, street outreach, settlement and detox/rehab services have experienced the most growth between 2005 and 2008, whilst there has been a reduction in expenditure on health services.

In real terms, expenditure grew by 6.8% between 2005 and 2006, 2.7% from 2006 to 2007 with a 1.8% fall in expenditure predicted between 2007 and 2008 (budget). The increases between 2005 and 2006 were mainly attributable to increases in expenditure within emergency/private emergency, long-term, street outreach and detox/rehabilitation services whilst increases between 2006 and 2007 were due to increases in emergency, long-term and settlement services. The rationale for these increases and decreases will be explained in detail by service type in Section 5.4.

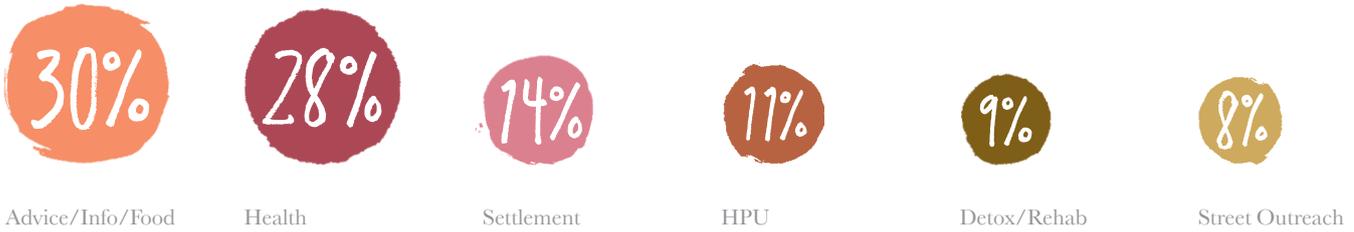
The following graphs illustrate the proportion of total accommodation and total support costs accountable by each service category for the period 2005 to 2008.

Currently, 67% of homeless accommodation expenditure is invested in emergency accommodation, 22% is spent on transitional and only 11% on long-term accommodation. Of total homeless support

% of Expenditure by Homeless Accommodation Service



% of Expenditure by Homeless Support Service



expenditure, health and advice/info/food account for approximately 60% whilst the other five services account for the remaining 40%.

Overall cost trends appear to be reflecting increases in the number of services provided as well as improvements in quality year on year. The real reduction in expenditure expected between 2007 and 2008 would at first indicate an improvement in cost efficiencies however without detailed information on service outputs provided in 2008 and the quality of those outputs this is merely an unfounded assumption.

5.2 Trends in homeless service provision 2005-2008

Where information was available, an assessment was carried out to identify the number of services provided year on year under each service category and associated number of staff employed in support of those services. This analysis looked to ascertain value for money achieved between 2005 and 2007 in terms of economy and efficiency by looking at the average ‘cost per service’ and average number of ‘staff per service’. Whilst these ratios provide an indication as to whether value for money is being achieved or not, the variations that exist between services in terms of level of service, quality and bed capacity and the insufficient information on these variances make it impossible to draw a definite conclusion either way.

The following tables present the ‘cost per service’ and ‘staff by service’ ratios for the following service categories: emergency, transitional, long-term, street outreach, settlement/tenancy sustainment, advice/info/food, and detox/rehab between 2005 and 2007. Sufficient information was not available to carry out this analysis for: private emergency, HPU, and health services. Please note that information on 2005 staff numbers is missing for a large proportion of the services, so assessment of ‘staff by service’ ratios will focus on 2006 and 2007 only. Year on year increases/decreases in cost per service are expressed in real terms, taking into account inflation²⁷.

²⁷ Inflation rates are CPI rates stated by the CSO

Trends in Expenditure, number of services and number of staff employed

Emergency	2005	2006	2007
Expenditure	10,303,188	11,292,432	12,945,542
No of services	11	11	12
No of Staff		283	251
Staff per service	11	26	21
Cost per service	936,653	1,026,585	1,078,795
YoY increases/decreases in cost per service		6%	0%
Transitional	2005	2006	2007
Expenditure	8,823,357	9,298,119	9,353,565
No of services	22	22	22
No of Staff		237	234
Staff per service	5	11	11
Cost per service	401,062	422,642	425,162
YoY increases/decreases in cost per service		1%	-4%
Long Term	2005	2006	2007
Expenditure	3,383,861	4,463,898	4,996,275
No of services	9	10	11
No of Staff		121	146
Staff per service	0	12	13
Cost per service	375,985	446,390	454,207
YoY increases/decreases in cost per service		15%	-3%
Street Outreach	2005	2006	2007
Expenditure	1,110,342	1,233,020	1,265,676
No of services	4	5	5
No of Staff		62	60
Staff per service	0	12	12
Cost per service	277,586	246,604	253,135
YoY increases/decreases in cost per service		-15%	-2%

Settlement	2005	2006	2007
Expenditure	1,555,872	1,599,548	2,514,091
No of services	4	4	5
No of Staff			
Cost per service	388,968	399,887	502,818
YoY increases/decreases in cost per service		-1%	21%
Advice/Info/Food	2005	2006	2007
Expenditure	4,657,354	4,589,058	4,442,972
No of services	10	11	11
No of Staff		133	154
Staff per service	0	12	14
Cost per service	465,735	417,187	403,907
YoY increases/decreases in cost per service		-14%	-8%
Detox/Rehab	2005	2006	2007
Expenditure	1,098,525	1,431,908	1,474,865
No of services	3	4	4
No of Staff		38	44
Staff per service	0	10	11
Cost per service	366,175	357,977	368,716
YoY increases/decreases in cost per service		-6%	-2%
2005 – 2008 Total services	2005	2006	2007
Expenditure	30,932,499	33,907,983	36,992,986
No of services	63	67	70
YoY growth in expenditure		7%	6%
YoY growth in services		6%	4%

The above tables would appear to illustrate that economies were achieved across all service categories bar settlement, supported by a reduction in cost per service between 2006 and 2007 in real terms. However, as stated above the variances that exist between services mean that this picture can only be used insofar as to suggest a positive trend in but by no means definite achievement of economies.

The 'staff by service' ratios provide an indication of efficiencies achieved in terms of human resources needed to support a service. From the analysis it would appear that efficiencies have been achieved across emergency, transitional and street outreach services whilst inefficiencies exist across long-term, advice/info/food and detox/rehab services. However, without having more information as to whether these services were being delivered sufficiently by the number of resources in the previous year, we are unable to state categorically that these services have become less or more efficient.

5.3 Unit costs 2007

Information on the cost per unit of service is critical in the assessment of economy and efficiency as well as providing a benchmark to which quality and cost can be compared across services and indeed geographically.

The importance of unit costing as a benchmark against which value can be measured was identified by the Homeless Agency Partnership in 2005 and consequently a unit costing exercise was undertaken and a draft report was produced in October 2005. Unfortunately this piece of work was not developed on an annual basis and today these unit costs are out of date.

For the purposes of this report high-level unit costs have been calculated based on total expenditure and total units of accommodation provided by each of the three main homeless accommodation services (emergency, transitional and long-term) plus detox/rehab services in 2007. Information on unit costing at a more granular level i.e. cost of varying levels of supports, cost of meals, cost of providing shower facilities is not available.

5.3.1 Comparison of unit costs

Preliminary unit cost analysis has been carried out at a macro level for homeless accommodation services and is compared in the following table.

It is important to note that these unit costs have been calculated by dividing total expenditure by total units of accommodation and do not consider the variations in level of support provided with this accommodation, which of course would affect these costs.

Information on unit costs for the various levels of long-term support has been provided by one service provider, which is detailed in the table below. This information should be used for indicative purposes only as they only reflect the unit costs of that specific service provider which is not a true average or indeed a known best practice service provider.

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

Long Term Housing	Cost per Unit per year (€)
Rented/Short Term Support	4,800
Rented/Long Term Visiting Support	4,700
Supported Housing (no night cover)	5,300
Supported Housing (caretaker and out of hours security cover)	11,100

The above information highlights that long-term housing at all levels of support is the least cost form of housing while emergency and detox/rehab are the most expensive to deliver. The Homeless Agency Partnership currently invests 48% of its budget in emergency/private emergency accommodation, 15% in transitional and only 8% on long-term housing with supports.

Interestingly, the *Evaluation of Homeless Services 2008 Series* identified that 69% needed mainstream housing. Of this group 17% needed no support, 26% needed short-term support and 26% needed long-term support. Moving people who are homeless from emergency to long-term tenancies would represent significant cost efficiencies and most importantly would be more effective in achieving the overall vision of eliminating long-term homelessness.

5.3.2 Comparing unit costs regionally

As part of its fieldwork, the review steering group travelled to Northern Ireland to meet with its Housing Executive and maintained contact with the Scottish Executive in relation to exploring comparatives in terms of spend, outcomes, as well as models of provision. However, the steering group concluded that benchmarking the services provided in Dublin with other cities of a similar size and population was not possible at this juncture in terms of making reasonable comparisons. This remains an area which should be explored further in terms of understanding how spend and outcomes could be compared and whether the services are achieving acceptable economies and quality standards for benchmark purposes. The steering group also examined the potential to make relevant comparisons in terms of mainstream health care spend (e.g. acute hospital bed), but was unable to make reliable comparisons.

5.4 Analysis by service category 2007²⁸

5.4.1 Emergency

Overview and background

A person who is experiencing homelessness is entitled to shelter and assistance under the Housing Act 1988 and health related support under the Health Act 1953. Emergency accommodation is provided by local authorities, voluntary housing associations, voluntary bodies and private emergency providers. Hostel accommodation is the primary form of emergency accommodation provided for individuals with specialist health and support needs. Private emergency accommodation is used for persons/families presenting as homeless but who cannot be accommodated in hostels for reasons such as insufficient supply, household size, composition or particular medical or social needs.

In accordance with *A Key to the Door* and national policy, emergency accommodation is provided in order to give immediate accommodation as a response to a household's housing/personal crisis. The subsequent role of emergency accommodation is to assess the needs of residents and to provide support, ensuring that residents move on to appropriate long-term housing – with whatever ongoing support may be required – as quickly as possible.²⁹

Inputs

In 2007, €12.9 million was spent on emergency services and €16.3 million on private emergency. This accounted for 21% and 27% of total homeless service expenditure respectively.

Emergency expenditure increased between 2005 and 2006 due to the provision of Haven House, a purpose-built state-of-the-art emergency facility catering for homeless families and women, which replaced an existing service operating in less than optimum facilities. Additionally, there was an increase due to the expansion of key working staff in emergency hostels. The increase between 2006 and 2007 was due to the introduction of another new service/facility, Bentley House, with additional staff providing emergency and transitional accommodation in the Dun Laoghaire Rathdown local authority area. This was in support of the objective to improve the localisation of mainstream services and offer better quality provision to homeless persons. Additionally the full annual costs associated with Novas Women's Refuge were incurred in 2007, whilst only one month's worth of costs were incurred in 2006.

The above cost increases represent a necessary increase in quality of service to homeless people in terms of key workers and facilities. There has been no real increase in costs between 2007 and 2008 and, assuming service delivery has remained constant, this would indicate a more efficient use of resources.

Private emergency expenditure increased significantly between 2005 and 2006 due to the significant lack of adequate housing with support available as required on a temporary basis. Private emergency accommodation was deemed the most appropriate way of increasing the capacity of temporary accommodation available to homeless people.

²⁸ Please note that outputs in terms of quality for all service types were supplied via the Independent Evaluator of Homeless Services 2008. The reader is advised to read the *Evaluations* report in order to gain contextual information in terms of quality outcomes and in what way measurement of same is conducted.

²⁹ The agreed target is to be supported out of homelessness within a six-month timeframe.

Activities

Types of services offered vary by establishment but each service should incorporate a number of key features (these are of course in addition to those included in the quality standards framework discussed in Section 4.3):

- Referrals – where possible, emergency services should be direct access. That is, they should accept self-referrals and referrals from other organisations, in particular the Homeless Persons Unit, the Dublin City Council Night Bus, and the street outreach teams, and they should not operate a waiting list. The referral process should be quick and transparent.
- Assessing needs – the housing and other needs of residents should be assessed thoroughly, by trained staff, and each resident should be allocated a key worker/case manager whose job is to ensure that the resident’s entire needs are met, and to assist their move into appropriate housing as soon as possible.
- Length of stay – whilst there is a definite target of assisting people in moving on from emergency accommodation within a six-month timeframe, the maximum length of stay, from an operational perspective, should not have the effect of removing the resident without having appropriate housing with supports, as required, in place.
- Specialist services – there should be some specialist services, catering for particular groups of people. These might include services targeting active drug users, services for people who need a drug-free environment, ‘wet’ accommodation, and ‘dry’ accommodation.
- One-night policy – no emergency accommodation service should operate a one-night only policy. People who move into emergency accommodation should be allowed to stay there until appropriate move-on housing has been identified (subject of course to the rules of the service). Subject to this, people’s stay in emergency accommodation should be as short as possible.
- Key working – all emergency accommodation should operate a key worker system, and everyone who moves into emergency accommodation should be allocated a key worker as soon as possible.

Outputs

In 2007, there were 12 emergency services in the Dublin area, providing 443 units of accommodation and employing approximately 251 staff. A detailed list of the organisations that provide these services can be seen in Appendix 4. In addition, there exists a significant amount of the organisations that provide emergency accommodation procured through the private sector. Three different organisations or services have access to private emergency accommodation and each has specific accommodation allocated to it, although there are on occasions some overlaps.

- The Homeless Persons Unit (HPU) is responsible for approximately 407 units (1004 beds) of private emergency accommodation. Referrals are made either through its day-time operation or through the freephone service that is operated by HPU staff during the evenings.
- The Night Bus that is run by Dublin City Council has access to approximately 29.5 units (50 beds) of private emergency accommodation.
- The New Communities and Asylum Seekers Unit have access to approximately 98 units (201 beds) of private emergency accommodation.
- Approximately 80 units (equalling 121 beds) of private emergency accommodation are designated ‘resettlement units’. More information is being sought on these.

- Voluntary providers also have access to and control of 33 units (equalling 40 beds) of accommodation.

Quality of emergency outputs

As introduced in section 2.2.4, there have been a number of key evaluation studies that are able to inform assessment on quality of outputs for emergency between 2006 and 2008. These evaluations focused on: suitability of premises, the referral process, fire safety standards, health and safety standards, extent of needs assessment and key worker planning, length of stay policies, induction practices, specialist mainstream services on offer, settlement support, recruitment and management policies, and record keeping and information management. Detailed information on these evaluations can be seen in *Pathways to Home*³⁰.

Overall the key areas of weakness in terms of quality across the emergency services were around quality of premises and safety standards, assessment of needs, length of stay policies, referral policies and specialist services provided. It is evidenced that those premises that were identified as poor quality and unsafe have been subsequently closed or improved as a result of these evaluations, however it is not known whether quality of provision has increased for the remaining areas.

30 *Pathways to Home* is a report detailing the key findings and recommendations following independent evaluations of emergency and transitional accommodation and can be accessed on the Homeless Agency website www.homelessagency.ie

It is acknowledged across the homeless sector that quality of emergency services provided between 2005 and 2008 has improved considerably, however there is insufficient comparative information between 2005 and 2008 to enable the review to conclude this with any degree of certainty.

Quality of private emergency outputs

The independent *Evaluations of Homeless Services 2008* series, which included private emergency accommodation, highlighted that this intervention is a costly emergency service option, costing approximately €14,600 per annum for a single person and approximately €29,500 per annum for a family, based on two adults and two children.³¹

It was also highlighted that there is not in place a systematic assessment of the needs of households in private emergency accommodation; there is not in place an adequate system to ensure they receive continuing support should they need it; and there is not an effective model in place to assist them to move into long-term housing. Overall this type of intervention, whilst successful in providing temporary accommodation for homeless people, is understood to be an inefficient way of investing in responses to eliminating long-term homelessness.

The survey highlighted that 84% of households have spent longer than six months in private emergency accommodation, and 21% have spent more than five years in private emergency accommodation. These are extremely high figures that present a significant challenge.

31 It is noted that capitation payments to private landlords can vary depending on the nature of the accommodation provided. The cost provided above for a single person is based on an average cost of €40 per night, whilst the cost associated with the family is calculated on the basis of an average cost of €81 per night.

Outcomes

The main objective of emergency accommodation, private and non-private, is to provide homeless people with a short-term route out of homelessness whilst at the same time identify their longer term housing needs and facilitate their move onto long-term independent living. This would support the overall vision of the Homeless Agency, and indeed the Government's, which is to eliminate long-term homelessness and the need to sleep rough in Dublin by 2010.

Whilst emergency accommodation has significantly improved over the last 10 years and indeed since the 2006 Evaluation of Emergency Accommodation (Brooke and Courtney), there are still several key issues with the existing system of emergency homeless services that are inhibiting the realisation of the agreed vision:

- Proportion of funding on emergency accommodation. Currently the Homeless Agency and the funding authorities spend 48% of their budget on emergency accommodation each year and only 8% on long-term accommodation. This distribution of funds does not lend itself to a model whereby there is sufficient long-term capacity to deal with the number of homeless people that are currently supported by emergency accommodation. If there is not enough long-term housing people are simply unable to move through the pathway out of homelessness.
- Length of stay policies and needs assessment. Due to most emergency accommodation not having strict length of stay policies, as well as less than optimum methods of assessment and key working capacity, many homeless people do not move on from emergency accommodation and if they do many typically move back into being homeless. *Counted In, 2008* found that 1388 adults (59%) in homeless services were resident in either emergency accommodation or private emergency accommodation. 989 adults reported that they were in emergency accommodation/private emergency accommodation for more than six months. This equates to 942 households. In addition, 169 households did not disclose how long they had stayed there. As such, the figure of 942 households should be seen as a minimum number of households in long-term occupation of emergency/private emergency accommodation.
- Private emergency accommodation.
There are several issues with private emergency services that are preventing the achievement of the overall vision of the Homeless Agency Partnership.

Firstly, the provision of private emergency accommodation in its current format often means that the care, support and housing needs of individuals and families are not addressed satisfactorily. Consequently people who are homeless, once in emergency accommodation, are not moving into long-term accommodation in any significant way.

Secondly, the private landlords receive a rent per bed independent of whether that bed was actually occupied, which makes this a very expensive way of housing people who are homeless. Arrangements and efforts put in place by the HPU and Dublin City Council that aim to ensure improved oversight and more efficient use of private emergency accommodation should go towards improving value for money going forward from this type of temporary accommodation.

Thirdly, not all households in emergency accommodation are paying an agreed charge, which is recouped by the local authority. This lessens the incentive for greater personal responsibility and move on to long-term accommodation, particularly if their private accommodation is of good quality.

5.4.2 Transitional

Overview and background

Many homeless people are able to move directly from emergency accommodation into long-term housing. Others may need more time to prepare for independent living. The aim of transitional housing is to prepare homeless people for independent living by providing them with accommodation and supports that assist them to develop the skills they need to live in mainstream housing. The content of transitional programmes varies, but generally includes: life skills, budgeting, parenting, home management, advice and advocacy. Transitional accommodation operates a maximum length of stay and accepts residents on a referral basis. The goal of transitional accommodation is to support residents in securing appropriate long-term housing and to prepare residents to live as independently as possible – with whatever ongoing support may be required – once they move into housing.

Inputs

In 2007, €9.3 million was spent on transitional services. This accounted for 15% of total homeless service expenditure.

Transitional expenditure increased between 2005 and 2006 due to transitional facilities and programmes which were planned for ‘pre 2005’ coming on stream with full costs applying in respect of revenue, and a decision was taken to employ the staff required to support these programmes. Expenditure fell between 2006 and 2007 due to the closure of an emergency facility in Dun Laoghaire, which released necessary funds to support the operation of Bentley House (introduced in section 5.4.1). This reduction was offset by additional costs associated with a new transitional facility (BOND/Padua House) developed in Fingal to support the localisation of specialist homeless residential services for young people with a history of offending behaviour.

This reconfiguration of services and redirection of funds indicates a proactive drive from the Homeless Agency Partnership to achieve more efficient and effective use of their budget.

Activities

The key characteristics of existing transitional services being provided in Dublin include:

- The maximum length of stay, where specified, ranges from three months to five years.
- The size of facility varies substantially, with as few as four spaces and as many as 106 spaces available from different service providers. There does however seem to be a concentration of services based around accommodation capacity of five to 15 spaces.
- Provision can be gender-focused, and the groups targeted by transitional services include families, ex-offenders, single people, families, young people, lone parents, those with addiction problems and those experiencing mental illness.

- The referral process varies, with a range of requirements from different providers including referral only from nominated agencies (e.g. HSE, PWS), detailed reports, filling of application forms, an interview process and successful completion of a preparation programme, with a waiting list system also in place for a number of services.
- Access to health and welfare services is facilitated by some providers (e.g. public health nurse, community welfare clinics, addiction counsellors, social workers, etc.).
- The services typically offer a keywork system, often compulsory for residents of the transitional accommodation.
- Most employ full-time staff for the management and operation of the facilities.
- The range of capacity building and personal development support offered varies, and covers areas including life skills, budgeting, parenting, home management, advice and advocacy.
- Some provide advice and support in relation to wider employment and training needs.
- Some level of support is generally offered to help secure long-term accommodation, including direct access to such accommodation, resettlement programmes, information and advice.
- Aftercare support is provided in some instances once previous residents secure long-term accommodation.

Outputs

In 2007 there were 22 transitional services in the Dublin area, providing 537 units of accommodation and employing approximately 234 staff. A detailed list of the organisations that provide these services can be seen in Appendix 4.

Quality of transitional outputs

As introduced in section 2.2.4, there were a number of key evaluation studies that are able to inform assessment on quality of outputs for transitional in 2006. These evaluations assessed the quality of outputs produced by these services, specifically focusing on; the referral process, induction, facilities, health and safety standards, extent of needs assessment and key worker planning, skills development, settlement and aftercare, staff policies and procedures, and service monitoring. Detailed information on these evaluations can be seen in *Pathways to Home*³². Overall quality standards across this range of aspects were found to be good or very good across the range of service providers.

Outcomes

Transitional accommodation is arguably providing quality services on an individual basis. The 2006 *Evaluations of Transitional and Housing Supports*, which was a service impact evaluation carried out by Fitzpatrick Associates, provides an evidence base which indicates that most providers of this service type are providing good quality services and interventions.

However, this must be weighed against the evidence arising from the *Evaluations of Homeless Services*, which indicates that a sizeable majority require mainstream housing with supports. The Evaluations in 2008 also indicates the need to realign and refocus this area in terms of providing support in housing, whilst accepting that for some people there remains a need for some transitional to remain in place (e.g. meeting the housing need of people exiting mental health institutions and recovering from addiction related concerns).

³² *Pathways to Home* is a report detailing the key findings and recommendations following independent evaluations of emergency and transitional accommodation and can be accessed on the homeless agency website.

Counted In, 2008 found that 732 adults (31%) in homeless services are either resident in transitional accommodation or long-term supported housing. This represents 708 households. The 2008 Evaluations suggest that up to 90% of those in transitional accommodation and 50% of those in long-term supported housing could move out of specialist accommodation provided as part of homeless services and live in mainstream housing, if appropriate supports were in place.

A Key to the Door acknowledges this need and the consultation process with service users introduced in Section 4.2 confirmed the view that *'transitional housing is of particular value to people who are recently out of treatment or long-term homeless, however people should be able to move straight into their own accommodation and not waste time in transitional housing'*.

5.4.3 Long-term supported housing

Overview and background

The model of long-term supported housing is commonly understood as the provision of accommodation for people who need support to live independently on an ongoing basis as required. The accommodation facility consists of self-contained housing in a building or block or collection of buildings that have been specifically built or converted for use as supported housing, where onsite staff can provide appropriate levels of support to residents as necessary. The level of support provided can vary from day staff only, to caretaker/staff sleepover or 24-hour waking cover. The type of housing provided and funded for here is different to that provided for within general provision of Housing Association providers where there is a tenancy agreement.

The establishment of long-term supported housing as a model has heretofore been *ad hoc*, owing to the need to develop and agree a model of provision and due to there being no dedicated funding stream. As a consequence, many existing long-term supported facilities have been developed under the umbrella of homelessness. Funding is currently acquired through several means: capital funding under Section 10 of the Housing Act 1988 for the provision of homeless services and the Department of Environment's Capital Assistance Scheme supplemented by revenue funding from the Health Service Executive.

Inputs

In 2007, €5 million was spent on long-term supported housing and related services. This accounted for 8% of total homeless service expenditure.

Expenditure on long-term accommodation increased between 2005 and 2006 due to a new facility becoming operational (YMCA), which was to focus on addressing the needs of young adult homelessness. Expenditure increased again between 2006 and 2007 due a new supported housing, Sundial House (Depaul Trust, James Street) being developed with full costs to arise in 2008. The decision to decommission one existing facility (Longford Lane) and the transfer of resources to Depaul Trust was key in securing the full operation of this facility.

This reconfiguration of services and redirection of funds indicates a proactive drive from the Homeless Agency Partnership to achieve more efficient and effective use of their budget.

Activities

Service providers provide flexible key working support depending on the individual's needs. Support programmes include life skills training, personal development, home management skills, literacy, computer, stress management, holistic therapy, and cooking and drama courses. Linkages to mainstream training and employment initiatives are made for some individuals, creating a pathway towards independent living and accessing their own secure accommodation. A range of activities carried out include:

- Key-working and case management service to develop holistic needs assessment.
- Life skills training.
- Referrals to training and employment initiatives.
- Access to re-settlement team.
- Focused support during resettlement phase.
- Meals and laundry service.
- Social club.
- Liaison with other agencies to provide specialist services to service users.
- Maintenance of accommodation.
- Provision of social and medical assistance.
- Liaison with family/doctor/hospital.
- Linking tenants with local services and other relevant projects.
- Group meetings.
- Personal development, home management skills, outings, courses e.g. relaxation, communication, maintenance.
- Physical needs.
- Rehabilitation, if possible nursing care and personal supervision.
- On-going training.
- Individual and group work which includes art, creative writing, holistic therapy, cookery, personal development and computers.

Outputs

In 2007, there were 11 long-term supported housing services in the Dublin area, providing approximately 501 units of accommodation and employing approximately 146 staff. A detailed list of the organisations that provide these services can be seen in Appendix 4.

Quality of long-term supported housing outputs

Evaluation of Homeless Services 2008 series focused on long-term housing. It needs to be understood that *Putting People First* does not detail the area of standards for long-term supported housing. Therefore, these evaluations assessed the quality of outputs produced by these services, and how well they currently support people who are homeless in moving out of homelessness by way of adapting and developing certain standards for the purposes of providing a benchmark to measure quality.

In relation to the standards for long-term supported housing, the following areas were assessed: food, induction, personal programmes, support, information, specialist help, suitability of premises, and health and safety.

Whilst quality standards achieved for: food, induction, personal programmes, and support were generally good or best, other areas need some attention.

Information and specialist help is below minimum standards for two of the services evaluated. Some minimum standards in relation to health and safety need to be addressed for five services. The areas of concern relate to accommodation and health and safety, whereby some services need to address elements of minimum standards not met.

Outcomes

There is currently not enough long-term housing to enable homeless people to move out of homelessness into long-term independent housing. Additionally those few services that are currently being offered are not meeting minimum quality standards in some fundamental areas including suitability of premises and health and safety as well as not being 100% occupied which is evidenced in the quarter two 2008 financial reports.

To achieve the long-term vision of eliminating homelessness it is imperative that there is an adequate supply of long-term housing, with supports as required. This is the principle challenge facing anyone who is attempting to develop a homeless and housing services system that will respond effectively to the problem of homelessness. At its simplest, if the pathway does not lead to a home, then the system will not work.

The *Counted In, 2008* survey identified 2144 homeless households in Dublin and currently there are only 501 long-term housing units available to meet this demand. To enable the elimination of long-term homelessness by 2010 there needs to be enough long-term housing with appropriate supports to cater for the global number.

5.4.4 Street outreach

Overview and background

Outreach in general means actively making contact with people who may be described as ‘roofless’, that is sleeping on the street and without appropriate and secure accommodation. The aim of outreach work with homeless people is to assist them to leave the streets and move into appropriate emergency accommodation or housing. Outreach work can take place on the streets, in day centres, or in agencies’ premises.

Inputs

In 2007, €1.26 million was spent on street outreach services. This accounted for 2% of total homeless service expenditure.

The only real increase in expenditure occurred between 2005 and 2006 and was due to a new outreach team funded for DePaul Trust in Ballymun to support the localisation of services. This street outreach

service was commissioned on the basis of persistent concerns with regard to problem alcohol and drug use combined with homelessness in the Ballymun area.

Activities

Outreach work involves the following activities:

- Contact – making and maintaining contact with clients.
- Assessment – carrying out an assessment of their housing and support needs.
- Referral – which will probably involve co-ordination, advocacy and negotiation.
- Follow-up work – this means casework arising from contact with the client. As soon as the client moves into appropriate accommodation or housing, then this casework function will transfer to a key worker in the service.

Dublin Simon Community, Focus Ireland, Merchants Quay Ireland and the Dublin City Council Night Bus service provide street outreach services. These services contact people who sleep rough and work to link them into accommodation and other services with a view to helping them off the streets and eventually into long-term accommodation. The Dublin City Council Night Bus service links rough sleepers to emergency accommodation at night on a night-by-night basis. The health service's multi-disciplinary team works to link rough sleepers with health services.

Outputs

In 2007 there were five homeless outreach services operating in the four Dublin local authority areas, run by both NGOs and local authorities. In addition, the Night Bus operates as a service in its own right since it has exclusive access to 'night bus beds'. These services are supported by approximately 60 staff. A detailed list of the organisations that provide these services can be seen in Appendix 4.

Existing outreach services are not, by and large, organised on an agreed area basis, which can therefore lead to overlap and gaps in provision.

Quality of street outreach outputs

Evaluation of Homeless Services 2008 series focused on outreach services. These evaluations assessed the quality of outputs produced by these services, and how well they currently supported the homeless in moving out of homelessness.

In relation to the standards for outreach, the following areas were assessed: making contact, maintaining contact, material resources, assessment, communication and building relationships, providing information, providing access to accommodation and services, and advocacy.

Whilst quality standards achieved for: making contact, maintaining contact, communication and building relationships, and providing access to accommodation and services were all at or above the minimum standards, with some achieving the 'good' and some the 'best' standards in each area, other areas need some attention.

The provision of material resources, information and advocacy were below minimum standards for at least one of these services, but more significantly five services failed to achieve minimum standards in assessment. Whilst acknowledging that street outreach is a very challenging environment where establishing a rapport/relationship building with service users is critical. Equally, the need for assessment is as important in linking homeless people with services and in meeting accommodation needs of people who are homeless.

Outcomes

Despite areas of quality needing development, particularly around assessment, the number of people who are homeless sleeping rough has fallen by 41% between 2005 and 2008 (based on *Counted In* figures), which would suggest that these services are effective in their objective. However, the 2008 Evaluations also highlighted that there are excessive repeat movements in and out of emergency accommodation, which leaves a concern. A more localised and consistent approach to street outreach will assist in the effectiveness of these services.

5.4.5 Settlement

Overview and background

The Homeless Agency Partnership has identified prevention as a key element in addressing homelessness in 2007–2010 and in supporting people into homes.

A range of settlement services and tenancy sustainment services funded under the Homeless Agency arrangements were established within the four Dublin local authority areas in 2005 and 2006. These services have a key preventative role in identifying and maintaining tenancies of households with existing social or private sector tenancies under threat and at risk of failure, and who consequently are facing a period of housing exclusion and homelessness through eviction or abandonment.

In addition to this, settlement and tenancy sustainment services work directly with households who have previously experienced homelessness and are moving on from crisis and emergency accommodation, beginning new tenancies and being supported into independent living.

The primary goal of these services is to deploy a multi-agency approach that offers housing support with specialist interventions by coordinating with local community and mainstream services and professionals.

Inputs

In 2007, €2.5 million was spent on settlement and sustainment services. This accounted for 4% of total homeless service expenditure.

The only real increase in expenditure occurred between 2006 and 2007 and this was due to a new service being tendered out. The Homeless Agency, on behalf of Dublin City Council have provided funding for the establishment of a new Dublin City Tenancy Sustainment Service³³, that works with service users moving from homelessness into a new home and those housed who are at risk of becoming homeless.

³³ The Dublin City Tenancy Sustainment Service works to reduce the number of people becoming homeless and supports people who have recently moved from homelessness into accommodation.

Activities

Settlement and tenancy sustainment services currently provide the following services to homeless users:

- Life skills such as budgeting, cooking, training and general empowerment.
- Referrals that come from all agencies providing services to at-risk households in Dublin, and including addiction services and self-referrals.
- Work to prevent unplanned discharges by developing close links with the relevant central and local agencies such as local housing offices, HSE and community projects, prison services, probation and welfare services, and existing settlement services.
- Engage the service user with existing mainstream and community-based services, which can continue to provide support required after the tenancy sustainment service has concluded.
- Awareness building and capacity building within existing services such as local housing offices.
- Use of a care and case management model with detailed care plan tailored specifically to the service user.
- Time delimited service provision where there is a clear process for disengagement of the service.
- The DCTS team will avail the volunteer mentoring and befriending scheme to provide additional value added support.
- Continuing development and refinement of our database to accurately track statistics of the client group.
- To advertise, engage in PR work to increase the profile of the Access Housing Unit to better serve the client group.
- Provision of an inreach service to Mountjoy Prison to prevent entry to homeless services.
- To develop housing solutions to incorporate the Rental Accommodation Scheme (RAS).

Outputs

In 2007 there were five settlement services operating in the Dublin area.

Quality of settlement outputs

The *Evaluation of Homeless Services 2008* series focused on settlement services. These evaluations assessed the quality of outputs produced by these services, and how well they currently supported people experiencing homelessness in accessing and maintaining a tenancy.

In relation to the standards for settlement, tenancy sustainment and RAS the following areas were assessed: assessment, building relationships, providing information, developing settlement, accessing housing, advocacy, community support, and preventative work. A significant level of quality measures across this service type was evidenced with the ‘good to best’ practice standards category being established.

Whilst quality standards achieved for: advocacy, community support, and preventative work were all at or above the minimum standards, other areas need some attention.

In terms of providing information only one service fell below minimum standards with 10 achieving good standards. In three of the areas; building relationships, developing settlement, and accessing housing, two organisations did not achieve minimum standards, although in each case there were at least eight of the services that achieved good or best standards. The area where three of the services did not even achieve the minimum standard was assessment, although four services achieved good and above.

Outcomes

Whilst there are some areas of settlement that need improving, for example, three services fell below minimum standards in terms of the assessment, these services are generally well delivered and with the implementation of the new Dublin City Tenancy Sustainment Service are effective in supporting the homeless with moving from homelessness into a new home *and* those housed who are at risk of becoming homeless. This is supported by comments made by service users during consultations introduced in Section 4.2.

In *A Key to the Door*, the Homeless Agency Partnership committed to ensuring protocols were in place with mainstream services to enable the identification of households at risk of losing their tenancy and alerting settlement and tenancy sustainment services. Consequently caseload targets were set for the tenancy sustainment and settlement services across Dublin over the life of the action plan 2007–2010, with a minimum of 2500 households to be supported by 2010 (based on current staffing levels).

5.4.6 Advice/information/food

Overview and background

The importance of providing basic services such as advice, information and food to homeless people should not be underestimated and these services play a large part in the prevention of homelessness.

The commitment by the Partnership in the Action Plan and Preventative Strategy saw the continuation and establishment of new information and advice services, which provide readily accessible housing advice and support locally to people experiencing homelessness or at risk of becoming homeless. The establishment of services such as the Tallaght Homeless Advice Unit in South Dublin County Council, West Pier Project in Dun Laoghaire and the weekly Threshold clinic in Fingal County Council has supported the strategic aim in preventing people from becoming homeless and providing effective services in local areas to address relevant needs.

Inputs

In 2007 €4.4 million was spent on advice/information/food services. This accounted for 4% of total homeless service expenditure.

There was only a decrease in expenditure year on year between 2005 and 2008 due to the de-commissioning of a family service operated by Focus Ireland. This funding was discontinued as it was no longer required due to other developments.

Activities

Activities undertaken by these services can be split into those that are general, those that are related to supporting asylum seekers and refugees and those related to children and families.

General activities

- Information work: provide drop-in facility five days a week.
- Drop in/crisis support service.
- Meals.
- Showers and washing facilities.
- Distribution of clothing.
- Information and advice services.
- Primary health care services.
- Settlement services.
- Vocational training services.
- Maintain and develop close working links with relevant voluntary and statutory agencies.
- Provide access to facilities and support to people wishing to access the private rented sector.
- Publish and distribute information leaflets and booklets.
- Publish research documents and raise issues relating to homelessness.
- Provide support to street homeless service users, i.e. sleeping bags, storage space for belongings, snacks and basic washing facilities as well as engagement to other services.

Activities supporting asylum seekers/refugees

- Provides a place of welcome for asylum seekers, refugees and people with permission to remain in the State.
- Provides a housing service through sourcing accommodation, providing settlement, follow-up, mediation, advocacy, and tries to prevent homelessness amongst the client group.
- Promotes the health and well-being of clients by listening to and supporting them, setting up groups for the most vulnerable clients, accompanying them for various appointments.
- Provides information, advocacy and practical assistance to the client group by filling in application forms, writing CVs/letters, organising a homework club and social activities for separated children.
- Provides English classes and supports clients in transition as well as referring clients to the appropriate services to meet their specific needs.
- Assists the integration of its clients by networking with other NGOs and statutory organisations, making submissions to relevant organisations, and supporting appropriate campaigns e.g. CADIC.

Activities supporting children and families

- Assessment of children's and parents' needs.
- One to one sessions with children.
- Development of individual support plans for all children.
- Regular case reviews.
- Programme of age appropriate activities and parental support.
- Health promotion events for parents.
- Liaison with health and welfare professionals.
- Provision of hot, nutritious meals – breakfast and lunch.

- Developmental health checks.
- Child protection and welfare monitoring.
- Record keeping using our database and adhering to childcare services regulations.
- Referral to outside support services, where necessary.
- Parents' participation.
- Access to local GP.

Outputs

In 2007, there were 11 advice/information/food services in the Dublin area, supported by approximately 154 staff. Several offer a wide range of other services and activities in day centres, including information and referral to other services as appropriate. A detailed list of the organisations that provide these services can be seen in Appendix 4.

Quality of advice/information/food outputs

The *Evaluation of Homeless Services 2008* series focused on advice/information/food services. These evaluations assessed the quality of outputs produced by these services, and how well they currently support those affected by homelessness.

Advice and information

In relation to the standards for advice and information, the following areas were assessed: providing written information, providing advice, telephone advice, face to face interviews, and correspondence.

Whilst quality standards achieved for: providing information, and correspondence were all at or above the minimum standards, other areas need some attention.

Face to face interviews and provision of advice scored below minimum for one to two services, but telephone contact appeared to be the most problematic area with four out of six services failing to meet minimum standards. In terms of telephone advice, four services were deemed to be below minimum standards.

Food

The evaluations examined three food services and assessed them in the following areas: customer care, physical standards, and food standards.

Food standards were achieving the minimum standards or above, however two out of three were at the minimum standard and should be improved. Physical standards and customer care both have services delivery below minimum standards.

Outcomes

The value created by this area of expenditure should not be underestimated, particularly information and advice, which provides an individual who is homeless with the knowledge and support they need to get themselves onto the pathway out of homelessness. As a significant number of users will opt for the 'phone' option first rather than face to face, it is vital that the telephone service provided by each service

is effective. In terms of food, there is more work to be achieved in this area, particularly in relation to the customer care strand of the standards framework.

5.4.7 Health

This funding represents spend incurred by the Health Service Executive by way of direct service provision in terms of mainstream health related services in response to homelessness. These services include the multi-disciplinary primary care teams, psychiatric services, and dental services. The funding also refers to the running costs of the Safety Net service and the HSE contribution towards the costs of the Homeless Persons Unit. These services, with the exception of the Safety Net service, are delivered directly by the HSE and are therefore not subject to an agreed SLA through the Homeless Agency process. For the purposes of this review this service has not been evaluated in depth. However, it is noted that these services, which are monitored and directly managed via the HSE, can provide information pertaining to the quality and output of the provision.

5.4.8 Inputs

In 2007, €4.25m was spent on health services. This accounted for 7% of total homeless service expenditure.

5.4.9 Detox/rehabilitation

Overview and background

The Homeless Agency Partnership has invested in service provision, which seeks to respond to those experiencing homelessness whilst also presenting with addiction issues. The funding allocated to such provision comes in response to the prevalence of drug and alcohol misuse amongst the homeless population, which is a cause of concern and one, which has been evidenced. The HSE, in line with its commitment under the National Drug Strategy, expends and provides for a significant level of resources on their detox and rehabilitation service, which people experiencing homelessness can access.

Inputs

In 2007, €1.47 million, of which €1 million was spent on detox and rehabilitation services. This accounted for 2% of total homeless service expenditure.

The only real increase in expenditure occurred between 2005 and 2006 and this was due to a number of reasons. Firstly, the HSE incurred expenses for the Teach Mhuire rehabilitation/aftercare facility. Secondly, an additional project worker was employed at Simon Step-Down Rehab as agreed with the statutory funders. Thirdly, the HSE funded an additional courier service for the delivery of bloods from Dublin Simon Detox to James' Hospital. This was previously paid on an *ad hoc* basis.

Expenditure levels fell in 2007 and is expected to fall again in 2008 – this would indicate achievement in efficiencies across these services with all things staying the same. The lack of detailed information year on year prevents a firm conclusion being drawn.

Activities***Rehabilitation strand***

In terms of the rehabilitation, the Homeless Agency Partnership commissions three service providers³⁴ to provide a total of 43 beds supported by 35 staff. All programmes funded under this strand offer the following minimum range of interventions in order to support and maintain a pathway out of long-term homelessness and support in terms of addiction recovery/relapse prevention:

- Counselling and therapy.
- Keyworking/case management.
- Lifeskills training.
- Referral to employment and education opportunities.
- Day programme activity.
- Resettlement and aftercare.

Detox (treatment) strand

One service provider, Dublin Simon, is commissioned to provide access for homeless persons to a residential detox unit for those who want to detox from alcohol misuse with the support of nine staff. This unit provides 11 beds delivered as a 21 day programme.

The activities offered within this programme are as follows:

- Nursing and GP assessment on admission.
- 21 day detox regime as prescribed by GP.
- Individual care plans.
- Group work programme delivered by generic and nursing staff.
- Provision of three meals each day.
- Key working and case management.
- Referral to aftercare programmes and other interventions such as training, education and employment.

Outputs and outcomes

In 2007 there were four detox/rehabilitation services in the Dublin area, supported by approximately 44 staff. A detailed list of the organisations that provide these services can be seen in Appendix 4.

For the purposes of this review information has been taken from the Quarter 2 financial reports for 2008 as information on outputs for 2007 was not available. This information will be used for illustrative purposes but does not enable a conclusion on quality delivered in 2007.

Detox

For the second quarter of 2008 a total of 52 'homeless households' were provided with a detox programme (Note: A household means a social unit of people who normally live together). As a result approximately 50% of these went onto transitional accommodation or residential addiction treatment and 23% went to either friends/family or back into emergency accommodation. A very small % went back to sleeping rough or to hospital.

³⁴ Dublin Simon, Teach Mhuire and the Peter McVerry Trust.

Occupancy for this period was 79.6%, which is very good considering the nature of the work and the fact that relapses amongst this cohort is significant.

Rehabilitation

– *complete information has only been provided for one out of three of these services*

For the second quarter of 2008 a total of 22 ‘homeless households’ were provided with a rehabilitation services by this one service provided. As a result approximately 70% of these went onto emergency, transitional accommodation or residential addiction treatment. The remaining 30% are still in the rehabilitation programme.

5.4.10 Homeless Persons Unit

Overview and background

Under current arrangements the first point of contact for many people who become homeless is the Homeless Persons Unit at James Street (for single men), or Wellington Quay (for women and families) or the New Communities and Asylum Seekers Unit at Gardiner Street (ethnic minorities). The Homeless Persons Unit is a critical element of the homeless system, it was deemed significant enough to warrant greater evaluation than health services.

Inputs

In 2007, approximately €3.3 million was expended by the HSE on the Homeless Persons Unit (HPU). Dublin City Council recoups the HSE with €1.7 million of this amount for the operation of the HPU. This amount (i.e. €1.7 million which represents what Dublin City Council pay to the HSE to cover the staff and facilities costs associated with running this centralised emergency placement facility and freephone service) accounted for 3% of total homeless service expenditure and represents a 3% increase on the previous year. Increases between 2005 and 2006 are predominantly inflationary.

Activities

The HPU carries out two quite distinct functions. Firstly, it is a community welfare office, and in carrying out this function it establishes clients’ accommodation history and determines whether clients are homeless and have no means of support. Clients who are assessed to be homeless are referred to the appropriate local authority. This entails two visits: the first to get a form stamped which confirms that the client presented at the local authority office, and secondly to get a form that confirms the local authority’s acceptance that the client is homeless.

The second function carried out by the HPU involves the following: referrals to appropriate emergency accommodation (mainly private emergency accommodation); management of some private emergency accommodation; operation of the freephone service during evenings which takes calls from homeless people, outreach staff or others and books homeless people into emergency accommodation, arranging for the Night Bus to pick them up if appropriate.

The unit is responsible for the delivery of a range of welfare services to homeless persons within the Dublin area. This includes:

- Assessment of homeless status and placement into appropriate emergency accommodation on behalf of the local authorities (Dublin City Council, Dun Laoghaire/Rathdown County Council, South Dublin County Council and Fingal County Council).
- Working with The Homeless Agency whose role is to co-ordinate, plan and develop appropriate services with the target of reducing homelessness in Dublin. Key to this is encouraging/fostering greater co-operation between the various voluntary and statutory bodies.
- Identifying and facilitating move-on options.
- Ensuring payment of state entitlements and access to medical services.

Outputs

Key output information for this service has not been available since 2006. This is due to the installation of a new computer system that has yet to produce same. However, the HPU allocated and manages 1004 beds in 407 units and therefore is a very significant stakeholder in terms of managing and working with those in private emergency accommodation, in particular.

Notwithstanding the above, a number of areas have been highlighted by the *Evaluation of Services*, which need to be addressed given that private emergency provides for a very large proportion of people in emergency.

1. The non-use of the LINK system (a client integrated information system developed by the Homeless Agency and used by many homeless services) leads to a fragmented approach in terms of the input, flow through and tracking of people who are homeless.
2. There is a need to significantly address the area of assessment and aftercare of all families and individuals in occupation of private emergency accommodation with a view to addressing appropriate housing and related needs.
3. Therefore, the co-ordination and management of this resource requires attention between Dublin City Council and the HPU.

5.4.11 Outcomes

The HPU is important because it provides the first point of presentation for people who are homeless to access appropriate homeless services, however it needs to improve the way it deals with and records the needs of homeless people going forward.

The need to localise the referral and placement services offered through the HPU has been highlighted as an area needing attention. *Homelessness: An Integrated Strategy* (published eight years ago) said:

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

Service Action number 7³⁵, in *A Key to the Door*, also commits to the localising of these services to be rolled out in 2007. This remains a significant area of weakness as the HPU service has been established in Dun Laoghaire-Rathdown only.

5.5 Value for money

This review identified some key weaknesses in the linkages in the value for money programme logic model, introduced in Section 3.2. These weaknesses are due to the fact that complete information on inputs and outputs year on year was unattainable.

5.5.1 Economy and efficiency

Although information was available on inputs year on year, the absence of a detailed unit cost framework prevented an assessment of economy as there was no reasonable benchmark against which cost and quality could be measured. At a high level year on year growth in costs appear to be falling as do 'costs per service' for all services bar settlement which would suggest economies are being achieved, assuming of course that quality and quantity of output are not falling as well.

Output information by service category was inconsistent and incomplete which made the assessment of efficiencies achieved year on year, and indeed in 2007, very difficult to ascertain. High level calculation of 'staff by service' would suggest efficiencies have been achieved across emergency, transitional and street outreach services whilst inefficiencies exist across long-term housing, advice/info/food and detox/rehab services. However, without having more information as to whether these services were being delivered sufficiently by the number of resources in the previous year we are unable to state categorically that these services have become less or more efficient.

Overall, due to the obvious weakness in the linkages in the programme logic model, the review was unable to draw any firm conclusions as to whether value for money was and is being achieved in terms of economy and efficiency. However, it is evident that quality of service provision has improved significantly between 2005 and 2008 and in light of the fact that actual homeless resources significantly outweigh the actual monetary funds provided by the Government it could be argued that current homeless services are considerably good value for money.

5.5.2 Effectiveness

The Review assessed outcomes to establish whether value for money had been attained in terms of achievement of the vision and key strategic objectives. Information was sourced from key research studies introduced in Section 2.2.4.

The Review confirmed that the current configuration of homeless services does not lend them to eliminating homelessness, however they have been successful in managing the homeless situation, which is demonstrated by the overall reduction in the homeless population and people sleeping rough between 2005 and 2008. As stated previously, the *Counted In, 2008* study identified a homeless population

³⁵ Action number 7 states that the Homeless Persons Unit will provide regular referral and placement services in local areas to be rolled out over 2007. People experiencing homelessness will be able to access their local Community Welfare Officer (page 74 in *A Key to the Door*).

of approximately 2144, 78 more than in 2005, which represents a reduction of 1% in relation to population growth in Dublin. There has also been a 41% reduction in people rough sleeping over the same period.

Notwithstanding the obvious improvements, the study also identified that of this population 84% have been homeless for more than six months and 21% for more than five years which clearly conveys that elimination of long-term homelessness – as defined in *The Way Home* – is not being met and will not be met unless significant changes are made. It is noted, however, that the Homeless Agency Partnership is only in the second year of a four year action plan and that many of the existing services have evolved organically and do not necessarily fit well with the strategic plan.

This review also identified a definite lack of alignment between the current services being provided and the three strategic aims:

1. Prevent people from becoming homeless.
2. Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area.
3. Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households.

Strategic Aim 1

Preventing homelessness requires that mainstream public services (particularly local authorities, Health Service Executive, training, education and employment services) play a vital role in developing and adapting responses to ensure that the risk of homelessness is reduced. Specialist homeless services are also crucial not only in offering support to those who become homeless but also in respect of preventing the re-occurrence of the experience of homelessness through advocacy, outreach, food, information and advice services. This type of service provision currently receives approximately 13% of the total funding being allocated to preventative type support services. The agreed emphasis now on Core Action 4 of *A Key to the Door* and the full deployment of a care and case management approach, which includes the development of inter-agency protocols governing institutional discharge (e.g. hospitals and prisons), will also be invaluable in terms of preventing homelessness in the first instance. The development of a comprehensive information and awareness strategy, which is Core Action 3 of *A Key to the Door*, is also critical in terms of creating and advocating greater awareness of homelessness, the responses to homelessness and ways in which prevention can reduce known risk factors.

Strategic Aim 2

The strategic aim of providing effective homeless services in each local area is inadequate in supporting localised homeless service delivery. At present, homeless support services accounts for 28% of expenditure, whilst all accommodation related provision accounts for approximately 72%. The review has shown that although a large percentage of the total homeless budget is currently committed to providing homeless accommodation and support services they are not necessarily being provided consistently across Dublin city and county. Very significant change in the way the current configuration of homeless services is necessary to ensure achievement of this objective. Services need to be provided in an integrated and more holistic way, which looks at each homeless individual and responds to that

individual's array of needs by way of comprehensive assessment, care planning and follow up as required. There needs to be a stronger emphasis on localising mainstream and specialist homeless support services on an area basis in a way, which achieves greater equity across Dublin City and County.

Strategic Aim 3

The strategic aim of providing sufficient long-term housing, with appropriate supports as required, for people who are homeless is currently supported by a proportionally small amount of funding, approximately 8% as compared to that, which is expended in homeless accommodation and support services as stated previously. Notwithstanding the fact that each local authority provides a percentage allocation of social housing to those with homeless priority, there needs to be a refocus of policy and resource allocation away from short term fixes and responses towards the longer term requirement of mainstream housing and health supports as required.

1. Prevent people from becoming homeless.
2. Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area.
3. Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households.



Section 6
Validity of expenditure and
alternative approaches

This section assists us in making a conclusion on the ‘continued relevance, efficiency and effectiveness’ of homeless service expenditure with a specific focus on 2007 spend. As stated previously, 2144 households were found to be experiencing homelessness during the week of the *Counted In* survey from 10th to 16th March 2008. This figure represents a 4% increase on the figure for 2005, which was 2066 households. However, Dublin’s population grew by 5% in the period 2005-2008, so overall homelessness decreased by 1% relative to population growth. A total of 110 people reported sleeping rough through the *Counted In* process. This is a decrease of 41% since 2005, where 185 people reported sleeping rough.

6.1 Social responsibility and legislative mandates

Following the *Counted In, 2008* survey it is evident that Dublin city and county still has a significant homeless problem and the Government has a social responsibility to continue to address this problem. The question is ‘should it be addressed in a different way?’

It is also important to be aware of the Irish State’s legislative obligations in terms of responding to homelessness: the Health Act 1953, the Housing Act 1988 and the Childcare Acts 1991 and 1995. These pieces of legislation divide responsibility between the health services and local authorities in the provision of shelter, support and housing for people who experience homelessness. Other pieces of legislation relevant to the operation of homeless services today include: the Health Act 2004 (which sets out the provisions under which Irish citizens and residents are able to access healthcare services in Ireland), the Mental Health Act 2001 and the Misuse of Drugs Act 1984.³⁶

6.2 Future allocation of homeless resources

It is clear from this Review that the overall Vision of eliminating long-term homelessness by 2010 is at a distance from being achieved. The current configuration of services being funded, whilst effective in managing homelessness, is not effective in eliminating homelessness and this needs to be addressed as a matter of urgency.

Approximately 64% of funding is currently invested in emergency and transitional services and only 8% in long-term supported housing. Given that the ultimate aim is to move homeless people out of emergency within six months into long-term housing tenancies, the current allocation split does not seem logical and it is not surprising that over 84% of homeless people have resided in emergency accommodation for more than six months.

There needs to be a major change in how the pool of available funding is allocated as well as an in-depth assessment of unit costs to ensure best price and quality are achieved going forward and expenditure is effective in achieving the Vision. There needs to be a refocus on long-term solutions rather than short-term fixes and these should always be in support of the overall objective – to eliminate long-term homelessness and the need to sleep rough by 2010.

³⁶ Sourced from *A Key to the Door*
– page 9.

6.3 Funding and policy coherence

Homeless services are provided under the auspices of the Homeless Agency Partnership and are funded by the DoEHLG, the local authority and the HSE. The DoEHLG and the four Dublin local authorities provide for the operating costs of each service and project, while the funding from the HSE provides for targeted healthcare and support workers. It is also important to recognise the additional monies and resources invested directly by the voluntary sector that are obtained through charitable donations and fundraising efforts as well as the added value to overall service provision obtained through the deployment of volunteers.

The mechanics of the existing funding arrangements are clearly detailed in *A Clearer Future: New Funding Arrangements for Homeless Services in Dublin*.³⁷ This document outlines the following principles underpinning the current funding arrangement:

- **Overall policy objectives:** Funding will support Government strategy in relation to homelessness and the achievement of the objectives of *A Key to the Door – The Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007-2010*.
- **Unity and coherence:** The relevant statutory funding bodies are committed to ensuring that funding in relation to homelessness is provided in a co-ordinated way, through a process to be managed by the Homeless Agency.
- **Transparency:** The availability of funding, the application process, how decisions are made and on what basis, will all be clearly communicated. Any organisations turned down for funding will be given the reasons why and may request a review by the Board of the Agency.
- **Rationality:** Decisions on funding will be based on the need for specific services and the ability of organisations to deliver those services.
- **Adequacy:** Funding will as far as possible, within the constraints of Government funding, relate to the actual cost of providing services to the appropriate standard in a cost-effective way.
- **Needs related:** Funding will be related to meeting known and emerging needs of homeless people.
- **Accountability:** Monitoring and evaluation arrangements will ensure improved accountability for expenditure of funds on homeless services, both in terms of value for money and effectiveness in addressing the needs of people who are homeless.

The latest national strategy on homelessness to 2013 *The Way Home* seeks better coordination in funding arrangement as one of its strategic aims, it also acknowledges the confusion that still exists about which funding agency is responsible for certain ongoing revenue funding elements of services for people experiencing homelessness. *The Way Home* also recognises that difficulties around ensuring that both capital and revenue funding is in place for projects on an ongoing basis needs to be further addressed.

This remains particularly the case in relation to funding the delivery of all housing supports and non-healthcare costs of homeless service provision. There are currently a number of homeless services that have received capital funding and that are ready for occupation but have remained closed or under-occupied as the HSE has received no new additional revenue funding in 2007 and 2008.

³⁷ *A Clearer Future: New Funding Arrangements for Homeless Services in Dublin* can be accessed on www.homelessagency.ie

Furthermore, the DoEHLG has recently stipulated that approval for capital funding for any new homeless projects will not be granted unless the HSE commit to provide the revenue funding when the project is complete. Operationally, this creates an impasse as the HSE is not in a position to provide such a commitment as its own allocation is determined on a year-by-year basis. This situation highlights graphically the urgent need to change the current funding regime.

This required change is recognised as a key element in Core Action 4 of *A Key to the Door* and also formed the basis of one of the three critical priorities for work in 2008 adopted by the Board of the Homeless Agency Partnership, namely:

- Review expenditure on homeless services and propose a capital and revenue funding mechanism to be agreed as part of a revised funding regime³⁸.

To conclude, expenditure on homeless services is still relevant (i.e. necessary) as there is still a significant problem. However, this review report proposes an alternative approach to service delivery and the funding mechanism needed to support this new delivery model, otherwise money will continue to be spent which meets a short-term urgent need to keep people off the streets but does not address the fundamental objectives of eliminating long-term homelessness and the need to sleep rough.

³⁸ The remaining critical priorities were (1) To measure and evidence need and projected requirements (being achieved through *Counted In, 2008*), and (2) Develop and agree a model of service delivery for the homeless sector in Dublin (being developed based on the findings of the 2008 Evaluation Series).

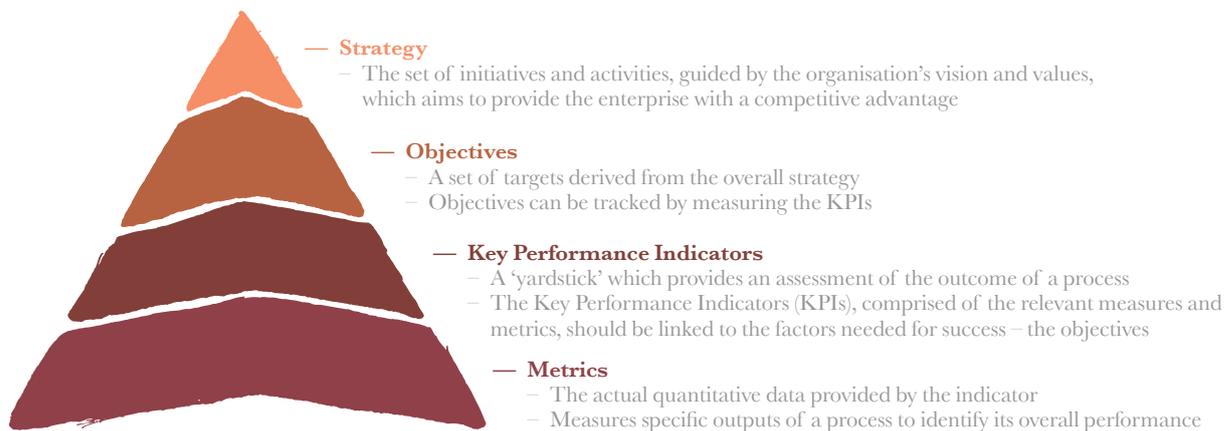


Section 7
Performance measurement

7.1 Overview

Performance measurement gauges the effectiveness or efficiency of a process, which is useful to an organisation for decision making and for assessing the overall outcomes of an investment. As illustrated below, key performance indicators (KPIs) form an important part of the overall performance management approach.

Figure 7.1. Performance Management Approach



7.2 Characteristics of effective KPIs

Good KPIs should meet the following criteria:

- **Process dependent** – KPIs should be derived from or be the outcome of specific processes to ensure that they can be easily obtained and tracked.
- **Reliable** – The data used for the KPIs should not be arbitrarily derived and should reflect accurate information.
- **Quantifiable** – KPIs should be measurable and easily expressed in relevant units.
- **Ongoing and comparable** – Rather than being ‘one-time’ indicators of performance, KPIs should provide useful information on an on-going basis.
- **Linked to objectives** – KPIs should provide information that can be linked to the appropriate objective(s).

7.3 Homeless Agency KPIs

It is not always possible to measure the direct effects of a policy or a service, especially with respect to prevention and elimination of long-term homelessness. *A Key to the Door* outlines in detail the following key performance indicators needed to measure and monitor achievement against the overall vision as well as for each of the three key strategic aims identified in Section 4.1.

Vision

- How many people are experiencing long-term homelessness?
This is the most important indicator to show whether the vision is being achieved.
The target is to reduce this figure to zero by end-2010.
- How many people are experiencing homelessness?
This is a central indicator to show the overall impact of homeless services.
- What is the duration of people's experience of homelessness?
This will include whether households are newly homeless or previously homeless, and the number and duration of previous experiences of homelessness (if applicable).
- How many people are sleeping rough?
This will include the profile of households, the local area where they are from and the areas where they typically sleep rough.
- How many rough sleepers cannot access appropriate emergency accommodation? And why?
This will specify the barriers to accessing emergency accommodation, in relation to both the capacity of the sector to meet the needs of rough sleepers as well as individuals barred or excluded from otherwise suitable accommodation.

Prevention

- How many people are becoming homeless every year? And why?
This is the key indicator to show achievement of the key strategic aim to prevent homelessness.
- How many repeat cases of homelessness occur every year?
This indicator shows where people's needs may not be met by existing services or whether their move on from homelessness is vulnerable to relapse into homelessness.
- How many people move directly into homelessness from prison release, hospital/care discharge or direct service provision (asylum seekers)?
This shows the success of prevention initiatives aimed at particular 'at risk' groups.
- How many people in state institutions are at risk of homelessness upon release/discharge?
This is a count of one part of the 'hidden homeless' population. This information is important to focus prevention initiatives to where they are needed.

- How many people are being prevented from homelessness through visiting support services?
One aspect of prevention is the ongoing work by certain services to ensure that vulnerable households do not become homeless. This indicator is important to show the extent of this work and to ensure that its importance is recognised.

Quality homeless services in local areas

- How many people are homeless in each local area?
This information is important to determine the demand for the localisation of homeless services. This indicator will measure both where people are currently staying and where they are originally from.
- What are the demographic profile and support needs of people experiencing homelessness in each local area?
This will include the profile (such as household type, gender, age and number of dependents) of households experiencing homelessness as well as measurements of their support needs (such as health services, mental health services, addiction services and education/training). This information will be compiled for each local area in Dublin in order to plan the appropriate level of service provision in each area.
- How many people are barred or excluded from accommodation and/or support services in each local area? And why?
This indicator is key to ensuring that services that exist are appropriate to deal with the presenting needs in each area, especially for service users with acute support needs or who manifest challenging behaviour.
- Where are people experiencing homelessness temporarily housed?
(i.e. in what type of accommodation and in what local area)
Types of accommodation include emergency hostels, private emergency accommodation (B&Bs) funded by the local authorities, transitional housing, long-term supported housing, etc.
- How many people are unable to source appropriate temporary accommodation and/or support services in their local area? And why?
This indicator is useful in ensuring that an appropriate level of service provision exists in each local area.
- How many people experiencing homelessness are currently accommodated through a transitional programme or another fixed duration support/treatment programme?

Housing and housing supports

- What are the housing and long-term support needs of people who are homeless in each local area?
This is the basic information that is required in order to plan for the achievement of the third strategic aim. This information will include household type, appropriate number of bedrooms (especially where occasional custody of children is involved), mobility requirements, etc.

- How many people experiencing homelessness have moved into long-term housing (or other appropriate accommodation)? And what type?
- How many newly homeless households (with low support needs) source appropriate accommodation within four weeks?
This indicator measures the Homeless Agency Partnership's commitment that by 2010 newly presenting households with low support needs will be housed within four weeks.
- How many people experiencing homelessness are unable to source appropriate long-term accommodation after six months?
This indicator measures the extent to which the vision of eliminating long-term homelessness has been achieved.
- How many people experiencing homelessness are entitled to register on a local authority social housing list? How many have done so? And how many have homeless priority? For those people not entitled to register, why is this the case?
This indicator measures the extent to which social housing is available to people experiencing homelessness.
- How many people (previously homeless) are maintained in their home through visiting support services?
This indicator is a counterpart to the prevention indicator about services that assist people to maintain their homes. This particular indicator will show the number and profile of previously homeless households who are maintained in their homes by visiting support services (as well as the proportion of the homeless population that they represent).

The above indicators are still very relevant to measuring whether the overall vision and three strategic aims are being achieved. Key data sources include *Counted In Survey*, Homeless Persons Unit (presentation of new and repeat homelessness), Dublin LINK³⁹ (people accessing homeless services), other reports and records from homeless services and state institutions (e.g. local authority assessment of housing need), and reports from visiting support services.

However, this review has highlighted critical weakness in the accessibility of the above information sources, which currently prevent the systematic monitoring, and measurement of these key performance indicators. Investment is needed in key information systems, processes and practices to ensure this information is easily and readily accessible in the future.

39 Dublin LINK was developed by the Homeless Agency and Resource Information Service in conjunction with homeless service providers in Dublin. It is a web-based database designed to support the delivery of integrated services to users of homeless services by providing one shared database. This facilitates the sharing of agreed information on service users, and interventions made with them, between named agencies. It also provides management information on service activity for service managers and the Homeless Agency.

2144 households were found to be experiencing homelessness during the week of the *Counted In, 2008* survey from 10 to 16 March 2008. This figure represents a 4% increase on the figure for 2005, which was 2066 households. However, Dublin's population grew by 5% in the period 2005–2008, so overall homelessness decreased by 1% relative to population growth



Section 8
Conclusions and recommendations

8.1 Key conclusions

- One conclusion of this Review is that change in policy and service provision is required in order to realise the 2010 Vision of the Homeless Agency Partnership. To date homeless services have been commissioned on an *ad hoc* and reactive basis to meet short-term needs rather than to support the long-term strategic aims set out under the Homeless Agency Partnership action plan to 2010 *A Key to the Door* whereby the experience of long-term homelessness and the need to sleep rough is eliminated by 2010.

Consequently the current configuration of services are, in effect, managing the homeless situation in Dublin in the short-term by maintaining people experiencing homelessness in temporary emergency and transitional accommodation. However, the same configuration of services is not yet effective in realising the 2010 Vision of the Homeless Agency Partnership. From a VFM perspective, overall homeless expenditure to date remains ineffective in meeting the strategic vision of the Homeless Agency Partnership.

- Secondly, this Review concludes that overall resource expenditure is being expended incorrectly to meet the 2010 Vision and a major change in how the pool of available funding is allocated is required. There is currently an over-investment in emergency and transitional accommodation and a clear under-investment in long-term housing and accommodation options with appropriate support services as required. If this remains unaddressed as a priority then the 2010 Vision will not be achieved against the timeline set. This means that while the strategic objectives set out in the Homeless Agency Partnership Action Plan to 2010 *A Key to the Door* are still relevant, a refocusing of service provision and a reconfiguration of funding will be necessary to achieve them.

In other words, there needs to be a rapid refocusing of resource allocation on long-term solutions rather than short-term fixes and these should always be in support of the overall objective of realising the 2010 Vision. Change must lead to the provision, delivery and take-up of housing and accommodation with related support services as required. The implementation of agreed evidence-based recommendations on reconfiguring Dublin's homeless services (based on the 2008 *Evaluation of Service*) will be important here in realising an overall model of service provision that provides an exit from homelessness for people experiencing homelessness in Dublin.

- Thirdly, this Review concludes that in the absence of an adequate structured unit cost and quality framework system (that defines services by standard costs and quality) it is not possible to draw firm conclusions around whether value for money is being achieved in terms of economy and efficiency. Similarly, the insufficiency of information currently available on outputs (quantity and quality) between 2005 and 2008 does not enable evaluation of the same. Existing information would suggest that costs are falling year on year and quality is improving, however this is not by any means conclusive.

- Lastly, the VFM Review has identified a definite weakness around information management, in particular accessing key information sources that are imperative in assessing overall performance against objectives, quality and quantity of service provision and most importantly existing and future requirements of same. It is due to this absence of accessible information that the Value for Money evaluations were inconclusive in determining whether value for money was being achieved in respect of economy and efficiency.

8.2 Recommendations

The 12 recommendations for change set out below are made in the following six areas:

- The formal adoption of a ‘housing first’ approach that delivers greater access to housing and accommodation with supports as required, as well as the achievement of better co-ordination of capital and revenue funding decision for housing and homeless service provision.
- The reconfiguration of housing and homeless services that ensures the required provision of service on a local area basis and an agreed model of provision.
- Investment in the ongoing development and delivery of a care and case management (CCM) approach and the delivery of the range of required services, including services that support personal development and deliver progression routes to training, education and employment opportunities for people experiencing homelessness.
- Development and delivery of quality standards for service provision through improved monitoring and auditing systems and a revised service level agreement (SLA).
- Improved unit cost analysis of cost variations in like for like services as well as development of an agreed unit costing system and innovations to share resources to improve efficiencies.
- Improved data and performance management information systems.

Housing first and the capital and revenue funding regime

Increased access to adequate and affordable housing and accommodation options with housing support services (as required) is a characteristic of the ‘housing first’ approach and is considered necessary to ensure current levels of expenditure can meet the strategic aims of *A Key to the Door* and help realise the 2010 Vision, thereby generating better overall value for money.

The proposed recommendations of the 2008 *Evaluation of Services* have identified mechanisms to achieve this outcome and are supported by the conclusions of this VFM exercise.

Recommendation 1: Long-term housing and supports

1. Significantly increase the availability of adequate, accessible and affordable housing with related support services (as required) and ramp-up access to same for all households experiencing homelessness in Dublin by:
 - Introducing a new variant of the established Rental Accommodation Scheme (RAS) that delivers access to housing for homeless households;
 - Ensure an adequate capital funding stream particularly to meet the needs of those requiring residential housing supports to meet the 2010 Vision;
 - Funding and delivering a range of specified supports, including health (as required) to the population resident in this housing; and
 - Re-configuring current housing and accommodation resources to better fit the needs of the current population experiencing homelessness in Dublin.

It is evident that there are significant issues with the current funding mechanism and the latest national strategy on homelessness to 2013 *The Way Home* acknowledges the confusion that still exists about which funding agency is responsible for certain ongoing revenue funding elements of services for people experiencing homelessness. *The Way Home* also recognises that difficulties around ensuring that both capital and revenue funding is in place for projects on an ongoing basis needs to be further addressed.

This remains particularly the case in relation to funding the delivery of all housing supports and non-healthcare costs of homeless service provision. There are currently a number of homeless services that have received capital funding and that are ready for occupation but have remained closed or under-occupied as the HSE has received no new additional revenue funding in 2007 and 2008.

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

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

Reconfiguration of housing and homeless services on a local area basis

Whilst it is imperative to have enough long-term housing and accommodation options with appropriate support services to ensure the 2010 Vision can be realised, it is also important not to underestimate the importance of emergency services within the homeless system. Emergency services remain the first port of call for people experiencing homelessness and it is vital these services are able to provide each individual with the right types and level of service that ensures progression along a pathway from emergency services and towards an exit from homelessness.

The localisation of housing and specialist homeless provision is crucial in offering local supports that can both prevent homelessness and, where it does occur, reduce the need for people to travel to Dublin city centre to access services. Localisation is an agreed core action of *A Key to the Door* and needs to be prioritised in terms of ongoing investment in homeless services.

This reconfiguration of services required to achieve better value for money will be subject to an agreed transition period necessary to build and establish capacity required to meet present and future need for all services, emergency, support and long-term housing. This will necessitate the decommissioning of certain service provision and re-investment of resources to support a service delivery model that is focused on moving a homeless person out of homelessness into long-term housing within six months.

This formal transition period is required as part of an overall change management strategy that must retain the commitment, energy and determination of the personnel and volunteers involved in homeless service provision in Dublin.

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

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

Care and case management and progression routes to training, education and employment opportunities

There is an obvious need to improve service delivery based on care and case management in homeless service provision. Care and case management needs to become fully embedded in all homeless services

and should be provided consistently to establish the individual needs of each homeless person and ensure their progression towards, onto and along a pathway out of homelessness.

The current Care and Case Management (CCM) strategy being implemented by the Homeless Agency Partnership under Core Action 4 of *A Key to the Door* is fundamental to the delivery of quality supports, especially for known groups among the population experiencing homelessness. Provision of the range of services identified as required by known groups is also pivotal to the success of the CCM strategy

This Homeless Agency Partnership's Care and Case Management strategy, supported through the Learning and Performance programme should continue to be rolled out as a priority throughout the agreed transition period during which service reconfiguration takes place.

Recommendation 5: Investment in care and case management

5. Increased investment is required to roll out the Homeless Agency Partnership's Care and Case Management strategy as a priority across the homeless sector in Dublin.

Current state funded 'labour market activation' schemes represent important interventions that address the relative and consistent poverty position of socially excluded persons (including persons experiencing homelessness) as they offer the opportunity to overcome secondary benefits barriers that produce poverty and unemployment traps as a person seeks to move from welfare to work.

Public service provision, income supports and activist or innovative measures that are focussed in ways that become integrated and developmental for individuals, families, communities and the economy are becoming the focus of social policy interventions across the lifecycle stages from childhood, working age and elderly⁴⁰.

The Homeless Agency Partnership policy statement of December 2007 *Pathways to Home* recognises that within homeless services, support packages should focus on improving an individual's capacity to move away from crises and allow a period of stabilisation to be obtained so that a person can proceed to the next stage of rehabilitation.

Core life skills such as literacy and tackling innumeracy, as well as vocational training and general aptitude skills that enhance personal development need to be delivered to develop personal capacity, confidence and self-esteem among persons experiencing homelessness. This is critical if progression routes towards active labour market schemes that support participation in the economy through education and training are to be developed and maintained.

⁴⁰ For more discussion on the re-orientation of state social policy to the lifecycle approach focussed on developmental outcomes see NESCC (2005) *The Developmental Welfare State*.

Recommendation 6:

Investment in personal and social development to progress towards participation in training, education and employment opportunities

6. It is recommended that resources invested in ensuring mainstream Training, Education and Employment (TEE) providers (e.g. FÁS, CDVEC) provide innovative responses and programmes that address the needs of homeless persons are maintained and that in turn resources are invested in non-statutory homeless service providers' delivery of progression routes towards TEE outcomes.

Quality standards and service level agreements

To ensure value for money is being achieved and performance measurement that indicates same is in place, attention needs to be given towards having appropriate systems and processes that seek to improve quality, enhance outcomes for service users and have regard to measuring and monitoring resource impact and effectiveness towards realising the 2010 Vision.

Quality standards and an outcome monitoring and auditing system should be central to the proposed reconfiguration of service delivery and be implemented as a priority in order to help realise the national policy commitment on quality standards set out in the new government strategy *The Way Home*.

Recommendation 7:

Developing quality standards

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

Service Level Agreements (SLAs) are important instruments that define the role and responsibility of both the service provider and the commissioner of services (i.e. the funders) and provide clarity in terms of the quantum and quality of service provision required. In addition the SLA is an important mechanism in monitoring and analysing the impact of responses put in place.

The SLA should accord more robustly to the strategic aims of the Homeless Agency Partnership action plan to 2010 *A Key to the Door* and the newly launched national homeless policy to 2013 *The Way Home* and should include agreed redress arrangements and mechanisms for evident non-compliance in key service delivery areas of monitoring and reporting on outcomes, performance and standards and the use of agreed data systems.

Recommendation 8: Service level agreements

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

Unit costing and shared services

Further analysis and clarification of unit costs is required to fully explain factors leading to known variations in the cost structures and outturn unit costs between like for like services. In addition, a comprehensive unit costing system related to the cost structures required to ensure delivery of quality standards in service provision would provide the Homeless Agency Partnership with more clarity in respect of achievement of economies and efficiencies.

This unit cost system should aim to assist in establishing cost structures required to provide services to a specified quality standard of activity and outcome, set out in *Putting People First*, and should be used to identify and agree items of expenditure as well as report and monitor annual costs and cost variations.

Furthermore, in relation to certain established cost structures (e.g. human resources, finance and administration), non-statutory homeless service providers should consider how to better achieve an improvement in efficiency of expenditure in these areas, where appropriate, by actively developing shared services and resource mechanisms.

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

9. Building on the work concluded for this value for money review, it is recommended that a more detailed analysis of current unit costs be conducted.
10. A new unit costing system and quality framework method should be developed for implementation across the homeless sector in Dublin city and county.
11. Non-statutory service providers should actively pursue changes to share back office resources that aim to reduce duplicate expenditure on administrative and overhead costs and save money.

Improved data and performance management information systems

As stated previously, significant developments are needed to ensure that key information needed to assess and measure overall performance against objectives, quality and quantity of service provision and existing and future requirements of same, is readily available and easily accessible.

The current shared client database system operated and maintained by the Homeless Agency Partnership (the LINK system) holds significant potential for providing greater value to the range of stakeholders in homeless service provision, policy and programme decision-making and should be improved, extended and more appropriately supported.

Future development options for this shared client database have been identified based on the findings and recommendations of an independent review of the LINK system commissioned by the Homeless Agency Partnership. These are currently being considered by the Homeless Agency Partnership and the DoEHLG and decision-making on this matter should be expedited as a matter of priority.

In addition, there is also a significant opportunity for gathering and analysing unit cost data at the service provider level (which could be used by the service providers themselves for managing their own operations and performance over time). With consistent submission of Quarterly Service Activity Reports and financial returns from all service providers as well as more accurate and comprehensive data entry, an integrated data and performance management system could be developed as a resource for all service providers.

This should aim to collect data and report on the key performance indicators as set out in *A Key to the Door* as well as any additional performance management indicators agreed under the proposed revised service level agreements.

Recommendation 12: Integrated data and performance management information system

12. Decision-making on resource investment in the development of the shared client database system needs to be expedited to ensure early delivery of enhanced data collection functions that will become a requirement under the revised service level agreements proposed in Recommendation 8 above. Furthermore, the current Quarterly Service Activity Reports and the financial returns should be immediately revised and updated and their data function confirmed and agreed as part of current SLAs.

Appendices

Appendix 1 – Homeless Agency Partnership Participation Structures & Membership

Board		
Name	Title	Organisation
Kathleen Holohan	Director of Housing and CHAIR	Dun Laoghaire Rathdown County Council
Anne O'Connor	Local Health Manager	Health Service Executive, Dublin North West
Ann Gilton	Manager, Social Inclusion	FÁS
Bernadette Sproule	Adult Education Organiser	CDVEC
Brian Santry	Assistant Principal Officer	Probation Service
Ciarán McNamara	Assistant City Manager	Housing & Residential Services, Dublin City Council
David Fitzgerald	Chair of Consultative Forum	Independent
Dermot Kavanagh	Assistant Director	Merchants Quay Ireland, Homeless Network
Dick Brady	Director of Housing	Fingal County Council
Enda Halpin	Local Health Manager	Health Service Executive Dublin West
Frank Mills	National Planning Specialist	Health Service Executive, Office of the CEO
Frank Nevin	Acting Director of Housing	South Dublin County Council
Kathleen McKillion	Head of Development	Irish Council for Social Housing
Orla Barry	Head of Services	Focus Ireland, Homeless Network
Sam McGuinness	CEO	Dublin Simon, Homeless Network
Seamus Sisk	Deputy Director	Irish Prisons Service

Consultative Forum

Name	Title	Organisation
David Fitzgerald	CHAIR	Independent
Aoife Davcy	Acting Director	National Drugs Strategy Team
Anne Helferty	Snr Housing Welfare Officer	Dublin City Council
Bernie Doherty	Senior Executive Officer	Homeless Services, Dublin City Council
Brendan Hynes	Homeless Coordinator	South Dublin County Council
Bob Jordan	Director	Threshold, Homeless Network
Ciarán Dunne	Executive Officer	Housing & Residential Services, Dublin City Council
Clare Schofield	Education Coordinator	CDVEC
Éamonn Martin	Joint Chief Executive	Sophia Housing, Homeless Network
Ger Kane	Social Inclusion Manager	Health Service Executive
Joe McGloin	Superintendent Community Welfare Officer	Homeless Persons Unit
Kerry Anthony	Chief Executive Officer	Depaul Trust, Homeless Network
Lena Timoney	Senior Probation Officer	Probation Service
Lisa Cuthbert	Director	PACE, Homeless Network
Liz Clifford	Homeless Coordinator	Dun Laoghaire-Rathdown County Council
Mary Healy	Manager	Tallaght Homeless Advice Unit, Homeless Network
Mary Martin	Social Inclusion Manager	Health Service Executive
Mick Carroll	Homeless Coordinator	Fingal County Council
Patricia Cleary	Executive Director	HAIL, Homeless Network
Paul Conlon	Director	Coolmine Therapeutic Community, Homeless Network
Pat O'Hanlon	Community Services Officer	FÁS
Sharon Cosgrove	Director	Sonas Housing, Homeless Network
Theresa Dolan	Assistant Director	Capuchin Day Centre, Homeless Network
Tony Hickey	Deputy Director	Irish Prisons Service

Funding Assessment Panel

Name	Title	Organisation
Bernie Doherty	Senior Executive Officer	Dublin City Council Services, Dublin City Council
Brendan Hynes	Homeless Coordinator	South Dublin County Council
Concepta DeBrun	Social Inclusion Specialist	Health Service Executive - Dublin West
Liz Clifford	Homeless Coordinator	Dun Laoghaire Rathdown County Council
Martin Collum	Social Inclusion Specialist	Health Service Executive, Cavan & Monaghan
Mick Carroll	Homeless Coordinator	Fingal County Council
Paul Burton	Finance Officer	Dublin City Council Council

Homeless Network

- AIDS Fund
- Ana Liffey Drug Project
- Arrupe Society (Peter McVerry Trust)
- BOND
- Capuchin Day Centre
- Centrecare
- Coolmine Therapeutic Services
- Daisyhouse Housing Association
- Depaul Trust
- Dublin Simon
- Ecclesville (Miss Carrs)
- Focus Ireland
- Guild of the Little Flower
- HAIL Housing Association for Integrated Living
- Merchants Quay Ireland
- PACE
- Respond Housing Association
- Sonas Housing Association
- Sophia Housing Association
- Tallaght Homeless Advice Unit
- The Salvation Army
- Threshold
- Vincentian Housing Partnership (Rendu Apartments)

APPENDIX 2

Members of the Review of Finance Steering Group

Name	Position	Organisation
David Fitzgerald	Chair	Independent
Cathal Morgan	Director	Homeless Agency
Rory Mc Ginley	Head Of Finance	Homeless Agency
Daithi Downey	Deputy Director	Homeless Agency
Concepta De Bruin	Regional Planning Specialist	HSE Dublin Mid Leinster
Michelle Donnelly	Social Inclusion Manager (Representing Martin Collum)	HSE Dublin North East
Frank Mills	National Planning Specialist	HSE, Office of the CEO
Liz Clifford	Homeless Co ordinator	Dun Laoghaire Rathdown County Council
Bernie Doherty	Homeless Co ordinator	Dublin City Council
Ciaran Dunne	Executive Manager	Dublin City Council
Sam Mc Guinness	CEO, Dublin Simon	Representing the Homeless Network
Joyce Loughnan*	CEO, Focus Ireland	Representing the Homeless Network
Tom Nolan	Finance Officer	Fingal County Council
Brendan Hynes	Homeless Co ordinator	South Dublin County Council
Simon Brooke	Independent Housing and Policy Consultant	Undertaking <i>Evaluations of Homeless Services 2008 Series</i>

Deloitte and Touche provided expert assistance and over all quality assurance
Mr Shane Mohan and Ms Carolyn Mackey

Administrative Support

Ms Kassiani Papadopolou and Ms YukWah Cheung, Homeless Agency.

* Orla Barry, Director of Services at Focus Ireland deputised for Joyce Loughnan

APPENDIX 3 – Cost trends by service and type

Emergency	2005	2006	2007	2008 (Budget)	Total
Total	10,303,188	11,292,432	12,945,542	12,834,201	47,375,363
Year on Year Expenditure Growth		10%	15%	-1%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		6%	10%	-5%	
Private Emergency	2005	2006	2007	2008 (Budget)	Total
Total	13,000,583	15,431,582	16,371,631	17,658,815	62,462,611
Year on Year Expenditure Growth		19%	6%	8%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		15%	1%	3%	
Transitional	2005	2006	2007	2008 (Budget)	Total
Total	8,823,357	9,298,119	9,353,565	9,220,565	36,695,606
Year on Year Expenditure Growth		5%	1%	-1%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		1%	-4%	-6%	
Long Term	2005	2006	2007	2008 (Budget)	Total
Total	3,383,861	4,463,898	4,996,275	5,129,702	17,973,736
Year on Year Expenditure Growth		32%	12%	3%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		28%	7%	-2%	
Street Outreach	2005	2006	2007	2008 (Budget)	Total
Total	1,110,342	1,233,020	1,265,676	1,288,203	4,897,241
Year on Year Expenditure Growth		11%	3%	2%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		7%	-2%	-3%	

Settlement	2005	2006	2007	2008 (Budget)	Total
Total	1,555,872	1,599,548	2,514,091	2,559,593	8,229,104
Year on Year Expenditure Growth		3%	57%	2%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		-1%	52%	-3%	
Advice/Info/Food	2005	2006	2007	2008 (Budget)	Total
Total	4,657,354	4,589,058	4,442,972	4,776,750	18,466,134
Year on Year Expenditure Growth		-1%	-3%	8%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		-5%	-8%	3%	
Detox/Rehab	2005	2006	2007	2008 (Budget)	Total
Total	1,098,525	1,431,908	1,474,865	1,483,190	5,488,488
Year on Year Expenditure Growth		30%	3%	1%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		26%	-2%	-4%	
Health	2005	2006	2007	2008 (Budget)	Total
Total	4,301,338	4,250,000	4,250,000	4,250,000	17,051,338
Year on Year Expenditure Growth		-1%	0%	0%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		-5%	-5%	-5%	
Homeless Persons Unit (HPU)	2005	2006	2007	2008 (Budget)	Total
Total	1,598,789	1,678,728	1,729,090	1,763,672	6,770,279
Year on Year Expenditure Growth		5%	3%	2%	
Inflation %		4%	5%	5%	
Year on Year Expenditure Growth in Real terms*		1%	-2%	-2%	

Appendix 4 – List of funded agencies

Organisations and Services Funded under Homeless Agency Arrangements for 2007

Emergency

Crosscare - Bentley House
 Crosscare - Night Shelter Longford Lane
 De Paul Trust - Back Lane
 De Paul Trust – Clancy
 De Paul Trust - Aungier Street Wet Shelter
 Dublin Simon - Harcourt Street Shelter
 Focus Ireland - Aylward Green
 HSE - Haven House
 Novas – Mount Brown Women’s Emergency Shelter
 Salvation Army - Cedar House

Street Outreach

De Paul Trust Ballymun Case Management Team
 Dublin City Council - Night Bus
 Dublin City Council - Emergency Outreach
 Dublin Simon – Outreach
 Focus Ireland - Youth & Outreach

Long Term

AIDS Fund
 Dublin City Council - Oak House
 Dublin Simon - Canal Road
 Dublin Simon - Sean MacDermott Supported Housing
 Dublin Simon - NCR
 Focus Ireland – Stanhope Green
 HAIL
 Sisters of Our Lady - Sean MacDermott Street
 Sisters of Our Lady - Beechlawn
 Sophia Housing - Cork Street
 YMCA

Transitional

BOND
 Daisyhouse
 Dublin City Council - Beech House
 Dublin City Council - Maple House
 Dublin Simon - Dorset St.
 Focus Ireland - Georges Hill
 Miss Carr’s Ecclesville

Peter McVerry Trust - Whitworth Road

Respond!
 Salvation Army - Granby Centre
 Salvation Army - York House
 Sonas - Ballymun
 Sonas - Clondalkin
 Sonas - Fortunestown/Tallaght (New Service)
 Sonas - Killester
 Sonas - Ranelagh
 Sonas - Ringsend
 Sophia Housing - Ballymun
 Sophia Housing - Camberley
 Sophia Housing - Donabate
 Sophia Housing - Fortunestown
 Vincentian Housing Partnership – Rendu Apartments

Settlement

Access Housing Unit (Threshold)
 Dublin City Council - Resettlement
 Dublin Simon - Settlement
 Focus Ireland - Community Settlement
 Tenancy Support Services (Dublin City Tenancy Sustainment Service, Fingal, SDCC and DLRD)

Advice/Information/Food

Capuchin Day Centre
 Crosscare - Ancillary Health Support
 Crosscare - Centrecare
 Dun Laoghaire West Pier Project
 Focus Ireland - Open Access
 Focus Ireland - Childcare
 Merchants Quay Ireland - Failtiu Centre
 Little Flower
 Tallaght Homeless Advice Unit
 Vincentian Refugee Centre

Detox/Rehab

Peter McVerry Trust - Cabra After-Care Drug Free Project
 Dublin Simon - Shelter (Usher’s Island Alcohol Detox Unit)
 Dublin Simon - Shelter (Usher’s Island) Step Down Rehab
 Teach Mhuire

The Homeless Agency
Parkgate Hall,
6-9 Conyngham Road,
Dublin 8

Telephone: 01 7036100
Fax: 01 7036170
Email: homeless@dublincity.ie
Web: www.homelessagency.ie