



Rialtas na hÉireann
Government of Ireland

Housing First

National Implementation Plan

2022-2026

Prepared by the Department of Housing, Local Government and Heritage
[gov.ie/housing](https://www.gov.ie/housing)

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Minister's Foreword

It is my great privilege to join my colleague, the Minister of State in the Department of Health Frank Feighan TD, in providing a foreword to the Housing First National Implementation Plan 2022-2026. This plan positions Housing First to continue contributing to the progress that has been made in tackling homelessness, which remains one of the most important challenges facing this Government.



Housing for All, the new housing plan for Ireland to 2030, recognises that many of those experiencing homelessness have additional support needs. It includes specific measures to address these needs. As a key part of this, the publication of this National Implementation Plan for Housing First 2022-2026 is a significant milestone. It underpins the Government's commitment to reduce and eliminate rough sleeping and long-term homelessness. This Government recently signed the Lisbon Declaration on Combatting Homelessness, which sets the ambitious target of working to eradicate homelessness by 2030. Housing First will be a critical element of our ambition.

Housing First has been an important policy response in our efforts to reduce homelessness amongst our most vulnerable. By deliberately targeting those at the sharpest edge of homelessness, the programme demonstrates that homelessness is a problem that can be eradicated. This plan targets more than 1,300 supported tenancies over the next five years. Having taken root nationally in recent years, this plan will ensure that Housing First flourishes in every county of Ireland.

The National Implementation Plan 2018-2021 has been an unequivocal success, exceeding the targets set out in the plan. It has helped more than 600 chronically homeless individuals into their own homes for life, with wrap-around supports available to them to keep them housed.

The success of this programme is due in no small part to the partnerships that have been formed on an inter-departmental, inter-agency and local basis between housing and health services and service providers in the NGO sector. The importance of this cooperation was emphasised in the evaluation of this programme. It indicated that the regional Housing First programmes are operating with a high degree of fidelity to the proven model of best practice in each of the nine regions. Vulnerable individuals with substantial histories of rough sleeping and emergency accommodation are getting housed, staying housed, and receiving choice-driven and individualised care to support them on their recovery journeys.

These partnerships have proved their worth nowhere more so than during the Covid-19 pandemic. In many regions, the rollout of their Housing First programmes coincided exactly with the pandemic, with its unprecedented restrictions on movement and activities.

During this time, the resilience and adaptability of service providers shone through, with the intensive engagement necessary being managed remotely or outdoors. The findings from the evaluation have demonstrated that even through the most restricted periods of the pandemic, Housing First teams were able to effectively support their clients.

The alignment of health and housing supports means that Housing First is very much a joint initiative of my Department, the Department of Health, local authorities, the HSE and NGO providers, as well as the Probation Service and the Irish Prison Service. Atlantic Philanthropies and the Genio Trust have played an important role though the Service Reform Fund in helping build the Programme. It is an exemplar of coordinated policy. I am very much grateful to the Minister for Health, Stephen Donnelly TD, the Minister of State, Frank Feighan TD, and officials in the Department of Health and the HSE for the energy they invested in the development of this plan and its predecessor. I also want to acknowledge the hard work and commitment of officials in my own Department.

I also wish to again acknowledge the important role played by both local authorities and the NGO service providers who have ensured the success of this programme thus far. I have met regularly with Housing First practitioners and policy makers and am always impressed by the passion they display for the Programme. The guidance and oversight provided by the National Implementation Group was invaluable and ensures that we have a strong platform on which to build for this next stage of the programme.

The Plan's nomination in late-2021 for a collaborative practice award by the European Social Network was welcome recognition of the impact this programme has made thus far, and continues to make every day. The Government is fully committed to the implementation of this Plan and to working with all of the stakeholders to ensure its success.



Mr Darragh O'Brien TD
Minister for Housing, Local Government and Heritage

Foreword from Frank Feighan TD, Minister of State for Public Health, Wellbeing and the National Drugs Strategy

I warmly welcome the publication of the Housing First Implementation Plan 2022-2026 and its ambitious target to provide an additional 1,300 tenancies. Housing First is a unique collaboration between the Department of Health and the Department of Housing, that puts people who are long-term homeless at the centre of government policymaking and that requires our public services to prioritise and respond in a person-centred way to those with complex health and social needs.



Early in my tenure as Minister of State, I along with the Minister for Health, Stephen Donnelly TD, met with Darragh O'Brien TD, Minister for Housing and Local Government, to express our joint commitment to assess and commit dedicated multi-annual funding to meet the health needs of people who are homeless. The Department of Health has delivered on this commitment with additional budget allocations of €11 million in 2021 and €10 million in 2022.

Housing First is an expression of the Government's determination to break the vicious cycle between homelessness and ill-health. As a social determinant of health, being homeless worsens the physical and mental health of those affected and makes people more vulnerable to problematic drug and alcohol use. Furthermore, homelessness undermines the effectiveness of health care services, as it creates additional barriers for people in accessing treatment in a timely and integrated manner.

From a health perspective, Housing First can be viewed as Sláintecare in action – the right care (mental health, physical health and addiction supports), in the right place (a person's home), at the right time (now, not dependent on a waiting list). Providing people with a home of their own is the critical ingredient that enables the effective and timely delivery of health care services. It allows health care professionals to put in place the wrap-around supports that people who are long-term homeless urgently require.

Housing First is therefore a win-win situation for the health services. It reduces pressure on emergency departments and makes services, such as the Hep C programme, more effective as people who are homeless are better able to follow treatment plans and to attend out-patient clinics.

The public health response to Covid-19 shows that the risk of illness and death for people who are homeless can be greatly minimised and that their access to health care services can be improved.

More resources, better ways of working and client-centred delivery are some of the key ingredients in providing a more effective health care service for people who are homeless.

Of particular concern to me as Minister responsible for the National Drugs Strategy, is to address the connection between homelessness and drug and alcohol addiction. I have prioritised the development of integrated care pathways and harm reduction responses for high-risk drug users for the remaining four years of the strategy, 2021-2025. A key indicator of this will be a reduction in the incidence of drug overdoses and the number of drug-related deaths. By offering a case management response to Housing First clients, problematic drug and alcohol use can be reduced and a pathway provided towards rehabilitation and recovery.

I want to acknowledge the pioneering approach of the Service Reform Fund in promoting Housing First in Ireland and in providing training and support for the numerous organisations implementing Housing First, including voluntary homeless services. The Service Reform Fund also supports St James Hospital and the Mater Hospital to pioneer a hospital discharge protocol for people who are homeless, a key element in the joined-up approach to the health needs of people who are homeless.

I want to salute the progress made in delivering the previous Housing First implementation plan, for 2018-2021. Under the earlier plan, over 700 tenancies have been created. This equates to a major improvement in the living conditions and health status of the people in these tenancies. Our ambition now is to deliver an additional 1,300 tenancies in the next five years. This will require significant additional investment in health services, as well as the supply of appropriate one-bedroom accommodation. In this regard, it is critical that the ambition for Housing First is underpinned by the Government's Housing for All plan.

Finally, I want to acknowledge the commitment and dedication of the many officials in HSE community healthcare organisations and local authorities, together with voluntary sector partners, in delivering Housing First tenancies for people who are long-term homeless across all regions of the country. Without your support, Housing First would remain an aspiration, not a reality. In this new implementation plan, we are asking you to redouble your efforts, so that over 1,300 people can be lifted out of long-term homelessness. I look forward to working with you to deliver our shared ambition.



**Mr Frank Feighan TD,
Minister of State for Public Health, Wellbeing and the National Drugs Strategy**

Summary

1,319 New Tenancies

Housing First is a housing-led approach that enables people with a history of rough sleeping or long-term use of emergency accommodation, and with complex needs, to obtain permanent secure accommodation, with the provision of intensive supports to help them to maintain their tenancies.

The new National Implementation Plan now provides for the creation of 1,319 additional tenancies over the period 2022 to 2026.

This will involve an average of 264 new tenancies per annum, with the specific targets for each region for each year now set out. These targets are based on an analysis of need, which involved all key stakeholders and was supported by The Housing Agency. The breakdown of tenancies by region and local authority is in the table below.

Table 1: Number of Housing First candidates by region and local authority

Region	Total Adults	Local Authority	Total Adults
Dublin	707	Dublin City Council	396
		Dún Laoghaire-Rathdown County Council	85
		Fingal County Council	113
		South Dublin County Council	113
Mid-East	70	Kildare County Council	37
		Meath County Council	24
		Wicklow County Council	9
Mid-West	52	Clare County Council	21
		Limerick City and County Council	31
Midlands	77	Laois County Council	35
		Longford County Council	7
		Offaly County Council	15
		Westmeath County Council	20
North-East	40	Cavan County Council	7
		Louth County Council	30
		Monaghan County Council	3
North-West	74	Donegal County Council	21
		Leitrim County Council	8
		Sligo County Council	45
South-East	129	Carlow County Council	18
		Kilkenny County Council	17
		Tipperary County Council	32
		Waterford City and County Council	36
		Wexford County Council	26
South-West	105	Cork City Council	45
		Cork County Council	24
		Kerry County Council	36
West	65	Galway City Council	30
		Galway County Council	18
		Mayo County Council	10
		Roscommon County Council	7
Total	1,319	Total	1,319

Implementation and Oversight

The implementation of the Plan is a joint initiative of the Department of Housing, Local Government and Heritage (DHLGH), the Department of Health, the Health Service Executive (HSE), the criminal justice sector (the Probation Service and the Irish Prison Service) and Local Authorities, in conjunction with NGO partners. Each partner is committing the necessary resources and supports to implement the programme.

A new National Directorate for the Housing First programme is being put in place and will be based in The Housing Agency. It will manage programme delivery. Governance and oversight is effected through a National Implementation Group which consists of representatives from the partners to the programme.

Tenancies Provided to Date

The initial Housing First National Implementation Plan for the period 2018 to 2021 committed to providing 663 tenancies over this period. To the end of October 2021, 722 tenancies had been created as part of this Plan, with 560 individuals in a Housing First tenancy. When tenancies established prior to the launch of the Plan in September 2018 are included, a total of 647 individuals are currently in a Housing First tenancy. Even if a tenancy fails, Housing First continues to support the individual to another tenancy. Housing First provides the most vulnerable of our homeless population with a home for life. The Programme became operational in every county in Ireland through the course of the first National Implementation Plan, with this expansion nationally being completed in 2021.

Learnings from the Current Programme

The provision of an evidence base through evaluation and action research is a critical element in the ongoing development of Housing First. A national evaluation of the programme commenced in May 2020. While the final evaluation report will be available in early-2022 after the conclusion of the full cycle of the current National Implementation Plan, an interim evaluation informs preparation of the National Implementation Plan for 2022 to 2026¹. Recognising the interim nature of this work, and the challenges that arose with participation in the evaluation by some tenants with greater complexity of needs, the following were some of the key findings:

- There was high tenancy sustainment rate, as 86.6% of participants did not lose their home;
- The Housing First programme is operating with a high degree of fidelity to the identified and internationally proven model in each of the nine homeless regions;
- Almost one-third of the Housing First participants in the evaluation (31%) had one physical health problem, and almost one-quarter (24.1%) had two or more. Almost 30% had one or more psychiatric diagnoses and 47.6% of participants had an issue with substance use. Nearly one in five (19.3%) had dual psychiatric and substance use problems. On average, the health problems that were rated most serious were addictions, psychiatry, trauma, physical mobility and dental.

¹ Interim Evaluation Report, National Housing First Implementation (2021), Dr Ronni M. Greenwood, Dr Steven Byrne, and NHFE Team, Psychology Department, University of Limerick.

Many receiving these services were high need; Very few clients were on waiting lists for, or had been denied treatment for, conditions that were assessed as very high need;

- Some clients were unable to access occupational therapy, physiotherapy, chiropody and physical mobility services;
- Service providers described more barriers to mental health services for individuals whose mental health manifested in behavioural problems as well as for individuals with dual mental health and addiction problems;
- Housing First models in which multidisciplinary teams were delivering supports were more successful in navigating and accessing community mental health services and attending to their client's needs faster, resulting in lower utilisation of Emergency Department services.

The following were key recommendations from the interim evaluation:

- Housing First eligibility criteria and standardised assessment should be implemented nationwide while allowing flexibility for regional differences in client demographics and support needs;
- It has been recognised how significant effort is being made to scale up one-bedroom property delivery, but in order to meet Housing First targets the supply of one-bedroom units must be increased;
- A number of Housing First clients have mental health problems that require specialist support, and mental health and dual diagnosis services should be accessible and adequately sourced across all regions. More streamlined pathways and collaboration between Housing First services and community mental health services can improve access to services;
- Support staff should be trained in trauma informed care and competent in creating psychologically informed environments;
- As the Housing First programme continues to grow, those working in large geographical regions will need higher staff-to client-ratios than standard recommendations;
- Service user involvement, including peer support, should be prioritised and incorporated in future programme development;
- Reasons for the high staff turnover should be explored and additional support including training and supervision for frontline workers should be implemented.

Each of the conclusions and recommendations informed the new National Implementation Plan, and will be addressed through its ongoing implementation, commencing in 2022.

Health Supports

Suitable housing conditions are a key social determinant of health. Collaborative delivery of housing and health supports under Housing First are designed to ensure that no person is excluded from either housing or health support. Health supports, provided by the HSE and Department of Health, are an integral component of settlement and a person's return to independent living and these principles inform Housing First.

Delivery of health supports for Housing First follow the principle of wrap-around service delivery. Wrap-around health support is a team-based, collaborative case management approach that is flexible, person-oriented and comprehensive – that is, a number of organisations work together to provide a holistic program of supports. An individualised wrap-around plan for each participant on the programme will reflect the needs of each individual.

Housing First and the Criminal Justice System

There is a sub-set of people who find themselves within the Criminal Justice System who require a more targeted housing response. This has been provided by a pilot scheme that has been in operation in the Dublin region since October 2020. *Housing for All* committed this updated National Implementation Plan to build upon the existing pilot scheme by expanding the scheme nationally. The National Implementation Group will now oversee this expansion of the criminal justice strand of Housing First over the lifetime of this Plan. The new tenancy targets include provision for this sector. Progress and delivery under this strand will be reported on and monitored as a distinct element.

Governance, Monitoring and Evaluation

With the Programme significantly expanding, revised governance and management arrangements are being implemented. A new National Directorate is being established and is being based in The Housing Agency. This will comprise a National Director and a support team, as well as representation from the partner Departments and organisations. The National Directorate is to become fully operational early in 2022.

Housing First will continue to be overseen by the National Implementation Group made up of the partners to the programme. Performance and effectiveness will be monitored through an ongoing programme of evaluation.

Housing First National Implementation Plan 2022-2026

1. Introduction

Housing First recognises that a stable home provides the basis for recovery in other areas. With Housing First, the priority is to support a person who has experienced homelessness into permanent housing as quickly as possible, without any preconditions around addiction or mental health treatment. Then, intensive work continues on these issues once they are housed. Housing First has been a key element of Government homelessness policy and will continue to be as the programme now expands.

The Housing First approach to addressing homelessness places direct access to housing first and foremost for vulnerable individuals using homeless services consistently or intermittently over long periods of time, and those unable or resistant to accessing homeless services and who may then become habitual rough sleepers. These individuals often have complex high support needs such as mental or physical health problems, addiction issues or dual diagnosis (the presence of mental ill health and a substance addiction).

The term 'Housing First' is often used in tandem and sometimes interchangeably with the term 'housing-led' when discussing policy responses to homelessness. Housing-led approaches include any model which prevents the loss of existing housing or provides direct access to new permanent housing along with flexible support for health, social and other issues, as well as tenancy sustainment. This is radically different to the traditional 'staircase model' or 'treatment-first' approaches to addressing homelessness which involve referral to emergency accommodation and then onto transitional or independent housing only when an individual has met certain conditions (usually around treatment for addiction and/or mental health issues) and is considered 'housing ready'. For those with addiction and mental health issues, sustaining permanent housing can be difficult and tenancies often fail, with the individual returning to homelessness and traditional homeless services repeatedly.

In the Housing First model, staff use Intensive Case Management (ICM) approaches, with teams conducting outreach and providing support for those sleeping rough, assisting them to find and move into housing, and then continuing to provide treatment and supports for as long as necessary.

The Housing First model is distinctive among general housing-led approaches due to its fidelity to a set of core principles, as follows:

1. Immediate Access to Housing without Preconditions

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

2. Choice and Control for Service Users

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

3. Separation of Housing and Treatment

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

4. Recovery Orientation

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

5. Harm Reduction

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

6. Assertive Engagement without Coercion

The Housing First approach is to engage with service users in a positive but non directive manner that promotes the belief that recovery is possible.

7. Person-Centered Planning

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

8. Flexible Support for as long as is required

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

2. Housing First in Ireland – Progress to Date

2.1 Origins

Housing First was developed in 1992 in New York by Dr Sam Tsemberis as a response to the needs of those sleeping rough and who had severe mental health problems, often necessitating frequent admissions to psychiatric hospitals. The Housing First model as developed by Dr Tsemberis is an evidence-based approach, effective in reducing homelessness and producing positive outcomes for hard-to-reach individuals with very complex needs, as shown in randomised controlled trials of the intervention (see for example Aubry et al., 2016; Aubry et al., 2019). By reducing the cost of frequent use of other services such as emergency homeless, medical and psychiatric services and criminal justice services, Housing First is widely accepted as being a highly cost effective policy in addressing social exclusion and homelessness (Fuehrlein et al., 2014; Hwang et al., 2011)².

Housing First initially became active in the Dublin region in 2011, where it began its existence as a demonstration project. This project initially identified and targeted 23 long-term rough sleepers and was a collaborative effort between the Dublin Region Homeless Executive, Stepping Stone Accommodation, Peter McVerry Trust, Focus Ireland and Dublin Simon. This project was followed in 2014 with a full roll out of the Housing First Regional Service in Dublin. Following a tendering of the service by the Dublin Region Homeless Executive and the Health Service Executive (HSE) in 2019 the project is currently operated by the Peter McVerry Trust. This service runs in conjunction with a Street Outreach Service operated by Dublin Simon Community that assertively engages with people who are sleeping rough across the Dublin region to support them into temporary accommodation and long-term housing options. Since 2014 and up to the end of October 2021, 655 tenancies in total have been created in the Dublin region with 384 individuals currently housed as part of the programme in Dublin.

² For full details of the history, core principles, delivery, evidence and evaluations of Housing First, see the [Housing First Guide Europe](#) and Tsemberis, S. (2010).

2.2 Expansion of the Programme

Based on the early progress made in delivering Housing First in Dublin, the Rebuilding Ireland action plan for Housing and Homelessness in 2016 made commitments to expand the programme. Targets for Housing First tenancies were tripled in Dublin and the programme extension was confirmed to other key urban areas: Cork, Galway and Limerick. This regional expansion was facilitated through the Service Reform Fund (SRF), an initiative of the Department of Health, HSE National Social Inclusion Office, the Department of Housing, Local Government and Heritage (DHLGH), Atlantic Philanthropies and Genio to implement homelessness, mental health and disability service reform in Ireland.

Supporting 124 additional Housing First tenancies in Cork, Limerick, Galway, and Waterford was one of the aims of this extension of the programme. Proposals were submitted in 2018. Applications were assessed by a grants committee comprising a peer worker with lived experience; the National Director of Housing First; HSE National Social Inclusion Office; Social Inclusion, DHLGH and Genio. The total available funding was €5.94m:

- €2.17m committed from the HSE (Social Inclusion);
- €2m committed from the Department of Housing, Local Government and Heritage; and,
- €1.77m from the Atlantic Philanthropies.

These services have been in operation since 2019 and at the end of October 2021, housed 89 individuals in the four urban areas.

To assist with the expansion of the Housing First programme on a national level, a National Director was appointed in early 2018 within the Dublin Region Homeless Executive to support the achievement of the increased tenancy targets and to develop a national plan. This culminated in the publication of a [Housing First National Implementation Plan](#) in September 2018. The plan contained targets for each local authority, with an overall national target of 663 tenancies to be delivered by the end of 2021. The regional targets contained in the Plan were agreed by local authorities based on a review of homelessness data and a national survey of the support needs of individuals experiencing homelessness conducted with service providers.

Implementing this Plan has been a joint responsibility of the Department of Housing, Local Government and Heritage, the Department of Health, the HSE and the local authorities, supported by NGOs. To ensure the integrated and coordinated delivery of Housing First nationally, as well as to monitor and assess progress in delivering the targets set out in the National Implementation Plan, a cross-agency National Implementation Group was created.

Its membership consists of representatives from the Department of Housing, Local Government and Heritage, the Department of Health, HSE National Social Inclusion Office, HSE Mental Health, the Housing First National Director, Genio, the CCMA and a representative from the criminal justice sector, representing both the Probation Service and the Irish Prison Service who joined the Group in September 2021. The group has been meeting bi-monthly since January 2019, and is the key operational driver and oversight body of the programme.

The main issues dealt with by the Group have included facilitating the expansion of the programme nationally, the provision of training and support to regions, and overseeing action research and evaluation on the programme. The Implementation Group has also been pivotal in facilitating the extension of Housing First services in regions funded through the Service Reform Fund (SRF), namely, the Mid-West, South East, South West and West regions³.

Through the lifetime of the National Implementation Plan, the programme was progressively expanded across all regions, concluding in early 2021 when full national coverage was achieved.

To end-October 2021, 722 tenancies have been created as part of this Plan with 560 individuals currently in a Housing First tenancy. When tenancies established prior to the launch of the Plan in September 2018 are included, a total of 647 individuals are currently in a Housing First tenancy. The placement of the programme on a national basis facilitated its expansion to every local authority, with targets in place, and ensured that the key principles associated with the programme were adhered to by all participating agencies.

³The organisation and co-ordination of homeless services is organised across nine administrative regions comprising the respective local authority areas within each geographic area.

Table 2. Progress on achieving targets set out in the National Implementation Plan 2018-2021 (to end-October 2021)

Region	Targeted tenancies by Region	Local Authority	Targeted tenancies by local authority	Tenancies achieved to date
Dublin	273	Dublin City Council	150	258
		Dún Laoghaire-Rathdown County Council	33	48
		Fingal County Council	45	61
		South Dublin County Council	45	47
Mid-East	64	Kildare County Council	31	19
		Meath County Council	22	20
		Wicklow County Council	11	8
Mid-West	41	Clare County Council	11	1
		Limerick City and County Council	30	18
Midlands	34	Laois County Council	9	9
		Longford County Council	3	4
		Offaly County Council	12	7
		Westmeath County Council	10	6
North-East	35	Cavan County Council	9	6
		Louth County Council	23	24
		Monaghan County Council	3	2
North-West	41	Donegal County Council	14	9
		Leitrim County Council	3	3
		Sligo County Council	24	10
South-East	30	Carlow County Council	4	13
		Kilkenny County Council	5	16
		Tipperary County Council	5	14
		Waterford City and County Council	10	30
		Wexford County Council	6	14
South-West	84	Cork City Council	40	39
		Cork County Council	14	4
		Kerry County Council	30	3
West	61	Galway City Council	30	20
		Galway County Council	19	6
		Mayo County Council	6	1
		Roscommon County Council	6	2
Total	663	Total	663	722

2.3 Housing for All and Programme for Government Commitments

The strength of commitment from Government towards a housing-led approach to tackling homelessness is underlined by the emphasis placed on this approach in both [Housing for All: A new housing plan for Ireland](#) and the Programme for Government [Our Shared Future](#). These Government policy and programme documents explicitly commit to Housing First and seek to build upon the progress already made in expanding the programme through the *Housing First National Implementation Plan 2018-2021*. The commitment in respect of health supports is reflected through the annual HSE National Service Plans.

The Programme for Government acknowledges that reducing and preventing homelessness is a major priority for the Government and recognises the particular challenge of homelessness, for families and for individuals. The Programme commits specifically to *'Continue to expand the Housing First approach, with a focus on the construction and acquisition of one-bed homes and the provision of relevant supporting services'*. In addition to this, recognising the interconnectedness of health and housing for many individuals, the programme commits to *'ensure that the HSE provides a dedicated funding line and resources to deliver the necessary health and mental health supports required to assist homeless people with complex needs'*.

Building upon the commitments outlined in the Programme for Government, *Housing for All: A New Housing Plan for Ireland* is the Government's housing plan to 2030 which was launched in September 2021. It is a multi-annual, multi-billion euro plan that will improve Ireland's housing system and deliver more homes of all types for people with different housing needs. It contains a comprehensive strategic approach to tackling homelessness. An important aspect of the plan is supporting individuals and single persons experiencing homelessness.

The Plan recognises that many households experiencing homelessness have additional support needs and includes specific measures to address those needs. These include measures to *'engage with and support rough sleepers into sustainable accommodation, the continued expansion of the Housing First model, a focus on the construction and acquisition of one-bed homes, and, importantly, ensuring provision of the necessary health and mental health supports required to assist homeless people with complex needs'*. Further to this, *Housing for All* commits to *'extend the programme and expand Housing First targets, with an aim to achieve 1,200 new Housing First tenancies over the next five years. This will involve an average of 240 tenancies per annum, with the specific targets for each region to be set out in the new national plan, based on analysis currently underway involving all key stakeholders'*.

Housing for All further recognises that *'prisoners and other persons convicted before the courts frequently present as homeless with high and complex support needs and that homelessness poses a significant risk for many post release.'*

The updated National Implementation Plan will build upon the existing Dublin based pilot scheme aimed at those from the criminal justice system by expanding the scheme nationally’.

The National Implementation Plan now presented gives effect to these Government policy commitments through the extension and expansion of the Programme for the period 2022 to 2026.

3. Evaluation and Research

3.1 Interim Evaluation Report

Critical to the effectiveness of the Housing First approach and implementation of the programme is a robust evidence base. Researchers from the University of Limerick⁴ have been carrying out an evaluation of Housing First in Ireland and their final report is scheduled for publication in Q1 2022, on conclusion of the first implementation plan under the Programme. An interim version of this evaluation was made available to the Housing First National Implementation Group preparing the new National Implementation Plan.

The evaluation comprised two primary components:

- a) process assessment of the effectiveness of service coordination and delivery in each of the nine regions, with a focus on fidelity to the Housing First model; and,
- b) an assessment of clients' well-being on a range of social, health, mental health, and substance use indicators. So far, the evaluation team has conducted 47 interviews and 9 focus groups with team members and stakeholders in each of the nine regions. The evaluation team has completed 109 questionnaires with clients across all nine regions and in-depth interviews with 15 clients across the nine homelessness administrative regions. Clients' key workers also contributed provider assessments for each client who completed a questionnaire with the team (N=145).

This study has consisted of:

- Designing the monitoring tools to track the -
 - provision and integration of appropriate health and tenancy supports
 - sustainment of tenancies
 - health outcomes and social engagement outcomes (including employment);
- Designing and implementing a process for collecting and collating monitoring data from the nine regions and provide brief reports summarising these data every six months;
- Supporting the sites to carry out fidelity assessments;

⁴ Dr Ronni M. Greenwood, Dr Steven Byrne and evaluation Team members: Aimen Kakar, Sara O'Donnell, Deirdre Leyden, and Sarah Carew, with additional contributions to the interim report by Branagh R. O'Shaughnessy.

- Evaluating the progress of the implementation of the Housing First national programme and associated integrated pathways approach; and,
- Writing a substantial summative evaluation report on the health and tenancy outcomes and implementation of the programme, drawing on the monitoring data and the qualitative research work of the Action Research.

Findings from this evaluation of the national implementation of Housing First indicate that Housing First programmes are operating with a high degree of fidelity in each of the nine homeless regions. Vulnerable individuals with substantial histories of rough sleeping and emergency accommodation usage are getting housed, staying housed, and receiving choice-driven and individualised care to support them on their recovery journeys.

The evidence as analysed suggests that all regions have developed approaches to eligibility and intake that are effective in screening individuals in most need of Housing First services, and recommends that representatives from the nine regions work with the national office to develop a set of eligibility criteria and intake procedures that standardise procedures across the regions while allowing flexibility for regional differences in client demographics and support needs.

The report confirms housing retention rates as being high. When clients are rehoused, it is usually to prevent eviction with a move to better suited accommodation or location or because of a medium/long-term stay in an institution. In these latter instances, teams continue to engage with the person and rehouse them when they are discharged or released. Concerns about an adequate supply of one bedroom units were raised in every region. In order to meet Housing First targets with one bedroom units, the report stresses that supply of one bedroom units must be increased.

The researchers obtained consistent and robust evidence that Housing First teams intensively support clients using harm-reduction, client-led, non-coercive approaches. GP and addictions services are widely available, and it appears that many clients are receiving or have completed necessary treatment. However, mental health treatment for individuals whose mental health problems are categorised as behavioural is flagged as being not as accessible and individuals may be deemed ineligible for community mental health services. In these instances, teams that are multidisciplinary and teams with links to community mental health services have necessary resources for interventions that prevent decompensation (deterioration) and visits to emergency departments. Timely access to psychological supports and treatment for dual diagnosis is essential to effective case management with Housing First clients. Many Housing First clients have mental health problems that require psychiatric and/or psychological treatment, and psychological supports for trauma, personality disorders, and “behaviour” must be adequately resourced in all regions.

Because many Housing First clients have histories of traumatic experiences, it is important that all team members are trained in trauma informed care and competent in creating psychologically informed environments. All teams will be working with clients who have dual diagnoses of addictions and mental health problems (either psychiatric or psychological or both). Access to dual diagnosis treatment is needed across the regions. These services are more accessible in urban and more populated areas, and for teams that are multidisciplinary. More broadly, increased linkage between Housing First programmes in each region and multidisciplinary health and psychiatric services can address accessibility issues. As teams scale up their operations, those working in large geographical regions will need higher staff-to-client-ratios than standard recommendations.

Housing First teams demonstrated a high level of fidelity to key programme operations in terms of regular meetings and individualised care planning.

Across the regions, the scores of fidelity of the Programme in the domain of service user involvement were lower than in other domains. The reports suggests that this is likely attributable to the fact that some of these programmes are still in their initial phases and initial priority is understandably given to housing and supporting clients. However, it does recommend that service user involvement be prioritised and incorporated in future programme development plans.

Consistent evidence of a high turnover in staffing of Housing First teams was also reported. Trust between client and case manager is paramount to achieving the outcomes targeted for Housing First clients. The report recommends that reasons for high staff turnover are identified and rectified. Potential mitigations include increased training and supervision in the Housing First paradigm to ensure job satisfaction, minimise the potential for burnout, and increase retention.

These conclusions and recommendations have contributed to the preparation of this National Implementation Plan. They will inform the roll-out of the new programme and its ongoing monitoring and performance.

3.2. Action Research

An important part of the evaluation was the commissioning and undertaking of the *Action Research Programme*. This has been a key element of the Service Reform Fund's work on the Housing First programme from its inception, focused on surfacing implementation challenges as they emerge and informing the National Implementation Group as it further develops the programme. Action Research is a best practice approach to informing the rollout of complex change efforts where problems are intertwined and there are differing views across stakeholders about the nature of the problem and how to address it. The ultimate goal is to gather information about ongoing activity, analyse it, and use it for further development. Action Research uses a cyclical method to promote shared problem-solving and focuses on resolving implementation challenges in 'real-time' as they emerge⁵.

The Action Research team engages with stakeholders with responsibility for implementing the Housing First homeless model, at both senior and front-line service level, across the HSE, Local Authority, and NGO sectors. The SRF Homelessness Action Research explores how stakeholders are implementing Housing First by focusing on stakeholder collaboration, access to housing, substance misuse, and mental health support services. The aim of the research is to surface implementation challenges and workarounds that stakeholders experience over the course of their engagement with the Housing First model.

The Action Research has:

- Informed the implementation of Housing First across the nine regions;
- Documented and disseminated emerging lessons and shared them in ways which contribute to our understanding of how best to inform complex, social service systems;
- Operated a programme of facilitated discussion across key stakeholder groups in order to highlight progress of the reform process and the opportunities and challenges of implementation; and,
- Delivered insights in a timely manner in ways which promote constructive dialogue.

Key considerations for the delivery of health supports arising from the Action Research are addressed in section 6.3, below.

Evaluation and research has underpinned the development of the programme to date and will continue to be central to the new National Implementation Plan.

⁵ The Action Research Team is led by Dr. Niamh Lally, a visiting research fellow in the Trinity Centre for Social Innovation, Trinity College Dublin Business School. Dr. Lynne Cahill is a post-doctoral researcher on the SRF homelessness strand

4. Programme 2022-2026

4.1 Target Setting for Tenancies and Supports

The first, 2018–2021 National Implementation Plan, included targets for each region and local authority. These targets were set following research conducted by the DRHE and subsequent engagement with the regional authorities.

Despite a decrease in the overall number of people in emergency accommodation since the second half of 2019, the numbers of single adults experiencing homelessness has not followed a similar trajectory. The most recent monthly homeless report for October 2021 shows that there were 4,565 ‘single’ adults (adults, both single and couples, who do not form part of a family unit) in emergency accommodation. The majority of these ‘singles’ do not require the intensity of supports provided under Housing First as international and Irish experience indicates an expectation that 15% to 20% of homeless adults typically meet the threshold for the level of support afforded under the Housing First programme to sustain an exit from homelessness.

Housing for All commits to an expansion of the Housing First targets, and research has been undertaken by The Housing Agency to inform the targets set out in the Plan. The overall aim of this research was to reassess the need for Housing First supports nationally and provide an evidence base for the National Implementation Group to determine appropriate targets, specific to each local authority. With improved data now available following the application of Housing First services nationally, and with significant information available to Housing First intake teams, each region was requested as part of this research to undertake an analysis of the current need for Housing First tenancies locally, using as a reference point the numbers of individuals engaged in rough sleeping or who are long-term users of emergency accommodation.

Researchers liaised with each of the nine Regional Leads for homelessness to collect and collate data from local authorities in their area, on the number of homeless individuals with high support needs using PASS (Pathway Accommodation & Support System) and additional health-related data from other sources. To be included in the data, each individual had to meet set criteria;

- to have at least one high-support need (physical and/or mental ill-health and/or a substance addiction), and
- to have been accessing homeless accommodation for more than six months, either consecutively or cumulatively over the 12-month period up to December 2020, and/or
- have engaged in rough sleeping in the last quarter of 2020.

Due to the nature and scale of the homeless population in the local authorities served by the Dublin Region Homeless Executive (DRHE), a different methodology was used to assess the need for Housing First supports in this region. The number of long-term homeless individuals meeting the threshold for the level of support afforded under the Housing First programme was estimated using known international norms, while the number of individuals sleeping rough and information on their demographic profile and support needs was obtained from the Dublin Simon Outreach Team.

The research identified a target population who meet the threshold for Housing First services. Using this research as a base, and adjusting upwards in regions where a delay in signing contracts for Housing First delivery resulted in an inability to meet those targets set in the previous, 2018-2021 Plan, an overall total of 1,319 additional Housing First tenancies are being targeted under this Plan. Table 3 below sets out the breakdown by region and local authority.

Table 3: Number of Housing First candidates by region and local authority

Region	Total Adults	Local Authority	Total Adults
Dublin	707	Dublin City Council	396
		Dún Laoghaire-Rathdown County Council	85
		Fingal County Council	113
		South Dublin County Council	113
Mid-East	70	Kildare County Council	37
		Meath County Council	24
		Wicklow County Council	9
Mid-West	52	Clare County Council	21
		Limerick City and County Council	31
Midlands	77	Laois County Council	35
		Longford County Council	7
		Offaly County Council	15
		Westmeath County Council	20
North-East	40	Cavan County Council	7
		Louth County Council	30
		Monaghan County Council	3
North-West	74	Donegal County Council	21
		Leitrim County Council	8
		Sligo County Council	45
South-East	129	Carlow County Council	18
		Kilkenny County Council	17
		Tipperary County Council	32
		Waterford City and County Council	36
		Wexford County Council	26
South-West	105	Cork City Council	45
		Cork County Council	24
		Kerry County Council	36
West	65	Galway City Council	30
		Galway County Council	18
		Mayo County Council	10
		Roscommon County Council	7
Total	1,319	Total	1,319

Table 4: Yearly breakdown of targets

Local Authority	2022	2023	2024	2025	2026	Total
Dublin city	80	79	79	79	79	396
Dún Laoghaire-Rathdown	17	17	17	17	17	85
Fingal	23	23	23	22	22	113
South Dublin	23	23	23	22	22	113
Kildare	5	9	9	7	7	37
Meath	5	5	5	5	4	24
Wicklow	2	2	2	2	1	9
Clare	4	4	4	4	5	21
Limerick City and County	7	6	6	6	6	31
Laois	7	7	7	7	7	35
Longford	2	2	1	1	1	7
Offaly	4	4	2	3	2	15
Westmeath	4	4	4	4	4	20
Cavan	1	2	2	1	1	7
Louth	6	6	6	6	6	30
Monaghan	1	1	1	0	0	3
Donegal	5	4	4	4	4	21
Leitrim	3	2	1	1	1	8
Sligo	8	11	9	8	9	45
Carlow	8	4	2	2	2	18
Kilkenny	8	6	1	1	1	17
Tipperary	7	7	6	6	6	32
Waterford City and County	12	6	6	6	6	36
Wexford	6	6	6	6	2	26
Cork City	10	5	10	10	10	45
Cork County	5	5	5	5	4	24
Kerry	7	7	7	7	8	36
Galway City	6	6	6	6	6	30
Galway	3	3	4	4	4	18
Mayo	2	2	2	2	2	10
Roscommon	1	1	1	2	2	7
Total	282	269	261	256	251	1,319

4.2 Housing First – Criminal Justice Strand

As part of their presentation, some people with high and complex support needs often come into contact with the Criminal Justice System. This can result in the imposition of custodial sentences that become part of an ongoing entrenched cycle, creating a ‘revolving door’ between street homelessness and prison, or between emergency accommodation and prison. Involvement in the Criminal Justice System typically adds to the challenges experienced by this cohort in their efforts to obtain services, including access to accommodation.

Involvement in the Criminal Justice System should not be a barrier to accessing appropriate accommodation, nor should people’s rights to accommodation be impacted because they served a custodial sentence.

It is widely recognised that people with high and complex social needs require targeted interventions that offer wrap-around services to enable them to acquire and sustain tenancies. Those who, because of their complex needs, find themselves caught up in the Criminal Justice System may present with additional challenges and complications. Some people with criminal justice involvement can and do successfully access the general scheme of Housing First, and it is vitally important that this continues. However, there is a sub-set of people who find themselves within the Criminal Justice System who require a more targeted response, as is being provided by the pilot scheme that has been in operation in the Dublin region since October 2020. *Housing for All* commits this updated National Implementation Plan to build upon the existing pilot scheme by expanding the scheme nationally. The National Implementation Group will oversee this expansion of the criminal justice strand of Housing First over the lifetime of this Plan through the integration of the existing pilot.

The national and regional targets set out in this National Implementation Plan include provision for tenancies and supports for those presenting from the Criminal Justice System. Recognising the challenges arising for those who have interacted with the Criminal Justice System, and to enable monitoring of this part of the Programme, the provision of tenancies and supports will be reported as a distinct element in the ongoing monitoring and evaluation process. This is to ensure that the needs of this sector are provided for, and that the full inclusion of the criminal justice strand within the Programme can be given effect and tracked on an on-going basis.

5. Programme Delivery and Supports

5.1 Outreach and Intensive Engagement

Crucial to the success of Housing First and the achievement of the targets set out in this Plan is ensuring that the most vulnerable and most entrenched homeless individuals receive the support and engagement required. Central to this is the provision of an effective and assertive outreach service that ensures that people without shelter are linked in with appropriate housing and health services and supports and, where appropriate, put on the Housing First pathway. Outreach services operate in each region currently. In some areas these services are more established, with daily and nightly coverage in place. These arrangements are provided with the support of local authorities and the HSE, in partnership with homeless organisations and other agencies and bodies. The HSE also provides street outreach and engagement services, peripatetic outreach, needle exchange and other harm reduction outreach services.

In the Dublin region, an outreach and intensive engagement service is provided by Dublin Simon Community in partnership with the Dublin Region Homeless Executive. This service engages with adults who experience rough sleeping, supports them into temporary homeless accommodation, and makes appropriate referrals to permanent housing options, especially Housing First.

To aid in the further expansion of the Housing First approach, and in line with commitments made in *Housing for All*, it is planned to extend outreach and intensive engagement services to every region in the country ensuring that those most in need of the intense supports provided by Housing First will be able to avail of them.

To support this commitment The Housing Agency, in partnership with the HSE and in consultation with key Departments and agencies is developing a good practice manual for the operation of assertive outreach services. This manual will assist regions in expanding outreach services into those urban areas in which rough sleeping is understood to be a concern. This manual is to be published by mid-2022.

Resources are being made available to expand outreach services. As part of their homelessness expenditure programmes for 2022 which are supported by Exchequer funding, local authorities were invited in November 2021 to submit proposals to the Department of Housing, Local Government and Heritage for additional outreach services in their annual expenditure programme for 2022. These are due for submission and then review in Q1 2022, for implementation in 2022 and beyond.

A particular group facing disadvantage that is disproportionately represented amongst the homeless population is the Traveller Community and Housing First is an important measure in addressing housing and support needs for those who come within the scope of the Programme.

5.2 Funding

The costs of delivery of Housing First comprise the operational costs of providing housing and health supports to homeless individuals with complex support needs for whom Housing First can provide the necessary supports to remain in a tenancy.

The housing support costs are met by local authorities under Section 10 of the Housing Act 1988 with health costs met by the HSE under Section 39 of the Health Act, 2004, and by the Department of Health. The cost of providing the property is a separate cost, met from the various social housing capital and current funding schemes.

Each of the nine homeless administrative regions have contractual arrangements in place for the delivery of the targets set out in the current National Implementation Plan. These arrangements were put in place by the local authorities and their regional HSE counterparts under guidance from the National Implementation Group and the National Director.

Funding has been made available under the Dormant Accounts Fund and over the four years between 2018 and 2021, it has provided some €12m to local authorities to accelerate the roll out of the Plan nationally through this funding stream. The Service Reform Fund further supported the regional expansion of the Programme under the National Implementation Plan for 2018 to 2022. An additional €1m was provided by the Department of Justice for the three year rollout of the Dublin-based pilot of the Criminal Justice Strand of Housing First.

5.3 Housing First Manual

The [‘Housing First Manual for Ireland’](#) published in December 2020 provides practical guidance to frontline workers in local authorities, the HSE and NGOs on how Housing First is implemented, including the selection of housing, processes for home visits, integrating housing and health supports, and ensuring that the service user is at the centre of decision-making. The manual was written by the international founder of Housing First, Dr. Sam Tsemberis, and uniquely adapted to the Irish context in close collaboration with an advisory group of experts in housing and health and with the practitioners of Housing First throughout the country. The manual, and a number of other Housing First resources, is maintained by The Housing Agency and hosted on their [website](#). This will continue to be a guiding support in the delivery of the programme.

5.4 Provision of One Bedroom Properties

The supply of appropriate properties is critical to the successful delivery of Housing First, and the Department of Housing, Local Government and Heritage is committed to supporting local authorities to ensure that sufficient suitable properties are in place to meet the targets set out in this Plan. Local Authorities will set out delivery targets, including targets for one-bed homes, in their new Housing Delivery Action Plans, which *Housing for All* mandates be prepared by December 2021.

There are plans in place under *Housing for All* to deliver more than 90,000 social homes to 2030, with a range of delivery mechanisms being employed to get families and individuals housed as quickly as possible. The focus of the social housing programme will be to increase the number of new-build homes, with a target to reach delivery of more than 9,500 new-build homes on average each year for the next five years to 2026.

Approved Housing Bodies (AHBs) have been significant partners in social housing delivery and have played a key role in increasing the level of new social housing in recent years. Under *Housing for All*, AHBs will have a central role, with a multi-annual focus for AHBs set out in new Local Authority Delivery Action Plans. Increased funding will be made available to AHBs through increases in the budget available for the Capital Advance Leasing Facility (CALF), and the DHLGH will review the structure and operation of CALF to assess whether any refinements to the facility are required to support delivery of social housing by the AHB sector across a wider range of Local Authority areas.

The Housing Agency has been successfully sourcing and acquiring homes for Housing First, averaging 80 homes each year since mid-2018, and as part of its remit will continue to do so under this Plan.

6. Health Supports

6.1 Supports for Individuals

The Government has committed under *Housing for All* to maintaining and consolidating the enhanced health service supports for homeless persons which were put in place in 2020 and 2021 in response to the Covid-19 pandemic. Housing First is a critical element of this. As part of the public health response to Covid-19, access to health services for people who are experiencing homelessness was significantly enhanced, initially in the HSE Winter Plan and subsequently extended to cover all of 2021, with additional expenditure of €11m provided under the COVID-19 Community Restart Homeless Initiative Fund.

Covid-19 has also seen improvements in integration between local authorities and the HSE at the systemic and individual level. This provides a further strong foundation to build upon in expanding Housing First, and in the provision of the inter-agency supports necessary for sustaining tenancies under the Programme.

Housing for All commits to building further on the co-operation and co-ordination and actions already in place and developed in minimising the impact of Covid-19 on homeless persons. These include:

- individual health care plans;
- tailored drug and alcohol treatment services; and
- mental health supports, especially for rough sleepers.

In addition, €4m is being provided under New Developments with the HSE National Service Plan in 2021 for measures to address the addiction and health needs of people who are homeless including mental health, integrated care plans and Housing First.

The Inclusion Health Model is central to meeting the complex health needs of homeless persons. It provides a model of care that delivers integrated care for people who are homeless in primary and acute settings, in line with Sláintecare.

The Programme for Government details a number of commitments to improve health outcomes for people who are homeless. The National Drugs Strategy, *Reducing Harm, Supporting Recovery*, identifies people who are homeless as at high-risk of drug and alcohol addiction. Recognising this, and as an important aspect of both the Programme for Government and Housing for All, the Department of Health and the HSE will work with DHLGH to assess and commit dedicated multi-annual funding and resources to deliver the health and mental health supports required to assist homeless people with complex needs.

The Government is also committed to working collaboratively to provide enhanced and improved supports to those who require access to healthcare and addiction treatment services.

6.2 Wrap-around Health Supports for the Housing First Programme

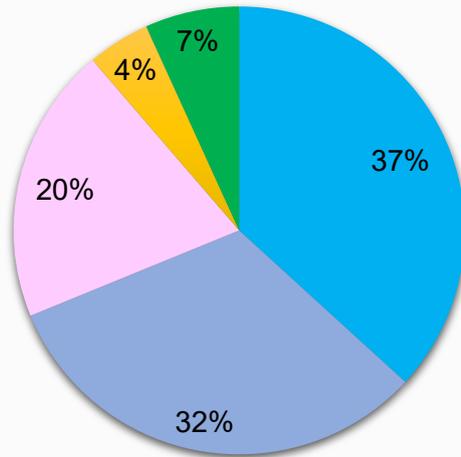
Delivery of health supports in Housing First follows the principle of wrap-around service delivery. Wrap-around health support is a team-based, collaborative case management approach that is flexible, person-oriented and comprehensive – that is, a number of organisations work together to provide a holistic program of supports. An individualised wrap-around plan should reflect the needs of the individual, capitalising on one's assets instead of focusing on the individual problems and how to fix these.

The provision of treatment and health supports has varied across regions with some regions providing supports directly by a Housing First multidisciplinary team, and others providing supports in cooperation with external services through case management and a shared care model. Advantages and disadvantages of both models have been reported but client and programme outcomes are more often reported to be dependent on local contexts, systems, structures and relationships than the model itself.

Supports provided during the first iteration of the Housing First implementation are listed below. Figure 1 illustrates the proportion of HSE National Social Inclusion Office funding of €1.85m allocated to the Housing First programme in 2021 broken down by type of support.

- *Psychiatric and mental health services:* These services are needed as there is clear evidence that homeless people with high support needs have high rates of mental health problems. Thus the addition of psychiatrists, psychologists, mental health workers and mental health nurses has been recognized as crucial to effective delivery of Housing First programmes;
- *Drug and alcohol services:* The exact type of support provided depends on what a service user chooses and their willingness to access the treatment. Health support usually involves dual diagnosis worker/addiction support worker and/or addiction counsellor.
- *Clinical services:* Access to a general practitioner and nurse who can monitor Housing First participant's health, help them administer their medication and follow treatment is an important component of the wrap-around health supports delivered to Housing First participants.
- *Occupational Therapy:* This service provides comprehensive assessment of an individual's functioning, activities, equipment and environmental adaptations to enable people to live more independently and realise their personal goals.

Figure 1 Housing first funding allocated in 2021 (HSE)



- Psychiatric and mental health services
- Drug and alcohol services, including dual diagnosis services
- Clinical services
- Occupational therapy
- Other staff resources

6.3 Key Considerations for the Delivery of Health Supports

The considerations below are based on data compiled and reported through the National Housing First Evaluation and the Action Research programme. These considerations point to key enablers and gaps that will be considered in future planning and provision of health supports in line with this new Implementation Plan.

Service Integration

Regardless of the service delivery model, improvements in integration between community supports, tenancy support services and health supports at the individual practice level have been documented in every region, including improved coordination of crisis management, the development of client consent protocols to enhance shared care planning, outreach into tenancies from mainstream health services and increased appointment flexibility facilitated by mental health services.

Positive impacts for clients and the non-clinical staff have been noted where there is close collaboration and integration with Mental Health teams. The recovery and person-centred approach delivered by mental health services compliment the Housing First approach and offer opportunities for greater access to multi-disciplinary supports and outreach services.

Governance, Structures and Protocols

The importance of clear governance including clinical governance, structures and protocols to scaffold and support multi-disciplinary teams was perceived by Housing First providers as critical to effective operationalisation of Housing First programmes. Clinical staff recruited outside of the HSE system report challenges related to access to clients, access to supervision, peer support and role isolation, which highlighted the importance of developing clinical governance and supervision for clinical staff working in the community. Clear referral pathways with partners to improve navigation of the system and provide agreed support and care packages was also noted as vital in providing effective wrap-around supports.

Co-location of Services and Assertive Outreach

Structural changes such as the co-location of services and provision of assertive outreach services were also quoted as having a positive impact on the system, service delivery and participant access to services.

Service User Voice and Involvement

Putting the Housing First client at the core of the programme, in line with Housing First principles, was said to contribute to continued buy-in and support of Housing First at both the frontline and senior management levels.

As noted in the Housing First Interim National Evaluation, fidelity scores in the domain of service user involvement were lower than in other domains across the nine regions. The report suggests that this is likely attributable to the fact that some of these programmes are still in their initial phases and initial priority is understandably given to housing and supporting clients. However, future consideration should be given to higher engagement of service users in the programme delivery and the provision of wrap-around supports via peer specialist supports.

Service Gaps Including Mental Health and Dual Diagnosis

Gaps in the provision of wrap-around support services vary across regions. Regions predominantly report limitations in access to psychology, psychiatry, dual diagnosis, occupational therapy and outreach supports from mental health and primary care services. One of the main issues identified both in the Action Research and National Housing First Evaluation was access to community mental health and dual diagnosis services. Some Housing First clients have mental health problems that require psychiatric and/or psychological treatment. Mental health supports for trauma, personality disorders, and problems with behaviours should be considered in future resourcing and service planning for these regions. Teams will also be working with clients who have dual diagnoses of addictions and mental health problems (either psychiatric or psychological or both) and therefore adequate access to dual diagnosis treatment is required in all regions.

7. Monitoring, Review and Governance

7.1 Evaluation and review process 2022 – 2026

Building on the work under the current National Implementation Plan, evaluation, monitoring and review will continue to be intrinsic elements. The purpose of a continuous monitoring process is to give an up-to-date picture of certain key programme performance metrics across accommodation, health and social integration. It also provides data which can be fed into the evaluation of the programme.

Key aspects of this process include:

- Ongoing regular monitoring of accommodation outcomes;
- Development and implementation of a health monitoring tool which focuses on the following health and recovery domains:
 - Physical & mental health including health service utilisation
 - Forensic history
 - Drug and Alcohol use
 - Social integration, employment and income
 - Satisfaction and quality of life
- Development of a national standardised tool to assess programme eligibility, including a standardised assessment of support needs. This tool would be used to inform discussions on programme eligibility and support the identification of ongoing Housing First targets, though it will not be used for Housing First prioritisation. The HSE National Social Inclusion Office will lead out on the development and implementation of a National Housing First Health Monitoring Framework including standardised tools to monitor health and recovery outcomes following the completion of the current evaluation process in 2022;
- Undertake a fidelity review in 2023 and develop a fidelity template for future reviews;
- Consider evaluation of the programme in 2024 using the available monitoring and fidelity assessment data, cost data and additional qualitative data from participants and providers.

This review and evaluation work will inform the oversight and delivery of the programme for 2022 to 2026.

7.2 National Directorate for Housing First

With a significant extension and expansion of the programme now planned, and having regard to the key strategic policy role played in tackling homelessness by Housing First, revised structural arrangements for the management of the programme are being implemented.

Under the National Implementation Plan for 2018 to 2021, a National Director was based in the Dublin Region Homeless Executive and oversaw both the programme nationally, as well as the contract arrangements for programme delivery in Dublin with the Peter McVerry Trust, and the rough sleeper outreach teams with Dublin Simon Community.

At this point in the evolution of Housing First, a new National Directorate is being established and is being based in The Housing Agency. This will comprise a National Director and a support team, as well as representation from the partner Departments and organisations. The National Director's role will be to drive a cross-Government approach to Housing First, support regional and local delivery of Housing First programmes, and oversee the achievement of Housing First targets.

Within this revised framework, the Dublin contract arrangements will continue to be overseen through the DRHE.

The Housing Agency is therefore to take a more active role in the operation of Housing First over the lifetime of this Plan and beyond. Through the National Directorate, The Housing Agency will host the central administration for the programme and this is to include specialist staff from both the housing and health sectors. The responsibilities of the directorate will include:

- Training
- Target monitoring
- Facilitating networks
- Support for property acquisition
- Evaluation

The National Directorate is to become operational early in 2022 as the new National Implementation Plan is being rolled-out.

Appendix - Main Stakeholders and Roles

Department of Housing, Local Government & Heritage

The Department of Housing, Local Government & Heritage using Homeless Exchequer funding under Section 10 of the Housing Act 1988 supports the provision of housing supports for Housing First across the country. It also supports the increased supply of properties suitable for the use of single persons across the various social housing delivery mechanisms.

Department of Health

The Department of Health is responsible for the policy and funding of health services to meet the complex health and addiction needs of people who are homeless, including beneficiaries of Housing First. It also funds the Sláintecare Healthy Communities programme to address health inequalities in disadvantaged communities.

Health Service Executive (HSE)

The HSE funds and provides wrap-around health supports for Housing First clients. This may include a key worker, case management, GP nursing services, peer supports and/or other specialist care providers.

Dublin Region Homeless Executive

The Dublin Region Homeless Executive currently oversees programme delivery in Dublin. It has under the current National Implementation Plan for 2018 to 2021 incorporated the office of the Housing First National Director. The National Director role will be located in The Housing Agency from quarter one 2022. Contract arrangements for Housing First and for outreach services in Dublin will continue to be managed by the DRHE.

Genio

Genio is a European organisation based in Ireland working with philanthropy and government at national and EU levels. Genio's Homelessness Programme helps to facilitate the development and improvement of supports for people who are long-term homeless, to enable them to move to their own homes with secure tenancies. The Homelessness Programme is being implemented through the Service Reform Fund (SRF). The SRF is an initiative of the Department of Health, HSE, the DHLGH, Atlantic Philanthropies and Genio to implement homelessness, mental health and disability service reform in Ireland.

Local authorities

Local authorities work in conjunction with the contracted NGOs and DHLGH to ensure that suitable properties are in place to meet the Housing First targets set out in this plan. They have statutory responsibility for the provision of homeless services in their areas.

The Housing Agency

The National Directorate for Housing First is to be based in The Housing Agency from early 2022. The Agency provides the key operational oversight and management of the programme and supports in its delivery.

NGO Sector

Contracts for the provision of Housing First Services are awarded on a regional basis and operated by NGOs with expertise in the field. Below is a list of the organisations currently contracted to operate these services;

- COPE Galway;
- Focus Ireland;
- The Peter McVerry Trust;
- Simon Communities;
- Sligo Social Services;

These organisations play the critical role in providing accommodation and supporting individuals.

gov.ie/housing

Department of Housing, Local Government and Heritage



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