

Focus Ireland

Waterford Community Preventative Service Pilot
Evaluation Report



Everyone has the right to a place they can call home

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To protect the identity and privacy of our customers, names have been changed; otherwise all other details represent real life experiences as told by our customers.

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Muireann Morris
July 2008

"If it wasn't for Focus [Ireland], I would have gone mad long ago...There's kind of a hope there the whole time, whereas before you never had hope...There was no-one there to talk to really, no-one to talk to about anything. If you want to talk to a social worker or anything at all, you more or less had to sign yourself in or something...totally lost, totally lost."

Quote from a Waterford Community Preventative Service Customer.

1 Executive Summary

1.1 Introduction

In December 2007 Focus Ireland commissioned an evaluation of the Waterford Community Preventative Service (CPS) pilot programme which ran from January 2006 to February 2008. This report presents the findings of the evaluation, the objectives of which are:

- To provide a profile and contextual background of the Community Preventative Service.
- To identify the views of the stakeholders on the effectiveness of the service.
- To establish the effectiveness of the service in meeting its objectives.
- To highlight the strengths of the programme and make recommendations in relation to any potential improvements.
- To make recommendations on the future direction of the service, especially in relation to models of best practice and ongoing evaluation techniques that will enable client feedback to be gathered as they engage with the service and as the service develops.

1.2 Community Preventative Service Overview

Focus Ireland has been established in Waterford, providing both permanent and transitional housing in its Grange Cohan estate, since 2000. In 2002 it introduced its Tenancy Support and Settlement Service (TSS). The aim of this service is to provide a flexible housing support service to an increased number of families and individuals in the community, taking into account the varied levels of housing needs.

The Community Preventative Service (CPS) was a pilot scheme initiated in February 2006 under the umbrella of TSS. Its aim was to target families and individuals currently in long term/secure private or local authority accommodation and at risk of becoming homeless. Suitable customers were referred from voluntary and statutory housing and homeless agencies, Health Service Executive (HSE) professionals, probation services and self-referrals. This is primary prevention work, where early identification of individuals or families at risk will reduce the necessity for later intervention when homelessness has occurred. Preventative work is seen as an integral element of Focus Ireland's strategy to support tenancy sustainment. During the two year period of the pilot, the Waterford CPS extended its work to cover counties Wexford and Tipperary South.

CPS Overall Aim: The aim of the preventative service was to prevent homelessness amongst individuals and families in private or local authority accommodation. The service did this by encouraging clients to address the issues that led to them losing their home.

1.3 Customer Overview

- 66 customers used the preventative service between January 2006 and January 2008.
- 27 of the households were single, 22 were families, and 17 customer's household type details were unrecorded.
- There was an even gender divide, with 33 male and 33 female customers.

- 8 of the customers were aged 18-25, 26 were aged 26-40, 27 were aged 41+ and 5 were of unknown age.

1.4 Evaluation Methodology

Information from Focus Ireland's customer database was used to create a basic profile of CPS customers. In addition six customers were interviewed by Focus Ireland staff over a period of twenty months to learn directly from their experiences of using the preventative service, and a further ten case files were examined in order to produce a more comprehensive level of personal biographies to inform the evaluation. Management and staff provided valuable insight into the commencement and development of the pilot, while external agencies who work closely with Focus Ireland and referred customers to the preventative service also contributed to the evaluation of this pilot programme.

1.5 Key Findings

Achievement of Objectives

- CPS staff recorded a total of 926 planned key-work sessions, 479 home visits and 266 unplanned client contacts with customers over the duration of the two year pilot.
- These interventions encompassed 1,345 actions at project, including advocacy, support and information, and 137 referrals to appropriate services.
- Of the sixteen cases reviewed (i.e. six customers interviewed and ten customer case files), thirteen had disengaged from the service. Five of these had completed their contracts, meeting wholly or to a high degree their original service goals for managing and maintaining a tenancy.

Strengths of the Programme

- The overall feedback from the interviews with customers was that they were very satisfied with the services provided by CPS.
- The external statutory agencies working with the CPS rated the service as 'professional' and 'highly successful', viewing the staff as having excellent interpersonal skills.
- The level of experience gained by the CPS in addressing multiple needs will be invaluable as staff work with other agencies in assessing and identifying those who will benefit from preventative services in the future.

Issues Arising from the Evaluation

- While the original aim of the pilot programme was to provide a primary preventative service to those who were at risk of homelessness, the customer profile shows that a significant number of the service users were living in insecure or emergency accommodation when they accessed the service.
- There was some confusion from the outset of the service as to whether or not CPS support included finding housing for people who were experiencing homelessness or living in sub-standard accommodation. This led to inappropriate referrals being made by agencies, and being accepted by the CPS.

- While the pilot was initiated to target those who had not experienced homelessness (but were at risk to homelessness), it transpired that the service provided both preventative and settlement assistance to customers over the two year duration.
- A real need for long term support, which is not the remit of either preventative or tenancy sustainment and settlement services, was identified. This applies particularly to individuals and families with multiple needs.

1.6 Recommendations

Referrals and Communications

- It is recommended that Focus Ireland and referring bodies develop joint procedures and seek high level adherence to agreed protocols between partner organisations. This will ensure that roles and responsibilities of all parties are clear.
- Information literature for use by referral agencies and potential customers should clearly differentiate between TSS and their objectives and the Focus Ireland Housing Service – reducing the risk of confusion.
- The LINK system operated by Dublin’s homelessness services should be considered as a model for a shared information system in the South East.

Accommodation Finding Service

- There is a pressing need for an accommodation finding service. This should be provided by the Councils who should be charged with specific responsibility for acquiring good quality appropriate accommodation, both social rented and private rented, subject to funding through rent assistance.
- Where possible, Focus Ireland should enter into partnerships with private landlords and local authorities under the Rental Accommodation Scheme (RAS) seeking maximum gain for its customers through effective, fair and value for money relationships with landlords.

Evaluating Preventative Strategies and Outcomes

- Longitudinal research is needed to find out if preventative interventions and tenancy sustainment work has a longer lasting effect than can be measured during the term of a time-framed programme. Focus Ireland should consider developing a model for trial starting with a twelve month post-service study.
- Customer feedback during engagement with the service should continue to be confidential and cater for mixed levels of literacy and functioning.

Future Direction

- The CPS pilot demonstrated that prevention is an important component of TSS and that primary prevention of those ‘never having experienced homelessness’, but at risk of homelessness, should be a high priority of TSS. This would involve developing protocols and mechanisms to capture ‘early warning’ notification.

- Preventative work should be mainstreamed into all Focus Ireland's TSS services for maximum impact. Focus Ireland should consider the possibility of joining the Waterford Preventative and Settlement services together as one team.
- The statutory agencies responsible for convening the Homeless Fora in the South East should ensure the participation of Focus Ireland, as the primary voluntary service provider in the region.
- Focus Ireland should seek continued and increased statutory support for its tenancy support work in the South East to allow it to mainstream primary preventative work.
- Waterford City and County should be covered by one TSS team and Wexford County and Kilkenny should have a separate team, both coming under the South East Region.
- Focus Ireland and other partners in care and case management should look at the requirements of customers whose needs cannot be met by a time-limited service but require long term support.
- Training on safety planning in relation to domestic violence would be a valuable addition to the CPS staff's training programme.

2 Introduction

2.1 Focus Ireland's Tenancy Support and Settlement Services (TSS)

Focus Ireland's Tenancy Support and Settlement Services (TSS) supported a total of 166 households to settle into their new homes and communities in 2007. This was achieved by working with local authorities in Dublin, Limerick and Waterford to support families who have been identified as being at risk of losing their tenancy.¹ Focus Ireland has been established in Waterford providing both permanent and transitional housing in its Grange Cohan estate since 2000. In 2002 it introduced its Tenancy Support and Settlement Service. The aim of this service is to provide a flexible housing support service to an increased number of families and individuals in the community, taking into account the varied levels of support needs. This service offers settlement support to families and individuals who have successfully completed a transitional housing support programme with a service. Alternatively, this service may also be suitable for families or individuals who require basic support in settling into new long term or private rented accommodation.

2.2 Community Preventative Service (CPS)

The Waterford Community Preventative Service was set up in February 2006 as a pilot project under the umbrella of Focus Ireland's Tenancy Support and Settlement Services (TSS). The pilot was the first of its kind within Focus Ireland, aiming to work with households that were in accommodation but had been identified as being at risk of becoming homeless. Within this context, the CPS worked with clients from the point of crisis and used the following preventative steps – early intervention, crisis intervention, and settlement.

2.3 Aims of the evaluation

This evaluation was commissioned by Focus Ireland in December 2007 as the pilot was nearing the end of two years of service. The objectives of the evaluation are:

- To provide a profile and contextual background of the Community Preventative Service.
- To identify the views of the stakeholders on the effectiveness of the service.
- To establish the effectiveness of the service in meeting its objectives.
- To highlight the strengths of the programme and make recommendations in relation to any potential improvements.
- To make recommendations on the future direction of the service, especially in relation to models of best practice and ongoing evaluation techniques that will enable client feedback to be gathered as they engage with the service and as the service develops.

2.4 Evaluation Methodology

This evaluation was carried out by Muireann Morris on behalf of Focus Ireland. Focus Ireland research officers carried out a series of in-depth interviews with six clients of the CPS throughout the pilot life cycle and this data was incorporated into the final report by the external evaluator. The evaluator also compiled a further ten detailed case studies, based on information from customer files.

¹ Focus Ireland (2007), 2006 Annual Report: Finding a Way Home.
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Phase 1: Consultation with service users

The first phase of the evaluation consisted of twelve in-depth interviews with six customers of CPS. In order to track participants' experiences of the service over a period of time, client interviews were carried out over a period of 20 months (May 2006 to January 2008) by Focus Ireland research officers. Of the six participants, two were interviewed once, three were interviewed twice and one was interviewed on three occasions. The interviews were semi-structured (see Appendix 4 for sample interview schedule) and designed to gain a greater understanding of the impact and effectiveness of the clients' interaction with Focus Ireland's services. In particular, the interviews were carried out in an attempt to evaluate whether or not the service had actually helped prevent clients becoming homeless. In addition to the six customers interviewed, a further ten case files were examined in order to produce a more comprehensive level of personal biographies to inform the evaluation. From this, a set of sixteen case studies were compiled and used to inform the findings of this evaluation.

Phase 2: External evaluation

The second phase of the evaluation was carried out by the external evaluator and involved the following stages:

- Desk research – literature review
- Review of the customer interviews and findings
- Review of case files by project staff
- Collation and review of policies, procedures and service documents
- Review of data on the service
- Interviews with staff and external stakeholders
- Draft report
- Final report

Semi-structured interviews were undertaken with the Services Manager, the previous and current Project Leaders, Project Worker and the Child Support Worker (for a list of consultees see Appendix 1). The areas of inquiry reflected both the policies and procedures used by the TSS teams in Focus Ireland and the fields of customer information contained within Focus Ireland's customer database (see Appendix 5).

2.5 Ethical considerations

Due to the sensitive nature of the topic being researched and the possible vulnerability of the respondents, special consideration was given to ethical issues during the course of this evaluation. Focus Ireland consent forms were used and discussed with clients before they were signed (see Appendices 2 and 3). Each respondent was given an alias name and this was used in all printed records to protect anonymity. Interviewees were given a gift voucher to compensate them for time spent in interviews. Focus Ireland project workers reviewed and summarised the contents of customer files, removing all identifying references, before giving the data to the evaluator to develop the case studies.

3 Context

3.1 Definitions of Homelessness

*The greatest barrier to speaking precisely about homelessness is the ambiguity of the term.*² Section 2 of the 1988 Housing Act of Ireland provides that the legal definition of homelessness is met where:

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

Focus Ireland advocates for a more inclusive definition of homelessness than that which is defined in the Housing Act. Focus Ireland's definition is in line with the FEANTSA³ definition, known as ETHOS – European Typology on Homelessness and Housing Exclusion - which classifies people who are homeless according to their living situation. Focus Ireland calls for the recognition of three kinds of homelessness:

- *Visible Homelessness*: includes those sleeping rough and/or those accommodated in emergency shelters or private emergency accommodation.
- *Hidden Homeless*: includes involuntarily sharing with family or friends, and/or families or individuals living in housing that is woefully inadequate or sub standard.
- *At Risk of Homelessness*: includes those who currently have housing but could possible become homeless due to economic difficulties, too high a rent burden, insecure tenure, leaving state care, or physical or mental health difficulties.

The CPS pilot was particularly concerned with addressing the needs of those 'at risk of homelessness'. These include individuals and families whose tenancy is at risk. The pilot sought to work intensively with clients 'at risk of homelessness', aiming to maintain and secure their tenancy and prevent possible future homelessness.

3.2 Defining and Evaluating Preventative Measures

It is useful at this point to define the differing forms of prevention. The definitions used here are adapted from the American public health model.

- Primary prevention is understood to mean preventing *new* cases of homelessness and stopping people ever becoming homeless.
- Secondary prevention focuses on intervening early during a spell of homelessness to help the person leave homelessness and not return.
- Tertiary prevention activities seek to end long term homelessness and prevent repeat or continued homelessness. This is also understood as settlement work.

² Baumohl, J., Heubuer, R.B. (1991): 3.

³ FEANSTA: European Federation of National Associations Working with the Homeless

As part of the MakeRoom Campaign (2005), a joint submission was made in relation to the National Action Plan on Social Inclusion by Focus Ireland, St Vincent de Paul, Simon Communities of Ireland and Threshold. The submission called for the development of a wider definition of homelessness prevention than that which is included in the Government's *Homelessness: An Integrated Strategy*, published in 2000. Following on from this, *Homelessness: A Preventative Strategy*, was published in 2002 and focussed on patients leaving hospital and mental health facilities, adult prisoners and young offenders, and young people leaving care. The Government's latest housing policy document, *Delivering Homes, Sustaining Communities*, does not appear to herald an integrated preventative policy as a vital response to a public housing list in excess of 43,000 households.⁴ In a growing number of jurisdictions, preventative policies and interventions are seen as the crucial forerunner to the development of housing and homelessness policies and plans. While this is the case it has been noted that "*Schemes with the express aim of maximising tenancy sustainment are particularly problematic in defining and measuring 'success'.*"⁵ A review of the Irish Government's homeless strategies in 2006 found that "*the outputs envisaged in the [preventative] strategy are less tangible, involving the development of systems, protocols, good working relationships and fundamentally, the prevention of homelessness among key target groups most at risk.*"⁶

Amendments to the UK Housing Act in 2002 require all local authorities to have homelessness plans and a preventative ethos, and this is advocated by the Department of Communities and Local Government. The legislation provides for the concept of 'accepted as homeless' and within that a further categorisation as 'priority homeless'. In a UK based evaluation of preventative strategies 'a downward trend in homelessness acceptances' is noted. The report states that the "*sharp post-2003 reduction in homelessness acceptances...has coincided with housing affordability continuing to decline...It is highly likely that a substantial part of the 50% post-2003 drop in acceptances is attributable to homelessness prevention activities.*"⁷

The UK based evaluation attributes much of the reduction shown in homeless acceptances to local authority resourcing under the amended Housing Act 2002. In order to fulfil their statutory responsibilities, local councils increased their homelessness staff and re-trained housing staff to undertake what might be viewed as preventative measures. The evaluation surveyed ten local authorities in England whose homelessness policies better mirrored the proactive preventative ethos promoted by their parent department – the Department of Community and Local Government. The evaluation found that the most widely adopted approaches to homelessness prevention were:

- enhanced housing advice
- rent deposit and similar schemes to enhance access to private tenancies
- family mediation
- domestic violence victim support, and
- tenancy sustainment.

⁴ Department of the Environment, Heritage & Local Government (2005), *Local Authority Assessment of Housing Needs*.

⁵ Pawson, H., et al. (2007), *Evaluation of Homelessness Prevention Activities in Scotland*: 130.

⁶ Fitzpatrick Associates (2006). *Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies*: 7.

⁷ Pawson, H., et al. (2007), *Evaluating Homelessness Prevention*: 7-8.

Much of the work undertaken was by external agencies under contract to the local authority.

A recent *Evaluation of Preventative Activities in Scotland* attempts to measure the effectiveness of 32 local authorities' practices in preventing homelessness. In the United Kingdom the local authorities are responsible for social care as well as housing and this means that they have a wide remit both in terms of services and those to whom service must be delivered. Overall, from a local authority perspective the largest scale and most effective form of homelessness prevention was support to help vulnerable tenants maintain their tenancies. The report concluded however that *"Measuring the impact of tenancy support services is particularly difficult. The first step here would involve monitoring the proportion of service user tenancies sustained in the period following their engagement with the service. Case study evidence suggests such monitoring is rarely undertaken."*⁸

Unlike England, Scotland chose to develop Supported Transitional Housing (STH) for young people with half of all local authorities providing STH - a staff intensive option and nearly all managed by external agencies. Case study results showed about half moving on to social rented accommodation, many moving back home and a significant amount evicted for anti-social behaviour.

What is noticeably lacking in both evaluations is commentary on the level of substance abuse and mental health issues as routes to homelessness, and which methods of support are considered to be more effective. This may be because both reports were evaluating the implementation of the Governments' Preventative Strategies and not assessing individual programmes or indeed investigating the specific inputs of specialist agencies.

One American study concentrated on six communities with preventative activities, some working with families and others with single people with mental health issues.⁹ As appears to be common across jurisdictions, the authors found it difficult to find any communities which maintained data capable of documenting preventative success. However the communities selected for the study had key elements of successful strategies including mechanisms for accurate targeting, a high level of commitment, significant mainstream agency involvement and mechanisms for continuous system improvement. Two communities focused on primary homelessness prevention for families and worked with families with short-term problems. Although they often discovered family issues that could not be resolved with one month of cash assistance, for primary prevention they selected the families whose housing problems could be resolved with the resources that were available. These communities offered families cash assistance to prevent eviction and cover rent, mortgage, or utility arrears, along with other prevention activities such as in-kind assistance and budget counselling. Two other communities focussed their attention on people who would need long-term help. In keeping with the nature and needs of the population being served, these communities offered more intense, more expensive, and longer-term interventions than the family-focused communities. Permanent housing and supportive services were key activities, as were

⁸ Pawson, H. et al., (2007) *Evaluation of Homelessness Prevention Activities in Scotland*: 13.

⁹ Burt M., et al. (2007) "Community-Wide Strategies for Preventing Homelessness: Recent Evidence".

collaborations among two or more mainstream agencies to launch these approaches.

Some of the more intensive prevention activities serve multiple purposes. For example, the Massachusetts Department of Mental Health (DMH) uses four interventions — mental health services, supportive services to maintain housing, rent subsidies, and permanent supportive housing — to accomplish both primary and secondary prevention and also to end chronic homelessness.

‘Communities’ in this context connotes a multi-agency approach with a number of different forms of intervention. The multiple purpose activities mentioned in the preceding paragraph best match the CPS offered by Focus Ireland in Waterford.

3.3 Accommodation and Housing in the South East

An analysis of the National Deprivation Index relating to the South East area of the country in 2006 noted that *“In the 10% most deprived Enumerated Districts in the State, 43 are in Waterford City which highlights the uneven distribution of deprivation throughout the Region and the need to provide higher than proportionate services there”*.¹⁰ The Index constructs a combination of indicators, including unemployment, social class, and housing tenure, to provide a definition of deprivation.

The Government undertakes an Assessment of Housing Need every three years, which calculates the number of households on waiting lists for local authority housing across Ireland. This assessment gives an indication of social housing need and is best viewed as a snapshot of a particular point in time. The dynamic nature of housing and homelessness need requires a rolling assessment to have a true contemporary realisation of demand. The figures in the following tables relate to the 2005 assessment and are the most up to date information available.¹¹ The Irish Council for Social Housing, the umbrella body for the voluntary and co-operative housing sector, has for some time highlighted major flaws in the assessment system: *“The data is out of date by the time it is published, special needs categories are under reported, information compiled does not give a full picture of the actual need, housing support requirements are not recorded and inconsistencies in the process between local authorities.”*¹² The Social Partnership Agreement has undertaken to make provision for the changes sought and the upcoming national assessment should reflect an expanded categorisation.¹³

A total of 4,192 households were recorded by the Department of the Environment, Heritage and Local Government as being in need of housing in the area under review. Table 3.1 illustrates housing need by tenure of households. A large majority of households on the waiting list are currently in private rented accommodation.

¹⁰ Murtagh & Partners (2006), Homeless Integrated Re-Settlement Strategy: South East Region.

¹¹ The most recent Housing Needs Assessment took place in March 2008 and results are due to be published later in the year.

¹² Irish Council for Social Housing, Housing Needs Assessment webpage.

¹³ Department of the Taoiseach (2006), Towards 2016 Ten-Year Framework Social Partnership Agreement 2006-2015.

Location	Owner	Voluntary/ Co-op housing	Private Rented	Sharing accommodation	Rough Sleeper	Other	Total
Waterford City	3	34	792	264	-	101	1,194
Waterford County+	7	2	253	118	2	27	409
Wexford County++	82	-	1,145	333	-	132	1,692
Tipperary South+++	35	43	560	162	1	96	897
Total	127	79	2,750	877	3	356	4,192

Source: Department of the Environment, Heritage and Local Government, Assessment of Housing Need (2005)

+Includes Waterford County Council and Dungarvan Town Council
++Includes Wexford County Council, Wexford Borough Council, Enniscorthy Town Council, New Ross Town Council.
+++Includes South Tipperary County Council, Clonmel Borough Council, Carrick-on-Suir Town Council, Cashel Town Council and Tipperary Town Council.

Table 3.2 shows the reason given for housing need. The majority of households on the waiting list are not reasonably able to meet the cost of their current accommodation.

Location	Homeless*	Unfit/overcrowded accommodation	Not reasonably able to meet cost of accommodation	Other**	Total
Waterford City	135	49	925	85	1,194
Waterford County	51	141	132	85	409
Wexford County	266	201	900	325	1,692
Tipperary South	5	46	717	129	897
Total	457	437	2,674	624	4,192

Source: Department of the Environment, Heritage and Local Government, Assessment of Housing Need (2005)

*Returns for “Involuntary sharing” and “Leaving Institutional Care” are included under this heading
**Other includes the elderly, persons with a disability, traveller community and medical compassionate grounds.

In the Focus Ireland report *Homeless Pathways*, participants using its services cited loss of tenancy and ill health as the most common triggers for first or repeat homelessness.¹⁴ Loss of tenancy can cover any number of causal events including poverty, anti-social behaviour of the tenant or others, or simply not having the life skills to maintain a tenancy. Alcohol and drug addiction followed as the next most common reason for tenancy difficulties. The Murtagh report provides statistics for the South East area, showing addictions at 30% and domestic violence at 21%, as the two main causes given by individuals in that area for homelessness.¹⁵

Focus Ireland’s Strategy 2010 has a target of directly providing 800 homes by 2010 through a combination of direct acquisition, building programmes and partnership arrangements with local authorities and other voluntary housing providers. A total of

¹⁴ Pillinger, J., (2007) *Homeless Pathways: developing effective strategies to address pathways into, through and out of homelessness*

¹⁵ Murtagh & Partners, (2006) *Homeless Integrated Re-Settlement Strategy: South East Region*
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250 of these homes have already been delivered with 105 of these provided in 2006.¹⁶

The numbers of social rented units in Waterford will be enhanced by Focus Ireland acquiring units in Waterford City and Dungarvan, as planned under its 2010 Strategy. This will be a welcome addition as the rate of social housing provision in the area is not encouraging. The figures below relate to 2006.

Table 3.3 Social Rented Units available in target areas - 2006			
Location	Completions & Acquisitions	RAS/ Improvements & Casual Vacancies	Total social rented
Waterford City	102	99	201
Waterford County	176	67	243
Wexford County	128	32	160
Tipperary South	128	126	254
Total	534	324	858
<i>Source: Department of the Environment, Heritage and Local Government, Annual Housing Statistics Bulletin 2006</i>			

Comparing these figures to those from the 2005 Housing Needs Assessment, which showed the total assessed as being in housing need as 4,192 (as shown in Table 3.1), the number of social units leaves a deficit of over 3,000 households still in need of suitable accommodation.

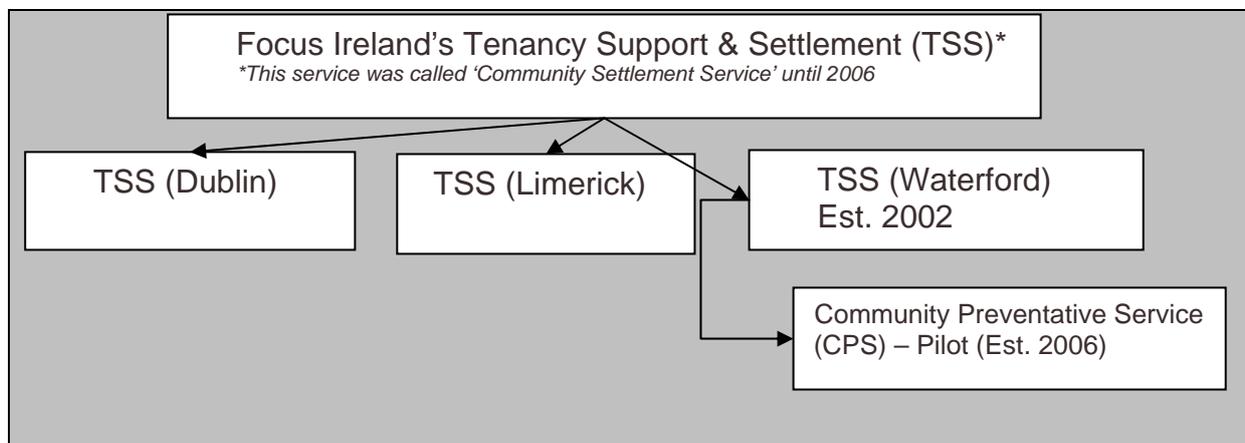
¹⁶ Focus Ireland (2007), 2006 Annual Report: Finding a Way Home: 33.
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4 Community Preventative Service (CPS): Two-Year Pilot Programme

4.1 Background

The Community Preventative Service was set up in February 2006 as a pilot project under the umbrella of Focus Ireland's Tenancy Support and Settlement Services (TSS) – see partial organisation chart below. The pilot was the first of its kind within Focus Ireland, working with households that were in accommodation but had been identified as being at risk of becoming homeless. In this context, the CPS worked with clients from the point of crisis and used the following preventative steps – early intervention, crisis intervention, and settlement.

Figure 4.1 Organisation Chart for Focus Ireland's TSS



Focus Ireland was already established in Waterford City when it was invited in 2000 to establish a TSS service in the city by Waterford City Council. In January 2006 a pilot was launched to deliver a Community Preventative Service (CPS) as part of its services to people at risk of losing a tenancy. The level of enquiries received by Focus Ireland in Waterford prompted the launch of this pilot scheme. A need was identified for a more critical intervention with those vulnerable to losing an existing tenancy.

While the service was envisaged as being focussed in Waterford City and County over the two year pilot, it was expanded to also cover Counties Wexford and Tipperary South. This expansion occurred as a result of referrals from the statutory homeless services to the CPS.

4.2 Structure of the service

Waterford TSS comes under the management of the Southern Region of Focus Ireland. There is a Head of Service, Southern Region, whose next in line is a Services Manager. The person in this position line manages the Project Leaders who in turn line manage the Project Workers and the Child Support Worker.

4.3 Aims and Objectives

The aim of the CPS pilot was to target families and individuals who were in long term/secure accommodation and at risk of becoming homeless. The intention of this service was to offer an intensive 'transitional style' programme, to address the issues that were placing the tenancies at risk. Typically these could include support

problems such as: addiction, mental health management and behavioural matters, rent arrears, and debt. Consequential issues such as rent arrears, poor quality parenting, anti-social behaviour, poor home hygiene, early school leaving and poor self-esteem might also be addressed.

CPS Overall Aim: The aim of the preventative service was to prevent homelessness amongst individuals and families in private or local authority accommodation. The service did this by encouraging clients to address the issues that led to them losing their home.

Aims of the service:

1. To keywork with individuals and families in their homes in the community around issues that could lead them to becoming homeless.
2. To liaise with landlords where possible (with permission of customers) around any issues relating to customer's behaviour, that of their visitors/children or issues with non-payment of rent.
3. To establish links between customers and other agencies in the local area, with a view to obtaining the specialist support they need.
4. To devise and deliver a life-skills programme.

4.4 Referral

The Waterford CPS referral procedure indicated that referrals would be accepted from voluntary and statutory housing and homeless agencies, HSE professionals, probation services and self-referrals.

The policies and procedures developed for Focus Ireland's TSS include best practice standards for referrals, assessments and allocations. Both customers and referring agencies complete referral forms. A detailed assessment is carried out and the referring agency is requested to attend the assessment interview with their applicant. Applicants and referring agencies are encouraged to disclose as much information as possible in order to maximise the opportunities for a successful engagement with Focus Ireland. One specific method introduced by Focus Ireland for ongoing interfacing with referring agencies is the Referral Admissions and Departures (RAD) meetings, where care and case management is discussed.

4.5 Services and Supports

The type of support offered by CPS included:

- Assisting families and individuals to examine issues undermining their ability to maintain a tenancy.
- Encouraging links into local voluntary and statutory networks and services.
- A module based programme to develop skills and capacity to enable long term self-sustained households.

In keeping with standard TSS practices, a key worker was assigned to each customer when they began using the CPS service and together they created a Service Contract outlining the needs of the service user. Focus Ireland describes this relationship between the key worker and the customer as: *"The aim of the visiting support services is, through a partnership approach, to support customers in*

*developing the skills to independently sustain a long-term tenancy. This is done through identifying issues that may affect their ability to sustain a tenancy and working to empower customers to address these issues. We operate from a strengths based approach acknowledging the customer as expert in their own lives.*¹⁷

At initial engagement with the service, a customer will be visited at a minimum once a week but more usually twice weekly. Towards the end of the contract period the frequency of visits is usually once a month. Visits take place in the customer's home. If it is deemed a risk to safety for a Key Worker to work alone with a customer, Focus Ireland's 'Working Alone Procedures' are initiated and this includes the use of the Guardian Phone Monitoring system for added personal safety.

The customer's Service or Support Contract is reviewed at three months, six months and twelve months engagement with the service. During this period the terms or goals in the contract can be revisited by the customer. Goal setting varies with customers and could entail money management, learning to read, or working to have a child returned from care.

4.6 Child Support Service

The CPS pilot also had access to the Family and Childcare Service provided by Focus Ireland, as a resource to which families could be referred for specific and focused support work. This service complements the overall objectives of TSS and CPS by developing parenting skills, focusing on relationship issues and parental responsibility.

This service supports families in gaining the skills and confidence to manage their family relationships. The service promotes the development of parent and child relationships and encourages parental responsibility. The Child Support Worker works towards enabling families to fully meet the needs of their children by enhancing parenting skills. The Child Support Worker also advocates on behalf of children, families and young people availing of the service. Through initial assessment of need and ongoing engagement with the service, the customer and Key Worker may identify that customers with one or more children living with them might benefit from increased support. When a family is referred and accepted into the service, the Child Support Worker undertakes a Child Care Assessment.

4.7 Disengagement

Planned disengagement is initiated when a customer, in partnership with their Key Worker, referral agency, and linked support services, is assessed as having successfully addressed the issues that led to their tenancy being at risk.

Where the customer chooses to disengage from the service, the Key Worker arranges a final Support Plan Review inviting the customer and their support services to attend. The purpose of this review is to hear the customer's views on the service, to reflect on the goals they have achieved to date, and to highlight the supports that are available to them. The customer is informed that they can re-engage with the service in the future if the need arises. This is known in Focus Ireland as the 'Open Door Policy'.

In the case of unplanned disengagement, as with the TSS service, the CPS Key Worker establishes with the customer their reasons for wanting to disengage from the service. As a guideline, if a customer has not attended four consecutive meetings with their Key Worker and there has been no contact with the service, their Key Worker will contact them by letter to review their engagement with the service and will request that the customer contacts the service in this regard.

4.8 Outcomes

The expected outcomes for a customer using the CPS were:

- Security in long-term accommodation
- Changed pattern of behaviour
- Greater community satisfaction and stability
- Greater confidence in dealing with challenges
- Enhanced life skills, and
- Reduced alienation/isolation.

4.9 Length of Engagement

The duration of the support provided to customers was expected to be twelve months, with the view to extending this on review to a maximum of eighteen months.

4.10 Financing

The CPS pilot was financed by Focus Ireland.

5 Community Preventative Service Customer Profile

From 1st January 2006 to 11th January 2008, the CPS worked with a total of 66 customers.

Gender and Age

The CPS pilot had exactly the same number of male and female customers during this period. Eight of the customers were aged 18-25, twenty-six were aged 26-40, twenty-seven were aged 41 and over, and five were of unknown age. The male customers were on average older than the female customers.

	Male	Female	Total
18-25	2	6	8
26-40	11	15	26
41+	17	10	27
Unknown	3	2	5
Total	33	33	66

Place of origin

The vast majority of CPS customers were Irish (55). A small number were from the UK (5), and the rest were from non-EU countries or of unknown nationality (6).

	Male	Female	Total
Ireland	29	26	55
UK	2	3	5
Non-EU	0	1	1
Unknown	2	3	5
Total	33	33	66

Household Type

A large proportion of the households that the CPS worked with constituted single people (27), and were predominately male. All lone parents identified were female (10).

	Male	Female	Total
Single	21	6	27
Couple - no children	4	2	6
Couple with children	2	4	6
Lone parent	0	10	10
Unknown	6	11	17
Total	33	33	66

Current Accommodation

The accommodation type occupied by CPS customers was documented in the majority of cases. Twenty-three customers were living in private rented accommodation and a further fourteen were living in Local Authority housing. The

breakdown in Table 5.4 below shows that some customers were living in emergency accommodation, such as hostels, or staying with friends and family at the time they availed of CPS services. One man was also sleeping rough at the time. A significant number of the CPS clients were living in unstable or emergency accommodation at the time they availed of its services.

	Male	Female	Total
Private rented accommodation	12	11	23
Local Authority Housing	7	7	14
Focus Ireland Housing	4	4	8
Staying with family or friends	5	2	7
Voluntary Housing Association	2	4	6
Emergency Accommodation (hostels/B&Bs)	2	2	4
Sleeping rough	1	0	1
Other/unknown	0	3	3
Total	33	33	66

Income Source

The breakdown below illustrates the main income source for customers who availed of CPS services. The most common source was disability allowance (11), followed by unemployment benefit (9). Only one customer was recorded as being employed, and one was known to be engaged with the Community Employment scheme.

	18-25	26-40	41+	Unknown	Total
Disability allowance	-	5	6	-	11
Unemployment benefit	1	2	6	-	9
One parent family payment	1	7	-	-	8
Unemployment assistance	2	2	4	-	8
Disability benefit	-	2	-	-	2
Old Age Pensions	-	-	2	-	2
Employed	1	-	-	-	1
Community Employment (CE)	-	1	-	-	1
Other/ Unknown	3	7	9	5	24
Total	8	26	27	5	66

6 Evaluation Findings

6.1 Introduction

Focus Ireland's customer database contains basic demographic information on all customers included in this evaluation and has been summarised under the Customer Profile in Section 5.1. More detailed information relating to referrals, needs, homeless history etc. are not comprehensively recorded in the database for many of the CPS's 66 customers. For this reason, the findings below are based on sixteen case studies, which were compiled using in-depth interviews with six customers and by studying ten case files, unless otherwise stated.

6.2 Referral

Referral Criteria

Of the sixteen case studies examined, eight referrals came from local authorities and five from mental health teams in the HSE. Barnardos, Respond Housing Association and Youth Offender Services also referred into the service. There was a slow start to referrals from one of the Councils at the commencement of the pilot programme. In addition, early referrals did not reflect a clear understanding of what the CPS was offering.

It is noticeable that 'needing or seeking accommodation' was given in half of the sixteen cases examined as the reason for referral to the CPS. Initially there was some confusion as to the function of the services offered by CPS and customers with inappropriate needs were referred and accepted onto the programme. This confusion centred on whether or not the CPS was able to source accommodation for people from Focus Ireland's own housing stocks or from the local authority. According to staff members, this confusion led to inappropriate referrals being made into the service, which were subsequently accepted by the CPS. One Project Leader stated that *"The situation wasn't helped by us giving a detailed outline of who the service could help and then, because the referrals were slow in coming in at the beginning, taking the very people we said we couldn't help. We said to the Council that we don't find accommodation and then we do. Now we are clear that we don't."*

This issue came to the fore in the CPS Annual Service Review 2006 where attracting 'more focussed referrals' was identified as a priority. A representative from one of the external agencies stated that the referral process was confusing, as initially they thought the service was about finding individuals accommodation, but that the role of CPS had subsequently been clarified. This external representative and one of the Focus Ireland staff members interviewed were both of the view that there is a need for an accommodation finding service with the emphasis on appropriate and comfortable premises. One of the external stakeholders was of the view that *"Focus Ireland is ideally placed to do this"*.

The profile of customers accessing this service is not one that generally fits the 'primary prevention' objective, with ten of the cases reviewed already having experienced homelessness. As the pilot has progressed, both the CPS and the referral agencies have understood more clearly the service's specialised function and more appropriate referrals have been made. CPS staff believe that the early identification of factors which contribute to losing a tenancy, and how that is communicated to service providers, are crucial to the overall success of the service.

As the pilot progressed the number of appropriate referrals increased, as can be seen in the case of Lindsey outlined below.

Case Study

Lindsey (aged 33) is a local authority tenant. She was referred to the CPS service by a social worker in Waterford County Council. Her young son suffers with ADHD and was presenting the family with difficulties in managing his behaviour. Lindsey had been experiencing difficulties with her neighbours because of her son's behaviour, and the social worker recognised this situation as one which could jeopardise Lindsey's tenancy. Prior to gaining a home of her own, Lindsey had to share accommodation in her mother's house for seven years – this was the total length of time she was on the local authority housing list. The CPS Child Support Worker spent time with Lindsey and her child making contacts with a local summer camp, football and swimming activities. The support visits were once weekly for a number of months and then were reduced by agreement to twice monthly. This assistance helped Lindsey cope with an overactive child and she stated that *"I can relax a bit more now because I know Jamie is OK – I'm more at ease"*. Lindsey also secured a part-time job during her engagement with CPS and completed a personal capacity building module with her Key Worker.

Learning

- Timely identification of preventative measure by statutory agency.
- Appropriate referral to CPS recognising value of an integrated team.
- A local authority tenancy tied Lindsey into a wider network of support and services than a private rented tenancy may have done.

Referral Procedures

Both staff and external agencies were happy with the referral procedures of the CPS and their involvement at all appropriate times, although no joint protocols had been established. One of the external interviewees was of the opinion that it was better not to have joint protocols. Regarding access to the service and self-referrals, CPS staff and one of the external agencies interviewed were of the opinion that a drop-in centre would be a valuable addition in one of the county towns.

While data was recorded and maintained by CPS and also by its networked agencies, there was no shared data recording system. There were conflicting views on whether a shared database was a good idea. An existing database system such as LINK operated by the Homeless Agency would be a relevant model for exploration.

It is important that the service ensures that the Focus Ireland customer database is used to present a full picture of activities. Information is kept on case files but it would be desirable to capture as much information as possible on the customer database. Developing a shared database would present an opportunity to revisit the design of Focus Ireland's existing customer database.

6.3 Customer Needs

Customers presented to the CPS with a variety of identified needs, including addictions and mental health problems, family and relationship breakdown, domestic violence, anti-social behaviour, poor physical health, and poor quality or unaffordable Waterford Community Preventative Service Evaluation

accommodation. Primary presenting needs as recorded by CPS staff in the sixteen case studies are shown in Table 6.1 below.

Table 6.1 Reasons recorded as primary presenting need	
Needing accommodation	7
Alcohol/addiction	5
Arrears/tenancy difficulties	2
Anti-Social Behaviour	2
Total	16
<i>Source: 16 Case Studies</i>	

The 66 customers served by the CPS self-identified a variety of needs during their initial assessment and consultations with staff. A total of 103 needs were identified by CPS customers and the breakdown is as follows: Life Skills (44), Behaviour (18), Health (14), Education (10), Child Development (9), Employment (5) and Addiction Management (3).

Focus Ireland acknowledges the difficulty in managing multiple presenting issues. Staff and external agencies both see alcohol addiction and mental health problems, and often a combination of the two, as the most common issues for customers. Both mental health issues and addictions were acknowledged by all Focus Ireland Waterford staff interviewed, and by the external organisations, as the most difficult and intractable problems when it comes to preventing or maintaining tenancies. This is an issue for all preventative and homeless services working with people with addictions. Linked practice between mental health, alcohol treatment centres and preventative services in this area are improving. Prison based housing advice has the potential to improve ex-offenders' chances of avoiding post-release homelessness. Waterford County Council's social worker liaises with a Prison Discharge Worker to ensure accommodation is available on release.

When asked about any further training staff members might find useful, mental health awareness and the effects of different kinds of illegal and prescription drugs were suggested. In addition an input from domestic violence service providers would be effective.

It was also evident that tenancy difficulties, including anti-social behaviour, lead to recurring need for relocation. The primary referring need could therefore be recorded as 'needing accommodation', when in fact the underlying issues are far more complex. One instance related by a staff member concerned a man with mental health difficulties who damaged his private rented flat. The landlord served notice to quit, but by advocating on the customer's behalf, stepping up mental health services input and utilising the Focus Ireland Housing Service maintenance officer to remedy the damage, the tenancy was saved.

One of the main aims of the CPS service was to assist customers in maintaining their tenancies, whether they are held in private or public properties. Of the six customers interviewed, four were in local authority housing and very pleased with their standard of accommodation. Those in private rented accommodation were generally not as satisfied, and a desire to gain a Focus Ireland or Council tenancy was obvious. A social housing unit was by far the preferred option, and a number of

customer interviewees were under the impression that involvement with the CPS would result in such a tenancy as a reward for engagement with the service.

Robbie (aged 42) described his expectations as a customer of Focus Ireland:

(Project Worker) meets up with me regularly and we go for coffee now like and he'd be talking about...I talk him about my life, what I am. He'd know what I am. Where I am down the hostel and that but he said 'You have to get your own place'. How am I going to get it with no money like?

(Project Worker) is saying to me like 'Stay sober and we'll get an apartment and we'll work from there', that's all I've been listening to. I want to stay sober, I'm not staying sober for (Project Worker) or Focus Ireland, I'm the man who has to stay sober like, you know what I mean. Because if I go back to drinking, I'm going to lose everything again, I'm going to lose my children maybe. And so I done it before like and I'm not going to do it again. So, I have to do it for myself.

You know? If I don't stay sober, I don't get a house off (Project Worker) like. Well, that's the way I'm looking at it.

Of the sixteen case studies reviewed, ten had a history of being homeless in the past – some on multiple occasions. Some of these households experienced 'rooflessness' and lived in emergency accommodation or slept rough. Others had 'sofa surfed' with families and friends, while others endured sub-standard accommodation or lived at risk of violence from a partner. Of the six customers interviewed, three recorded a history of multiple episodes of homelessness.

It was clear from the interviews with customers that some were living in acutely sub-standard private rented accommodation. One of the interviewees, Jack, described how, when his neighbour used the shower, water would come through his ceiling. His estranged wife would not let the children visit because of the condition of the flat he was living in. One of the external officials interviewed spoke of the standard of private rented accommodation as 'dreadful', with landlords also refusing accommodation to many of their clients.

Asked about the meaning of the word 'home', Robbie said: "*Like it would be my own house, you know I'd be able to go in and go out and do what you like. I would be proud to go home to my own house*". While for another customer who had lived in England for many years 'home' meant: "*This country and this town*". One woman who had just received a local authority tenancy, and who had never had her own hall door, said: "*Ah it's nice to be at home, you know it's lovely to know that this is my home and it cannot be taken off me*". Many of the CPS customers however, were not satisfied with their current accommodation and were hoping to move to more secure housing in the future.

Jack (aged 49) describes living in insecure accommodation:

“it would help, if I had a place to myself that I could actually start doing something. Once I’m doing something once, you know, it’s mine which I never really had. I never really had anything that I could actually say ‘tis mine, mine. It’s kind of on a lost road, kind of, you’re still going, you know, but you’re not finding anything. So hopefully this time ‘round I’ll need to be stable. The likes of these places you know when it’s not your own front door, it’s not . . . you’re on the thought the whole time that you’re going to be moving again, you’re not stable, literally you’re not stable...”

6.4 Services and Supports

Focus Ireland’s customer database recorded a total of 926 planned key-work sessions, 479 home visits and 266 unplanned client contacts for CPS customers during the pilot programme.

Planned key-work sessions	926
Home visits	479
Unplanned client contacts	266
Total Actions	1671
<i>Source: Focus Ireland Customer Database for all CPS clients</i>	

These customer sessions included numerous responses and actions by CPS staff. Staff recorded actions at project in the customer database and these include advocacy, advice and information (see Table 6.3 below).

Advocacy, advice and information	320
Contact/support	216
Accommodation advice and information	197
Alcohol related advice and information	114
Mental health advice and information	62
Escort	46
Facilitating access to services	21
Other advice and information	369
Total Actions	1345
<i>Source: Focus Ireland Customer Database for all CPS clients</i>	

Part of the remit of a Project Worker’s role is to refer customers to local or specialised services as required. Records show that staff made 137 referrals over the course of the two year pilot period and the majority of these were in relation to housing and accommodation needs (59 or 43%).

Table 6.4 Referrals made by CPS staff	
Local Authority Housing	23
Supported/Transitional/Voluntary Housing	21
Private rented accommodation	12
Other Accommodation	3
Community Welfare Officer (CWO)	14
Medical/addiction related	11
Social Worker	10
Information/Community related	9
Money Advice & Budgeting Service (MABS)	9
Child/parenting related	8
Employment related	5
Other	12
Total	137
<i>Source: Focus Ireland Customer Database for all CPS clients</i>	

Each CPS Project Worker had a case load of up to fifteen customers. The staff team were of the view that generally when people engaged with the service their needs would be high. The team would expect that as work progresses with the customer his/her support needs would reduce, to a lesser or greater extent. One staff member said he had sometimes seen customers three times in a week. This frequency would be agreed with the customer and would signify a high level of need.

The CPS team offers both practical and personal support. Basic life skills and household management, such as shopping, personal health care and hygiene, and nutrition, were key components of the CPS service. Robbie was hugely appreciative of his Project Worker bringing him shopping “*and helping me pay €50 rather than the €80 for the same things I bought before*”.

Jennifer (aged 28) describes how CPS referred her to MABS:

But they (Project Workers) were brilliant you know, where as if I have a problem normally what I do is I try to work it out or go and bury my head in the sand. You go to them straight away they say right, no matter how big or small the problem is they say, right ... you know this much, you know that much, you know what I mean? They put me in touch with MABS, you know, now I get all my bills taken out from my wages, you know, so that leaves me with my shopping money basically.

Advocacy is another major role for the Project Workers and can take up a significant amount of time. Dealing with Community Welfare Officers, housing officers and court officials can cause levels of stress which only exacerbate trying circumstances for customers. One of the CPS staff talked about the stigma attached to being known as having an addiction problem or mentally unwell. She said this can act as a barrier to customers seeking the rights that are due to them. The advocacy role of CPS staff is seen by both staff members and customers as vital. These services can range from helping to sort out an unpaid bill, to advocating on behalf of the customer to housing officers and landlords.

Jack (aged 49) describes how his Key Worker helped him with his housing application:

They (Council) told me it'd be three to six months before I'd get to see them so that was fourteen months ago. Now myself with (Project Worker) things are moving faster, she's gone down to see (contact in the council) – she's the woman that ... hires and fires... and even to see her or anything at all is just unbelievable, you can't get to see her.

From an emotional point of view, loneliness can be the greatest hurdle for many customers, the majority of whom are single people. The Key Workers try to put daily routines in place to alleviate isolation and encourage contact with others. Joe related how he had been cut off from his family for years and it just took some gentle encouragement from his Key Worker to make contact again with his mother and family. This family connection can be a crucial link back to a more normalised way of living. Greg relates that having his Key Worker visit is helpful because ‘...it's someone to talk to during the week, there's someone coming in during the week.’

Jennifer (aged 28) describes the impact of CPS on her life:

"I mean she (Project Worker) had faith in me you know, they all have faith in me. The first time they'd be saying you know you really have potential you know what I mean, they are... They're more like friends really do you know what I mean.

"You know...it's not like paper to pen you know all the time, do you know it's you talk and you know say well what do you think? You see I always thought of myself as being low and shallow and things like that, like they've done this kind of test on me you know, where you see things describing yourself, puzzles and you've got all these questions and you choose one answer, and then they goes off then you know and then puts it into paper and then describes yourself."

"... I'm going to counselling now you know. And I have been there about two months, two months, and I actually find that ...Focus Ireland and the counsellor changed me a lot you know. Whereas I'd take anything previously do you know what I mean, but now I'm making a stand, if I don't like something I will say I don't like it. Where as before I'd say 'yeah it's lovely' where as I don't like that at all do you know what I mean? But I will do now, you know what I mean. And the kids love them as well do you know. And the kids they think they're amazing..."

6.5 Child Support Service

The CPS had access to the Child Support Worker of Waterford TSS (see Section 4.7). The Child Support Worker spoke of situations where parents can be ‘very resistant’ to the notion that s/he might need some input and support on parenting issues. The Child Support Worker sees the role as being one of building a relationship of trust to undertake this form of support. Having both a Key Worker and a Child Support Worker allows for a holistic form of support to be offered, as well as allowing customers to separate their own issues from their children's needs. It is the experience of many Support Workers that customers can divert attention away from their own problems by seeking to concentrate on their children. Apart from one-to-one work, the Child Support Worker also undertakes group work, video play sessions, parents groups and like the rest of the TSS team, a considerable amount of advocacy and networking.

Lindsey (aged 33) describes the changes in her son Jamie (aged 9):

1st Interview

“Well, they are going to... they will help me with Jamie because Jamie has ADHD, it is a hyperactive disorder. So, he gets a bit wild sometimes so they are trying to put him into some of the summer camps... they say any help I need with Jamie they will help me out ... He is a hyperactive child so you are constantly on the go with him all the time.”

2nd Interview (6 months later)

“She (Child Support Worker) plays games with him and they make things out of mála and...She’s trying to get him into swimming now, so she will know about that next week. And she got him into a summer camp for the summer. So, he enjoyed that.

He’s doing great now; he’s even doing great at school. The homework club started again last week so he goes there. He goes there, so that’s a bit of help then as well. Thursday night he will have the Tiger Group and they play games and do treasure hunts and stuff like that, he enjoys that.

Jamie has his own social worker, so. He comes to see him every few months. He’s grand, we went to see him now last week and he was really impressed with his behaviour and that. He said that he’s after coming on really well. He said Jamie was way quieter ...I can relax a bit more now because I know Jamie is okay. I’m more at ease like.”

6.6 Disengagement

The CPS staff interviewed reported the need for being flexible about disengagement protocols (see Section 4.8). One Key Worker stated that there needed to be flexibility for those with addictions, especially erratic drinkers. One of her customers was absent from meetings for six weeks while in a treatment centre, but as the customer’s absence was related to efforts to control his drinking the service did not disengage with him. The external agencies interviewed as part of this evaluation were very appreciative of the fact that they were always invited to the final review when a customer was disengaging from the CPS service.

As shown in Table 6.5 below, of the known outcomes from the sixteen case files under review, thirteen of the customers had disengaged from the service. Five of the case studies reviewed completed their contracts and disengaged by agreement, with four achieving their goals as stated. Three disengaged from the service when the desired form of tenancy was not made available to them. While the customers might see the unavailability of social housing as meaning that their outcomes were not successful, they achieved progress in other areas. Two lost their tenancies due to ongoing addiction issues and domestic violence. One woman declared herself and her family homeless. One man, who was still engaging with the service over a twenty-one month period, passed away. The outcome for one customer is unknown and three were still engaging with the service at the time this evaluation was conducted.

Table 6.5 Period of Engagement and Reason for Disengagement			
Customer	Period of engagement	Reason for disengagement	Outcome
Male	12 months	Completed contract	Waiting for a local authority tenancy
Male	9 months	Completed contract	Housed by Focus Ireland
Male	6 months	Completed contract	Moved to other private rented accommodation
Female	8 months	Completed contract	Kept local authority tenancy
Female	9 months	Completed contract	Kept local authority tenancy
Male	6 months	Disengaged after not hearing outcome of housing interview	Not known
Male	6 months	Lost tenancy (alcohol addiction)	Hostel in another city
Female	3 months	Lost tenancy (declared family homeless)	Emergency accommodation
Female	7 months	Lost tenancy (left abusive partner)	Lost local authority tenancy
Male	21 months	Passed away	
Female	2 months	Unknown	Private rented accommodation
Male	8 months	Wanted local authority or Focus Ireland accommodation - not available	Went back to involuntary sharing
Male	6 months	Wanted local authority or Focus Ireland accommodation - not available	Went back to involuntary sharing
Female	5 months – still engaging		
Female	9 months - still engaging		
Male	Still engaging		

Source: 16 Case Studies

6.7 Outcomes

Of the needs originally self-identified by CPS customers, some progress was recorded. Originally 103 needs were identified, and successful outcomes for 21 of these needs were recorded in the customer database. Unsuccessful outcomes were recorded for 48 of the goals and 34 were unknown or ongoing. It is important to note that at the same time as the CPS was launched, Focus Ireland was in the process of integrating its bespoke customer database system into services nationwide. Hard copy case files for all customers were the primary data record for CPS and not all actions and outcomes were inputted into the database. It can therefore be expected that successful outcomes for customers were significantly higher than as indicated by the figures above. In addition, had the service, as envisaged, been in a position to work with households who were identified as being at risk of losing an existing tenancy, it is certain that 'outcomes achieved' would show a more positive figure.

Of the known outcomes from the sixteen case files under review, five customers completed their contracts and disengaged by agreement, with four achieving their service contract goals.

On the whole, customers who were interviewed as part of this evaluation gave very positive feedback about their Key Workers and the services offered.

Jack (aged 49) identifies the benefits of the service to him:

[Would it have made any difference if you didn't have a Project Worker?]

I'd have been thrown out.

[It made a difference?]

It did yes. It did. I even says it now to some of my friends ... you know, that two or three will come down to the football match and they come down, we watch the football or the hurling or whatever and... they would say 'Who are these Focus Ireland crowd' ... Well, I couldn't explain to them, I said "Well, they're doing a lot for me", I said ... They said "Did they do anything about that ... electricity bill you got?" I said "They did". I showed the man the letter. He said "Oh God, I better go to them" (laughs).

6.8 Length of engagement

When CPS was launched in 2006, the target engagement period with customers was twelve months with an extension to a maximum of eighteen months depending on a customer's support needs/levels. One member of the team commented: "*We have an ethical obligation to ensure that we have properly case managed before we disengage. This can be time consuming and necessitate an extension in the duration of the service's engagement*". One of the challenges for the support team is to gauge how long an individual or family may require to be engaged with the service. Most of the staff believed that 70-80% of customers completed their engagement within the twelve month period. The average period of engagement, from the sixteen case studies examined, was eight months, with the shortest time at two months and the longest at twenty-one months. The most frequent period for engagement was six months (four customers).

6.9 Formalising Customer Feedback

In terms of accessing feedback from customers during their engagement with Focus Ireland services, staff felt that a number of methods might be used. Staff were conscious that Key Workers and the Child Support Worker might find it difficult to ask for feedback themselves as they were involved in direct service provision. One member of staff thought that a Project Leader or Services Manager could do this and that a verbal feedback would be necessary for someone with literacy difficulties. In the absence of any such difficulty, a form similar to an exit interview form could be used and the information in these responses could be recorded accurately for use by the organisation. *Homelessness Prevention - A Guide to Good Practice* suggests the use of open days, focus group discussions and one-to-one meetings (both formal and informal), suggestion boxes, drop-in sessions and bi-annual questionnaires.¹⁸

¹⁸ Pawson, H. et al., (2006) UK Department of Communities and Local Government, *Homelessness Prevention - A Guide to Good Practice*.

7 Conclusions

Focus Ireland has a long and deservedly respected reputation in the delivery of services to people experiencing homelessness, people at risk of homelessness and those who have experienced homelessness in the past. In Waterford it has been providing a supported housing service since 2000, and a settlement service since 2002. Aware of the numbers in the city and county who were experiencing critical life challenges which rendered them at risk of homelessness, Focus Ireland decided to provide, from its own resources, a pilot scheme as a Community Preventative Service. Primary prevention was seen as the main remit of the service, but in practice, a significant number of customers had already experienced homelessness.

7.1 Achievement of Objectives

- CPS staff recorded a total of 926 planned key-work sessions, 479 home visits and 266 unplanned client contacts with customers over the duration of the two year pilot.
- These interventions encompassed 1,345 actions at project, including advocacy, support and information, and 137 referrals to appropriate services.
- Of the sixteen customer cases reviewed, thirteen had disengaged from the service. Five of these had completed their contracts, meeting wholly or to a high degree their original service goals for managing and maintaining a tenancy.

7.2 Strengths of the Programme

- The overall feedback from the interviews with customers was that they were very satisfied with the services provided by CPS.
- The external statutory agencies working with the CPS rated the service as 'professional' and 'highly successful', viewing the staff as having excellent interpersonal skills.
- The level of experience gained by the CPS in addressing multiple needs will be invaluable as staff work with other agencies in assessing and identifying those who will benefit from preventative services in the future.

7.3 Issues Arising from the Evaluation

- While the original aim of the pilot was to provide a primary preventative service to those who were at risk of homelessness, the customer profile shows that a significant number of the service users were living in insecure or emergency accommodation when they accessed the service.
- There was some confusion from the outset of the service as to whether or not the CPS included finding housing for people who were experiencing homelessness or living in sub-standard accommodation. This initially led to inappropriate referrals being made by external agencies and accepted by the CPS.

- While the pilot programme was initiated to target those who had not experienced homelessness, it transpired that the service provided both preventative and settlement assistance over the two year duration.
- Shared protocols for early holistic assessment and risk identification optimise the chances of appropriate referral and successful outcomes.
- The level of sub-standard accommodation in the Private Rented Sector was highlighted by both customers and service providers.
- There is a scarcity of social housing in the South East area. The last Assessment of Housing Need (2005) showed a total of 4,192 households in need of social housing whereas there were a total of 858 social rented units available in the region at the end of 2006. Such a discrepancy contributes to the number of those at risk of homelessness.
- A real need for long term support, which is not within the remit of either preventative or tenancy sustainment or settlement services, was identified. This applies particularly to individuals and families with multiple needs. This may be provided as accommodation within the community and applying care management with a lead agency. No dedicated funding stream is currently available to provide such support.

8 Recommendations

8.1 Referrals and Communications

- There are clear policies and procedures for all aspects of service delivery within Focus Ireland. No formal joint protocols for assessment, referrals and case management exist in the region between the statutory and voluntary agencies providing homeless services. It is recommended that Focus Ireland and referring bodies develop joint procedures and seek high level adherence to agreed protocols between partner organisations. This will ensure that roles and responsibilities of all parties are clear.
- Information literature for use by referral agencies and potential customers should clearly differentiate between TSS and their objectives and the Focus Ireland Housing Service – reducing the risk of confusion.
- The LINK system operated by Dublin’s Homeless Agency should be considered as a model for a shared information system in the South East.

8.2 Accommodation Finding Service

- There is a pressing need for an accommodation finding service in Waterford. This should be provided by an official in the Councils charged with specific responsibility for acquiring good quality appropriate accommodation, both social rented and private rented, subject to funding through rent assistance. Alternatively, a dedicated budget should be provided by the local authorities for Focus Ireland to undertake this service. This could be an opportunity for a number of local authorities to jointly fund such a service.
- Where possible, Focus Ireland should enter into partnerships with private landlords and local authorities under the Rental Accommodation Scheme (RAS) seeking maximum gain for its customers through effective, fair and value for money relationships with landlords. RAS is another opportunity to maximise ‘early warning’ notification.

8.3 Evaluating Preventative Strategies and Outcomes

- Longitudinal research is needed to find out if preventative interventions and tenancy sustainment work have a longer lasting effect than can be measured during the term of a time-framed programme. Focus Ireland should consider developing a model for trial starting with a 12 month post-service study. Such research could focus on developing a tool to systematically measure individuals’ support needs and outcomes.
- Customer feedback during engagement with the service should continue to be confidential and cater for mixed levels of literacy and functioning. A number of methods could be used such as: a suggestion box, user drop-in sessions, activity based focus groups, post activity evaluation, exit questionnaire, bi-annual questionnaire.

8.4 Future Direction

- The CPS pilot demonstrated that prevention is an important component of TSS and that primary prevention of those ‘never having experienced homelessness’,
- Waterford Community Preventative Service Evaluation

but at risk of homelessness, should be a high priority of TSS. This would involve developing protocols and mechanisms to capture 'early warning' notification.

- Preventative work should be mainstreamed into all Focus Ireland's TSS services for maximum impact. Focus Ireland should consider the possibility of joining the Preventative and Settlement services together as one team.
- There is an active Housing Action Team in Waterford City comprised of statutory agencies, but there is no working Homeless Forum. As a main player in the provision of homeless services, there is an obvious need for Focus Ireland's involvement in planning as well as delivery. The statutory agencies responsible for convening the Homeless Fora in the South East should ensure the participation of Focus Ireland as the primary voluntary service provider in the region.
- Focus Ireland should seek continued and increased statutory support for its tenancy support work in the South East to allow it to mainstream primary preventative work.
- Waterford City and County should be covered by one team and Wexford County should have a separate support team, joining Kilkenny, all under the South East region.
- Focus Ireland and other partners in care and case management should look at the implications presented by referrals of customers whose needs cannot be met by a time-limited service, but require long term support. The complex needs presented by a number of service users suggest that current supported housing could not meet these needs. Should Focus Ireland consider providing a service to do so, it would require significant further resourcing and dedicated inter-agency inputs.
- Training on safety planning, by domestic violence service providers, would be a valuable addition to the CPS staff's training programme.

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APPENDICES

Appendix 1: Consultees

Focus Ireland staff

Ann McAnespie

Edel Leahy

Sean Lowde

Lisa O' Neill

Caitriona Gillane

Referring agencies

Deirdre Barry, Waterford County Council

Gerry Malley, Health Service Executive

Appendix 2: Customer Consent Form



Waterford Community Preventative Service Evaluation Customer Consent Form

I understand the information outlined in the leaflet and am happy with how the information will be used and collected. I am willing to take part in the interviews and I give permission for the Focus Ireland Researcher, with the help of Waterford Tenancy Support Service staff, to use the information I have given to try and contact me in the future to re-interview me.

Please sign here if you agree

Contact Details

Please provide as many contact details as possible as this will help us to contact you again for future interviews.

What is your current address or phone number, if you have any of these

The address of anywhere you may move to in the future:

Names, addresses and phone numbers of any contact workers or services you now access who could be contacted.

Where do you think you may be in 12 months?

Appendix 3: Customer Information Sheet

Waterford Community Preventative Service Evaluation

Information Sheet



Thank-you for your help with the Evaluation of the Waterford Community Preventative Service. This handout explains more about the in-depth interviews that we would like you take part in.

WHAT ARE THE INTERVIEWS FOR?

The interviews will be done by a Focus Ireland Researcher. The interviews will help Focus Ireland to understand more about your housing experiences generally and also your experiences of the Waterford Community Preventative Service. We will use the information you provide to help us to improve our services.

To help us to get a good picture of your situation and your experience with the Waterford Community Preventative Service, we would like to interview you three times. The first interview will be the longest and the next two will be used to 'catch up' with you and see how you're getting on.

WHAT WILL THE INTERVIEWS BE LIKE?

The interviews will take place at a venue that suits you, for example, I can visit you where you are staying or we can arrange to meet in Grange Cohen. They will take place in a private space where your comments cannot be overheard.

The interview will last for about an hour and during the interview, we will talk about your past housing situations and life experiences and any experiences of housing problems or homelessness. I will also ask you about the services that you have used and how they have helped you or how they could be improved. Finally, I will also talk to you about how things have changed for you and your hopes for the future.

You do not have to talk about anything that makes you feel uncomfortable and you are free to stop the interview at any time, if you wish. If you say anything in the interview that you would prefer not to be used in the research, let me know and it will not be used in the research.

You will receive a payment for each interview that you participate in to thank you for taking part in the research.

WHAT WILL HAPPEN TO THE INFORMATION YOU GIVE US?

The interviews will be taped to make sure that everything you say is recorded correctly. Once it has been written down, the tape will be deleted.

Your real name will not be used in the research. Instead we will give you an alias which will be used in the reports. No people or places that you mention in the

interview will be used in the research to make sure that the information you give cannot be linked back to you.

The information that you tell me in the interview will be used to write a report about the Community Preventative Service in Waterford. It will help Focus Ireland to better understand your housing experiences and to improve our services.

CONTACTING YOU AGAIN

At each interview the Researcher will collect contact information from you, in case your phone number or address has changed, or in case there is information that you no longer want Focus Ireland to use. The contact information with your name on it will be kept in Focus Ireland head office in Dublin and only Focus Ireland staff will have access to it. Staff of the Waterford tenancy support service may help the Researcher to contact you again for the second or third interview. If you don't want to take part in the interviews any more, you can contact Focus Ireland or the staff of the tenancy support service and let us know.

Thank you,

Focus Ireland
9-12 High Street
Dublin 8
Phone: (01) 8815900

Appendix 4: Customer Interview Theme Sheet 1 (sample)

Waterford Community Preventative Service Evaluation Interview Theme Sheet 1

1. Begin by introducing research, explaining and signing consent and agreeing an alias for the research.
2. Background information: Age, Gender, Who lives with you?
3. Could you tell me about each of the houses and places you have lived? (might begin with current accommodation and work backwards).
4. Could you tell me about your experiences in each of these places? (What was it like to live in that house/area? Why did you leave?).
5. Did you feel settled in each of these places? (Where did you feel most settled or secure? What helped you to feel settled?)
6. When did you first start experiencing housing difficulties? (What triggered these difficulties?) Are you having any housing difficulties at the moment?
7. Do you think that support or advice was available to you when you needed it? (if not, what type of supports might have helped?)
8. How did you first come into contact with the CPS? Were you referred and/or how did you hear about the service?
9. How often do you meet with your support worker? Are you satisfied with this?
10. What support needs do you have? (What needs have you discussed with the CPS? Or what needs are you working on with the CPS?).
11. Have you been referred to a new service since your involvement with the CPS?
12. What are your first impressions of the CPS service? Do you feel that they understand your support needs? Is there any other support you feel your support worker could offer at this time?
13. Is there anything that might have made your first contact with the service easier?
14. How do you think the CPS service will help you?
15. What does home mean to you?
16. What are your plans for the future?

Appendix 5: Interview Guide for Community Preventative Service Staff

1. The service covered counties Waterford, Wexford and South Tipperary. Can you explain how this area was chosen?
2. Were you approached by a statutory agency / respond to an invitation to tender / initiate the pilot in Focus Ireland?
3. How is this service funded?
4. Can you say what your annual budget is?
5. Was the pilot established in conjunction with other services?
6. If so, were new protocols set up with these external agencies?
7. Was the CPS aimed at Primary Prevention as in “not yet homeless” or secondary where people had been homeless, re-housed and were trying to maintain a tenancy – both?
8. The Community Preventive Service was set up as a pilot. It seems to be very similar to Tenancy Sustainment. Has this been your experience or can you say how it differs from TSS?
9. Were any of the objectives to TSS different?
10. Were policies and procedures different?
11. The team reviews mentioned that more formalised policies/procedures and protocols should be introduced – are you happy that this has been achieved?
12. Is the Waterford Homeless Forum involved in the development and review of the CPS?
13. Who have been the most frequent referral agencies?
14. Do you have a good working relationship with these agencies?
15. Do you think they understand the objectives of the CPS and know how it works?
16. One of the issues which arise in the reviews of the service is that of inappropriate referrals. What do you think is necessary to reduce these?
17. What sort of breakdown could be applied to the case load in terms of high/medium/low support?
18. At the outset do you set a time limit for engagement with each customer?
19. Have these time limits worked (e.g. 100% - 70% - 50% -30-% 15% - less)?

20. What are the factors influencing this?
21. What in your experience are the most difficult conditions/circumstances to address?
22. It is Focus Ireland policy to work with other Support Agencies in delivering the CPS – what is your experience of this?
23. Do you involve these external agencies in reviewing the progress of customers?
24. Are there improvements which could be made to this inter agency way of working?
25. What are the usual causes/methods of disengaging?
26. What works well?
27. What doesn't work so well?
28. What might you change about the service/methods/procedures etc?
29. Have you a view on the Performance Indicators developed for TSS?
30. Is there anything else you would add to them?
31. When do you think is the best time to apply such Performance Indicators?
32. What percentage of your customers do you believe will need some form of ongoing support on a long term basis?
33. What is the interface with Focus Ireland's housing service?
34. Can you say how the staffing levels/responsibilities have changed since the service's establishment?
35. What do you think the future structure for staffing the service should be?
36. Have you a view about the geography of the project – whether the team based in Waterford should service just the city and county or a wider county area?
37. Distance working can pose a problem for staff – are there other issues like working with different Local Authorities which make multiple County cover difficult?
38. Are there any other observations /comments you would like to make?



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