HOME LESS agency

Emergency Accommodation Overarching Report

November 2007

Evaluations of emergency homeless services in Dublin

SIMON BROOKE

Courtney CONSULTING

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SIMON BROOKE

Housing and Social Policy Consultant
607 South Circular Road
Kilmainham, Dublin 8, Ireland
Tel 353 1 454 1271, Fax 3553 1 454 1271
Mobile 087 947 4495
e-mail simonbrooke@eircom.net

Courtney Consulting
20 Bryansburn Road, BANGOR, Co. Down
BT20 3SB
028 91 272789
roger.courtney@btinternet.com

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1. Introduction to the evaluations

In 2006 Simon Brooke and Roger Courtney carried out evaluations of 16 emergency homeless services in the Dublin area. During these evaluations a number of issues arose that were relevant to some or all services, and they are dealt with in this overarching report. The individual evaluation reports are available separately from the Homeless Agency and their recommendations are not replicated here.

Background to the evaluations

The Homeless Agency is part of the government strategy on homelessness and is responsible for the management and coordination of services to people who are homeless in Dublin, and for the development of responses to eliminate long-term homelessness in Dublin and the need for people to sleep rough. Its role includes monitoring and evaluating services, at least once every five years, to ensure accountability for the expenditure of public funds on homeless services, both in terms of value for money and effectiveness in addressing the needs of people who are homeless. Funding allocated for emergency accommodation services through the Homeless Agency by the Health Service Executive and the local authorities in the Dublin area has increased substantially since the Homeless Agency was created in 2001 and reached €11.3m in 2006. In this context in 2006 the Homeless Agency commissioned evaluations of all emergency accommodation services for people who are homeless in the greater Dublin area.

Methodology

The evaluation process was guided by a steering group made up of representatives from a range of statutory and voluntary organisations concerned with homelessness in Dublin. Emergency accommodation services included in the evaluation were as follows:

Aungier Street Project	DePaul Trust
Aylward Green	Focus Ireland
Back Lane Hostel	DePaul Trust
Beech House	Dublin City Council
Cedar House	Salvation Army
Clancy Night Shelter	DePaul Trust
Dun Laoghaire Night Service	Crosscare
Harcourt Street Emergency Shelter	Dublin Simon Community
Haven House	HSE
Iveagh Hostel	Iveagh Trust
Longford Lane Night Service	Crosscare
Maple House	Dublin City Council
Sancta Maria	Private

In addition a partial evaluation of Middle Abbey Street (privately run) was carried out. This service was due to close shortly after the evaluations began and it was not thought worthwhile to carry out a full evaluation.

Fieldwork for these evaluations was carried out between March and June 2006.

Two services were evaluated after those listed above.

Regina Coeli Hostel . . . . . .Legion of Mary
Morning Star Hostel . . . . . .Legion of Mary

Fieldwork for these two evaluations was carried out between September and December 2006.

The methodology for the evaluation incorporated the following main elements:

• Completion of a very detailed best practice questionnaire, based on the quality standards set out in the Homeless Agency's handbook Putting People First and the enclosure of attachments providing evidence against the standards.
• Completion of a needs assessment questionnaire.
• A survey of agencies that refer clients to emergency services and receive referrals from them.
• A focus group interview with residents from each service and interviews with homeless people not currently resident in emergency services.
• An initial inspection visit to the accommodation.
• A focus group interview with the staff (and sometimes volunteers) in the accommodation.
• A follow up interview with the manager of the service to fill in any gaps in the information and clarify any information that was not clear.
• Production of a draft evaluation report for comment by the manager of the emergency accommodation.
• Completion of a resident outcomes survey and referral outcomes survey.
• Production of a final evaluation report with recommendations on each emergency accommodation service.
• Consultation with funders.
• Production of a draft and final overarching report with recommendations on common issues raised by the evaluation process.

The evaluation of Middle Abbey Street was not fully completed because the service is to be relocated and retendered. However, the previous evaluation of Abbey Street carried out in 2005 and the initial evaluation visit to Abbey Street have informed the findings of this report.

Acknowledgements
We were very conscious that the evaluation required a substantial amount of work, particularly from the manager of the service. We are very grateful for the thought and effort that went into the completion of the questionnaires and enclosures and the evaluation visits. We are also grateful for the openness and honesty from the residents and the staff (and where relevant volunteers) in feeding in their thoughts and ideas into the evaluation. Having this input has undoubtedly strengthened the evaluation.

We would also like to thank the members of the steering group for their insightful guidance and support.

2. The role of emergency homeless services

A decade ago, most emergency homeless services were very different from homeless services today. The majority operated in extremely poor quality premises and were run almost exclusively by volunteers with little or no training. They aimed to provide a short-term respite for rough sleepers, who were given food, warmth, shelter and some referral to other services. A maximum length of stay commonly applied and at the end of this period residents would have to leave, often to return to the streets. However in some cases maximum stay rules were applied inconsistently, and in others the fundamental role of the service was unclear, consequently some residents were allowed to stay for long periods. Very little, if any, focus or assistance was given with accessing move-on housing.

Since then the sector has undergone a transformation, characterised by an overall professionalisation of services, changes to the nature of service delivery, and a clearer shared understanding of the role of emergency homeless services. In particular there has been a move away from the somewhat passive 'respite' model of provision described above, towards a more developed and interventionist model of service delivery. This envisages homeless services existing to respond to a housing and personal crisis: firstly by providing accommodation, assessment, and appropriate support; and secondly by ensuring that residents move on to appropriate long-term housing, with support if required, as quickly as possible.

A number of aspects of emergency services' operations follow directly from this:

• Where possible, emergency services should be direct access; that is, they should accept self-referrals and referrals from other organisations, in particular, the Homeless Persons Unit, the Dublin City Council night bus, and the street outreach

teams, and they should not operate a waiting list. The referral process should be quick and transparent.

• The housing and other needs of residents should be assessed thoroughly, by trained staff, and each resident should be allocated a key worker/case manager whose job is to ensure that all the resident's needs are met, and to assist her/him to move into appropriate housing as soon as possible.

• There should not be a maximum length of stay, which if exceeded will result in residents having to leave the service without the option of a move to an appropriate housing option.

It is important to note however, that whilst much has improved, some of the elements described above that existed a decade ago can still be found in some services today.

3. Issues for each emergency service

3.1 Referral arrangements

Who can refer and when

Each of the emergency accommodation services had their own referral criteria and processes. For example, some accepted self-referrals, others did not. Some accepted referrals from any agency, others only from a restricted group of agencies. We do not accept the argument for restricting referrals to a small number of agencies, as long as the referral criteria and process is clear.

Recommendation 1

We recommend that all emergency homeless services should accept referrals (that fit clearly established criteria and priorities, as agreed under the Homeless Agency partnership process) from any agency.

Self referrals

If a homeless service is set up to respond to a crisis, it should be as accessible as possible to potential residents, and should therefore accept self-referrals.

Recommendation 2
We recommend that all emergency homeless services should accept self-referrals.

Time taken to make a referral
A key aspect of emergency accommodation is that the accommodation is more or less immediately available. In one case the referral process often took up to two weeks.

Recommendation 3
We recommend that the referral process should, as far as possible, be immediate and normally take no longer than 12 hours.

When referrals can be accepted
Some of the emergency accommodation services only accepted referrals at very restricted times of day or night. This meant that some homeless people with an immediate need may have had to wait up to 24 hours before a referral can be made. Moving from night shelter provision to 24-hour access would greatly facilitate extension of referral times.

Recommendation 4
We recommend that emergency accommodation services should maximise the periods of time when referrals will be accepted

Night bus and privately run accommodation
These evaluations covered the 16 services listed above, and did not include other accommodation that is sourced for homeless people, by either the night bus or the Homeless Person's Unit. It is necessary however to make a reference to this accommodation because it impacts on the performance of emergency homeless services as a whole.

The majority of single people who contact the freephone service are referred to emergency accommodation via the night bus. However, a number of services do not accept referrals at night which limits the number of beds available to the freephone service and other services operating at night such as street outreach

services. Therefore, access at night to emergency beds is limited. Furthermore vacancy rates are low and most emergency services are full by the evening. The night bus has access to up to 18 beds that are designated night bus beds, to which the night bus has sole referral rights. Between 7 and 9 of these beds are in Abbey Street, and the rest are divided between other emergency homeless services. These designated night bus beds and occasional other vacancies that arise in emergency services are not sufficient to meet demand; consequently the night bus has access to other accommodation that is privately run, with no current needs assessment or care management arrangements in place. Some of this is on similar lines to the service at Abbey Street which operates 24-hour access with support staff; some is private emergency or bed and breakfast style accommodation.

There are a number of features of the night bus operation that may have the result of maintaining people in homelessness rather than assisting them to move into appropriate housing. It needs to be made clear that this is not by design, but an unintended consequence of the development of the night bus operation since it was established in December 2000.

Clients who are referred to designated night bus beds generally leave the service the following morning without their needs being assessed or receiving any systematic support or assistance. Consequently they find themselves in the same position that night and on subsequent nights.

Similarly, clients who are referred to private emergency or bed and breakfast style accommodation by the night bus do not have access to key workers and as a consequence do not have their needs assessed or receive any systematic support or assistance. Furthermore it is reported that there are a number of regular users of the night bus service who are referred to such accommodation on a nightly basis for extended periods of time.

It is worth noting that there are a number of reasons why clients may prefer this arrangement to a referral to one of the services included in this evaluation. Firstly, this accommodation is provided at no cost to the client; secondly, the accommodation is mainly in single rooms which the vast majority, if not all, clients prefer to dormitories or shared rooms; thirdly, it suits the life style of some clients to arrive late at their accommodation, which they are able to do if they use the night bus; and fourthly the very fact that they are not encumbered with assessments and key working is itself a virtue to some clients.

This situation is clearly unsatisfactory.

Recommendation 5

We recommend that each client who occupies a designated night bus bed should be allocated a key worker and they should remain in the night bus bed until a non-night bus vacancy occurs elsewhere in the service, or a referral is made to more appropriate emergency accommodation. This may result in fewer beds being available to the night bus and we recommend that the number of beds made available to the night bus should be increased. The impact of this recommendation should be monitored over a period of six months.

We are conscious that full implementation of this recommendation will require that there is adequate capacity in emergency services as a whole to meet demand.

Recommendation 6

So far as clients referred to other private accommodation are concerned, we recommend that the Homeless Agency ensures that the brief of existing settlement workers and outreach workers specifically includes ensuring that these clients' needs are assessed and they are given assistance to move-on to appropriate long-term housing.

Homeless Dublin

Homeless Dublin, the online hostel vacancy system (formerly Hostels in Dublin), has not generally been used by emergency accommodation services. The Homeless Agency recognises the limitations of operating the service within the agency as it does not employ staff outside of office hours when they are most needed. We consider that the system has tremendous potential if used consistently by all providers. Common referral policies will greatly facilitate its use. We understand that the HPU has agreed in principle to take over the operation of Homeless Dublin. We welcome a change that will lead to the same body operating both the freephone services and Homeless Dublin.

Recommendation 7
We recommend that once Homeless Dublin is being operated by the same body as provides the freephone service, participation in Homeless Dublin should be a condition of funding received by emergency homeless services.

3.2 Accommodation

Fire safety
Guidance on fire safety in hostels[1], including means of escape, is to be found in Fire Safety in Hostels. These guidelines are not specifically concerned with hostels for homeless people, indeed they appear to be primarily concerned with tourist hostels and similar accommodation.

A significant proportion of residents in some homeless emergency homeless services have mobility difficulties caused by poor physical health which may be exacerbated by intoxication. In these circumstances it does not seem to us that the standards set out in Fire Safety in Hostels are appropriate. In particular many four storey houses used as hostels are only required to have one means of escape, which we do not feel is adequate where people with mobility difficulties may be trying to escape from a fire and would not be acceptable in the UK.

Two of the services included in these evaluations did not appear, to the evaluators, to have means of escape that comply with Fire Safety in Hostels and would urgently need to be inspected by suitably qualified inspectors. In the case of two other services, Fire Safety Notices were served in December 2006 following inspections by the evaluator, demonstrating that these buildings were potentially dangerous for occupation by residents and staff.

Recommendation 8
In order to ensure that all services meet current fire safety standards, we recommend that all premises should be inspected by staff from Dublin City Council's fire prevention section.

Suitability of premises

The suitability of the premises to the task of providing emergency accommodation for homeless people varied greatly.

Of the 16 services evaluated, we have categorised three as operating in very good premises, although one of these is in the process of construction and at the time of the evaluation visits, was not yet occupied. In these premises, each household accommodated occupied its own bedroom and had exclusive access to a shower/bath and WC. In addition the quality of other facilities, such as communal space and kitchen facilities available for use by residents was high.

Four are categorised as operating in good premises. In these, all of which accommodate single people, accommodation was mainly in the form of single rooms with shared bathroom and WC facilities. Food was cooked and prepared on the premises and served in a dining room. The quality of the communal spaces was varied. Some had high quality décor with good quality furniture, pictures and plants; some were very institutional in nature.

Five premises are categorised as poor. These premises were not suitable for their task. In some cases the organisation had been told that they would only be in the building temporarily. Some buildings were mid-terrace Georgian properties with four floors. In some cases, sleeping accommodation was in large dormitories, where the residents were afraid both for themselves and their property. In most cases there was very inadequate space for private interviews, surgeries, keyworking, group work, office space, needle exchange, leisure activities, or to facilitate service-users having access to their children. Many were also in a poor state of repair and decoration, with unattractive institutional furniture. Bringing existing services up to standard will require a major capital programme to be put in place to create suitable buildings, as has happened with Haven House.

Recommendation 9

In relation to poor premises, we recommend that as a matter of urgency action should be taken to either source appropriate alternative accommodation, or where it is possible, to renovate existing premises to an acceptable standard.

We have serious concerns about four premises that we have categorised as very poor. These include the two premises that were the subject of Fire Safety Notices.

Recommendation 10
We recommend immediate action in respect of the very poor premises we have serious concerns about (action in relation to one of them has already been agreed).

Disability access
Disability access was very poor in nearly all emergency accommodation. Even those services which had a lift had few other accessibility arrangements in place. None of the services appeared to have considered issues such as meeting the needs of those with a sensory disability.

Recommendation 11
We recommend that the Homeless Agency should, in consultation with service providers and other relevant experts, develop a guide to assist homeless services to respond appropriately to people with different disabilities, in accordance with the Disability Act 2005 and other relevant legislation and best practice guidelines.

3.3 Health and safety issues

Although there were a number of examples of good practice in terms of health and safety, there were other examples of poor compliance with health and safety and food hygiene standards. There is in our view a need for the Homeless Agency in partnership with Dublin City Council (DCC) and Health Service Executive (HSE) to put in place annual inspections (by someone appropriately qualified to carry out such inspections) to check compliance with health and safety at work regulations and Hazard Analysis Critical Control Point (HACCP) food hygiene inspections, as well as regular fire inspections.

Recommendation 12
In order to ensure compliance with health and safety standards, we recommend that the Homeless Agency add the following to Service Level Agreements:

1. Evidence of current compliance with HACCP.
2. Evidence of annual fire safety inspections and current compliance with Fire Safety in Hostels.
3. Evidence of annual health and safety audits, including an assessment of compliance with health and safety at work requirements, carried out by a qualified person.

Recommendation 13
We recommend that all new emergency accommodation services developed (including accommodation provided under the cold weather strategy) in the future, should comply with minimum quality framework standards.

3.4 Induction – rights, responsibilities, complaints procedure

Some of the services demonstrate excellent examples of how to induct a new resident into a project. These inducted new residents in relation to other residents, the staff and volunteers, the organisation, the services in the project, the services close to the project, services available, etc. In other cases the induction was practically non-existent. This was particularly the case in projects which accepted referrals on a nightly basis and the residents would be gone first thing the following morning, perhaps never to return. This is understandable and will improve as services move towards 24-hour access.

All services had a list of rules. Some had also created a statement of rights, or had combined a statement of rights and responsibilities. In some cases these were found in a licence agreement with service-users, which clarified the consequences of breaking the terms of the agreement.

Most services had a complaints procedure of some sort. In some cases this was well displayed in the project. In some services there was clearly a culture of welcoming complaints as an opportunity to improve services. In a small number of projects there was a mechanism to ensure that the nature of complaints over a period of time were considered at a more senior level to ensure that the organisation was learning relevant lessons and reflecting on how well the complaints system is working.

3.5 Barrings and exclusions

It was difficult to assess practice in relation to exclusions and evictions. Most organisations had a written policy, but that did not indicate how appropriate the policy was or how well it was applied in practice. Most services tended to feel that other services barred service-users unnecessarily, whilst they themselves did not. There is no easy answer to the issue of exclusions and evictions when the actions of service-users put the health and wellbeing of other residents and/or staff/volunteers at risk. What is required, however, is a systematic collection of information about exclusions and evictions (who, why, how long and what happened to the person following the barring) from all services, to gain a more comprehensive picture of how it is working in practice and whether action is required concerning particular services, where the evidence raises questions about the appropriateness of the exclusions and evictions and whether practice can be improved.

Recommendation 14

We recommend the establishment by the Homeless Agency of a mechanism to monitor and analyse exclusions and evictions. Homeless emergency services should be required to provide the Homeless Agency with details of all exclusions and evictions, including the length of time and reason for barring or exclusion. Details of who had been excluded and why would not be available to other agencies.

3.6 Assessment, key working and care management

Assessment, key working and care planning, and review arrangements in the emergency accommodation sector were inconsistent. There were some examples of very good practice, but there were also a number of services where there was only partial assessment, key-working or care planning and review. Three services carried out a very informal needs assessment and did not operate a key-working system, or care planning. Twenty-four hour access would help facilitate this, by ensuring that staff are on duty when other services are contactable. All emergency accommodation providers should be expected to assess the needs of residents and their children as appropriate within a short timeframe and then provide appropriate key working and care planning, and review arrangements. The Homeless Agency should facilitate this with the continued provision of training and model policies and procedures in this area and where necessary providing the funding to employ the relevant staff.

3.7 Length of stay

The emergency accommodation services included in the evaluation had a wide range of practices in relation to maximum length of stay, from nightly arrangements to 12 months maximum (there were some that had residents who had been there much longer than 12 months – see section 3.9 below), with a range of arrangements (some quite complex) in-between. It was suggested by some external stakeholders and some staff that a small number of services had evicted residents who had reached the end of their maximum length of stay and the person had returned to rough sleeping. However it was not possible to substantiate this. It is obviously absurd to have a maximum length of stay, which if exceeded results in homelessness or residents being referred to another emergency accommodation service. But, on the other hand, if there is no maximum length of stay then there is less incentive on either resident or staff to put energy into move-on. A key problem with setting a maximum length of stay is that the shortage of appropriate move-on housing (and other more supportive longer-term options) means that residents with high needs may have to wait a long time for a vacancy through no fault of their own.

Recommendation 15

We recommend that each service has a guideline maximum length of stay which would depend on the type of housing that the resident is assessed as needing. This should be related to an intensive culture of settlement, regular reviews of progress towards settlement and flexibility to extend the period to facilitate effective work with clients towards settlement and prevent clients returning to street homelessness.

Recommendation 16

We recommend that the Homeless Agency agrees with each service each year the length of stay which when it is reached by an individual resident will trigger a report to more senior management within the organisation and the length of stay which when it is reached by an individual resident will trigger a report to the Homeless Agency. The Homeless Agency will need to agree a common format for reports and the procedure it will follow on receipt of a report.

3.8 Staffing at night

Work Worth Doing[2] recommended that emergency homeless services should employ dedicated night workers, rather than have project workers working overnight. This is obviously not appropriate for a service that only provides a service at night. However, as emergency accommodation becomes 24-hour access (see recommendation 21 in section 4.5), night staffing will become necessary.

Recommendation 17

We recommend that all emergency accommodation services employ dedicated night workers.

3.9 Long-term residents in some services

Precise numbers on the extent to which emergency homeless services accommodate long-term residents are not systematically collected and analysed. In *Making it Home*[3], the Homeless Agency's action plan for 2004-2006 it was estimated that 350 people had lived in hostel accommodation for five years or more (p19).

Counted In, 2005[4] referred to 467 people who had been homeless for more than three years; however not all of them were in emergency hostels. Many long-term residents have significant non-housing needs and a pilot programme of assessing their needs, in order to address them appropriately, has begun. Initial progress has been slow; however the programme has since been expedited and should be a significant priority in the next Homeless Agency action plan. The needs assessment carried out as part of the evaluation provided some useful data on the extent of support that was required in relation to move-on accommodation (see section 4.9 below).

3.10 Specialist mainstream services

In addition to basic support from staff, some of the projects had special on-site surgeries, particularly primary health related, or visits from a Community Welfare Officer re benefits and grants, and this had improved significantly in recent years. On or off-site arrangements in relation to counselling, family mediation, and group work seemed, in many cases, to be ad hoc or non-existent.

Some services reported that they were experiencing particular difficulties in accessing drug detox services, and mental health services for their residents.

Recommendation 18

We recommend that the HSE should identify the barriers preventing access to mainstream services and endeavour to ensure that access to relevant services is improved over the life of the next Homeless Agency action plan.

3.11 Resettlement

The provision of resettlement support was uneven, from no culture or provision of resettlement to very sophisticated approaches by dedicated trained staff, or through a formal arrangement with another agency. In the middle were resettlement arrangements that were difficult to assess, because they were provided on an informal ad-hoc basis by other agencies. While the provision of resettlement support by another agency, or agencies, is acceptable, it appeared that the aim of helping people prepare for, obtain, move into and successfully remain in independent housing, or other suitable accommodation, was not well embedded in some of the emergency accommodation services. This seemed to be due to a mixture of historic organisational culture, lack of actual move-on options, inadequate staffing, and lack of 24-hour access. The Homeless Agency is currently working on a settlement strategy that will integrate with the Common Needs Assessment programme and we welcome this. Settlement should be a priority in the next Homeless Agency action plan.

3.12 Staff recruitment and management

In relation to staff recruitment, the evidence available suggests that most of the services had appropriate recruitment and selection policies and procedures and the practice seemed to be of a good standard. There were examples of difficulty filling particular vacancies, but these issues seem to be resolved, without enormous problems.

The management of the services varied from very good to very poor. Some of the agencies involved had supported their managers to attend appropriate management training courses. There were examples of poor management, where the agencies needed to pay more attention to the high level of management skills required of its project managers.

3.13 Record keeping, keeping information, level of information sought

The level of record-keeping varied hugely between services, from a comprehensive IT-based record-keeping system which tracked services provided to service-users, to services which gathered and maintained virtually no information on clients. We have made individual recommendations which should improve the overall situation. The Homeless Agency should ensure that all services are using the LINK system fully and demonstrate to services that the information is useful by analysing and reporting on trends identified through LINK.

4. Issues for emergency services as a whole

4.1 Overall compliance with quality standards

Each of the emergency accommodation services was evaluated against the minimum, good and best practice standards based on Putting People First. Table 1 provides a basic overview of the findings in relation to the two of the key elements of the standards: service to homeless people and accommodation.

For the purposes of providing a simple overview, we have categorised the services as ‘very poor’, ‘poor’, ‘good’ or ‘very good’. These categories have been arrived at by applying the relevant good practice standards.

A very poor service means that the service did not meet any relevant minimum standards and fell a long way short of meeting some of them. Both residents and a number of external stakeholders had made unfavourable comments on the service.

A poor service means that the service did not generally meet the relevant minimum standards. However, both residents and external stakeholders had made favourable comments on the service.

A good service means that the service met or nearly met at least half of the relevant minimum standards and achieved good practice or best practice in some standards. In addition, both residents and external stakeholders had made favourable comments on the service.

A very good service means that the service met or nearly met minimum standards in a majority of relevant areas and met good or best practice standards in some, and both residents and external stakeholders had made favourable comments on the service.

Section 3.2 above explains the meaning of the adjectives that relate to the premises. Table 1 below shows the relationship between quality of service and quality of premises.

	Very poor service	Poor service	Good service	Very good service
Very poor premises	●●●			●
Poor premises	●		●●	●●
Good premises		●	●	●●
Very good premises			●	●●

Table 1 ***Quality of premises and quality of service***

As this matrix suggests, the findings of the evaluation are very mixed. There were some projects that provided a very good standard of service in very good premises. At the other extreme, however, three services provided a very poor service in very poor premises including two premises that were the subject of Fire Safety Notices as a consequence of these evaluations. There were also projects in between, particularly those that provided a good or very good service in poor premises. The clustering of projects towards the bottom right hand corner suggests that there were more good or very good services in good premises than poor or very poor services in poor or very poor premises. Overall, just under half the projects provided a good or very good service in good or very good premises.

4.2 Value for money

Assessing value for money is both extremely important and difficult. It is important because funders are entitled to know whether or not public funds are being well spent. It is difficult for a number of reasons: firstly, the primary successful outcome for an emergency homeless service is a resident moving to appropriate housing, but this outcome is dependent on an adequate supply of such housing, which is outside the control of the emergency service. Secondly, residents with high needs require more staff time than residents with low needs, but whilst it is relatively easy to offer a qualitative assessment of needs, it is difficult to provide a robust quantitative assessment of needs. In other words it is difficult to say exactly how much more time resident A who has an addiction problem and a mental health problem requires, than resident B who has a physical health problem.

Each of the services being evaluated were asked to complete a needs assessment on 20 of the most recent residents. There were 7 needs areas – 'self-care', 'mental health/personality disorder', 'physical health', 'behavioural difficulties including safety to self and others', 'alcohol/drugs', 'learning difficulties' and 'other'. In relation to each of these needs areas the services were asked to indicate for the 20 most recent residents whether they had 'no', 'mild', 'moderate', or 'severe' needs. This process enabled the evaluators to create an average needs score for each service. The limitation of this process is that the score is based entirely on a needs score created by the service and therefore it is difficult to be sure that each service is assessing need in the same way and therefore that the average needs scores are comparable.

The Homeless Agency commissioned a piece of work on unit costing, which was published as *Development of Unit Costing for the Provision of Homeless Services*[5] in 2005. However, whilst this report is a useful first step in developing a consistent assessment of unit costs, it has significant limitations for the purpose of this report. The report's analysis of emergency accommodation services classifies each service as 'low', 'medium', or 'high' support based on the service's own assessment. In our view these classifications do not reflect reality.

Despite the difficulties outlined above, we have developed a methodology for assessing the value for money provided by the services we have evaluated. In doing this we have made the following assumptions:

1. For each service we have established the total income from the state. This includes income in the form of funding (directly from DCC, or from DCC and/or HSE via the Homeless Agency); and rental income (on the basis that the vast majority of residents' rent is paid by the state in one form or another). We have not included donations or other income.

2. We divided this figure by the number of beds in the service to arrive at an annual cost to the state per bed. We have used individuals rather than households in this calculation since invariably each member of the household is in need of services.

3. We have assumed a correlation between the average overall needs score of residents (as assessed by services in their needs surveys), and level of services they need. In other words the greater the average need of residents, the higher level of services they will require and therefore the greater the resources the service requires to provide a quality service to its clients.

4. The value for money index is arrived at by dividing the annual cost per bed by the average needs score. This quotient is placed in 1 of 9 bands. These were chosen to illustrate the overall spread without attempting to be too precise.

5. The matrix below in Table 2 shows value for money against quality of service. We did this because it does not make sense to compare the value for money index of a service providing a good quality service with a similar service providing a poor quality service.

   We have not included the two emergency homeless services that provide services for families with children since the children are as much clients of the service as parents, and it would be dangerous to attempt to equate the needs of children to the needs of adults. Four other services are not included because we were not able to get the relevant financial information.

   The terms 'very poor', 'poor', 'good' and 'very good' are defined in Section 4.1 above.

Value for money index (1 is best 9 is worst)	Very poor service	Poor service	Good service	Very good service
1		●		
2				
3				
4			●	●●●
5			●	●
6				●
7				●
8				
9			●	

Table 2 ***Value for money matrix***

It is important to emphasise that this matrix will not bear quantitative analysis. In other words a 'very good' service in band 4 is assessed using this methodology as providing a better service than a 'very good' service in band 6, but the extent to

which it is better cannot be quantified from this matrix. Similarly a 'very good' service in band 5 will provide better value for money than an 'good' service in band 5, but the difference cannot be quantified.

The matrix shows that the best value for money is provided by three services that provide 'very good' services and share the same band. Three other 'good' services provide progressively less good value for money. Two 'average' services are in the same cluster, but because they are 'average' quality rather than 'good' the value for money is less good.

There are two outliers; in both cases we are not convinced that the needs score of residents as reported by the service is correct, based on our knowledge of these services and comparison with other services. When the common needs assessment is in use throughout services it will be possible to arrive at a more robust needs assessment that will bear comparison across services.

We offer this matrix as a stage in the evolution of a methodology for assessing value for money.

Recommendation 19
We recommend that the Homeless Agency further develop a value for money methodology, in consultation with emergency homeless services.

4.3 Current and future level of demand for emergency accommodation

Demand and supply

The issue of demand and supply has to be considered in four different contexts:

- The current situation
- The immediate future, with action in relation to very poor premises that we have serious concerns about
- The short-term, with action to tackle sharing and poor premises
- The intermediate term

Currently it is not easy to quantify the demand for emergency accommodation from different groups. *Counted In*[6] provided data on patterns of use of emergency homeless services, but it is not possible from this data to quantify the actual or projected demand for emergency accommodation. This is dealt with further in the subsection on outcomes below.

However, an IT system is being developed for the Homeless Persons Unit. When this is operational and LINK is being used by all emergency services, quantifying the level of demand should be relatively easy.

Current situation

The supply of emergency accommodation in Dublin funded either directly by Dublin City Council or from Dublin City Council and/or the HSE and channelled through the Homeless Agency, is indicated in Table 3 below. These figures are taken from the *Homelessness Directory 2007-2008* [7]

	Household type accommodated	Group targeted (if any)	Capacity
Aungier Street	Single men, single women, couples	Long-term street drinkers	20 beds
Aylward Green	Families with children	Families with high needs	13 families
Back Lane	Single men aged over 26		74 beds
Beech House	Couples	Couples with high needs	10 couples
Cedar House	Single men		50 beds
Clancy Night Shelter	Single people and couples	Intravenous drug users	17 beds
Dun Laoghaire Crosscare	Single men, up to two women or one couple		18 beds
Harcourt Street	Single men and women	Single people with high needs	30 beds
Haven House	Women with children		17 families (in new premises)
Iveagh Hostel	Single men		70 beds
Longford Lane Crosscare	Single men aged over 35	Street drinkers	14 beds
Maple House	Single men	Single men with low support needs	36 beds
Sancta Maria	Single men		56 beds

Table 3 ***Emergency accommodation in Dublin funded either directly by Dublin City Council or from Dublin City Council and/or the HSE and channelled through the Homeless Agency***

Note that this does not include services set up under the cold weather strategy, which at the time of carrying out the evaluation were due to close, nor does it include some private emergency or bed and breakfast style accommodation. In addition, it does not include the two hostels that were subject to Fire Safety Notices.

On the evidence available to us, we do not believe there is a surplus of emergency accommodation at present. Vacancy rates are low, approximately 9% overall (with most services considerably lower than this); some referrals are made to private emergency accommodation and bed and breakfast-style accommodation; and there is evidence from the HPU that there are particular shortages of emergency accommodation for single women (especially chaotic single women) and people with mental health problems. The range of emergency accommodation currently required includes existing relatively high threshold emergency services, targeting clients with relatively low needs. These services, like all emergency homeless services should provide a key working service to all clients, but because the clients' needs are lower they should require a significantly lower staff/client ratio than would be found in most of the services included in these evaluations.

Immediate future

The retendering of one of the services, which is well used, will require the replacement of both an equivalent number of emergency accommodation beds for 27 women (or preferably more due to the shortage of accommodation for this group), and for 7/8 men (who currently use the basement as a night shelter). A second service which is in very poor premises that we have serious concerns about will also need to be replaced with at least as many bed spaces (currently 17). (A new women's service to replace Abbey Street has now opened. Services for women will also be assisted by the opening of the new and expanded Haven House.)

Short term

Five of the emergency accommodation services were in poor buildings with substantial levels of sharing. Reducing the level of sharing, and increasing the amount of space for key-working, counselling, primary health surgeries, needle exchanges, training, leisure activities, etc in any of these buildings will significantly reduce the number of bed spaces, which will need to be made up in some way. There are cases where the service may be able to be expanded into an adjoining property. In other cases this is not possible. Where any additional emergency accommodation service is required it should be located outside of the city centre in areas of high risk of homelessness. The needs assessment of longer-term residents and the development of care planning should start to have an impact from 2007 and improve the flow through emergency accommodation.

Intermediate term

Action to increase substantially the amount of move-on accommodation of different types and improve both needs assessment and settlement services should, over time, reduce the requirement for emergency accommodation.

4.4 Outcomes

Following discussion with the Homeless Agency it was agreed that it would be helpful, as part of the evaluation, to gather further information for two purposes:

firstly to find out more about referral outcomes; secondly to find out more about what happened to residents when they left emergency services. Accordingly surveys were sent to 15 services (not including Middle Abbey Street) asking for information on the 20 most recent referrals and the last 20 residents to leave the service. Surveys from 14 services were eventually returned, and in most cases they were completed fully. One service did not respond.

It is important to state here that these were sample surveys; an examination of all resident outcomes would either confirm or contradict the findings reported here.

We believe that this data is important and it should be collected and analysed on a regular basis.

Recommendation 20

We recommend that the Homeless Agency should collect continuous and comprehensive information on referral outcomes and resident outcomes from all emergency services. As the LINK system becomes more widely and accurately used, collection of this information will become easier. The use of LINK also needs to be continuously monitored by the Homeless Agency.

Referral outcomes

Twelve of the 14 services completed this part of the survey. Six only accepted referrals from another organisation (in some cases limited to specified organisations); five accepted both self-referrals and referrals from other organisations; and one only accepted self-referrals. In a small number of cases exceptions were made, for example when a service that normally only accepted referrals from other organisations accepted a self-referral.

Ten services made a decision on a referral on the same day that the referral was made in the great majority of instances. Two services took much longer; one took an average of 30 days and another an average of 10 days. Both of these services accepted only referrals from other organisations. This indicates that our recommendation in section 3.1 is entirely practicable.

In the great majority of cases the referral was successful; that is the person or household moved into the service. However, in the case of the two services that took much longer to make a decision, only half or less of the referrals were successful.

The referral survey did not provide any significant help with assessing the extent to which there may be a shortage of emergency accommodation. Overall of the 220 referrals recorded, only 14 (2%) were recorded as refused because the accommodation was full. However, this was in part due to the referral system in place, and may also have been due to the fact that an enquiry about a referral to a service that was not pursued because there were no vacancies was not recorded.

Resident outcomes

Resident outcomes were placed in one of 14 categories as shown below in Table 4. (Note: long-term housing means housing in the private rented sector or in social housing provided by a local authority or housing association.)

Resident outcome	**Number**	%
Barred	40	14
Left without explanation	40	14
Moved to long-term housing with community settlement	26	9
Moved to another emergency hostel	22	8
Moved to transitional housing	21	8
Admitted to hospital	21	8
Moved to residential addiction treatment	20	7
Moved to long-term housing without community settlement	19	7
Returned to family	18	7
Went to prison	15	5
Slept rough	12	4
Other	10	4
Other appropriate referral	7	3
Moved to long-term supported housing	5	2
Total	276	100

Table 4 ***Resident outcomes***

Two outcomes – 'barred' and 'left without explanation' scored significantly higher than others and together accounted for nearly a third of all outcomes. The high level of barring gives rise to some concern, and underlines our recommendation in section 3.5 that the Homeless Agency establishes a barring register.

As far as people leaving without explanation is concerned, the LINK system should, when it is in use by all homeless services, be able to show how many of these

people subsequently appear again as clients of homeless services. Whilst a formal examination of the reasons why people leave without explanation is, by definition, impossible it would be useful to gather some anecdotal evidence from staff in homeless services who may have gained some indications of residents' dissatisfaction before they left. They may for example have been frustrated with the length of time they had been waiting for an appropriate referral elsewhere; or they may have had difficulties with some aspect of the service they were staying in.

Approximately one third of all outcomes were a progression into an improved housing situation or into residential addiction. However the number moving into long-term supported housing was at 2% very low, in fact the least common outcome. In section 4.10 we report that the assessment exercise carried out for the purpose of these evaluations indicated that 29% of residents were in need of long-term supported housing. Whilst there may be some doubt about the accuracy of this figure there is no doubt that there is a very wide gap between the number of residents needing long-term supported housing and the number moving into this housing. It strongly suggests that there is a significant shortage of long-term supported housing.

Twelve residents left the service they were staying in to sleep rough. Nine of them were in the same service, and were using an emergency bed which has a short maximum length of stay.

The average length of stay by residents was 25 weeks – about 6 months. Figure 1 below shows the average length of stay in each of the 14 services. Because this was based on the most recent departures this figure may be an underestimate of the true average length of stay.

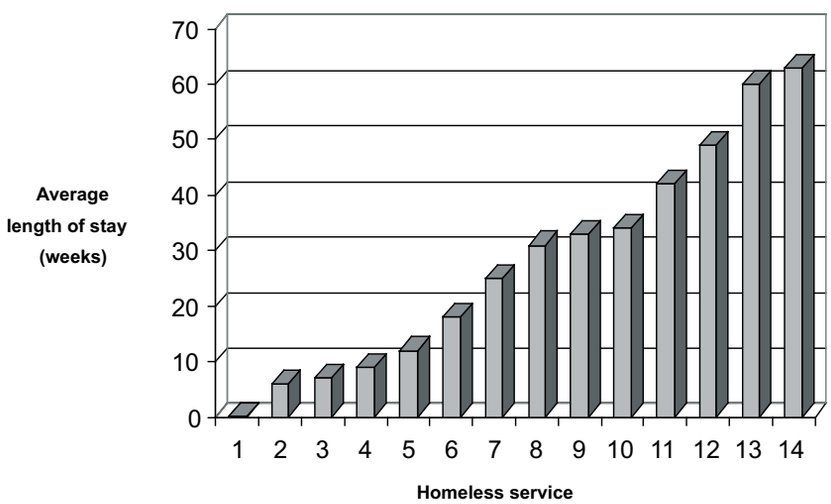

Figure 1 ***Average length of stay***

The average length of stay varied from 2 days to 1 year 2 months. This is an extraordinarily wide variation and bears further investigation.

Table 5 below shows the relationship between the average length of stay and different outcomes.

Resident outcome	**Average length of stay (weeks)**
Other appropriate referral	4
Returned to family	7
Went to prison	9
Left without explanation	13
Other	27
Barred	30
Slept rough	30
Moved to long-term housing without community settlement	30
Moved to another emergency hostel	31
Admitted to hospital	32
Moved to transitional housing	33
Moved to residential addiction treatment	39
Moved to long-term housing with community settlement	52
Moved to long-term supported housing	81

Table 5 ***Resident outcomes compared with average length of stay***

This table shows very clearly that the average length of stay of residents who moved to a more appropriate housing option was in general longer than non-housing outcomes. In particular it took an average of 1 year 8 months to move from emergency accommodation into long-term supported housing. This supports further the assertion above, that there is a shortage of this type of housing.

The figure for sleeping rough is distorted by one exceptional outrider – a resident who left the service to sleep rough after having stayed there for 6 years. If this resident is ignored, the average plummets from 30 weeks to 0.2 weeks.

One figure is rather surprising – residents who move to another emergency hostel do so after an average stay in the first hostel of nearly 8 months. Whilst it may well be appropriate to refer someone to another emergency hostel which may be able to

respond more effectively to her/his needs, it is not easy to see how this can take on average 8 months. Of course needs change with time, and it may be that someone in a 'wet' hostel chooses to move to a 'dry' hostel in order to avoid temptation, but even so, we think this needs further investigation. The full implementation of LINK will assist greatly in examining this.

4.5 Night shelter concept

The emergency accommodation services included in the evaluation covered a wide range of types of projects and were described by the organisations themselves using different titles. Particularly problematic in terms of standards were those described as night shelters, which were established to reduce the number of rough sleepers (some of which began as cold weather shelters). These services tended to be in the worst buildings, with the highest levels of sharing, with residents not having access to the service during the day, and staff being unable to work with them at a time when other services are contactable. The title 'night shelter' was widely used at a time when this type of service included emergency and long-term accommodation for rough sleepers and where there was little if any assistance given with finding move-on accommodation. Continued use of this term has the capacity to dampen the ambitions of the service. It is our view that the major changes in emergency services as outlined above in section 2 should be reflected in the labels used for this accommodation.

Recommendation 21

We recommend that the Homeless Agency (and its constituent members) should move away from the concept of night shelters altogether, so that within 3 years all emergency accommodation has 24-hour access to a good standard of services in acceptable buildings.

4.6 Use of services by ethnic minorities

There was little data available on the use of homeless emergency services by ethnic minorities, and only one recent report has examined this issue. *Away from Home and Homeless*[8] focused exclusively on people from the 10 countries that joined the EU in May 2004, and estimated that on an average day during September 2005, 'a maximum of one or two EU10 Nationals were accommodated in hostels for homeless people'. This small number was in part a consequence of changes in policy by service providers in relation to EU10 nationals, which in turn was partly due to a belief that they were not allowed to accommodate people who did not satisfy the habitual residency condition.

Homeless services did not monitor the ethnic background of their clients so it was not possible to assess with any confidence the extent to which services were used

by ethnic minorities (which of course may include Irish citizens as well as people from EU10 countries and other countries).

Some services were conscious of an increase in referrals from ethnic minority groups. Others still seemed to be receiving few referrals from ethnic minority groups despite rapid changes in the population of Dublin. Even those that were seeing a significant increase had generally not put in place any particular arrangements to reflect the needs of these groups in terms of language, food, culture, etc.

Recommendation 22

We recommend that the Homeless Agency produces a good practice guide for all homeless services (not just emergency services) that will outline ways of ensuring that services are genuinely welcoming and accessible to people of all ethnic and cultural groups.

Recommendation 23

We recommend that the Homeless Agency explores ways of ensuring that people from different ethnic backgrounds are made aware of homeless services and what they can offer.

Recommendation 24

We recommend that homeless services should monitor the ethnic background of their clients, using a common template developed by the Homeless Agency.

4.7 Bench marking

Good practice: service provision

These evaluations have shown that there were many examples of good practice in a number of different areas in emergency homeless services, but that these did not appear to be shared in a systematic way.

Recommendation 25

We recommend that the Homeless Agency establishes a benchmarking group, in which agencies would agree to identify areas for comparison and share examples of good practice (including policies and procedures with each other) in order to benefit from each other's work.

Good practice: building design

Emergency accommodation that is developed in future should learn lessons from what has happened in the past.

Recommendation 26

We recommend that the Homeless Agency develops a guidance document on developing a design brief for emergency accommodation and all the elements that need to be included to ensure it can successfully fulfil its objectives.

4.8 Networking

The emergency accommodation network, as it currently operates, does not seem to be sufficient to provide a high level of communication and understanding between staff at all levels in agencies providing emergency services.

Recommendation 27

We recommend that the Homeless Agency partnership explores ways of increasing the transparency and communication between emergency accommodation providers, as well as between emergency accommodation and other forms of provision, such as transitional housing.

4.9 Staff training

Many agencies availed of a significant amount of training for their staff. Particularly valued was the training programme provided by the Homeless Agency. The majority of agencies did not have well developed ways of assessing organisational, project or individual training and development needs or organisational or project, or individual training plans for each member of staff. There was limited evidence of management or leadership training. It would be useful to use the key headings of the *Putting People First*[9] service and organisational standards as a basis for assessing future training needs in the homeless sector, including as one way of disseminating the good practice that does exist. Adequate funding also needs to be available for individual service providers to access appropriate training and professional development that is required by their staff and, where appropriate, volunteers.

Recommendation 28

We recommend that the Homeless Agency should consider including the following in its training programme:

- How to assess lifeskills (an occupational therapy competency)
- How to monitor nutritional intake
- Accessibility for people with a range of disabilities (including sensory)
- Leadership and management skills
- How to carry out a training needs analysis regarding project and individual training requirements

4.10 Range of move-on housing options needed

There was a serious concern amongst emergency accommodation providers about the shortage of move-on options for clients. Each of the agencies found transitional and supported accommodation very difficult to access, as well as independent housing, especially for single people.

Emergency accommodation will only work effectively if a range of move-on options, from completely independent to long-term supported, are available. Lack of move-on creates great frustration amongst service-users and agencies, and traps people in emergency accommodation services. The needs self-assessment exercise carried out as part of the evaluation indicated that of those currently in emergency accommodation:

19% could live independently without additional support
32% could live independently with some initial support
19% would require some form of floating support or semi-supportive accommodation on a long-term basis
29% would require long-term supported accommodation

As the assessment was not carried out in a holistic way using a consistent assessment process, there needs to be some caution in drawing definitive conclusions from these percentages. However, it does provide an initial rough estimate of the housing needs of emergency accommodation residents, which shows that approximately half the residents require long-term support of some kind. This is clearly very important data that is needed for planning the provision of long-term housing.

Recommendation 29

We recommend that the Homeless Agency undertakes a biannual survey of the housing needs of all residents in emergency accommodation through the collection of data from the holistic common needs assessment and uses its influence to ensure that adequate long-term housing options are developed so that residents' length of stay in emergency accommodation can be reduced to an acceptable duration.

4.11 Funding arrangements for emergency services

Most emergency homeless services were funded through the Homeless Agency arrangements. Some funding also came directly from the local authorities and/or the HSE. The problem with having different funding streams applying different criteria is that the system may not work well as a whole, as well as having very different standards across the homeless sector.

Recommendation 30

We recommend that all decisions in relation to the development and funding of emergency homeless services should be channelled through the Homeless Agency funding assessment panel and that the standard Homeless Agency Service Level Agreement should apply across the board. This would include services managed by voluntary, statutory and private sector bodies.

4.12 Licensing

We are concerned that there are services providing care services for people who are homeless which are not regulated by any statutory body, because they do not receive revenue grant-aid. We support the recommendations in the *Review of Emergency Accommodation in Dublin*[10] and *Work Worth Doing*[11] that a consistent licensing system should be created for all voluntary, public and private supported accommodation for people who are homeless, which should be managed by the Homeless Agency.

Recommendation 31

We recommend that a consistent licensing system should be created for all voluntary, public and private supported accommodation for people who are homeless.

The Department of Health and Children are currently looking at the role of The Health Information and Quality Authority (HIQA) in overseeing the registration of services for intellectual disabled, older people and vulnerable adults. It is unclear if homeless services will come under the definition of vulnerable adults. It would be helpful for the Homeless Agency to have discussions with the Department to clarify this.

4.13 Quality standards

For the purposes of the current evaluations, the Putting People First standards were adapted and separated into minimum, good practice and best practice standards. We consider that this worked well and provided clearer guidance on how services can improve their performance from minimum to good and good to best. With some work it should be possible to reduce the number of standards and create appropriate questionnaires on the basis of the amended standards. The consultation with providers prior to the evaluation was also helpful.

Recommendation 32

We recommend that future evaluations of homeless service providers make use of the Putting People First standards segmented into minimum, good and best practice standards.

5. Summary of recommendations

1. All emergency homeless services should accept referrals (that fit clearly established criteria and priorities) from any agency, in particular, the Homeless Persons Unit, the Dublin City Council night bus, and the street outreach teams.

2. All emergency homeless services should accept self-referrals.

3. The referral process to an emergency homeless service should, as far as possible, be immediate and normally take no longer than 12 hours.

4. Emergency homeless services should maximise the periods of time when referrals will be accepted.

5. Each client who occupies a designated night bus bed should be allocated a key-worker and they should remain in the night bus bed until a non-night bus vacancy occurs elsewhere in the service, or a referral is made to more appropriate emergency

accommodation. This may result in fewer beds being available to the night bus and we recommend that the number of beds made available to the night bus should be increased. The impact of this recommendation should be monitored over a period of 6 months.

6. The Homeless Agency should ensure that the brief of existing settlement workers and outreach workers specifically includes ensuring that the needs of clients referred to private accommodation by the night bus are assessed and they are given assistance to move on to appropriate long-term housing.

7. Once Homeless Dublin is being operated by the same body as provides the freephone service, participation in Homeless Dublin should be a condition of funding received by emergency homeless services.

8. In order to ensure that all services meet current fire safety standards, all premises should be inspected by staff from Dublin City Council's fire prevention section.

9. In relation to those premises classified as 'poor', action should be taken as a matter of urgency to either source appropriate alternative accommodation, or where it is possible, to renovate existing premises to an acceptable standard.

10. In relation to premises classified as 'very poor', immediate action is required (action in relation to one of them has already been agreed).

11. The Homeless Agency should, in consultation with service providers and other relevant experts, develop a guide to assist homeless services to respond appropriately to people with different disabilities, in accordance with the Disability Act 2005 and other relevant legislation and best practice guidelines.

12. In order to ensure compliance with health and safety standards the Homeless Agency should add the following to service level agreements:
    - Evidence of current compliance with HACCP.
    - Evidence of annual fire safety inspections and current compliance with Fire Safety in Hostels.
    - Evidence of annual health and safety audits, including an assessment of compliance with health and safety at work requirements, carried out by a qualified person.

13. All new emergency accommodation services developed (including accommodation provided under the cold weather strategy) in the future, should always comply with minimum quality framework standards.

14. A mechanism for monitoring and analysing exclusions and evictions should be established and maintained by the Homeless Agency. Homeless emergency

services would be required to provide the Homeless Agency with details of all exclusions and evictions, including the length of time and reason for barring or exclusion. Details of who had been excluded and why would not be available to other agencies.

15. Each service should have a guideline maximum length of stay which would depend on the type of housing that the resident is assessed as needing. This should be related to an intensive culture of settlement, regular reviews of progress towards settlement and flexibility to extend the period to facilitate effective work with clients towards settlement and prevent clients returning to street homelessness.

16. The Homeless Agency should agree with each service each year the length of stay which, when it is reached by an individual resident, will trigger a report to more senior management within the organisation and the length of stay which, when it is reached by an individual resident, will trigger a report to the Homeless Agency. The Homeless Agency will need to agree a common format for reports and the procedure it will follow on receipt of a report.

17. All emergency accommodation services should employ dedicated night workers.

18. The HSE should identify the barriers preventing access to mainstream services and endeavour to ensure that access to relevant services is improved over the life of the next Homeless Agency action plan.

19. The Homeless Agency should, in consultation with emergency homeless services, further develop a value for money methodology.

20. The Homeless Agency should collect continuous and comprehensive information on referral outcomes and resident outcomes from all emergency services. As the LINK system becomes more widely and accurately used, collection of this information will become easier. The use of LINK also needs to be continuously monitored by the Homeless Agency.

21. The Homeless Agency (and its constituent members) should move away from the concept of night shelters altogether, so that within 3 years all emergency accommodation has 24-hour access to a good standard of services in acceptable buildings.

22. The Homeless Agency should produce a good practice guide for all homeless services (not just emergency services) that will outline ways of ensuring that services are genuinely welcoming and accessible to people of all ethnic and cultural groups.

23. The Homeless Agency should explore ways of ensuring that people from different ethnic backgrounds are made aware of homeless services and what they can offer.

24. Emergency homeless services should monitor the ethnic background of their clients, using a common template developed by the Homeless Agency.

25. The Homeless Agency should establish a benchmarking group, in which agencies would agree to identify areas for comparison and share examples of good practice (including policies and procedures with each other) in order to benefit from each other's work.

26. The Homeless Agency should develop a guidance document on developing a design brief for emergency accommodation and all the elements that need to be included to ensure it can successfully fulfil its objectives.

27. The Homeless Agency partnership should explore ways of increasing the transparency and communication between emergency accommodation providers, as well as between emergency accommodation and other forms of provision, such as transitional housing.

28. The Homeless Agency should consider including the following in its training programme:
    - How to assess life skills (an occupational therapy competency)
    - How to monitor nutritional intake
    - Accessibility for people with a range of disabilities (including sensory)
    - Leadership and management skills
    - How to carry out a training needs analysis regarding project and individual training requirements

29. The Homeless Agency should undertake a biannual survey of the housing needs of all residents in emergency accommodation, through collection of data from the holistic common needs assessment, and use its influence to ensure that adequate long-term housing options are developed so that residents' length of stay in emergency accommodation can be reduced to an acceptable level.

30. All decisions in relation to the development and funding of emergency homeless services should be channelled through the Homeless Agency funding assessment panel and the standard Homeless Agency Service Level Agreement should apply across the board. This would include services managed by voluntary, statutory and private sector bodies.

31. A consistent licensing system should be created for all voluntary, public and private supported accommodation for people who are homeless.

32. Future evaluations of homeless services should make use of the Putting People First standards segmented into minimum, good and best practice.

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Notes

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Homeless Agency
Parkgate Hall
6-9 Conyngham Road
Dublin 8
Tel 01 7036100
Fax 01 7036170
Email: homeless@dublincity.ie
www.homelessagency.ie