

HOME
LESS
agency

HOME
LESS
agency

HOME
LESS
agency

Transitional Housing Overarching Report

November 2007

Evaluation of Transitional Housing
and Support Services in Dublin

2007

The logo consists of a blue square containing the words "HOME LESS" in large, bold, black capital letters, with the word "agency" in a smaller, white, lowercase font below it.

**HOME
LESS**
agency

Transitional Housing Overarching Report

November 2007

Evaluation of Transitional Housing
and Support Services in Dublin

The logo features a stylized, geometric graphic in shades of blue and grey to the left of the company name.

**Fitzpatrick
Associates**
ECONOMIC CONSULTANTS

TABLE OF CONTENTS

1. INTRODUCTION AND BACKGROUND	4
1.1 INTRODUCTION	4
1.2 TRANSITIONAL SERVICE PROVISION IN DUBLIN	4
1.3 IN THIS REPORT	6
2. METHODOLOGY	7
2.1 INTRODUCTION	7
2.2 INVITATION TO TENDER	7
2.3 METHODOLOGY	7
2.4 RESEARCH UNDERTAKEN	10
3. STANDARDS, PRACTICES & FACILITIES	13
3.1 INTRODUCTION	13
3.2 REFERRALS AND INDUCTION	13
3.3 ACCOMMODATION AND FACILITIES	16
3.4 HEALTH AND SAFETY	18
3.5 ASSESSMENT AND LIFE SKILLS	19
3.6 SUPPORT, SETTLEMENT AND AFTERCARE	20
3.7 STAFFING AND VOLUNTEERS	22
3.8 SERVICE USERS AND PROGRESSION ROUTES	25
4. NATURE OF PROVISION	28
4.1 INTRODUCTION	28
4.2 OVERVIEW OF PROVISION	28
4.3 STRUCTURE AND DEVELOPMENT OF SERVICES	30
4.4 TARGET GROUPS AND REFERRAL PROCESS	34
4.5 OPERATION AND STAFFING OF THE SERVICES	37
4.6 THE TRANSITIONAL PROGRAMME	45
4.7 SECURING MOVE-ON ACCOMMODATION	48
5. PERSPECTIVES OF SERVICE USERS	51
5.1 INTRODUCTION	51
5.2 QUALITY OF LIFE AND OUTCOMES	52
5.3 ACCOMMODATION AND FACILITIES	54
5.4 SUPPORT FROM STAFF	56
5.5 THE TRANSITIONAL PROGRAMME	58
5.6 THE REFERRAL PROCESS	60
5.7 RULES, REGULATIONS, SAFETY AND SECURITY	61
5.8 PROGRESSION ROUTES	63
5.9 MENTAL HEALTH AND ADDICTION ISSUES	65

6.	TRANSITIONAL PROVISION MOVING FORWARD	.66
6.1	INTRODUCTION	.66
6.2	FUNDING OF TRANSITIONAL SERVICES	.67
6.3	OCCUPANCY OF TRANSITIONAL SERVICES	.72
6.4	INFLOW INTO TRANSITIONAL SERVICES	.73
6.5	OUTFLOW FROM TRANSITIONAL SERVICES	.75
6.6	IMPLEMENTATION OF PUTTING PEOPLE FIRST	.78
7.	CONCLUSIONS & RECOMMENDATIONS	.80
7.1	CONCLUSIONS	.80
7.2	RECOMMENDATIONS	.83

1. Introduction and Background

1.1 Introduction

This report presents the overall findings of the Evaluation of Transitional Housing and Support Services funded under the Homeless Agency arrangements in the Dublin area, commissioned by the Homeless Agency in July 2006. It brings together the findings of a comprehensive research process and analyses transitional provision across the 20 services selected as the subject of the evaluation, comparing and contrasting approaches, drawing generic conclusions and making a series of specific recommendations with regard to making transitional housing and support services more effective in the future. It complements a series of individual evaluation reports for each provider that deals with their delivery of transitional housing and support services and makes recommendations specific to the respective operation of that service.

1.2 Transitional Service Provision in Dublin

A range of transitional housing and support services are currently being delivered in Dublin, supported by funding from the Homeless Agency Partnership, amounting to an investment of €9.3m from the relevant partners in 2006. These services target those individuals that require time and assistance to prepare for independent living and address issues that might make long-term housing unsustainable. They involve the supply of medium-term accommodation linked to a package of support that develops the skills and capacity of residents in order to equip them with the ability to ultimately successfully establish themselves in a permanent home. A number of the key characteristics of existing transitional services being provided in Dublin include:

- ◆ The maximum length of stay, where specified, ranges from 3 months to 5 years.
- ◆ The size of facility varies substantially, with as few as 4 spaces and as many as 106 spaces available from different service providers. There does however seem to be a concentration of services based around accommodation capacity of 5-15 spaces.
- ◆ Provision can be gender-focused, and the groups targeted by transitional services include families, ex-offenders, single people, families, young people, lone parents, those with addiction problems and those experiencing mental illness.
- ◆ The referral process varies, with a range of requirements from different providers including referral only from nominated agencies (e.g. Health Service Executive, Probation and Welfare Service), detailed reports, filling of application forms, an interview process and successful completion of a preparation programme, with a waiting list system also in place for a number of services.
- ◆ Access to health and welfare services is facilitated by some providers (e.g. public health nurse, Community Welfare clinics, addiction counsellors, social workers, etc).

HOME
LESS
agencyHOME
LESS
agency

- ◆ The services typically offer a keywork system, often compulsory for those residents of the transitional accommodation.
- ◆ Most employ full-time staff for the management and operation of the facilities.
- ◆ The range of capacity building and personal development support offered varies, and covers areas including life skills, budgeting, parenting, home management, advice and advocacy.
- ◆ Some provide advice and support in relation to wider employment and training needs.
- ◆ Some level of support is generally offered to help secure long-term accommodation, including direct access to such accommodation, resettlement programmes, information and advice.
- ◆ Aftercare support is provided in some instances once previous residents secure long-term accommodation.

Homelessness in Dublin is an immensely complex issue. While considerable progress has been acknowledged in addressing homelessness in the city in recent years, particularly in relation to emergency service provision and rough sleeping, there remain impediments that prevent a significant reduction in the numbers that continue to present as homeless. The provision of transitional housing and support services has in particular been the subject of much debate in this context, with the view expressed by some key stakeholders that interventions should be more focused on more 'floating' types of transitional provision, with services provided to individuals while they are in permanent housing, rather than creating another tier of accommodation before a long-term option can be established.

However while there is undoubted merit in facilitating move-on directly into long-term accommodation from emergency services where an individual is capable of sustaining himself or herself within this environment (with supports if necessary), there also must be recognition that there is a group of homeless individuals for whom this does not represent a viable option without a period of intensive support in a residential setting beforehand. *A Key to the Door*, the new Homeless Agency partnership action plan on homelessness in Dublin, acknowledges this need, with the consultation process with service users conducted in the formulation of this document recognising that transitional housing is of particular value to people who are recently out of treatment or long-term homeless. However, it was also felt that people should be able to move straight into their own accommodation and not waste time in transitional housing. The action plan commits to assessing all long-term residents in emergency and transitional accommodation by end-2007, with care plans to be put in place, in order to help ensure that transitional provision is focused on interim, developmental services over a fixed period of time with a clear move-on strategy in place.

A Key to the Door notes the Homeless Agency Partnership will agree the reconfiguration of transitional services on the basis of findings and

recommendations from this evaluation, and from the developments in policy it is clear that such recommendations must be targeted on ensuring that:

- ◆ Transitional provision is offering a distinct service that differs to other types of provision and adds clear value in terms of addressing homelessness within the Dublin area.
- ◆ Transitional services should not have any long-term residents within their accommodation and where this is the case, strategies must be put in place to ensure that appropriate move-on options are put in place
- ◆ Transitional services must complement and work with resettlement services to ensure that those progressing through transitional provision can sustain themselves in an independent living environment and that those that do not need a formal residential transitional programme can enter long-term accommodation and access appropriate supports without being required to undergo the transitional process.
- ◆ Transitional housing and support services represent just one type of intervention to address the overall goal of eliminating long-term homelessness in Dublin, and there must exist a clear continuum of care flow from emergency into transitional services and from transitional services into long-term accommodation, with any blockages or barriers to such a process identified and appropriate responses proposed.

The evaluation will focus on ensuring that this strategic view of the transitional sector is reflected in the outcomes and recommendations of this study.

1.3 In This Report

The remainder of this report is structured as follows:

- ◆ Chapter 2 outlines the terms of reference for the evaluation and the methodology adopted in undertaking this exercise.
- ◆ Chapter 3 considers the facilities put in place by the transitional service providers, and the standards and practices being implemented in delivery of the services, examining adherence to Putting People First service standards in relation to referrals and induction, accommodation and facilities, health and safety, assessment and lifeskills, support services, staff and volunteers and service users and progression routes.
- ◆ Chapter 4 discusses the nature of provision of transitional housing and support services in Dublin, considering issues such as the development and structure of the provider organisations, the target groups and referral processes in place, the operation and staffing of the services, the specifics of the transitional programmes being delivered and finally the effectiveness of provision in terms of securing move-on accommodation for clients.
- ◆ Chapter 5 examines transitional service provision from the perspectives of service users, firstly with regard to those currently resident within a service, and then in relation to those that have completed the programme and progressed successfully into permanent accommodation or who have continued to experience homelessness despite the transitional intervention.

- ◆ Chapter 6 discusses the issues that need to be addressed in terms of moving transitional provision forward in the future, from access to such provision to the long-term accommodation needs for those progressing through the services.
- ◆ Chapter 7 draws the main conclusions from the research undertaken, outlining a series of recommendations proposed in order to make transitional housing and support services more effective in the future.

2. Methodology

2.1 Introduction

In this chapter, the methodology adopted in undertaking the evaluation of transitional housing and support services is discussed. This begins with an examination of the requirements set down for the evaluation by the Homeless Agency at the outset of the study. An overview of the methodology adopted by Fitzpatrick Associates in response to these requirements is then provided, with the research tasks undertaken highlighted.

2.2 Invitation to Tender

Under the Guidelines established by the Homeless Agency, A Clearer Future: New Funding Arrangements for Homeless Services in Dublin, this evaluation is required to examine a series of aspects of transitional service provision as follows:

- ◆ The extent to which the services have made an impact on the aims and objectives of the Dublin Action Plan.
- ◆ The extent of achievement of service agreement targets, and other performance indicators.
- ◆ Compliance with Putting People First service standards.
- ◆ The satisfaction level of service users and other stakeholders with the services provided.
- ◆ The internal capacity of the organisation in relation to the Putting People First organisational standards.
- ◆ Financial management and accountability.
- ◆ The cost effectiveness of services.
- ◆ The views of staff, managers and trustees.
- ◆ Training needs.
- ◆ Recommendations for the future.

In meeting these requirements, the evaluator was required to follow a framework that encompassed the principles of effectiveness, efficiency and ongoing relevance of services and provided conclusions and recommendations. The framework was to include a series of core criteria, based on the principles outlined in the Homeless

Agency's good practice handbook for homeless services, Putting People First, and outlined as follows:

CORE CRITERIA FOR THE EVALUATION FRAMEWORK

Corporate Governance

- ◆ Leadership and strategic direction
- ◆ Codes of conduct for board and staff
- ◆ Overall management of the service, its staff and activities undertaken therein
- ◆ Compliance with policy and legislation (e.g. health and safety)
- ◆ Stewardship and performance

Stakeholders and Service Users

- ◆ Responses to the needs of stakeholders and service users
- ◆ Service development activities
- ◆ Policy, procedure and legislation
- ◆ Collection, storage and access to personal and demographic data
- ◆ Complaints and appeals
- ◆ Inclusion and exclusion from the service
- ◆ Barriers to accessing services
- ◆ Service user satisfaction and involvement
- ◆ Staff satisfaction and involvement
- ◆ Government and funder satisfaction
- ◆ Satisfaction of referral agencies into and out of the service
- ◆ Information and public awareness
- ◆ Participation in the service and the Homeless Agency partnership

Financial Reporting and Internal Controls

- ◆ Strategic planning and budgeting
- ◆ Annual reports and financial statements
- ◆ Risk management and internal controls to safeguard public resources and expenditure
- ◆ Value for money – quantitative and qualitative (merit, worth and significance)
- ◆ Information management including the Homeless Agency's LINK system

Evaluation and monitoring

- ◆ Quality standards, practice and service delivery
- ◆ Service user needs assessments, care plans and goal setting
- ◆ Capacity to deliver service and to respond to challenging and changing needs
- ◆ Performance targets, outputs and outcomes for residents
- ◆ Quality standards in relation to the services provided (e.g. access to specialist services, support and advice, and move on) including level of implementation of Putting People First
- ◆ Barriers to effective service delivery
- ◆ Referral procedures to and from the service

- ◆ Criteria for access to the service
- ◆ Waiting times and waiting lists
- ◆ Communication with potential residents including induction
- ◆ Links with other service providers
- ◆ Physical building infrastructure (e.g. accessibility, disability access, accommodation and fire safety)

2.3 Methodology

In response to the requirements stipulated for the evaluation and the core criteria of which it should encompass Fitzpatrick Associates deployed a comprehensive four-phase methodology in order to deliver the evaluation successfully, with an overview of the tasks involved provided in Figure 2.1.

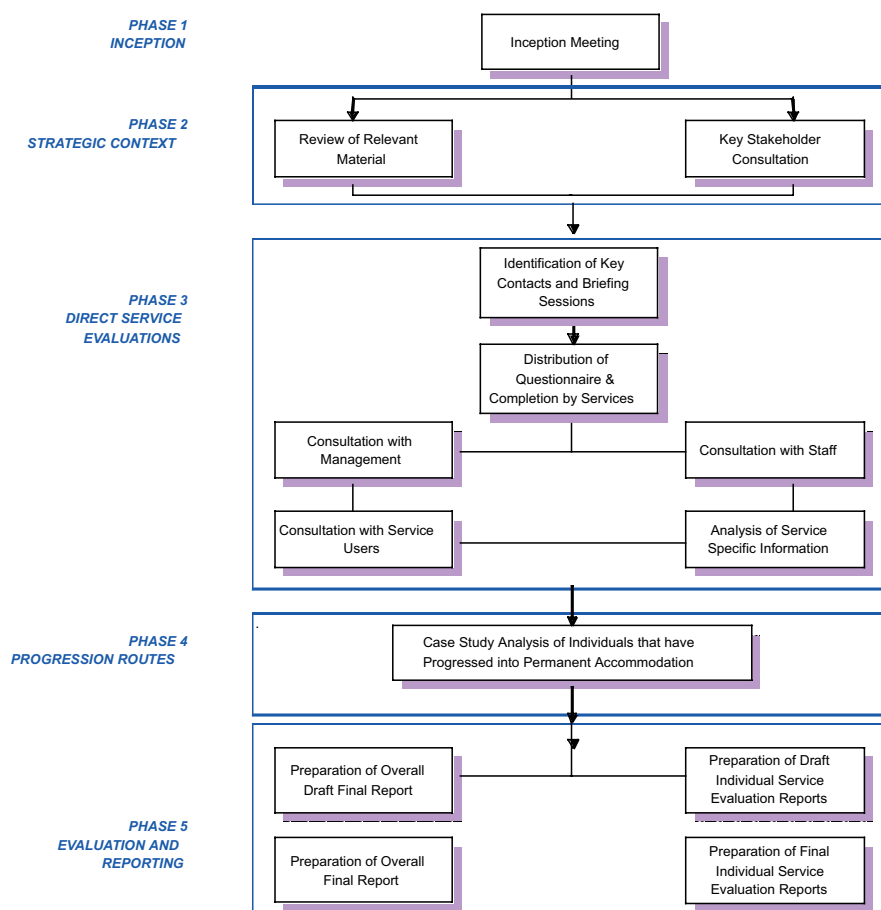


FIGURE 2.1: METHODOLOGY ADOPTED

The individual tasks that are highlighted across the four phases in Figure 2.1 are discussed in detail below.

2.4 Research Undertaken

2.4.1 Phase 1 - Inception

The evaluation commenced with an inception phase that involved meeting with the Homeless Agency to discuss the study in greater depth and identify the services that were to be covered in the evaluation. Following this meeting, a revised evaluation framework was produced taking into account the comments made by the Homeless Agency, and this was put before a Steering Group set up to oversee the delivery of the evaluation for consideration. This Steering Group consisted of representatives from local authorities, the Health Service Executive (HSE), transitional service providers, the Probation and Welfare Service (PWS) and the Homeless Agency itself. The revised evaluation framework was subsequently approved, allowing the research phases of the study to begin, where the services which were to be evaluated were specified as follows:

- ◆ Focus Ireland Georges Hill
- ◆ Salvation Army Granby House
- ◆ Salvation Army York House
- ◆ Tus Nua Transitional Project
- ◆ Miss Carrs Home Housing Association
- ◆ Daisyhouse Housing Association
- ◆ Peter McVerry Trust
- ◆ Respond Housing Association Conrath House
- ◆ BOND Project
- ◆ Vincentian Housing Partnership
- ◆ Dublin Simon Dorset Street
- ◆ Sophia Housing Association – Tallaght
- ◆ Sophia Housing Association – Ballymun
- ◆ Sophia Housing Association – Churchtown
- ◆ Sophia Housing Association - Donabate
- ◆ Sonas Housing Association – Ringsend
- ◆ Sonas Housing Association – Killester
- ◆ Sonas Housing Association – Tallaght
- ◆ Sonas Housing Association – Ballymun
- ◆ Sonas Housing Association – Clondalkin

In addition it was agreed that PACE, a transitional service that was undergoing a process of review and restructuring at the time, would be considered as part of the evaluation, albeit outside the main direct research tasks. This was to be achieved by taking into account an independent evaluation of PACE undertaken at the same

time as this exercise by Oliver Brannigan and these findings have fed into this report wherever appropriate.

A meeting was also held at this stage with Simon Brooke, who recently undertook the evaluation of emergency service provision for the Homeless Agency, in order to learn lessons from his experience.

2.4.2 Phase 2 – Strategic Consultation and Research

Review of Relevant Material

As the first stage of the study, in order to further develop an intricate understanding of homelessness and transitional service provision, Fitzpatrick Associates reviewed all relevant legislation, policy material, organisation strategies, previous evaluations and reviews, and relevant research undertaken. Key documentation held by the Homeless Agency in relation to issues such as funding and occupancy of the 20 services being evaluated was also sourced.

Stakeholder Consultation

A number of key stakeholders were consulted given their respective roles in policy-making, funding and operation of transitional services in Dublin. These included representatives from the four Dublin local authorities – Dublin City Council, Dun-Laoghaire-Rathdown County Council, Fingal County Council and South Dublin County Council involved in the funding of transitional services. Detailed consultations were also conducted with relevant representatives from the HSE. In addition, the consultants were able to tap into meetings of both the transitional and emergency service providers networks in order to hold structured discussions with a cross-section of organisations from each group.

2.4.3 Phase 3 – Direct Service Research

Identification of Key Contacts and Briefing Session

It was important to establish a key contact within each of the services being evaluated to serve as the liaison point with the consultants throughout the duration of the evaluation. In consultation with the Homeless Agency, Fitzpatrick Associates identified the appropriate contacts and they were invited to a briefing session. At this briefing session, the evaluation team was introduced, objectives of the study outlined, the research tasks to be undertaken highlighted, and the information required from each of the services identified.

Questionnaire and Request for Information

In order to develop a base of consistent information across all of the services a questionnaire, approved by the Steering Group, was distributed to the key service contacts. This questionnaire focused on non-subjective issues such as standards, facilities, capacity, occupancy, funding and financial performance. A request for other relevant information such as evaluations, progress or monitoring reports, service level agreements, annual reports, financial statements, documentation relating to complaints and appeals, codes of conduct for board and employees, health and safety policy service regulations and standards was also submitted with the questionnaire. This exercise served as an important tool in assessing compliance with Putting People First quality standards and offering key information about the service prior to any evaluation visits. It also allowed the

evaluation visits to concentrate on more qualitative discussion about the effectiveness of provision.

Evaluation Visits

With a base of information gathered about each service, all of the 20 selected services were then visited at the point of delivery. These visits involved consultation with representatives responsible for managing the services, staff delivering the service, and users who are benefiting from the service. Typically this involved two separate visits to the service, with one member of the consultancy team firstly holding structured meetings with management and staff of the services and inspecting the facilities, and another member then conducting the discussions with service users on a different occasion.

2.4.4 Phase 4 – Progression Routes

The purpose of transitional housing and support services is to facilitate the progression of people that are homeless into a permanent, sustainable living environment, and therefore it was felt to be critical that account was taken of this impact. This could only be effectively achieved by consulting with those individuals that have progressed through the transitional services into permanent accommodation. A series of 20 structured interviews were held with individuals who have progressed through the transitional services being evaluated. The assistance of the transitional service providers and other key stakeholders involved in delivering homeless services was invaluable in identifying appropriate individuals for this exercise.

2.4.5 Phase 5 - Evaluation and Reporting

The fifth phase of the evaluation exercise involved gathering all of the analysis from the research process defined above in a draft report, with conclusions drawn with regard to provision of transitional housing and support services and recommendations proposed to help make these services more effective in the future. While descriptive analysis of individual services is provided in order to compare and contrast interventions, more subjective evaluation at a service-specific level is kept within the individual evaluation reports as discussed below. The draft report was submitted to the Steering Group on 12th February 2007 and also distributed to all of the individual services that formed the subject of the evaluation for comment. The findings were also presented to the Transitional Providers Network on 12th March and the Homeless Agency Consultative Forum on 26th March with feedback invited from the members of these groups. All of the comments received as a result of this process have been taken into account in producing this revised version of the final report.

Alongside this overarching evaluation report, draft individual evaluation reports have been prepared for each of the services evaluated and these have been circulated to the appropriate key service contacts for comment. Finalised versions of these reports are being prepared and distributed to the Homeless Agency and the individual services concerned.

3. Standards, Practices & Facilities

3.1 Introduction

This chapter focuses on the standards, practices and facilities in place to deliver transitional housing and support services in Dublin. Its content is drawn mainly from objective analysis across the services sourced from the completed questionnaires, review of service-specific material and clarification via consultations with management and staff. In this way it provides an important background profile of transitional service provision, facilitating more in-depth discussion of the nature of provision in Chapter 4, examination of the perspectives of service users on the services in Chapter 5 and identification of some of the key issues with regard to the transitional sector moving forward in Chapter 6. The different aspects of delivery considered reflect the key categories under which standards have been developed in Putting People First, the guidelines produced by the Homeless Agency to underpin homeless services. Performance in relation to meeting the standards is thus evaluated with regard to referrals and induction; accommodation and facilities; assessment and lifeskills development; support, settlement and aftercare; staffing and volunteers and service users and progression routes. Finally, the implementation of the Putting People First standards moving forward is discussed.

3.2 Referrals and Induction

3.2.1 Referral Process

In general, all transitional housing providers operate using a formal referrals policy, and as part of this they take referrals from a variety of sources. These include: the local authorities; emergency services; the Homeless Persons Unit (HPU) in the Homeless Agency; the Probation and Welfare Service (PWS); the Health Service Executive (HSE); and other transitional housing providers. Most providers also take referrals from a broad mix of these sources, although in a small number of cases referrals are taken only from 1-2 sources, usually as a result of focus on a specific target group (e.g. ex-offenders) or an agreement with the relevant local authority.

There are a few providers who accept referrals solely from their relevant local authority, for example, though in these cases the local authority can also act as a conduit for genuine referrals from other sources. In view of their specific ex-offender target group, two providers take referrals mainly from the Probation and Welfare Service. Other sources of referrals that provide applicants for transitional housing services from time to time include charitable trusts, women's refuges, domestic violence support services, mental health teams operating in Dublin, and even solicitors and GPs.

Most transitional housing providers appear to have clear eligibility criteria that they apply to all referrals and applications, reflecting the minimum standard put forward

in Putting People First in this regard. In most cases, providers also seem to make these criteria known in advance to both referral agencies and applicants.

How these eligibility criteria are conveyed to referral agencies and applicants will vary depending on the service provider. Most providers, however, make the information available in one of the following ways:

- ◆ by providing a copy of the eligibility criteria as part of the referral and application form documentation;
- ◆ by providing the criteria separately as part of other service literature;
- ◆ through informal meetings with referral agencies to discuss eligibility, case details etc;
- ◆ through other informal verbal communication or by e-mail.

Less than half of all providers have a formal equal opportunities policy in place, and this policy statement (where provided) is usually available to residents. There are very few providers that have a written policy on sex offenders in place, though this reflects the fact that most services do not accept sex offenders. As establishment of formal policies in both cases represent minimum acceptable standards for homeless services within Putting People First, there is scope for improvement in this area, although all the services have an appropriate approach in place with regard to equal opportunities and sex offenders, and the task required should simply be one of formalisation of such approaches into written policy.

There is however a wider issue with regard to homeless services in general and the acceptance of sex offenders that, although beyond the scope of this study, should nonetheless be emphasised as a finding of note. The practice of not considering particular types of offenders (e.g. that have committed crimes that are sexual, violent or arson related) for acceptance to transitional services offers this group of people with housing needs insufficient transitional interventions to successfully rehabilitate. It has also been identified as leading to, in some cases, presentation by individuals with such a background without declaring their history, which puts both staff and other service users potentially at risk. While it is outside the scope of individual services to develop appropriate responses to meet such gaps in provision in light of existing resource and infrastructure constraints, there is however a need for policy-makers to consider how a more strategic approach might be put in place to meeting the transitional support needs of such ex-offenders at a sectoral level. A strategic review exercise involving the Homeless Agency, the Probation and Welfare Service, the funding organisations, representatives from transitional service providers and service users might be considered to find the most appropriate means of addressing this issue moving forward.

All providers require a formal referral form to be recorded for each individual referral processed. In most cases, applicants will also have to complete a separate application form. As would be expected, the referral form is generally completed by

the referral agency, though in some cases providers ask that it be completed in the presence of the applicant. In such cases, providers feel that this helps applicants to better understand the nature of the service that they are applying for. These forms provide basic details about the applicant as well as other relevant details of the applicant's history, such as their history of homelessness and any history of domestic abuse, substance abuse, offending history etc.

In addition, most providers will conduct meetings with the relevant referral agencies as part of the referral and application process. In some cases this takes place as part of regular scheduled meetings between the providers and the agencies (e.g. where referrals come from only 1-2 sources), while in other cases meetings are arranged as a direct result of a referral. A small number of providers also stated that they encourage referral agencies to visit their facilities in order to familiarise themselves with what the services offer.

Decisions on applications are usually made within 3-4 weeks for most providers. Most providers keep records of their referrals, and the proportion of referrals accepted varies from 33% to 100%. In 9 cases, however, a positive decision means that the applicant is placed on a waiting list for housing. Waiting times in these cases can vary from as little as three weeks up to a reported maximum of 10 months.

The vast majority of service providers review and audit their referral policies on a regular basis, in line with Putting People First good practice standards. For most providers, such a review will take place on at least an annual basis, though in a lot of cases policies are being reviewed on a quarterly or biannual basis, or at more regular management review meetings.

Most service providers operate a formal appeals process for people whose application has been unsuccessful. Information about the appeals process is usually provided with the referral documents or with the notification of an unsuccessful application. The nature of the appeals process can vary. In some cases, appeals are handled in written form, and the appeal is considered by senior management on this basis. In other cases, however, the appeals process may involve a second interview with the applicant and a subsequent assessment of the original decision. One issue identified in relation to the appeals process in place in a number of services was its lack of independence, with personnel involved in judging an appeal that could have had influence on the initial decision to reject an application. It is important that appeals are considered by other appropriately qualified individuals than those that can directly influence the initial application decision. This may mean establishing a specialist appeals committee, considering a cross-service mechanism or utilising the Board of management of a service for this purpose.

3.2.2 Induction

Almost all service providers have a formal induction policy for residents, which is designed to help them settle in to the transitional programme. This policy is usually available in written form, and would be communicated to all staff.

As part of the induction programme, and in line with good practice guidelines within Putting People First, most providers will provide residents with information in the following areas:

- ◆ introduction by name to all other residents and staff;
- ◆ a service user's charter (mostly in a verbal but sometimes in a user-friendly written form);
- ◆ information on facilities and support services available in the accommodation;
- ◆ information on services available in the local community;
- ◆ information on circumstances that would result in exclusion from the service;
- ◆ information on complaints procedures;
- ◆ information on rights to access files;
- ◆ information on the rights of the service provider to use files with the individual's consent.

The vast majority of service providers also review and audit their induction policies on a regular basis. For most providers, such a review will take place at least on an annual basis, though in a lot of cases policies are being reviewed on a quarterly or biannual basis, or at more regular management review meetings.

3.3 Accommodation and Facilities

3.3.1 Nature of Accommodation

The transitional housing providers reviewed as part of this study provide a total of 341 housing units. About 70% of these are single units, with units for families (i.e. with more than one bedroom) making up the remaining housing stock. Figure 3.1 presents the breakdown of housing units across the transitional services.

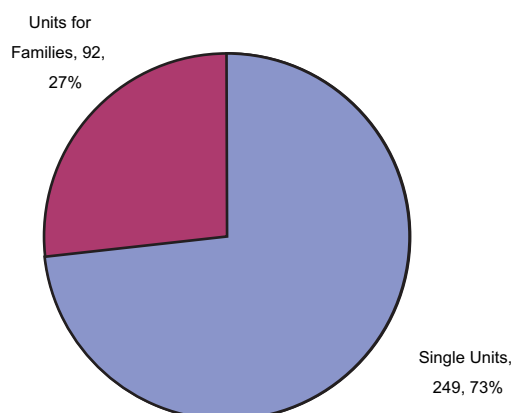


FIGURE 3.1: HOUSING CAPACITY AMONG TRANSITIONAL HOUSING PROVIDERS

SOURCE: SURVEY OF TRANSITIONAL HOUSING SERVICES

Exactly 70% of services provide fully self-contained accommodation for their residents, with a bedroom and kitchen and bathroom facilities in each unit of accommodation. Where accommodation is not fully self-contained, this usually means that cooking facilities and/or bathroom facilities are being shared between residents. In 2 of the services evaluated, accommodation units are shared in some instances, although it was recognised by the providers that attempts should be made to move away from such a practice. It would be expected that transitional provision, in trying to prepare individuals or families for independent living, would offer self-contained accommodation for all residents and would not require the sharing of facilities or indeed bedrooms. The individual evaluation reports produced as part of this study propose recommendations in line with this objective for appropriate services. However, not all services currently categorised as transitional can be described as serving as the immediate precursor to permanent accommodation, with clients often requiring further residential and support services upon completion of the programme. The differing target groups of the services and nature of provision thus explain the existence of units that are not self-contained, and such matters will be further discussed in Chapter 4,

3.3.2 Facilities Provided

Further on this theme, the ratio of residents to shower and toilet facilities can also vary, depending on the number of residents per household and the availability of self-contained facilities. This ranges from 1:1 to 1:6 across the 20 services. A major focus of the individual evaluation reports is on encouraging services that do not currently provide self-contained units in this regard to move towards such a position in the future. It would certainly seem that resident/bathroom ratios of between 1:3 and 1:6 are not conducive to the delivery of a transitional programme that facilitates move-on into an independent living environment.

Other key features of the facilities provided by transitional housing services in Dublin are as follows:

- ◆ private and safe areas for keeping residents' belongings, which are provided in all services;
- ◆ laundry facilities, which are provided in about three-quarters of all services;
- ◆ day space for residents, which are provided in about two-thirds of all services;
- ◆ private interview rooms, which are available in about 85% of services.

Some 85% of all service providers also have facilities available for residents to cook their own meals. These tended to be the same facilities which provided predominantly self-contained units for residents. Indeed it could be argued that any programme preparing people for independent living must have facilities for them to prepare their own meals. While the differences between the services do account for varying facilities and infrastructure to some extent, even those targeting individuals and families with higher support needs should be working towards this objective. Skills training in the preparation of meals is provided at about half of the services,

while about one-third of services provide food for residents (which usually includes a choice of at least one hot meal every day). Again the issue arises of whether transitional services should be offering these types of interventions.

Units at about half of all transitional housing services are accessible to people with disabilities. The facilities that are not accessible tend to be those that have been developed in older buildings that were not set up to facilitate people with disabilities. Although this target group does not account for a significant proportion of homeless people that might benefit from transitional provision, there is some limited demand in this regard, and it is important from an equality perspective that all services move towards trying to make sure that at least one of their units is accessible.

3.4 Health and Safety

Health and safety arrangements are generally quite comprehensive in all transitional housing services, though there are areas where arrangements could possibly be improved. On the positive side, all service providers meet the following Putting People First health and safety minimum standards:

- ◆ having a designated person responsible for health and safety aspects;
- ◆ having a written health and safety policy;
- ◆ having clear procedures for undertaking risk assessments and safety checks;
- ◆ providing staff training in health, safety and fire procedures;
- ◆ providing fire equipment on premises, which is inspected annually.

Furthermore, all providers also have an action plan in place to manage health and safety risks on their premises. In virtually all of these cases, both staff and volunteers were consulted in drawing up these plans.

Providers' treatment of other key health and safety issues varies depending on the service involved, with some providers addressing certain issues more comprehensively than others. For example:

- ◆ 90% of services make health and safety responsibilities clear to staff in their job descriptions;
- ◆ 55% of services provide information on evacuation procedures in each bedroom;
- ◆ 50% of services keep a continuous record of all persons on their premises;
- ◆ 65% of services carry out fire drills at their premises at least twice a year;
- ◆ Only 30% of services has a person trained in first aid on the premises at all times.

The last statistic listed above is perhaps the most concerning, although it must also be recognised that the nature of transitional provision means that in many cases, 24 hour cover is not provided and hence a trained first aider cannot be on the premises at all times. Similarly there is a belief in some services that there is no need for such a provision given the capacity of clients to look after themselves. Nonetheless the

providers evaluated are providing a social service and it would seem a reasonable requirement, in line with Putting People First standards, for services to have a trained first aider on the premises at all times when that service is staffed. Where this is not the case, service providers should move to ensure this is the case in the future.

3.5 Assessment and Life Skills

3.5.1 Formal Needs Assessments

Needs assessment and the development of life skills is a very important part of the transitional programmes in place in the 20 services evaluated. In all cases, providers have a formal needs assessment process in place for residents that includes:

- ◆ a review of housing and homelessness history, and participants' needs and preferences;
- ◆ employment, education and training history and aspirations;
- ◆ physical and mental health history, current treatment and needs;
- ◆ income and any debt or money management issues;
- ◆ legal and addiction history and current issues;
- ◆ assessment of interests, skills and hobbies;
- ◆ independent living skills, needs and preferences.

In general, the needs assessment process is carried out in line with good practice standards in Putting People First, with keyworkers well trained in implementation, a private interview space provided and other organisations contacted to contribute to the assessment. The keyworking approach was in place in all services and there has been an acceptance by providers that such methods must underpin the delivery of homeless services moving forward in line with national policy, with restructuring in this regard apparent in recent years.

3.5.2 Skills Development

The needs assessment will in turn lead to the provision of a number of training and coaching options for residents, which are designed to help residents to develop their life skills. Most providers will provide at least some of this support in-house, while at the same time facilitating access to other external training and coaching opportunities that help to address the issues identified in the needs assessment. However in 2 cases clients can avail of day services that form part of the wider provider organisation and it is the sister service that largely takes on such responsibilities. Keywork sessions as noted above are in place in all transitional services and were highlighted as a crucial element of the internal training and coaching provision, and these sessions are tailored in each case to suit the needs of each individual.

In all cases, service providers will also provide residents with ready access to information about employment, education and training opportunities that are available externally. Keywork sessions again play an important role in matching needs to opportunities here.

Finally, service providers adopt a variety of approaches in carrying out needs assessments, which are designed to make the process fair, equitable and inclusive for the participant. Virtually all providers, for example, incorporate the following approaches into their assessment processes to some degree, reflecting recommended good practice within Putting People First:

- ◆ establishment of a clear confidentiality policy, which is in turn communicated to residents;
- ◆ contacting other organisations (e.g. referral agencies) to contribute to the assessment where appropriate;
- ◆ carrying out the assessment using a multi-agency process;
- ◆ seeking permission from the resident prior to contacting such organisations;
- ◆ formal client sign-off on the assessment that is carried out.

Exactly one-half of the service providers evaluated also have formal processes to allow a resident to challenge their assessment, considered as a best practice standard within Putting People First. Where this is not the case, some providers are looking at introducing such mechanisms through their confidentiality policy, while in other cases providers feel that the inclusive nature of the assessment process means that residents have the opportunity to challenge the assessment during the process.

3.6 Support, Settlement and Aftercare

3.6.1 Support, Advice and Specialist Help

The support services that all transitional housing providers adopt the keyworker approach, although in a number of cases it was apparent that this model had only been adopted within the last 2-3 years in recognition of the need to provide a more focused developmental programme. Across the services, an average of 6.2 residents were the responsibility of each keyworker. However the level of keyworker resources available in each service varies, and the ratio of keyworkers to residents can be as high as 1:1 or as low as 1:20. The low ratios are indicative of the intensive nature of support needed in some services given the high support needs of the target groups (i.e. ex-offenders, active alcohol or drug addiction problems). However, a ratio of between 1:6 and 1:8 is common to many service providers, particularly those that would be seen as 'traditional' transitional services, serving as the step in the progression route out of homelessness immediately before accessing permanent accommodation.

This ratio is somewhat lower than that recommended for residential transitional housing programmes in the Simon Brooke review of staffing in homeless services Work Worth Doing in 2005. This report concluded that transitional services should have a project worker to client ratio of between 1:10 to 1:15, above the 1:6 to 1:8 that was generally found to be the case in the transitional services that formed the subject of this evaluation. However the current exercise is based on a larger base

of transitional services (20 against 10) and a greater variety of services (from low to high intensive programmes of support) and it would be found that keyworker to client ratios of around 1:7 and above are reasonable given the existing support needs of the clients. In some of the services targeting individuals with high support needs there would seem to be scope to increase the responsibilities in this regard however, with 1:1 client ratios based on staffing and security needs rather than a lack of capacity of project workers to take on new clients.

The general approach to delivering support services is also common across most service providers and meets the minimum standards in Putting People First. Key aspects of the approach adopted by providers in Dublin include:

- ◆ the allocation of a named keyworker for each resident;
- ◆ the development of an individual support plan for each resident;
- ◆ regular staff meetings to discuss support needs;
- ◆ access to a range of specialist services.

In all of the services, individual support plans are reviewed on at least a monthly basis. In a limited number of cases, specialist services are made available on-site, either via appropriately skilled transitional service employees, volunteers with specialist expertise (in one particular case) or by bringing outside specialists into the service that can then be accessed by the residents. In addition, some providers have applied to introduce in-house specialist assistance for certain areas (e.g. substance misuse) to closer meet the needs of their clients. In most other cases, however, residents can access a wide range of external specialist services, and information on such services is available to both residents and staff where appropriate.

3.6.2 Settlement and Aftercare

All transitional housing providers incorporate some form of settlement support into their service provision. This tries to address the practical needs of the resident in seeking, preparing for and settling into suitable outside accommodation. The level of in-house support can vary by provider, depending on the resources available, and appropriate referrals are facilitated where support is limited. Providers will also work extensively with other agencies to facilitate the settlement of residents. Settlement support is typically provided while the client is still within the service, although in some cases the service will maintain contact for a 'settling in' period after move-on, typically lasting up to a month and involving home visits, although different arrangements are put in place for any ongoing aftercare support as further discussed below.

Such aftercare support, usually lasting between 3 months and 1 year, is directly provided by 6 transitional housing services. A further 4 services utilise tenancy sustainment and resettlement interventions provided by their wider organisations in this regard. In some cases, however, providers do not provide aftercare support because they feel it might encourage residents to become dependent on the provider (which would undermine the key objective of developing independent life

skills). Appropriate referral to a relevant agency, such as the Tenancy Support Service in Dublin City Council, or the resettlement services provided by Focus Ireland or Dublin Simon, is instead facilitated where aftercare support is not provided.

Key features of the settlement and aftercare support that are currently provided by transitional services include:

- ◆ provision of information on housing availability;
- ◆ practical assistance for residents moving into a new home;
- ◆ assessment of training needs in independent living skills.

The existence of dedicated settlement support interventions provided, as noted above, by Dublin City Council, Dublin Simon and Focus Ireland, and the different practices in place across different services, suggests that there could be potential for a more strategic, cross-sectoral approach with regard to resettlement. There should be greater consistency with regard to the extent and nature of settlement and aftercare support offered by individual transitional service providers, and there may be a case for delivering all such services externally, with services concentrating on delivery of their respective transitional programmes during the period of client residence. This matter will be further discussed in Chapter 4.

3.7 Staffing and Volunteers

3.7.1 Scale of Resources

Transitional housing providers in Dublin employ 80 people on a full-time basis, and this core group of staff is supported by 25 part-time employees. Otherwise, providers rely on voluntary support or Community Employment (CE) schemes for additional resources. Only 4 providers have access to regular voluntary support (with one provider alone drawing on about 90 volunteers), while 10 providers have access to CE support (mostly on a part-time basis). Figure 3.2 highlights the nature of employment in the 20 transitional housing and support services evaluated.

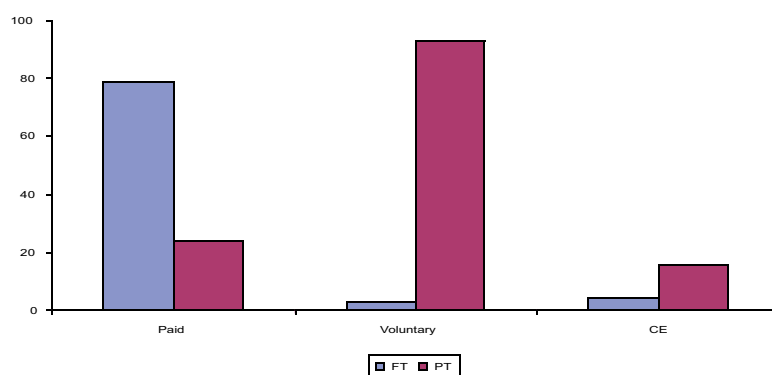


FIGURE 3.2: STAFFING AND VOLUNTEERS IN TRANSITIONAL HOUSING PROVIDERS
SOURCE: SURVEY OF TRANSITIONAL HOUSING SERVICES

The ratio of paid staff to service users varies from a high of 1:1 to a low of 1:15, with many at a level of between 1:6 and 1:8. It would seem that staff are heavily concentrated in direct, project work activities, with the average paid staff/client ratio across all 20 transitional services found to be 1:4.8, only slightly greater than the keyworker/client ratio highlighted previously of just over 1:6. The additional staff are employed in the larger scale services and are generally responsible for managerial, administrative or maintenance activities, but there appears little wastage and in most of the smaller services all staff are typically involved in direct project work as keyworkers.

3.7.2 Staff Policies and Procedures

The practices in place with regard to staff policies and procedures were strong across most services and there was a high level of recognition by service management of the value of the work undertaken by staff within the service. The commitment of staff in this regard was reflected in well developed support structures in most services and there was evidence of strong dynamic teams in place in most organisations that were able to proactively contribute to the ongoing development of each service.

Some 75% of service providers have a formal written recruitment policy in place. This typically would include: clear job description and skills specification for each position; widespread advertisement of all vacancies; standard approaches and core questions for each interview applicant; and the use of references for recruitment to all positions. In most cases, where applicable, all new staff members or volunteers also have to be cleared by Garda checks on their suitability to work with children.

Once a staff member begins employment within a service, human resource practices among most providers conform with the minimum standards of Putting People First and would include:

- ◆ written signed contracts of employment for all staff;
- ◆ formal job descriptions for every staff member;
- ◆ a written staff grievance policy;
- ◆ a written staff disciplinary policy;
- ◆ a formal Code of Practice or Code of Conduct for each provider;
- ◆ regular team meetings (usually at least on a monthly basis);
- ◆ exit interviews for all staff.

Typically, providers have also put in place formalised arrangements for the training and development of their staff, following the good practice standards put forward in Putting People First. These include:

- ◆ a formal written staff training and development policy;
- ◆ a clear budget for staff training and development;
- ◆ full induction process for all new staff;

- ◆ direct supervision of all new staff for a specified period;
- ◆ regular analysis of the training needs of each individual staff member;
- ◆ opportunities to gain qualifications/accreditation through training;
- ◆ full evaluation of all training.

In addition, most providers (75%) have put in place agreed training and development plans for all staff members, while several other providers have plans to formalise their practices in this area. The key constraint in this regard is the lack of resources to facilitate training in all of the areas that a staff member may wish, although it was evident that in most cases management tried to meet demands in this regard. There was a particular desire amongst staff for more concentrated and specialist training in order to more effectively meet the support needs of those clients suffering from mental illness, or with active alcohol or drug addiction problems.

A number of providers have also already established a formal staff appraisal and review policy, with a staff appraisal process conducted on at least an annual basis in 70% of the services considered. There are 6 cases where there is currently no formal policy in place, though a policy is being developed in most of these services. Finally, regular staff satisfaction surveys are conducted by about half (45%) of all providers.

3.7.3 Volunteer Policies and Procedures

In comparison to the arrangements for paid staff, policies and procedures for volunteers are relatively less well developed. For example, there are only a small number of cases where formal policies and procedures have been put in place for: statement of the role, extent and duration of volunteer inputs; volunteer management and development; volunteer support and supervision; volunteer training; and complaints by volunteers. This reflects the fact that volunteer input is found in only 4 providers. Given the contribution of the voluntary input in these cases, however, the introduction of volunteers to deliver specific tasks would be worthy of consideration by other services.

3.8 Service Users and Progression Routes

3.8.1 Service Monitoring

All transitional housing providers have a written policy on keeping records about service users, meeting good practice standards in Putting People First. A number of highly developed management information systems were apparent to facilitate the keeping of timely and relevant information and subsequent analysis of performance, but this was not true for all services. Those that do not have such a system in place could learn from the experience of their counterparts in this regard. For about half of the services (55%), record-keeping systems and policies currently contribute directly to the LINK system, while direct connection to LINK is being developed in a number of other cases. However, this is an area where there is scope for improvement moving forward.

In most cases, the approach to recording information will include:

- ◆ statistical information on the number of people using the service;
- ◆ biographical information on service users;
- ◆ confidential files maintained for each service user.

All providers give service users access to their personal files. Exactly one-half of all providers also produce monitoring reports on the profile of service users, and this is also a practice that should be encouraged across the board moving forward.

All providers state that they have mechanisms in place to regularly gauge the satisfaction of service users. These mechanisms take a number of forms, but generally consist of at least one of the following:

- ◆ user satisfaction surveys or some other type of user satisfaction form, carried out on at least an annual basis;
- ◆ residents' meetings, which often take place on a weekly basis;
- ◆ management review meetings, which take place about once a month;
- ◆ more substantive service reviews, which are in some cases carried out on a 6-12 month basis;
- ◆ exit interviews, which are carried out when residents are leaving certain services.

3.8.2 User Rights

Written charters on the rights of service users are only found in 4 services at present, with the remaining 16 failing to meet the minimum standards in Putting People First in this regard. Some providers make their residents aware of their rights through other means, however (e.g. verbally, in resident handbooks), while a number of providers have indicated that they are actively developing or planning to develop a written charter of rights. However, there is clearly scope for greater formalisation of this process.

All providers have mechanisms for redress for service users, which incorporate a formal complaints procedure. This procedure will usually involve the completion of a written complaint form, with the complaint dealt with by a member of management. If the complaint is not addressed to a resident's satisfaction at this stage, it can then be referred to another member of management or to a more senior level. Project workers will generally assist residents in filing complaints, while one service will also allow an advocate to speak on behalf of a resident or for a complaint to be dealt with by an external source.

3.8.3 User Progression

All providers keep records on the length of stay of each service user. In the last 12 months, average length of stay has varied from as little as three months to as much as three years, though in most cases average length of stay is between 6 months and 24 months. The overall average across all 20 services examined as part of this evaluation is 16 months. There has been significant effort in recent years by transitional service providers to move on any residents that had inhabited their

facilities for any longer than this 2 year period in recognition that this is not consistent with a transitional ethos. The length of stay is a direct product of either the extent of failure to complete the transitional programme or the length of the programme in place in each service. The differences between services in this regard will be discussed in greater detail in Chapter 4.

In this time, providers cite a range of skills that residents acquire as a result of undertaking a transitional programme. These include home management skills, cooking skills, parenting skills and budgeting skills. Many residents would avail of employment skills arising from education and training opportunities, including literacy and numeracy skills. Personal development and social skills are another important benefit of the service, which assists residents in terms of stress management, anger management, confidence building, communication, relationship building, social integration, health management etc.

Providers also keep records on the destination of individuals leaving their services. In the last 12 months, for example, over 200 people have left transitional housing services, with 29.7% going to local authority housing and 15.35% going to private rented accommodation. Just over 10% returned to their families, while almost 5% went to long-term supported housing or to other transitional housing. Figure 3.3 provides analysis of the destination of those leaving transitional services in the previous 12 month period.

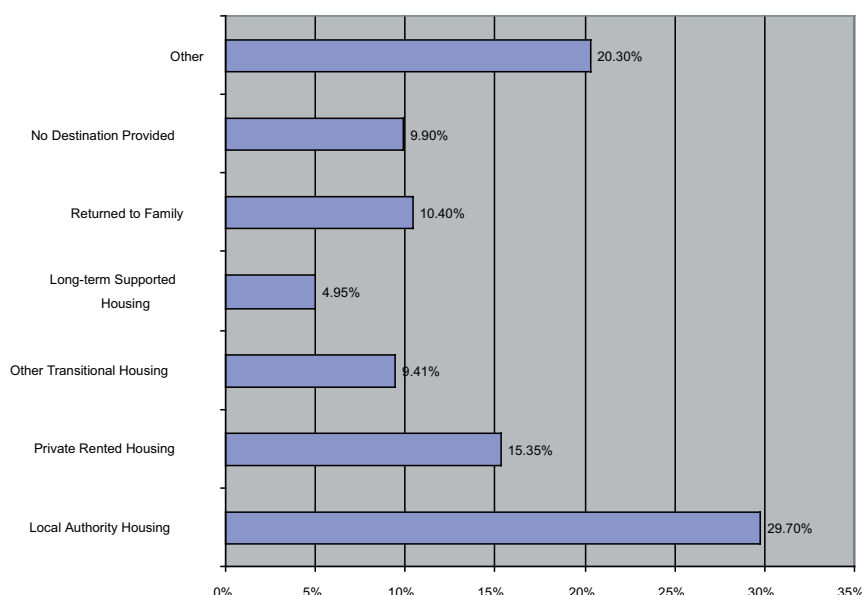


FIGURE 3.3: DESTINATION OF RESIDENTS LEAVING TRANSITIONAL HOUSING SERVICES
SOURCE: SURVEY OF TRANSITIONAL HOUSING SERVICES

The analysis illustrated above highlights quite strong failure rates with regard to clients leaving the transitional services that subsequently access another homeless service or that do not specify a follow-on destination. In the former case there are some valid reasons for these outcomes relating to the nature of some of the services being provided, with further interventions necessary for some clients with high support needs. This issue is further discussed in Chapter 4 of the report. For those that gave no onward destination, this was due to leaving the programme prior to completion either voluntarily or as a consequence of eviction. Indeed it was found that 64 residents have left services without completing the transitional programme. Typical reasons for early departure from a programme include breach of tenancy or licence agreement, relapse of addiction problems, offer of alternative suitable accommodation, return to the family home, or failure to engage with the service and the programme.

There was concern expressed by the organisations responsible for funding transitional housing and support services in relation to the 30% of clients that either do not provide an onward destination when they depart a service or are included in the other outcome category, which often means access to an emergency or alternative (non-transitional) homeless service. Further analysis of the reasons why positive outcomes have not resulted in these cases reveals that the clients concerned corresponded to a large extent with the 64 individuals that left services prior to the end of the transitional programme. However a further 34 clients did complete the programme and leave the service yet did not secure what is considered to be a positive outcome. This did not however mean that these individuals left the programme with nowhere to go or that they accessed emergency homeless services. The vast majority either returned to live with their families or went to another transitional homeless service. Although the former destination is not an ideal option it was considered to be a relatively secure accommodation solution and the result of client choice in most instances. The latter group that did complete their transitional programme but then subsequently accessed another homeless service is indicative of the fact that many services evaluated are pre-transitional in nature. The need to allow clients to pursue further residential transitional support where this is necessary is an issue further discussed in Section 4.7.

Most providers have also accommodated residents who have stayed for longer than is deemed necessary under the transitional programme. The duration of overstay reported varies from as little as 4-6 weeks to as much as 12 months. Lack of suitable alternative accommodation is the most common reason for this, including a shortage of local authority accommodation.

About one-quarter of providers monitor the progress of individuals once they leave the service. This is done either through feedback from the Tenancy Support Service, satisfaction surveys, or follow-up meetings and phone contact. In addition, about one-third of services provide assistance to families returning to occupy the family home.

4. Nature of Provision

4.1 Introduction

In this chapter, the nature of transitional service provision in Dublin is discussed. An overview is provided highlighting some of the key characteristics of the transitional housing and support services evaluated. A number of different aspects of transitional service provision are then considered in turn, from the development and structure of the provider organisations, the target groups and referral processes in place, the operation and staffing of the services, the specifics of the transitional programmes being delivered and finally the effectiveness of provision in terms of securing move-on accommodation for clients. The chapter concentrates on qualitative analysis of the evaluations undertaken of the 20 services, building on the quantitative indicators of performance considered in the previous chapter of the report alongside objective analysis on standards, practices and facilities in place.

4.2 Overview of Provision

This evaluation was required to examine and consider 20 transitional housing and support services being delivered in Dublin. Typically, these are funded by the respective local authorities and Health Service Executive via the Homeless Agency partnership mechanism, although some services, such as the Tus Nua, PACE and Bond projects, have sourced support for their operations directly from the Probation and Welfare Service. Income and services are also supplemented in some cases by independent fundraising activities or via support from the wider organisations.

In general, the transitional services considered have strong objectives in place and explicitly target those individuals that require time and assistance to prepare for independent living and to address issues that might otherwise make long-term housing unsustainable. Services involve the supply of medium-term accommodation linked to a package of supports that develops the skills and capacity of residents in order to equip them to ultimately establish themselves in a permanent home.

The transitional services evaluated, as would be expected, share a number of key characteristics in terms of service history, nature of the provider organisations, programmes in place, occupancy rates and staffing resources. These characteristics will be considered in greater depth later in this report. To serve as an overview of provision however, Figure 4.1 outlines some of the key features of the transitional housing services provided in Dublin at present. An obvious trait that is common to most services, for example, is their relatively recent establishment. In particular, many services have only been established since 2003, although there are a few providers who have been operating services since the mid-1990s. Most services have been established as limited companies with a Board of Directors (which is usually voluntary,

and made up of relevant experts and stakeholders), but it is also common for services to have a formal charitable status.

The number of housing units provided by each service can vary widely, from as little as 4-5 to as many as 80-100. The bulk of these units cater for single people, though there is also a significant stock of units catering for families. Residents who are housed in these units undertake a formal programme of support during their stay, and the duration of the programme is typically about 12-24 months. Occupancy levels vary, though an average occupancy of about 80% seems common.

Most services operate with a small core team of full-time staff, which is also usually supplemented by some part-time support. In a small number of cases, services can also draw on either volunteer support or Community Employment Schemes.

There are thus many similarities between the transitional services provided in Dublin, and common approaches and programmes are in place that are proving successful in equipping individuals and families with the skills and experience to move on into permanent accommodation and sustain themselves in an independent living environment. However the 'snapshot' overview of the transitional sector also reveals a high level of diversity across transitional services. There is scope to compare and contrast the various interventions in order to establish where good and best practice exists that should be replicated across all providers, and where gaps and weaknesses are apparent and a coordinated response is required to make provision more effective in the future.

FIGURE 4.1: KEY FEATURES OF TRANSITIONAL HOUSING PROVIDERS IN DUBLIN

Feature	Characteristics of Services Evaluated
Years in Service	Most transitional housing providers have begun delivering services since 2000, and in particular since 2003. In a small number of instances, however, some providers have been operating services since the mid-1990s.
Legal Structure	Most providers have been established as limited companies, with a Board of Directors. In almost all cases, they are also established as registered charities.
Units Provided	A substantial majority of the housing units provided (about 70%) are single units. Most other units cater for families.
Duration of Programme	Most providers operate a fixed programme duration. Programmes vary from as short as 9 months to as long as 2 years. Most providers, however, run programmes for 12-24 months.
Average Occupancy	Varies from as low as 50% to as high as 100%. Generally, an occupancy of around 80%-90% seems common.
Staffing Resources	Most providers have a small core of full-time staff, while there is also a small number of part-time staff. Volunteers provide extra resources in a very small number of cases, with some services also availing of Community Employment Schemes.

SOURCE: SURVEY OF TRANSITIONAL HOUSING SERVICES

4.3 Structure and Development of Services

4.3.1 Structure and Management of Services

As noted above, most provider organisations have registered charitable status, however the scale and nature of these organisations varies substantially. The day-to-day operations would generally be overseen by a designated manager or director, although in some cases these individuals also had managerial responsibilities for other services where wider organisational activities were being undertaken in addition to transitional provision. Managerial responsibility was also sometimes split, with a person designated to oversee housing and maintenance issues, while another might be in charge of the support services being provided. In all services, however, one individual could be identified as the most senior member of staff, and they served as the key contact throughout the research process.

A Board of management was also in place to direct and oversee activity in all the services. These boards consisted of voluntary representatives, generally drawn from the wider organisations involved in the initiative, often together with specialist 'experts' that could advise on specific aspects of delivery, from backgrounds as diverse as finance, legal, mental health care, social work, human resources, drug addiction services and housing management. Residents were rarely represented on the Board of management, although this has happened in one or two instances, and it could be an approach worth considering by other providers in order to ensure that the services being delivered reflect clients' needs and also that an understanding exists among clients of the need to move-on and access accommodation on progression of the programme.

The evaluation found that some boards of management were more proactive than others at providing direction and management expertise, with some seemingly in place to 'tick a box' with regard to meeting good practice standards. Such services did not have as wide a representative structure, with little evidence of the independent experts noted above to give advice on aspects of provision. Moving forward, it would perhaps be worthwhile to issue guidelines for involvement in each Board, with experts in some of the key fields noted above, particularly in relation to dealing effectively with mental health issues and addiction to either drugs or alcohol, as it is the addressing of such issues that is proving to be the key impediment to putting in place a clear progression route out of homelessness.

Where housing partnerships had been created, the partners were represented. In services which were part of a wider non-governmental organisation, representatives from other types of homeless services, such as emergency hostels, detox units, resettlement services, and managers of longer-term housing projects were brought on board to advise on the management and direction of the service. This was an extremely worthwhile exercise as it created a continuum of care perspective in this regard, focusing on ensuring the effective in-flow and out-flow of residents to and from the service. This is considered a particularly important approach in ensuring that the sector in general moves forward in the future, and it would be worthwhile for all services to pursue the recruitment of representatives of other homeless services in the 'chain of provision' to ensure that the service is focused on progression routes and continuum of care.

4.3.2 Planning and Monitoring of Services

Planning and monitoring activities within transitional housing services varied, particularly in terms of how they were structured and organised. In the majority of cases, there is evidence to show that structured planning mechanisms are in place, while a minority of providers do not use such mechanisms. For example:

- ◆ about two-thirds of all providers have a strategic plan in place to guide their activities;
- ◆ a similar number of providers also produce annual action plans to plan short-term activity;

- ◆ just over half of all providers produce annual reports to track performance;
- ◆ about two-thirds of providers have established targets for key performance indicators;
- ◆ just over half of providers have previously carried out some form of evaluation of their service.

Generally, each transitional housing provider outlines clearly stated objectives for the service it provides. These objectives will normally include objectives related to (a) the provision of accommodation, and (b) the provision of other support services.

Obviously, a key objective of all transitional housing services is to provide accommodation to homeless persons or to those at risk of homelessness. In this regard, providers aim to establish good quality, safe accommodation for residents, but also self-contained housing that allows individuals to experience living in, managing and maintaining a home for themselves.

It is this second aspect of services' accommodation provision that leads to the need to provide other support services as a key objective. This is designed to offer residents a sustainable route out of homelessness by providing a holistic programme of support, guidance and training that will assist them to develop their skills and capacity to make a home for themselves. This includes:

- ◆ assisting people to directly address the issues that have caused homelessness;
- ◆ giving people the opportunity to develop independent life skills and social skills to their fullest potential;
- ◆ increasing target group confidence and assisting people to achieve a maximum degree of independence.

There is scope for the planning and monitoring of transitional services to be proved moving forward. There is a need for the transitional sector to become more strategic in its focus and although many have strategic plans in place and report formally to the Board on an annual basis, there is a need for all services to adopt such an approach. There is also a need for services to think more proactively about target setting. The capacity and length of transitional programme for each service should automatically determine targets for the number of new residents accepted by the service in any given 12 month period and for the number of residents completing the programme and accessing long-term accommodation over this period. It is important in the future to produce annual action plans that record progress in relation to such targets and establish any reasons why they have not been met over the year.

In terms of the financial control mechanisms in place across the services evaluated, performance was generally strong. Financial control mechanisms for the majority would include each of the following controls:

- ◆ clear annual budgets and mechanisms for monitoring compliance;
- ◆ regular meetings with funders;
- ◆ property, public liability and employer's liability insurance cover;
- ◆ internal audit processes to protect against fraud and theft.

About two-thirds of all providers use written manuals of financial procedures, while about one-third of providers use the SORP accounting system. External audits are also carried out for services that have no internal audit processes.

4.3.3 Development of Transitional Service Provision

As was noted in Section 3.2, the majority of transitional services evaluated have been in place for a relatively short period of time. Most were established after 2000, and indeed more than half of the 20 services commenced operations after 2003. Even the small number of services that have a much longer track record of provision have undertaken major restructuring exercises in recent years, with the nature of the services provided only established in their current form within this period.

This is perhaps one of the key conclusions of the overall evaluation exercise, and one that must be taken into account when planning the future development of transitional services in Dublin. It must be acknowledged that these services are at quite an early developmental stage, therefore it is difficult in many circumstances to judge the impacts of the interventions at this stage. While Chapter 4 will illustrate that many adhere to good practice standards, it should also be noted that such practices have often only been put in place within the last 2-3 years, and the long-term effectiveness of such practices has still to be proven in a transitional setting.

Nevertheless this is a positive reflection of the commitment of the Homeless Agency partners to implementation of high-quality standards in place throughout homeless services and also to ensuring that transitional interventions are focused on move-on outcomes that lead to individuals eventually leaving homelessness. A number of key developments in this regard were apparent in consideration of transitional service provision as a whole in Dublin, including the following:

- ◆ More formal, documented processes and procedures in place with regard to aspects of provision such as referrals, needs assessments and care plans and in relation to the roles of staff and the rights and responsibilities of service users.
- ◆ The adoption of keywork systems in all cases with recruitment of appropriately trained staff to fulfil the function of keyworker.
- ◆ Commitment to move on all service users that had been resident within the facility for significantly longer than the intended transitional programme period, in order to reduce perception that the service can provide long-term support.
- ◆ Refocusing on a fixed-term transitional programme with a clear limit on the amount of time that an individual can stay within the service, widely communicated to staff and residents as an intrinsic part of provision.
- ◆ Significant investment in the physical infrastructure of the facilities in order to

create an environment more closely related to the independent home to which it is intended that residents will move on.

There was general acknowledgement that until 3-4 years ago, transitional services were performing relatively poorly, with very low levels of move-on, no clear developmental programme in place and a lack of formal procedures and controls to ensure that good practice was being delivered. The work of the Homeless Agency and its partners in establishing standards, offering training, facilitating networks and moving towards service-level agreements has helped to provide a stimulus for provider organisations to become more strategic and targeted on positive outcomes from their interventions. Where weaknesses still exist, these are recognised by management and staff, and positive action is being taken to address them in the short-term. A greater level of professionalism was found to be emerging within the sector in the last few years and there is a strong commitment to continuing its development in this manner moving forward.

4.4 Target Groups and Referral Process

4.4.1 Target Groups of the Services

By their nature, transitional housing providers seek to address the problems experienced by those who are homeless or at risk of homelessness. Some providers do not target specific groups beyond this. However, several providers have adopted particular target groups as their focus of attention, and these include:

- ◆ single people
- ◆ homeless men over the age of 18
- ◆ homeless men over the age of 25
- ◆ homeless men with offending and drug issues
- ◆ families experiencing homelessness
- ◆ women and children experiencing domestic violence
- ◆ homeless women with a history of offending

Despite the evidence of diversity in the target groups defined by the services, there is a strong degree of commonality in terms of their approaches to specific issues. For example, some of the 20 services will not accept individuals with active drug addiction problems, although some of these services are prepared to accept those on methadone programmes. Regardless of the individual drug policies of the services however, the issue of addiction to prescription medicine among clients was one that was prevalent in many facilities and that is more problematic to control. Some services refuse to accept those with alcohol addiction problems, although one service has a detox unit within the service and 2 others linked in with detox services within their wider organisations, and indeed were found to have developed an effective approach to dealing with the issue of alcoholism among current residents, something from which other services that refrained from this approach might learn from if they are to expand their target group in future. Behavioural

problems and learning disabilities were other issues that were highlighted as affecting a significant base of transitional service clients, although such difficulties were again cited as being hard to ascertain at referral stage.

The issue of mental health and suitability for transitional provision is extremely complex and has attracted very different approaches at provider level. All services emphasised that the majority of their residents would have experienced some form of mental illness, and the degree to which this occurred varied rapidly. It was noted that many residents exhibited much more significant symptoms of mental illness than were apparent at the referral stage, and hence it had proved difficult to place definitive criteria on acceptance of those with mental illness. It was also a key finding from the staff consultations that they found it very stressful and difficult to provide the services required to those with higher mental health support needs, with further training required in this regard. Some services had developed very proactive approaches to clients with mental health problems. One manager, with a background in mental health nursing, has put in place highly effective services and supports to facilitate effective interventions with this target group, and they have come to an agreement with the local Area 7 team to allocate a proportion of their units to homeless individuals suffering from mental illness that have been referred from this team. However, the important component to note here is the expertise provided for the manager, and if this wider target group is to be put in place in other services investment in skilled staff must be a pre-requisite for provision.

There is concern among referral agencies that the target group of transitional services is too narrow and neglects a significant base of people in emergency accommodation with higher support needs who have no way to progress via other services out of homelessness. There was concern expressed that 'cherry-picking' might be occurring by transitional providers, but from considering the processes and procedures in place, interviewing staff and management extensively and viewing the facilities, it would be a strong finding from this study that this is not in place. The key determinant in all services is on ensuring that those individuals accepted into the service have a chance of developing their capabilities in order to be in a position to move into an independent living environment by the end of the period. This has led to the exclusion of some people with higher support needs, but from considering the existing approaches, the decisions would seem justified at present. However, the transitional sector as a whole would benefit from a more strategic review that specifies exactly the differing support needs of individuals that need to access some form of intermediate provision, be it transitional or some other detox or residential care programme, and then put an approach in place to ensure that transitional services provide a cohesive response (alongside other services) to meet these needs as effectively as possible. This might mean encouraging (and investing in) one service to take on people with higher support needs, learning from the existing provider that has adopted this approach. Or a larger base of providers might be encouraged to take on active alcoholics, using the models in place to

replicate practice in this regard. This issue of a sectoral response is further examined in Chapter 6, but it is certainly clear that a less ad hoc and individual means of delivering transitional services needs to be put in place to ensure that gaps in the market at present are addressed as time moves on.

4.4.2 Referral Process

A number of different approaches are in place with regard to the referral process in transitional services. While all have a formal documented referral process in place, this can differ in nature from place to place, with some accepting referrals on an ongoing basis, while others only open up the referral process when vacancies are expected to arise within the service, so as not to create false expectations among interested potential clients. When this latter case is adopted, services tend to log enquiries from referral agencies and refer back to them when vacancies arise in order to check that the status of the applicant has not changed. Then the formal referral process begins.

An initial referral and application form will be distributed to the referral agency and be completed by a representative of that agency in conjunction with the applicant. From consideration of the forms utilised by the 20 services examined, these cover a number of aspects including:

- ◆ accommodation history and needs
- ◆ health background
- ◆ behavioural characteristics
- ◆ personal and social skills
- ◆ Garda record
- ◆ financial situation
- ◆ work and education situation
- ◆ family/friend contacts
- ◆ referral agency's relationship with applicant

Typically the referral process will involve an initial interview with the applicant and referring agency and a keyworker from the transitional service, at which an initial risk assessment of the individual will be undertaken. A number of subsequent meetings may then be held before a decision is made depending on the approach of individual services, and other agencies are often contacted to establish the full background with regard to the applicant.

Some services therefore have quite a long referral process in place in this way in order to facilitate the building up of a relationship between the keyworker and the client over a series of meetings and visit to the facility. This allows a continuum of care approach to be developed for each individual and ensures that the new resident is comfortable with their surroundings upon formally commencing the transitional programme. Most services also place an obligation on the referral agency to ensure that the range of external support services required by the client are in place and will

continue to be accessed during the period of the transitional programme. This has been taken further in one project where the referral agency, or a designated resettlement worker, is required to attend monthly needs assessment meetings with the client and their keyworker throughout the transitional programme. This has represented an effective mechanism to ensure that a progression route is facilitated for each individual, and is worthy of consideration by other services.

4.5 Operation and Staffing of the Services

4.5.1 Nature of Operations

There are a number of different approaches apparent in terms of the operation of the services. Although they are all categorised as transitional providers, operation practices differ significantly in terms of the nature of the facilities. Some services operate on a 9am-5pm service basis with no supervision or staff in attendance at other times, placing a significant degree of responsibility on the resident, in line with the need to build independent living skills. Other services have two shifts involving project staff (typically keyworkers), with reception or security staff in place overnight, providing 24 hour cover. Other services catering for clients with higher support needs provide 24 hour project worker cover for staff. Some services operate from significantly sized formerly institutional buildings, while others, such as the Sonas Housing Association and Sophia Housing Association, have been able to tap into new housing developments and place families within separate houses. A brief overview of the broad nature of operations is provided in Figure 4.2 to indicate the diversity that is apparent in transitional services that formed the subject of this evaluation. The list includes PACE, a service which was not visited during the course of the study but for which an external evaluation exercise was taken into account in the formation of this final report.

FIGURE 4.2: NATURE OF OPERATIONS OF TRANSITIONAL HOUSING PROVIDERS IN DUBLIN

Name of Service	Nature of Operations
Focus Ireland Georges Hill	Self-contained fully furnished units provided in a city centre location with a programme targeting direct move-on into permanent accommodation. Project workers operate during day, security provides night cover.
Salvation Army Granby House	Self-contained units provided in a city centre location with a programme targeting direct move-on into permanent accommodation. Project workers operate during day, security provides night cover.
Salvation Army York House	City centre location catering for those with high support needs, particularly in relation to alcoholism, with an in-house Alcohol Recovery Unit. Rooms provided with shared facilities, with residents clustered on different floors depending on their level of need. Many clients need to access lower-support transitional services upon leaving the facility.
Tus Nua Transitional Project	High support specialist transitional facility providing a programme to female ex-offenders. 24 hour live-in support provided. Further support typically needed upon client leaving service.
Miss Carrs Home Housing Association	Transitional facility providing self-contained units for single mothers in a central location that prepares them for successful move-on into permanent local authority or private rented accommodation.
Daisyhouse Housing Association	Transitional facility based in two central locations that provides predominantly self-contained units, all of which have in-built kitchens, although a small number share bathroom facilities. Acts as direct precursor to accessing permanent local authority accommodation.
Peter McVerry Trust Whitworth Project	Low threshold transitional facility providing single and shared units with shared bathroom and kitchen facilities. Staffed by project workers on 24 hour basis and links to other homeless services provided by the wider organisation.

Name of Service	Nature of Operations
Respond Housing Association Conrath House	Large scale transitional service with single units but shared arrangements in place for kitchen and bathroom facilities. Move-on to range of permanent accommodation options is the main objective of the programme, with links to Respond permanent housing in this regard.
Bond Project	High support specialist transitional facility providing an intensive service to male ex-offenders. Service staffed by project workers on 24 hour basis. Users must leave accommodation during day to access support services via Bond day service. Further support typically needed upon client leaving service.
Vincentian Housing Partnership	Transitional facility providing fully self-contained units with kitchen and bathroom for both families and single people. Staffed by project workers over two day shifts with security providing 24 hour cover overnight. Transitional programme intended to deliver sustainable permanent accommodation options to clients.
Dublin Simon Dorset Street	Self-contained units provided in a city centre location with a programme targeting direct move-on into permanent accommodation. Staffed only during day by project workers.
Sophia Housing Association Tallaght	Transitional service providing self-contained housing and apartments 'pepper-potted' within a new housing development in Tallaght. Service for families who can then access permanent local authority housing. Project workers for both resident adults and children operate programme from a house.
Sophia Housing Association Ballymun	Transitional service operating on the basis that a transitional programme is provided to families resident in accommodation set aside in Ballymun, which then becomes their permanent residence after completion of the programme. Programme delivered from office accommodation in nearby houses, staffed by project workers during day.
Sophia Housing Association Churchtown	Transitional service providing two-bedroom apartments in Donabate for families that then move-on into permanent, typically local authority housing. Staffed by project workers during day, although no dedicated office space available for programme delivery.

Name of Service	Nature of Operations
Sophia Housing Association Donabate	Transitional facility providing purpose-built self-contained apartments for families with residents then moving into permanent local authority housing. An on-site childcare facility is used by residents with pre-school and after-school provision available. Transitional programme provided in adjacent office accommodation. Staffed by project workers only during day.
Sonas Housing Association Ringsend	Transitional service providing self-contained units for families (one single unit also available) in Ringsend. Project workers for both adults and children operate the transitional programme during traditional office hours from adjacent office accommodation.
Sonas Housing Association Killester	Transitional service providing self-contained family and single units as part of a large dedicated housing development in Killester. Project workers for both adults and children operate the transitional programme during traditional office hours from adjacent office accommodation.
Sonas Housing Association Tallaght	Transitional service providing self-contained family and single units 'pepper-potted' within a new housing development in Tallaght. Staffed by project workers for both adults and children during the day. They deliver the transitional programme from an accommodation unit set aside for this purpose and shared with other social housing providers.
Sonas Housing Association Ballymun	Transitional service providing self-contained family units in Ballymun. Staffed by project workers for both adults and children during the day who deliver the transitional programme from an accommodation unit set aside for this purpose and shared with other social housing providers.
Sonas Housing Association Clondalkin	Transitional service providing self-contained units for families (one single unit also available) in Clondalkin. Project workers for both adults and children operate the transitional programme during traditional office hours only from adjacent office accommodation.

Name of Service	Nature of Operations
PACE (Prisoners Aid Through Community Effort) Priorswood House	Transitional service providing high support single accommodation units and low support apartments for men on probation supervision or on temporary or final release from prison. Service staffed by project workers on 24 hour basis.

SOURCE: CONSULTATIONS WITH TRANSITIONAL HOUSING SERVICES

This of course raises issues, acknowledged by a number of the services themselves, as to whether all of the above interventions represent transitional provision as it is envisaged by the Homeless Agency partners. Transitional housing and support services should, by definition, be the immediate precursor to securing permanent accommodation, yet in certain cases the services funded as transitional interventions require a further service phase before the ultimate move-on to long-term accommodation can be effectively secured, questioning whether they should be categorised as transitional at all. In another project the accommodation itself cannot be considered to be transitional in the sense of equivalent provision across the sector, as it is based on a model wherein a family move into accommodation that becomes their permanent home after a period of time which is defined as the transitional programme. The success of such an initiative clearly depends on the securing of replacement units in which new clients can then be housed, and this has been a major barrier to progress in this instance.

Of course, when considering issues such as staff ratios, value-for-money in terms of funding, and impacts in terms of securing long-term accommodation, this means that a comparison across the transitional sector is extremely problematic, and it makes it difficult on the funders' part to implement a cohesive framework for allocating the funding of individual services. The evaluation found that it was hard to justify treating all of the transitional services on the same basis when making such funding decisions, given the nature of operations. In the future it is important that funding, and consideration of the impact of interventions, takes account of the diversity of transitional services. This may mean establishing different categories for transitional providers.

For example, those services targeting those with higher support needs, perhaps with detox or addiction programmes attached, that may then need less intensive transitional support or long-term accommodation, should be identified as a specific type of service and funded as such. From consideration of the evaluations, this might include services such as Tus Nua, PACE, the Bond Project, the Peter McVerry

Trust and Salvation Army York House. The first two projects also require consideration of security aspects in the funding of operations given their focus on ex-offenders. Those providing service more typically understood as transitional (i.e. where the ultimate outcome is always the accessing of, and sustainment in, permanent accommodation upon completion of the programme) should be categorised, assessed and funded on this basis. This might include services such as Focus Ireland Georges Hill, Dublin Simon Dorset Street, Daisyhouse Housing Association, Respond Conrath House, Salvation Army Granby Centre and the Vincentian Housing Partnership. The community-based family-focused transitional housing models provided in most cases by Sophia Housing Association and Sonas Housing Association might also be considered as a different category given the target group, the generally low level of staffing support, and the need for workers targeting the needs of children as well as keyworkers for adults. A service where there is no transitional housing where clients turnover, such as Sophia in Ballymun, it may also need to be re-categorised as long-term supported accommodation or a floating support type of intervention in order to judge its effectiveness.

While recognising the differing nature of operations across the services currently categorised as transitional, it is important to acknowledge that these operations have been developed in order to respond to the specific needs of their target groups. While there is value in clarification of the various types of transitional service as noted above, one key finding of the evaluation is that all services fill important roles in meeting a need among homeless people in Dublin. As will be further examined in Chapter 5, it is considered that the vast majority of current service users within transitional facilities would not be capable of sustaining themselves within an independent living environment without a support programme beforehand. The way in which the services operate provide the key characteristics of security, stability and support that allows clients to develop towards this goal.

4.5.2 Staffing and the Skills Base

The staff of the transitional services were found in general to be highly committed to the aims of transitional services, and a significant skills base has been built up across the sector. The consultations undertaken with staff of the services added significant value to the identification of the practical barriers that have limited the effectiveness of transitional provision thus far, and it was clear that they had contributed in a similar way to the development of the individual services. Their involvement in the management and development of the services was facilitated via a range of mechanisms including regular meetings, involvement in recruitment, surveys, external supervision and designation of responsibility for specific aspects of provision.

The keyworking system that is now in place in all services has been of particular value in facilitating the effective delivery of the transitional programme by staff. The development of better relationships with clients has resulted, and in those services where the adoption of such an approach has been a relatively recent development,

it was noted as having made a significant impact in improving the quality of service. There was also a general approval with the increasing formalisation of processes and procedures, although it was also emphasised that staff needed to maintain a somewhat flexible approach to ensure that they can address the unique needs of clients. There was some concern about the formal recording of meetings with clients as being counterproductive in that individual's development, and hence doing this in their presence was avoided, but in other services no problems were experienced as a result of this being the established process at the outset and it is considered that all services should follow suit in this regard.

As discussed in Chapter 3, the staff ratios in place across the services varied substantially, and generally there was found to be a relationship between the level of support required by the residents and the number of direct workers employed. The Simon Brooke report *Work Worth Doing* produced for the Department of Health and Children in 2005 noted an average staff ratio in transitional services of 1:10.8, and a similar average is still apparent, taking account of all staff (not just direct project workers). It would seem that transitional services where the aim is direct access to permanent accommodation on completion of the programme can operate effectively with a keyworker:client ratio of 1:8 to 1:9 given the current target groups being served. However staff emphasised that, while being open to accepting people with higher support needs, lower staff ratios would need to be facilitated in view of the more intensive support that would be required in these circumstances.

Some of the smaller services had more intensive staff/client relationships, partly as a result of their focus on target groups with higher support needs, but also as a consequence of their existing capacity and facilities. It is considered that there is scope for such services to increase the staff/client ratio moving forward if additional capacity can be put in place. Indeed it is acknowledged that a number of these smaller providers are actively pursuing expansion to facilitate a more efficient service in this regard.

This point links to a general need identified by staff for further training in order to more effectively deliver services to those with higher support needs. It was noted by staff that the incidence of more significant mental health and active alcohol or drug addiction problems was increasing among the clients of the services. However, there was a feeling that in some scenarios services currently lacked the technical expertise to determine the appropriate actions when difficulties arose in relation to such issues. It was emphasised that more specialist training was required by keyworkers in these areas. This must extend beyond 'taster' or one or two day courses highlighting broad practices, with intensive practical training and supervision required. Indeed, while the training provided by the Homeless Agency was considered to be worthwhile as an introduction to different topics and skills, it was noted that more in-depth training was often required to effectively meet the needs of transitional service target groups. A cohesive cross-sectoral training programme

addressing the skills gaps noted is now worthy of consideration. This will be particularly important if access to transitional housing is to be extended to individuals or families with higher support needs.

This should build on the good work of the Learning and Performance Programme established by the Homeless Agency, as this initiative covers the areas identified by staff that should be targeted for such training. The 2007 Learning and Performance Programme offers learning modules in relation to: Developing and Progressing the Lives of Persons Who Experience Homelessness; the LINK system; Drugs and Alcohol; Life Trauma; and Mental Health and Mental Illness. Therefore there may exist potential to expand these interventions to deliver the more-intensive training requested by staff. It was proposed by some staff consulted that these interventions could perhaps take the form of concentrated 2-3 week courses focusing on a topic such as drug awareness or understanding mental illness and mental health issues. Alternatively it was noted that further support could be given to access appropriate training via night courses at further education institutions.

It is however important to acknowledge that within the Learning and Performance Programme there is a 'pathways' option that should facilitate accessing further intensive training in relation to each of the modules. This indicates that facilitating greater use of the pathways option might go some way to meeting the further training needs of staff in transitional services. The fact that the gap in appropriate intensive training was a common concern of staff across most services suggests there may also be a lack of awareness of the modules that are available at present. The Homeless Agency should work to ensure that all services and staff are informed of the training opportunities. There should also be a duty of responsibility for staff in transitional services to make themselves aware of, and actively pursue, the training opportunities that are available. If a member of staff identifies a skills area which is in need of further attention, he or she must actively pursue the acquisition of training in this respect in partnership with the management of the service. All members of staff should display a commitment to continuous professional development and while there is an obligation for transitional service providers and the Homeless Agency to facilitate access to appropriate training for employees, these employees must be proactive in identifying where skill gaps currently exist and how they might be addressed.

Ensuring that staff in transitional services have sufficient skills to deliver effective rehabilitative interventions to all target groups should have implications not only for the planning, organisation and facilitation of access to training but also in the recruitment policies of the individual services within the transitional sector. The evaluation found that services had been able to improve their responses in relation to particular target groups such as those suffering from mental illness or those with drug or alcohol addiction problems by employing individuals who, while possessing the generic skills required to undertake keyworking activities in transitional services,

also had specific technical experience of working with such target groups. This approach should be considered by other services in making recruitment decisions moving forward, with experience in a mental health, detox or drug rehabilitation environment considered a notable asset if core project working skills can also be demonstrated by an individual applicant. Advertisements for vacant positions should also encourage applicants with appropriate technical experience.

4.6 The Transitional Programme

Overall the evaluation of the 20 services would strongly conclude that the transitional programmes are proving highly effective in developing the capacity of individuals to live independently upon leaving the service. The programmes were deemed to be very successful in delivering a package of lifeskills ranging from basic competencies of literacy and numeracy to more complex social needs such as communication, confidence, assertiveness, self-evaluation and relationship building. Coping with addiction issues were a key focus of the programme in most of the services examined, addressed via a combination of in-house support and accessing external services. Practical training in areas such as computing and money management was also provided. In all of the services there was also significant attention placed on accessing employment and training opportunities for clients as part of their ongoing development, particularly in the second half of the transitional programme in recognition that this was a key means by which individuals could ultimately sustain themselves in an independent living environment.

Chapter 3 showed that the transitional programmes being delivered by the service providers are of varying length, with the formal programme timeframe ranging from 9 months to 2 years, although it was noted in some services that residents had to extend their stay beyond this period as a result of a lack of appropriate move-on accommodation options. If transitional programmes are to be successful in the future there needs to be much more focus on keeping to a fixed time programme in the delivery of services. Two services have reduced the length of the transitional programme to 9 months, and while staff and service users expressed some concern that this was slightly too short a timeframe to develop the required skills to successfully move on to permanent accommodation, the results in terms of securing permanent housing are among the most impressive of all the services. As has been emphasised through this report, however, the nature of services and target groups served varies substantially from provider to provider, and it would seem that longer programmes are justified in many cases. However there is scope, particularly if all services move towards a more formal, developmental phased approach as discussed below, for providers to self-evaluate their programme and consider if its length could be shortened moving forward.

A firm conclusion of the evaluation would be that a service user should spend no longer than 2 years in a transitional service. The services have made notable progress in moving on longer-term residents over the last few years, and there must

be a commitment across the sector to adhering to a 24 month maximum limit. The lack of valid move-on accommodation options, while expressed as a valid concern by all providers, has not appeared to prevent the move-on of service users prior to the end of this 24 month limit and it should be attainable by all services in the future.

Further on this theme, there is a need to develop more focus on the fixed-term aspect of transitional provision, particularly in relation to communication of progress through the programme to each client. It was noted earlier that one service gives each client notice, with a specific exit date explicitly flagged with 12 months, 6 months and 3 months to go until completion of the programme. This creates a degree of certainty with regard to the point at which move-on accommodation must be found, and ensures that the programme is focused on addressing all of the clients' needs within the prescribed timeframe. The other more effective services in terms of move-on also appear to be those that stick as rigidly as possible to a fixed length of transitional programme, and service users benefit from the fact that there are no 'mixed messages' in terms of how long the accommodation will be available.

A number of differing approaches have been put in place with regard to each transitional programme. It is considered that the most effective programmes are those that have clear time limited developmental phases, based on taking a series of steps towards progression into long-term accommodation. These developmental phases can incorporate a series of tasks perhaps reflecting lifeskills development, education and training, addressing addiction issues. In other cases the programme involved a series of specific modules that targeted areas such as alcohol recovery, lifeskills, recreational time, resettlement preparation module and so on. These would be accessed at an appropriate point agreed by the keyworker but not necessarily in any chronological order. However other services prefer to put in place a more flexible approach, with no prescribed stages that require to be progressed by each service user, but rather the services and supports to be accessed determined by the ongoing needs of that user as the programme moves on. It was certainly emphasised by staff and management of all transitional services that some flexibility in approach is required in transition provision in order to effectively meet the unique needs of each individual. However the evaluation found that the most effective services tended to be those that had a formal defined transitional programme in place with a framework of specific development stages to be followed by the keyworker and client as an individualised programme was then subsequently delivered. An example of this developmental phased approach is provided in Figure 4.3.

FIGURE 4.3:
EXAMPLE OF A DEVELOPMENTAL PHASED APPROACH TO A TRANSITIONAL PROGRAMME

Phase	Elements of Programme
Settling in and Development of Relationships	1) Settling in to project – Induction process, residents' handbook, rental arrangements, health and safety procedures. 2) Development of personal care plan with designated key worker. 3) Immediate supports and training programme. 4) Participate and attend house meetings. 5) Personal care needs.
Progression Towards Independent Living	1) Housing needs – identify and begin referral process for move-on accommodation. 2) Education and training – establish options for continued training, back to education, future employment. 3) Relationships – support in building up, renewing or making relationships (family, friends). 4) Identification of end of programme goals by client and keyworker.
Sustainability After Leaving Transitional Programme	1) Finance – saving and budgeting for the future, developing money management skills. 2) Personal development needs in order for client to sustain himself/herself in independent living environment. 3) Further work on securing of appropriate housing and ensuring move-on within timeframe of programme. 4) Goals set for next phase.
Settlement and Preparation for Move-On Accommodation	1) Arrangement and confirmation of exact move-on date. 2) Support networks in area to which client is moving. 3) Practical settlement steps – new social welfare office, GP etc. 4) Arrangement of any aftercare/resettlement support required. 5) Future goals identified.

SOURCE: ADAPTED FROM CONSIDERATION OF TRANSITIONAL PROGRAMMES IN PLACE BY SERVICES EVALUATED

Some programmes offer group work as part of the programme in order to help residents gain confidence and build relationships. However other services believe that such an approach is counter-productive to equipping a client with independent living skills. The feedback from service users with regard to group work will be further discussed in Chapter 5, but these types of activities would certainly seem to add value to the programme delivered by a number of services. Among the benefits noted were assistance in building personal development skills among residents and the facilitation of better relationships between residents.

4.7 Securing Move-on Accommodation

The analysis of move-on destinations within section 3.9 highlighted two main characteristics of transitional service provision in Dublin. Firstly, that a significant proportion of residents in transitional services have been unable to complete the programme and secondly, for those that do, a variety of different types of move-on accommodation options have been accessed. While 30% of all those leaving transitional facilities in the last 12 months accessed local authority housing and a further 15% private rented accommodation, the evaluations found differing approaches in terms of what was considered suitable move-on accommodation within the individual services.

There was reluctance in many services to accept that the private rented sector represented a viable option for their clients upon completion of the transitional programme, and some even went as far as to remove such an option from consideration for move-on. This approach was justified as it was cited that many clients had already had very negative experiences of private rented accommodation that had resulted in eviction, and that there was insufficient security and stability attached to the use of such housing. The risk that the progress made during the transitional programme could be placed in jeopardy by placing a former resident in this environment was considered too great at this stage.

The evaluation did however find that similar types of transitional facility made different decisions in regard to the appropriateness of private rented accommodation. A number had made use of the Access Housing Unit to help facilitate the move-on into this type of housing, and tenancy sustainment services had also been availed of in order to help individuals to sustain themselves in private rented housing upon leaving the service. The successful outcomes that have resulted in this regard have encouraged the use of such options on an ongoing basis, and it was noted that there is a general increase in commitment to using the private rented sector across most transitional providers. The further roll-out of the RAS scheme was also seen as an opportunity to expand the range of accommodation options available and all services noted that they would be willing to pursue this type of housing in the future. However it should also be acknowledged that even for those that were willing to, and have positive experiences of, accessing

private rented accommodation for clients, local authority housing was preferable wherever this was available. Providers also said they considered moving a person on within the timeframe of the programme as being of more value than waiting beyond this timeframe in order to try to access local authority housing for every client.

The inconsistencies in approach with regard to move-on accommodation, and the desire of the Homeless Agency partners to see use of the private rented sector maximised in terms of the out-flows from transitional services, mean that there is scope for expansion in use in this regard. In particular it was found that refusal to consider such options is no longer justifiable given the comparable experiences of other services. Moving forward, all services must be committed to accessing a range of accommodation options that will include local authority, RAS scheme and private rented housing in order to ensure that no blockages exist in the progression route out of homelessness via transitional provision, a subject that is further examined in Chapter 6.

The role of the local authorities in providing appropriate move-on accommodation should not be overlooked. In response to the evaluation survey, providers commended the local authorities for facilitating good working relationships, for their commitment to transitional housing services, for their assistance with the referral process, for their flexible approach, and for their general back-up and support. Where there is dissatisfaction with the relationship with local authorities, it is usually associated with the lack of move-on accommodation for people once they complete a transitional programme. The shortage of local authority housing was still identified as being a key constraint on sustaining the benefits of transitional programmes. A small number of services felt that local authorities could also improve their understanding of people who are at risk of homelessness.

Therefore in general it was found that the local authorities were interacting positively with transitional services in order to secure the desired housing outcomes, and consultation with service staff revealed that good working relationships had been developed with Council employees, particularly within the last few years. Their main concern was that perhaps the approach within the local authorities could be more structured, with a greater level of certainty about the number of local authority housing offers that they would receive for their clients over any given period. While it is acknowledged that this might be difficult to achieve and that the respective local authorities must reserve the right to make judgements on who is accessing their housing, there would seem to be scope to put in a more structured agreement with each service. This would be particularly helpful in the planning by management of the services of move-on options, and would facilitate higher levels of outflow and more certainty with regard to the outcomes of the programme for each individual.

The structured agreement might involve a local authority committing to provision of a certain number of units for single people or families from each service. This would

mean, for example, that a service providing 15 self-contained units for single people and delivering a transitional programme over 18 months should require 10 move-on accommodation options for its clients in any given 12 month period. If the local authority had committed to providing four units per annum, it would then mean that the service would have to decide on the most appropriate way in which to secure the other 6 move-on options to meet the overall needs of their clients. It would facilitate, from an early stage of the programme, the designation of those clients that were most in need of the security provided by local authority housing, while others where it was felt that private rented RAS scheme housing would be viable would have a programme designed to make sure that this could be accessed and they would be sufficiently capable of sustaining themselves within this environment. There may be other individuals where long-term, supported accommodation would be the most viable option, and this again could be planned for alongside the other types of accommodation. This approach would place much more emphasis on a consistent out-flow from the transitional services into permanent accommodation, and it is certainly worthy of consideration to improve the effectiveness of the sector in the future.

As noted above, long-term supported accommodation may be the most viable option in some cases for those leaving transitional services, and this can be expected to be increasingly the case if those with higher support needs are accepted into the services. It was noted, however, that there is currently a lack of appropriate long-term supported accommodation available, and this was identified as a key area for improvement within the homeless sector in general. A number of the larger provider organisations are working on other projects to supply their own long-term supported housing in order to facilitate a progression route for individuals and families where independent living is not a viable option.

One further issue with regard to move-on options is the inability to access other forms of transitional provision upon an individual or family leaving one of the services. While this rule can be justified on one level, with it appearing illogical for a transitional service to simply lead onto another service within the sector, the complex nature of the transitional sector in Dublin at present means that there is often a valid case for such a move-on to take place. Indeed the move-on to another transitional facility with less intensive support and an environment and culture closer to independent living was identified as a key constraint by a number of services in moving their clients on.

The diversity in terms of transitional providers in Dublin has led to discussion of the possibility of categorising the services in a different manner moving forward to reflect their different target groups, the varying nature of the programmes in place, and the different perspectives on what represents a successful outcome from each service. If some services are to be categorised as pre-transitional to reflect the fact that they often cannot directly lead to move-on permanent accommodation for some clients

with higher support needs, the use of other more traditional transitional services as destinations for these clients should be considered.

The final issue with regard to securing move-on accommodation in transitional services concerns the extent of resettlement interventions made at individual service level. It has been noted that some services have in place resettlement and aftercare functions for a fixed period of time after an individual or family completes the programme and moves on. Usually such functions are performed by keyworkers as part of their continuum of care for the client. Other providers feel they lack the resources to deliver aftercare support services to clients upon leaving the facility. Some avail of the resettlement services provided by organisations such as Dublin City Council, Dublin Simon or Focus Ireland, and a high degree of satisfaction has been noted in relation to such provision. Given the pressure currently placed on keyworkers to deliver the intensive transitional programme to their clients, the limited resources available for services, and the presence of effective resettlement services, there would seem to be a case for a more consistent and strategic approach across the sector. Use of external resettlement services by all transitional providers would therefore be worthy of consideration moving forward. A formal approach could be put in place as to how such services become involved with transitional clients during the programme to prepare them for settlement in permanent accommodation. This could lead to service level agreements being established between providers of transitional and resettlement services in order to facilitate a constant and consistent progression route out of homelessness for clients.

5. Perspectives of Service Users

5.1 Introduction

A key element of the evaluation of transitional housing and support services concerned interviews with people who are either current users of these services or had previously used these services within the last five year period. All of the services being evaluated encouraged current service users and ex-service users to participate in the evaluation interviews. Furthermore they ensured that all of the current service users were presented with opportunities to meet with the evaluators and to express their views and opinions about the accommodation, the programme and the various supports being provided by the transitional housing services.

A total of 108 interviews took place with current service users and ex-service users of transitional housing services. The current service users accounted for 88 (81.5%) of the interviews and ex-service users for 20 (18.5%) of the interviews. All of the interviews took place on a one-to-one basis and the interviews lasted for between 20 minutes and 70 minutes. The main focus of the interviews was on the interviewees'

experiences of the transitional housing service in which they were currently located or, in the case of ex- service users, the service which they used in the past.

The 108 interviews represented a good cross-section of the 16 transitional housing services being evaluated and, in all cases, interviews took place with at least 25% of the current service users (in most cases interviews took place with over 40% of current service users).

This chapter will consider the outcomes and the recommendations which emerged from the 108 interviews with current service users and ex-service users under the following headings:

- ◆ Quality of life and well-being outcomes
- ◆ Provision of accommodation
- ◆ Supports and services provided by staff
- ◆ Length of programme and nature of programme
- ◆ Referrals and admission procedures
- ◆ Rules and regulations
- ◆ Safety and security
- ◆ Progression routes
- ◆ Friendship and companionship
- ◆ Mental health and addiction

5.2 Quality of Life and Outcomes

Over 85% of the service users consulted during the evaluation interviews felt that they had benefited in a significant way from their involvement in transitional housing services. When asked to describe how they have benefited, many of the interviewees said that they are now stronger and better able to cope than at any other time during the previous few years of their lives. They said that the transitional housing service gave them a solid base and foundation from which to sort out various problems and difficulties which they were trying to resolve (e.g. problems around drugs and alcohol addiction, difficulties concerning family relationships). Many people said that they were now a lot more confident and that their self-esteem had increased enormously since they moved into transitional housing.

'I was at rock bottom but I am now on the way back up'

'I feel a lot better about myself and about how I am living my life'

'I am stronger, more content and more confident. It is happy days now'

'My confidence and my belief in myself has started to come back and I am now feeling a lot stronger since I started in X service'

'I am comfortable and I am happy'

'X service has helped me to appreciate myself and to like myself more'

'My self belief and self confidence came back as a result of my time with X service'

'I learnt a lot about myself, about taking responsibility, about opening up to others, about listening, about being calmer'

A clear majority of evaluation interviewees said that it would have been very difficult if not impossible to have made some of the positive improvements which have taken place in their lives without transitional housing. These interviewees stated that life-changing experiences (such as becoming drug free and alcohol free, moving out of an abusive relationship, re-connecting with children and other family members, improving mental health through psychiatric care and support) have been facilitated and supported by transitional housing providers.

Many interviewees said that the positive changes that have taken place since they moved into transitional housing would simply not have happened if they were living in hostels or in insecure, poor quality private rented accommodation (without the supports and back-up available through transitional housing providers).

'The peace of mind is great. I feel really comfortable and safe in this place'

'The fact that I have done OK in transitional housing has given me a sense of achievement and it has given me confidence in myself'

'X service was good for me when I was going through a terrible time in my life'

'I feel relaxed and I feel safe. This has been really important on my road to recovery'

'X service has helped me to get stability and consistency into my life'

'It is a good space to get your head together'

'Through being treated very well in this service and having a nice place to live, I now have more respect for myself and I keep myself clean and tidy'

'X service gave me a sense of achievement and purpose in my life'

'If not for X service I would have gone downhill very quickly and I would have ended up doing serious damage to myself and to other people'

Virtually all of the evaluation interviewees were able to name ways in which their quality of life had improved since they started with the transitional housing service with whom they have been involved. Some of these benefits relate to their physical health (e.g. many of the interviewees have been involved in alcohol/drug treatment programmes, some have had to undergo surgery for fairly serious illnesses); some relate to labour market outcomes (e.g. accessing education and training programmes, securing employment on Community Employment projects and in mainstream jobs); some relate to relationship building and family issues (e.g. sorting out guardianship and visitation matters concerning children, re-establishing contact with estranged family members).

'My anxiety and depression are not as bad as they used to be'

'Having spent a year with X service, my health has really come on well'

'I am now sleeping a lot better than I have been sleeping in 20 years. A lot of the stress and the tension has now lifted since I moved in here'

'The fact that I am now able to give an address to the authorities has helped me to gain more access rights to my son'

'I am now back on talking terms with my family – largely due to the support and advice I received from X service'

These were all significant outcomes and achievements and represented what was, for many people, a new start or a fresh start in life. In the opinion of a large majority of interviewees this new/fresh start would not have been possible without the solid foundation and the supportive environment which was created by high quality living conditions and the professional, caring staff within the transitional housing services.

'I have been given a second chance in life and I really appreciate it'

'X service has been a really important intervention at a really critical stage in my life'

'My life was wasting away until I made contact with X service – X service has completely turned my life around for the better'

'I owe my life to X service having come through an awful ordeal'

'X services provide a really good opportunity to step back, to reflect and to look at myself and my life'

'Through X service I feel that I am beginning to start to get my life together again'

'If not for X service I would be back to where I was before and I would be breaking promises, smoking hash and heroin and robbing to feed the habit'

'X service took me off drugs and helped me at a critical time in my life'

5.3 Accommodation and Facilities

Service users in transitional housing services are generally very satisfied with the quality of the accommodation which is provided. This accommodation relates both to their own room and to the building within which they live.

In relation to their own room it is apparent that some of the transitional housing units are totally self-contained (i.e. bedroom, toilet, shower, cooking/kitchen area) whilst other transitional housing units are not self-contained (i.e. shared arrangements for toilets and bathrooms, communal eating arrangements). On the basis of feedback from the evaluation interviewees it is clear that there is a significantly higher level of satisfaction from people living in self-contained units (i.e. satisfaction rating of 85%) than from people living in units which involve sharing of facilities (i.e. satisfaction rating of 65%).

'I really love my room – it is like a palace'

'I love the space – it is more space than I have ever had before'

'I live in a really cool apartment – it has everything that you could ever want'

'I do all my own cooking in my own place – my cooking has really come on since I moved in here'

'The accommodation is fine except for having to share the toilet and bathroom with others – they don't always leave them in a nice state'

'I would love to have a place where I could do my own thing in the evenings instead of having to go down to join everyone else for dinner'

A fairly high number of interviewees felt that the provision of self-contained transitional housing units was an important pre-requisite to independent living. Particular references were made to the ability to cook for yourself and to do a weekly grocery shop – these are important tasks when living independently. There was a

fairly strong view that transitional housing units which do not create the opportunities for people to live virtually independent lives make it far more difficult for people to manage a successful and effective transition to independent living.

There is a feeling that the current range of transitional housing services embraces too diverse a range of services and that perhaps there is a need to differentiate between services with self-contained units (albeit with a supportive environment of key workers, specialist services etc.) and services which do not have self-contained units and which involve more communal living (e.g. communal meals).

‘I am not too sure if I will be able to make the big move into living by myself. I have never really cooked for myself before and I might have some difficulties in buying groceries and other things that I might need’

‘I do not think that where I am now can be called transitional housing which is preparing me for independent living. I just hope that because of the fact that I am here now, it will not prevent me from getting a proper transitional housing place where I can be more independent and learn more about how to do things for myself’

In overall terms, however, there is a fairly high level of satisfaction with the accommodation being provided by transitional housing services, especially in relation to some of the housing complexes and units that have been recently refurbished or recently built. In addition to the personal living space of service users (i.e. bedrooms) it is evident that some transitional housing services also accommodate a range of other more public facilities (e.g. common rooms where people can meet over a cup of tea/coffee, seminar rooms, meeting rooms, playrooms for services focused on families). The feedback from the interviewees would suggest that the additional facilities are appreciated by the service users and that it creates opportunities to meet with other people (with fellow residents, with staff). It is also evident that service users are satisfied with the ways in which the buildings and facilities are kept clean and tidy and are generally maintained to the highest standards.

‘It is nice to be able to go into the kitchen when I am a bit lonely or a bit down and to meet up with other people for a chat’

‘I am involved in a couple of courses here and they take place in the big open room. It is great to have a room like that’

‘The play area for the children is really good. My two children go there for a couple of hours every Tuesday morning. This helps to give me a bit of a break and some time to myself’

Service users are satisfied with the places in which the transitional housing services are located. There were few complaints or problems about these locations. All of them are fairly accessible by public transport and interviewees did not feel inconvenienced by the journey time it took to visit family/friends, to meet friends or to attend appointments (e.g. drug treatment centres, pharmacists, hospitals, doctors). Many of the services are fairly centrally located in the Dublin City area between the canals.

It is also interesting to note, however, that many of the interviewees living in more outlying places (e.g. north Dublin, west Dublin) were happier living in places outside of the city centre of Dublin – for some people it meant that there was less likelihood of linking up with other people who might tempt them into bad habits, whilst for others their personal safety was more secure if they are living in fairly anonymous, suburban estates.

‘X service has given me a really important base and a place from which I can get my life together’

‘I feel really safe in X service. It is far enough away from the action that I was involved in to make it a lot safer for me. I wouldn’t trust myself if I was in the middle of Dublin’

‘The location in the city centre is fantastic since I am so close to the FÁS office, to libraries and to my children when they come into town’

5.4 Support from Staff

There was very positive feedback about the quality of support provided by the workers employed by transitional housing services. Every one of the 108 evaluation interviewees had been assigned a key worker and although there were changes in these key workers (as key workers moved onto other jobs) and short gaps between key workers being assigned to some service users, it appears that the key worker process operated very effectively for over 80% of the evaluation interviewees.

These interviewees said that key workers provided practical and relevant help and assistance – they provided information, they made contact with people in important agencies, they advocated on behalf of service users, they accompanied people to hospital appointments and court appearances, they wrote letters for service users, they were really important listeners and sounding boards.

‘X service has provided me with a lot of help concerning my child’s behavioural problems’

‘I have got a lot of help around child custody and visitation issues’

‘X service escorted me to court when authorities threatened to take away my youngest child’

‘My key worker has helped me to get counselling’

‘My key worker will take me down to the methadone clinic’

‘The support staff of X service are a really good sounding board. They are good to talk to outside my circle of family and friends who will have their own notions and prejudices’

‘Staff are not moralistic or judgemental about the ways in which I have lived my life and the mistakes I have made in the past’

‘My key worker went along to St. James Hospital when I had my liver biopsy’

‘My key worker introduced me to the Money Advice and Budgeting Service (MABS) and helped me to budget my money better’

The nature of the relationships between service users and key workers seem to differ between the various transitional housing services. Whilst regular meetings do

take place between service users and key workers the regularity of these meetings (e.g. every week, every fortnight, every month, when required) and the focus of these meetings (e.g. key worker setting a clear set of tasks for service users, key worker responding to requests from service users) seem to differ quite significantly between various service providers.

Some key worker relationships seem to be a lot more structured than other key worker relationships. For example, some service providers have a list of agreed tasks which needed to be achieved by the service users before the next meeting of key worker and service user, whilst other service providers have a more casual and informal relationship (with key workers being available to service users rather than setting tasks for service users).

‘Staff have a good balance between nudging and pushing on the one hand and respecting your independence and role as an adult on the other hand’

‘My key worker is accessible and meets me on a regular basis’

‘My key worker is available to meet me whenever I want’

‘Every week myself and my key worker agree tasks and targets for the following week’

‘My key worker should be pushing me a bit more and should not just be waiting for me to come up with things that need to be sorted’

‘I think that the problem is that my key worker has too many people to support. She is trying to work with 9 or 10 of us when, given our fairly huge needs, she should only have to work with 4 or 5 of us at any one time’

‘My care plan is very important to me. I would definitely prefer a structured care plan to a looser type of unstructured, informal relationship’

In addition to the key worker relationships it is also evident that service users have received significant benefits from other workers employed by the transitional housing providers and by other relevant organisations. In relation to the transitional housing providers it is clear that some of the specialist support staff employed by these providers (e.g. substance abuse workers, child support workers, counsellors) have significantly enhanced the quality and breadth of services provided.

It is also apparent that the services delivered by transitional housing providers have been enhanced by the ongoing access which exists for service users to continue to link into other supports and resources (e.g. Alcoholics Anonymous, Narcotics Anonymous, counsellors, treatment and rehabilitation centres).

‘The staff are always encouraging me to make contact with other types of organisations. Left to my own devices I would stay in bed all day long and feel sorry for myself’

‘Through my key worker, I have been put in contact with a really good substance abuse worker within the same organisation’

‘I still keep up regular contact with my social worker and counsellor, although they are involved in different organisations to the one providing my accommodation’

'I feel that I have the best of both worlds with X service helping me with my accommodation and key worker and other organisations helping me with other things I need to sort out. The good bit is that all of these services and organisations seem to be working together for me'

5.5 The Transitional Programme

The length of time that service users can stay with transitional housing services ranges from 9 months to 24 months. In the opinion of many evaluation interviewees the length of the transitional housing programme should correspond to the level of need of the service user. For example, in the case of low need and low maintenance a period of 9 months in transitional housing might be sufficient whilst for people who need a lot of support, guidance and advice it might be necessary to provide transitional housing for up to 2 years.

There was a clear view that transitional housing should not extend beyond 18 – 24 months into some type of dependence. It is also important to ensure that there is a minimum period of time within which some type of impact can be achieved. There was a certain view established during the evaluation interviews that the existing maximum tenancy period of 9 months by one of the transitional housing providers was too short and that the agreed tenancy/residential agreement should be for a minimum period of 12 months.

'Nine months is just too short. You are just getting to know the place and then it is time to begin looking for somewhere else'

'If you are coming off a lot of years of addiction, you need to do some detox, some rehabilitation and some time in transitional housing – all of this can take 2 or 3 years'

'I reckon that 15 months to 18 months is about right. Anything less might not be effective, anything more might build up some type of complacency'

'Whilst it is important to apply some guidelines about how long people are able to stay, it is also important to have some flexibility about responding to particular needs and circumstances'

'I have had 20 years of active addiction. I am not going to sort that out in a few months. I need a couple of years in transitional housing before I can hope to get my act together'

'Nine months is too short. It is like you are racing against time all the time. It is too much pressure for a recovering addict. It is like being on a conveyor belt over which you have no real control'

The nature and character of the programme for service users seems to differ from service provider to service provider. On the basis of the evaluation interviews, it appears that some providers have very clear and prescriptive programmes whilst other providers have looser arrangements with service users.

It is evident that there are significant differences in care plan arrangements with, on the one hand, a series of weekly goals being agreed by the service provider and

service user and, on the other hand, fairly loose and informal arrangements being put in place. It is apparent that there is a clear need to adopt a certain amount of flexibility in determining care/accommodation/recovery plans whilst also respecting the fact that people cannot remain forever in transitional housing projects.

‘Length of programme should be based on extent of need. If it is to be high support and high maintenance it might need two years’

‘Some days are very lonely and very long. In these situations, it would be good to have some kind of structured programme’

‘There is no real structured programme. They let us get on with our own lives and they do not intervene’

A large number of the service users commented favourably about the groupwork and the social activities which took place in their transitional housing services. These activities include weekly group meetings, day trips, educational courses and sessions on holistic therapies. In addition to the knowledge and the skills which service users picked up through these activities and sessions, it is also evident that they played an important role in enabling service users to meet with other people, to have some fun, to socialise and to break out of the social isolation and loneliness being experienced by many of the people interviewed during the evaluation process.

This opportunity to meet with people and to make new friends was, for many interviewees, one of the most positive aspects of transitional housing and served to make it significantly different from living alone in an unsupported manner in private rented accommodation.

‘The support and the friendships are great and they have made a big difference to me’

‘The group sessions on Tuesday afternoons are really good and they give me an opportunity to meet with other people living here’

‘The children have also made friends. They get invited to parties and to day trips organised by the staff’

‘I don’t feel isolated here. There is a real spirit of sharing and of listening amongst all of us’

‘At the start I found it difficult to be by myself. It is much better now – there are friends that I have made in the building’

‘Residents’ meetings are good and they are well attended’

‘There is great support from all of the mothers – this is particularly important for first-time mothers who get a lot of advice and support from older, more experienced mothers’

It is also evident that some transitional housing services do not have a particularly strong focus on group activities and social events. Some services do not have the necessary facilities (e.g. large rooms for communal activities) whilst other services prioritise the preparation for independent living and try to create an independent environment within their service (an environment which does not necessarily include collective group activities).

The feedback from evaluation interviewees would indicate, however, that preparation for independent living and communal/social events need not be mutually exclusive. It should be possible to promote independent living skills whilst also providing opportunities for people to meet each other and to engage in enjoyable social and educational activities. Indeed, there was a fairly strong view that group activities and social events should be prioritised more by transitional housing services which do not create regular opportunities for service users to meet each other.

'There should be more entertainment and social activities for residents'

'I would like a common room where people could meet and have a chat. It can be very lonely at times up in my room by myself'

'More social activities would help the residents to get to know each other a bit better'

5.6 The Referral Process

Over 90% of the evaluation interviewees had been referred to the various transitional housing services by other parts of these services and sister organisations (e.g. Dublin Simon, Womens Aid, Sonas Housing), by emergency accommodation providers, by healthcare workers (e.g. social workers, psychiatrists), by local authorities and Homeless Units. Service users interviewed during the evaluation felt that the referral process into transitional housing worked very well for them. They received good clear information about what transitional housing involves and about why it might be useful and beneficial for them.

'I was referred to X service by Womens Aid'

'I heard about X service through Focus Ireland'

'I heard about X service through the Homeless Unit in Tallaght'

'My social worker in Beaumont Hospital told me about X service'

'The people in psychiatric units seem to know a lot about how transitional housing can benefit people with psychiatric conditions'

'I was referred to X service because I was having a lot of hassle in the place where I used to live'

Service users felt that the handover from the referral organisation (i.e. where they were coming from) to the transitional housing providers was generally handled very sensitively and very professionally. They also felt that the timescale involved in moving into transitional housing was generally fairly quick. The large majority of interviewees did not have to wait more than two months from the time that they said they would like to move into a particular transitional housing service to the actual time that they moved into this service.

This type of outcome is testimony to the good working relationships between referral agencies and transitional housing providers and to the fact that the expectations of service users are not unduly raised – the prospect of moving into transitional housing is generally presented as an option only when there is a real chance that a place will become available in the near future.

‘I was able to move in about three weeks after X service had originally been suggested to me’

‘I feel that, in my vulnerable state, it was really important that X service became available within a couple of weeks of me saying that I would really like to get into this service’

‘X was very quick in securing accommodation for me and getting me sorted out’

The admissions policies and procedures used by transitional housing providers are generally fair and transparent. Virtually all of the interviewees had to complete some type of application form and were interviewed by the service provider. Evaluation interviewees said that they did not find this process burdensome or in any way intrusive. Indeed, many interviewees felt that it was fairly straightforward and that it gave both the service provider and the potential service user opportunities to get to know each other and to work through particular issues or queries which the service provider might have about the service user or the service user might have about the service provider.

‘I had three interviews to get into here. It was very comprehensive and I knew exactly what to expect when I made the move over to here’

‘It was all handled very well. It was an efficient no-nonsense approach’

‘We all knew where we were at both in relation to my expectations of X and X’s expectations of me’

5.7 Rules, Regulations, Safety and Security

There were few complaints or concerns about the rules and regulations which are applied in the various transitional housing services. These rules and regulations apply to issues such as alcohol not being consumed on the premises, no illegal drugs, needing to be back in the premises by a certain time at night, no overnight guests allowed. The different transitional housing services applied these types of rules in different ways.

Service users interviewed during the evaluation were virtually all of the opinion that rules need to be applied and that virtually all of the rules were fair and reasonable. Service users feel that they are being treated like adults and that the rules which are put in place are necessary in order to ensure the smooth running of the various transitional housing services.

‘I think that the rules are fine and they need to be in place so that there is no messing or bad behaviour’

‘I came here to sort myself out and it would not be good for me if there was loads of booze and drugs around the place’

‘I am at a really important stage in my life and I need time to think about how I have led my life and what I want to do in the future. For me, this place is great and I don’t want any messing which is going to get in the way of my recovery’

‘I need to protect myself from myself. Therefore I am delighted with the rules. It means that I can’t invite loads of mates around for wild parties’

‘The rules are fair in relation to the needs of other residents’

The one rule which some people had problems with related to the ban on overnight guests. Whilst there is a general recognition of the fact that it would be inappropriate to have loads of visitors all the time some interviewees felt that some exceptions could be made e.g. a man who wanted his nine-year-old son to be able to stay with him some nights, a woman whose sister used to come across from the west of Ireland to see her but who could not afford to stay in Dublin. In places where there is a total prohibition on overnight guests, there is no exception to this rule.

It should also be noted, however, that whilst some people are disappointed about not being able to have overnight guests, they recognise the reasons why this rule is in place and the potential difficulties that might be caused if the absolute ban on overnight guests was relaxed e.g. it could create a precedent, everybody would think they are entitled to overnight guests.

‘The overnight restrictions are very tough’

‘It is really hard to have to say goodbye to my son at 8pm when we would really like to spend more time together’

Service users are satisfied about the ways in which the rules are applied in a fair and consistent manner. There is a strong sense that everybody is aware of the rules and that the staff in the various services do not display any favouritism or discrimination in the application of the rules. For those people who have been sanctioned for breaching the rules and who have on occasions been asked to leave certain transitional housing services, they feel that they were dealt with in a fair and equitable manner. They knew that they had broken the rules, they had a right of appeal and they were sanctioned in an appropriate way for their misdemeanour.

‘X service did give me a second chance although I relapsed on a couple of occasions’

‘Although I did some bad things X service were not moralistic or judgemental about what I did. Whilst I had to leave they took me back in again after nine months’

‘The rules are fine and the appeals procedure is fair, transparent and reasonable’

‘Residents are clear about the boundaries which operate within the building’

Service users generally feel very safe and very secure in the various transitional housing services. These issues of safety and security are of significant importance for many service users. They are important for people who have experienced some emergency accommodation services and have been attacked and robbed in the middle of the night. They are important for women who have experienced domestic violence and who are afraid that their husbands/partners are going to look for them. They are important for service users who are trying to make a new life for themselves and feel that it would not be helpful if some of the friends they used to hang around with had ready access to where they lived. It is important for people who are

vulnerable and who are greatly re-assured by the safe and secure nature of the transitional housing services.

'I have said to my ex husband that if he comes anywhere near here, there is a hotline through to the nearest Garda station and that the police will be here in five minutes'
'I feel good and safe here. I was hassled for five years in the place where I used to live'

'I am glad that I am living out of the way in this estate. I'm really scared about what my husband's family would do to me if they found out where I am living'

'I feel protected and supported'

'X service is very safe and it helps to protect me against people who would tempt me to go down a road which would be bad for me'

Service users also talked about the lack of conflict within the transitional housing service where they were living. Some service users felt that the residents of various services must have been carefully selected so as to ensure that they would be compatible with others and that there would be no conflict or hassle.

A number of service users said that the absence of conflict was a welcome change to other homelessness experiences which they have had in their lives. Service users said that they did not feel threatened by other service users, that people generally got on well together and that if problems did arise between residents, they were handled well by the staff. Service users said that this absence of conflict combined with a safe and secure building in which to live was a significant factor in enabling them to benefit from their experience of transitional housing services.

'There is no intimidation or aggression here'

'Things get sorted out very quickly whenever there are any problems'

'The staff seem to have a lot of experience and expertise in dealing with tricky or difficult residents'

5.8 Progression Routes

On the basis of the evaluation interviewees it is evident that virtually all of those interviewed had set personal goals and targets for themselves over the next period of time. Some of these targets concerned family issues (e.g. reconciliation with partners and/or children), some of them related to labour market matters (e.g. holding down a job, getting onto a training programme), some of them were focused on health and addiction issues (e.g. staying sober, becoming drug free, reductions in medication).

Service users generally felt that they have made significant progress in achieving their personal goals and targets and that the transitional housing services and their key workers had played a major role in the positive achievements which have taken place in their lives.

'I have two main goals – to get a new place and to start talking to my son again'

'I am doing a parenting course and learning to do the Reiki technique'

'I've had bad problems with my nerves although they have been a lot better since I moved into this place'

'I have progressed onto a Holistic Health and Massage Course in Dun Laoghaire College of Art and Design'

'I am studying addiction counselling in University College Dublin'

Transitional housing provides the stability within which solid progress can take place and the key workers provide the encouragement and support – this is particularly important when the service users are having serious doubts about their capacity to achieve targets and goals which might have been jointly agreed between the service user and the key worker. Many of the service users commented that they would not have achieved as much or progressed as much as they have done in recent months/years if it had not been for the fact that they were linked into transitional housing services.

'At our weekly meetings I give my key worker a type of progress report on what I have been doing during the week. This helps me to follow through on what I said I was going to do'

'Having a really nice, clean and comfortable place to live is an important foundation from which to achieve other things I want from life over the next year or so'

'Some mornings I just do not feel like getting out of bed – for me the task of getting up, getting dressed and going down to the FÁS office and Dublin City Council offices are major achievements'

It is evident that securing decent long-term accommodation is a key goal and objective for a large number of service users living in transitional housing. For many of these service users, their current transitional housing arrangements have given them a flavour of what it is like to live in good quality accommodation – many of the service users would have been in and out of sub-standard, poor quality, temporary and insecure accommodation for many years prior to arriving at their transitional housing service.

Their experiences in transitional housing have led them to a clear determination not to return to poor, sub-standard accommodation and has convinced them of the importance of good accommodation as a basis for moving forward in other aspects of their lives.

'If I am a good tenant in X service I have been told that I will get a Council house. This is a great goal to aim for'

'It is going to be difficult for me as a single man to get a decent house. This, however, is the one thing that I want more than anything else and it is the one thing that will help me to continue the improvements that have started to take place in my life'

'Accommodation is critical. Other things will follow when proper accommodation is sorted out'

'The possibility of getting a good house is a great motivator and an incentive to do well in transitional housing'

‘I hope to get a Council house and to be able to spend a lot more time with my child’

Most of the service users interviewed during the evaluation are hopeful and positive about the future. Whilst many of the service users have been going through really tough times in recent years, they feel that the transitional housing services have given them a new opportunity to start their lives again. They feel that they have made good progress in transitional housing and that if this progress can be sustained and if they can move into decent accommodation there is every chance that things will work out for them over the next few years.

On the basis of the evaluation interviews it is evident that a key factor in this scenario and a key challenge for relevant agencies is to ensure that there is a good supply of decent accommodation for people moving out of transitional housing.

‘I am really worried about what is going to happen after X service. I only have a couple of months to go here and I don’t know where I will be living after I leave’

‘I don’t know what I have to do or what kind of criteria I have to meet in order to get a Council flat or house. If there was a clear path ahead for me it would be far more satisfactory’

‘Hopelessness is the worst part of all. If I could have a little more hope in my life about the future this would be a great boost’

‘I am going to find it difficult to go out by myself, to live independently and to have to handle bills and all that other stuff’

‘It will be hard to leave here but I am looking forward to the future’

‘My big plan is to get my child back full-time, to come off tablets and to come off methadone’

5.9 Mental Health and Addiction Issues

A significant proportion of the service users consulted during the evaluation said that they have major problems and issues in relation to mental illness, alcohol abuse and/or drug addiction. Over 65% of the interviewees said that they were currently trying to overcome huge difficulties and challenges concerning mental illness (i.e. people who have bipolar disorder, who are schizophrenic, who are manic depressives), alcohol abuse (i.e. people who are in treatment and in recovery from a long period of abusing alcohol), and drug addiction (i.e. people who have been addicted to illegal drugs and prescription drugs).

The fact that over 65% of evaluation interviewees said that they have a significant problem relating to either mental illness or addiction and that over 40% said that they have a cross-addiction or dual diagnosis (i.e. mental illness and addiction) would suggest that transitional housing services adopt a holistic approach to the needs of service users.

‘I have been recovering from alcoholism for the last two years’

‘I have huge mood swings and I drink heavily’

'I have had to learn about living without drugs. When I was on drugs my whole day was about chasing the dragon (heroin)'

'X service is brilliant for people recovering from drug abuse – it provides you with accommodation and with a lot of support'

'I am in recovery. I have been on all types of drugs for the last 10 years'

'I have had psychiatric and alcohol problems. My nerves are in bits'

The feedback from the interviewees would indicate that transitional housing services have adopted a holistic and multi-dimensional approach towards the needs and requirements of service users. A number of services have in-house counsellors and people with expertise in addiction issues. In addition many of the care plans drawn up by service users together with their key workers often contain tasks relating to overcoming mental health and/or addiction issues.

Finally, service users are encouraged to maintain contact with individuals and with organisations who might be able to provide support and assistance to people who are trying to overcome problems relating to mental illness and addiction e.g. organisations like Aware, Alcoholics Anonymous, Narcotics Anonymous. There is a clear sense that transitional housing services are very enthusiastic about embracing other organisations and groups which can contribute to the well-being and recovery of service users.

'I am attending the Soilse day programme in North Frederick Street'

'I have a lot of supports and places to go outside of my transitional housing service'

'It is good that my key worker has contact with other people who are also trying to keep me on the right track'

'I feel so privileged that so many different people seem to care for me so much'

'I am really happy and more together than I have been at any time over the last 10 years. This is all due to the help that I have received from a lot of different groups and organisations'

'I am gaining more control over my life'

'Support and accommodation together is the key combination'

'X service has helped me to link into a whole range of different support groups and advice agencies'

6. Transitional Provision Moving Forward

6.1 Introduction

The previous three chapters concentrated on the nature of the transitional housing and support services in place, firstly from a qualitative perspective in terms of a number of aspects of provision, then with regard to the standards and practices in place within the service, and finally by considering the perspectives of current and former service users. It is important however to consider the transitional housing

sector in the context of other interventions to combat homelessness in Dublin, to understand how transitional services add value in terms of this overall goal, complement these other interventions, and can be made more effective and strategic in terms of their development moving forward. Chapter 6 provides this 'bigger picture perspective' examining first the nature of the funding of the sector and how this is determined, the in-flow into the services and the out-flow to permanent accommodation, and finally the developmental nature of the transitional programme itself.

6.2 Funding of Transitional Services

The funding of transitional services is a highly complex issue. As has been noted throughout this report, there is a high level of diversity in approach and delivery of services around Dublin. Indeed it has been noted that a number of the services may not be appropriately categorised as transitional if it is to be defined in the way portrayed at the outset of this report. However all of the services are funded, via the Homeless Agency partnership arrangements, on the basis of being transitional services.

Allocations to the individual services and their appropriateness are not a subject that is to be covered within this overarching report, and hence analysis concentrates on the funding provided as a whole to transitional services. This covers 18 of the services that were evaluated during the course of this study, with funding for Tus Nua and the Bond project, both of which having been primarily funded by the Probation and Welfare service to date, not included in the analysis. Table 6.1 considers the nature of the allocations given since 2004.

TABLE 6.1:
ANALYSIS OF FUNDING PROVIDED TO TRANSITIONAL SERVICES UNDER THE HOMELESS
AGENCY ARRANGEMENTS

	Local Authority	HSE	Total Allocation
2004			
Number of Services Supported	16	15	16
Total Allocation	€3,376,952	€3,012,035	€6,388,987
Maximum Allocation	€728,019	€674,561	€1,393,213
Minimum Allocation	€16,479	€11,954	€56,479
Average Allocation	€211,059	€200,802	€399,312

	Local Authority	HSE	Total Allocation
2005			
Number of Services Supported	18	16	18
Total Allocation	€3,531,878	€3,120,315	€6,652,193
Maximum Allocation	€753,500	€698,171	€1,441,976
Minimum Allocation	€17,056	€12,372	€58,456
Average Allocation	€196,215	€195,020	€369,566
2006			
Number of Services Supported	18	16	18
Total Allocation	€3,504,406	€3,365,507	€6,931,473*
Maximum Allocation	€768,555	€698,171	€1,466,726
Minimum Allocation	€17,056	€12,372	€62,632
Average Allocation	€194,689	€210,344	€385,082
* 2006 total allocations include €61,560 of once-off funding from the Department of Environment, Heritage and Local Government			

Table 6.1 highlights that almost €7million was invested in the 18 transitional services by the Homeless Agency partners in 2006. There is considerable variation in the individual allocations given to each service, and these generally reflect the respective scale of the service being provided, although further detailed analysis in relation to inputs, outputs and impacts is provided below. The level of allocations has generally remained constant over the last few years, with the total overall allocation rising slightly with the addition of 2 services to the portfolio funded by the local authorities and 1 service to those supported by the HSE.

The average allocations of the local authority and HSE to each service are similar, contributing around €200,000 each per annum. However the specific allocations to the individual services from each funder vary significantly. For 2 services, funding is provided by the local authority only, while the relative contribution of the HSE to the other 16 services ranges from 20% to 73%. From the evaluation it was not clear how the relative contributions of each funder were determined, as there did not appear to be differences in the nature of services that would explain the divergences.

A closer relationship between the financial allocations and the purposes for which they are used would be a welcome development moving forward.

While the funding from the HSE and local authorities via the Homeless Agency arrangements is the major source of assistance for all transitional housing providers, the evaluations revealed about 75% of services are also able to access funding from other sources. A wide variety of other funding sources were identified for transitional housing services, often through grant schemes, some via local authorities and the Health Service Executive, but with assistance also provided by the Department of Social and Family Affairs, the National Adult Literacy Agency, and the Probation and Welfare Service. Some services also receive funding from charities or from the National Lottery. Some providers also undertake their own dedicated fundraising activities to supplement their income.

In considering funding of transitional service provision, it is also important to relate the allocations to the inputs in terms of staffing levels, the outputs in terms of transitional programme units and thus places available and the impacts in terms of the positive permanent accommodation solutions secured. This will help to establish whether or not the allocation to individual services is proportionate to the inputs, outputs and impacts generated. The analysis in Table 6.2 focuses on this issue, looking at these indicators in terms of averages across the sector and the maximum and minimum levels in respect of the individual services in order to highlight any variations in this regard (without identifying the specific provider in this instance).

This analysis is for indicative purposes only as there are a number of caveats that must be taken into account when considering the information. The Homeless Agency has provided funding information for 2004, 2005 and 2006 as noted above. As inputs, outputs and impacts are only recorded for the past 12 months, the most appropriate financial allocations with which to compare performance are those for the year 2006 as the closest 'fit', although the periods of analysis will differ slightly in this respect. In calculating the full-time equivalent employees supported, it has also been assumed that where there are part-time workers, 2 of these employees equate to 1 full-time equivalent. The outputs in terms of participants that can be accommodated within the services is based on the units available in each service, although as some have a mix of single and family units no disaggregation has been possible in terms of finance in this regard. Finally the securing of positive impacts in terms of permanent independent accommodation solutions is taken to mean only where local authority or private rented housing has been obtained. Other outcomes, such as accessing long-term supported accommodation, other transitional services or returning to the family home are not included as these are not considered to be the central objectives for transitional provision. The analysis only includes the 18 services for which funding analysis is provided above.

TABLE 6.2:
ANALYSIS OF FUNDING PROVIDED TO TRANSITIONAL SERVICES IN 2006 IN RELATION TO INPUTS,
OUTPUTS AND IMPACTS GENERATED

	€
Funding in Relation to Staffing	
Total Funding Allocated Per Full-Time Equivalent Worker Employed in Transitional Services	€80,823
Lowest Cost Per Full-Time Equivalent Worker in an Individual Transitional Service	€24,103
Highest Cost Per Full-Time Equivalent Worker in an Individual Transitional Service	€366,681
Funding in Relation to Number of Units for Clients (Outputs)	
Total Funding Allocated Per Accommodation Unit Supported	€21,809
Lowest Cost Per Accommodation Unit Supported in an Individual Transitional Service	€24,103
Highest Cost Per Accommodation Unit Supported in an Individual Transitional Service	€58,678
Funding in Relation to Number of Permanent Independent Accommodation Solutions Secured (Impacts)	
Total Funding Allocated Per Permanent Independent Accommodation Solution Secured	€80,823
Lowest Cost Per Permanent Independent Accommodation Solution Secured	€11,691
Highest Cost Per Permanent Independent Accommodation Solution Secured	€244,454

SOURCE: ADAPTED FROM HOMELESS AGENCY FINANCIAL INFORMATION AND SURVEY OF TRANSITIONAL HOUSING SERVICES

The average amount of funding under the Homeless Agency arrangements to support each full-time equivalent employee of the transitional services is €80,823. However this picture is coloured by 2 services focusing on low support transitional provision with few staff accommodating a significant base of clients where the cost per employee is substantially higher. For most services the funding per full-time equivalent worker equates to between €60,000 and €80,000. However there are 3 services with a funding level of around half these other services, and it appears that

these are not supported on a full service basis as there are no notable differences in provision that can be determined.

The analysis in Table 6.2 suggests that it costs the Homeless Agency partners €21,809 to support each unit of transitional accommodation across the 18 services. Again there is variation in terms of the cost per unit in funding individual services, ranging from €6,530 to €58,678, and again the reasons for these different levels are not apparent from consideration of the characteristics of specific services.

Finally, an indicative estimate of the funding cost of the impacts generated by the transitional services amounts to €80,823 for every independent permanent accommodation solution secured over the last 12 months. While 2 services could demonstrate no such impacts, for other providers the cost of each positive accommodation solution was found to range vastly, from €11,691 to €244,454. There are numerous factors that can affect these indicators, but they do nonetheless provide a guide as to the relative success of each transitional service and relating funding to the generation of impacts would represent worthwhile analysis in the future.

The findings from Table 6.3 would appear to suggest that there are highly varied relationships between the funding allocated under the Homeless Agency arrangements and the inputs, outputs and impacts of the services supported. The need to develop approaches to funding that were not based on continuation of existing practice was a key focus of the Aspect One Review of Funding undertaken for the Homeless Agency in 2005. It recommended that every service or project funded under the Homeless Agency arrangements should go through a full application process every three years, as if it were a new service. Given the differences in relation to relative inputs, outputs and impacts apparent in the analysis above, and the similar allocations awarded on a year-by-year basis, this would seem an important step for transitional provision moving forward.

A key objective of future funding should also be to relate the contributions of each funding organisation to the cost components they are intended to support, with greater transparency about exactly what the payments are for. This will make differences between services easier to understand and should facilitate a move towards a unit costing approach to funding of transitional housing and support services. The use of unit costing is a strong recommendation of the Aspect One Review of Funding, and given the findings of this evaluation, it would certainly seem to be something that might help to focus investment and subsequent service performance on achieving the key objectives that transitional provision is intended to realise.

6.3 Occupancy of Transitional Services

The evaluation found that occupancy is an issue for some services, with examination of the services revealing occupancy levels ranging from 50% to 100% over the last year. While it is acknowledged that rates around the former level are undoubtedly a problem from a value-for-money perspective, it is also important to acknowledge that rates of 100% occupancy should not be desirable. Indeed this would suggest that no-one has moved-on from the service into permanent accommodation over the last 12 month period. For every transitional service, there should be a natural 'vacancy' rate, as the users of the accommodation should be consistently turning over, with units requiring to be refurbished and re-prepared when a move-on occurs. A further issue highlighted by transitional providers was the regularity at which potential residents that have been accepted into the programme pull out immediately prior to moving in, delaying the process further as an alternative client then has to be found.

Within the small number of services where occupancy issues were identified during the course of the research, there was general acknowledgement on the part of the provider about such problems. Of the 4 services with occupancy rates of lower than 80%, the problem identified that resulted in low occupancy, and the approach proposed to ensure that the service operates at closer to full occupancy in the future, can be summarised as follows:

- ◆ The narrow target group and small scale nature of the service was an issue in one service, meaning appropriate referrals are difficult to find when vacancies arise. The service has moved to expand the target group to ensure greater occupancy levels in the future.
- ◆ A much larger scale service found it initially difficult to find appropriate clients where a progression route out of homelessness via the service route could be envisaged. Now the introduction of specialist skills in relation to mental health has allowed the service to accept those with higher support needs, and has increased its occupancy level to close to full capacity.
- ◆ One service, in agreement with their respective local authority, can only accept referrals from the Council and this has limited the occupancy rate thus far. They are looking at working with the Council to expand the number of referrals into the service.
- ◆ Another service has the same agreement with their local authority and occupancy rates have been low due to the relatively early stage since it commenced operations, although the current rate has risen considerably and is expected to be in line with the sectoral average in the coming 12 months.

Although these mitigating circumstances must be taken into account, it is also the case that low occupancy levels in services are not acceptable on an ongoing basis by those organisations responsible for funding. The evaluation would find that occupancy of 80% as an absolute minimum should be required of transitional

services in the long-term, allowing for the natural build-up of occupancy levels when a service is relatively new or undergoing a restructuring process. It is worthwhile considering that where services have low occupancy levels on an ongoing basis they are subject to funding reviews in recognition that funding is allocated on the assumption that services are operating at full capacity.

Indeed, despite these service-specific issues, the average occupancy rate across all 20 services evaluated for the previous 12 month period was found to be 84.3%. This corresponds with the rates recorded by the Homeless Agency, with analysis of the last 5 months of 2005 revealing an average occupancy rate of 84.3%.

There were however found to be some issues with the validity of this latter source of data. The Homeless Agency gathers records on the occupancy of the transitional services, but from consideration of the figures compiled on this basis it appears that there are problems in gathering all of the related information in a timely and effective manner. In some cases the total number of bed spaces not in use in each facility does not appear to be available, while the latest analysis also covers only 15 of the services that form the subject of this evaluation.

This perhaps links to a wider issue with regard to transitional provision. The sector has many positive attributes as noted throughout this report and has generated significant outcomes from its interventions. However there is a need for greater consistency, control and focus on progression across all of the services. It was noted that service level agreements are in the process of being developed and adopted across the services. These agreements must include an obligation for regular and consistently recorded occupancy data to ensure that performance of the services is tracked on an ongoing basis in this manner. The provision of other performance-related information, such as move-on statistics, average length of stay, referral acceptance rates, and so on, should also be a formal requirement of future funding. It is essential that the sector is framed by a more effective performance monitoring framework in this way in order to ensure that it delivers its very important function in facilitating a progression route out of homelessness.

6.4 Inflow into Transitional Services

This evaluation included structured discussions with emergency service providers as the primary source of 'supply' of transitional service users, in order to ensure that any blockages or barriers to the successful progression of individuals could be identified in the context of provision. The key concern on the part of the emergency service providers was the difficulty in accessing transitional services for their clients with higher support needs. In particular those with active problems of drug addiction or alcoholism, those experiencing mental illness and those on methadone programmes were identified as the core group for whom transitional accommodation was extremely problematic to access, but for whom very few alternative options existed in order to facilitate a progression route out of homelessness.

Of course, this evaluation has examined in-depth the reasons why, from the transitional providers' perspective, it has been difficult to accommodate this group of individuals within their programmes. Issues of insufficient resources, inappropriately skilled staff and the impact on other residents have been cited as the main reasons why individuals with such problems cannot, in many cases, be accepted into transitional services. While accepting the validity of these concerns, this still creates the problem of where this group of homeless people go when they move out of emergency accommodation, and whether such issues faced by transitional providers can be addressed in order to expand the in-flow into transitional accommodation.

The starting point for any consideration of the blockages in terms of in-flow into transitional services is the number of referrals that are currently being rejected by the transitional referrers. Of course this does not reveal the true extent of those clients that are seeking to move on into transitional or other suitable alternative accommodation but are unable to do so. As has been noted in this report the approaches in terms of referral process differ significantly, with some processes open to referrals at any time of the year to any interested agency, while others limit the acceptance of referrals to whenever a vacancy arises, so as not to generate unfulfilled expectations for a large number of applicants. The current eligibility criteria also precludes the submission of referrals by agencies, if for instance it is clear that the service will not accept someone with an active drink problem, significant mental health difficulties, drug addiction issues or who is participating on a methadone programme. Therefore it is impossible to judge just how many people referral agencies believe would benefit from transitional provision but who have not been referred for these reasons. It is also possible that multiple referrals might be made on the same individual's behalf to a number of transitional providers. Nevertheless it is worthwhile, in order to understand the nature of the in-flow into the transitional sector, to consider the pool of applicants, the rate of referral success across the sector, and the subsequent numbers accessing the transitional services in any given year.

This can be assessed by looking at the number of vacant positions that have arisen within each service over the last 12 months (making allowances for any service-specific circumstances that may have impacted upon their ability to re-fill these vacancies). The proportion of initial referrals that were ultimately accepted can then be considered to ascertain the exact 'market' of potential clients that were referred to transitional services, albeit with the caveats noted above. Analysis of the total number of vacancies arising across the 20 transitional services over the previous 12 month period showed that there were 202 spaces arising that were required to be filled from referrals. Considering the number of referrals made and the applicant success rate, it was then estimated that some 477 formal referrals and applications were submitted to services for these spaces.

This highlights a 'market' for transitional services that is well over twice the size of the actual capacity of the services. This can also be taken as an underestimate given that referrals may not be made for certain individuals as a result of the understanding of the eligibility criteria of services. This should not be taken as an indication that the quantity of transitional provision should immediately double to meet the apparent demand for services. However it does raise a number of key issues that have been confirmed via extensive consultation with emergency service providers, the referral agencies, service users and transitional service providers themselves:

- ◆ That many more people are seeking to access transitional housing and support services than there is capacity for at present.
- ◆ That those with higher support needs are finding it most difficult to access the transitional housing and support services in this regard.
- ◆ That the level of referrals to transitional service providers is also a consequence of a lack of any other alternative services that might be used to facilitate the progression of an individual or family out of homelessness.
- ◆ That the inability to accept those with higher support needs is borne out of a lack of resources, appropriately skilled staff and impact on other residents.
- ◆ Another major blockage for transitional service providers was the inability to move people on that had completed their programme into permanent accommodation, despite them being ready to take this step. Barriers in terms of outflow from transitional services clearly therefore have a knock-on impact in terms of in-flow.

These characteristics of the flow of people into and out of transitional services at present have resulted in concern about the processes in place for accepting new residents, and that perhaps 'cherry-picking' the clients with the lowest support needs was apparent in a number of instances. From extensive examination of the services evaluated, it is concluded that this was not the case, and that acceptance of referrals was purely derived from the issues determining eligibility as outlined above. The key constraint in terms of transitional provision lies in moving people on, and it is the out-flow of clients from transitional services to which this report now turns.

6.5 Outflow From Transitional Services

This evaluation has collated and presented analysis on the capacity of transitional services, the length of the waiting list to access them, the proportion of referrals accepted, occupancy rates, length of time spent on programme, delays in finding move-on accommodation and the destinations of clients upon leaving the transitional facilities. However in order to understand the purpose of transitional housing in general, and ensure that other interventions respond to meeting the needs of individuals and families that progress through the programme, a step back from examining current trends in this regard is necessary.

At the simplest level, each transitional service has a number of units to fill, either tailored towards accommodating single people or families. Given the extent of demand for transitional services via the formal referral process, and informally for

these or equivalent services for those with higher support needs that may not have been subject to a referral, all of these units should be occupied (which is predominantly the case, although lower occupancy rates were apparent in some services as a result of their specific circumstances) all year round, with some allowance for turnover in residents. If the service is operating in the way envisaged, at the end of each fixed-term transitional programme, the client should be ready to move-on to permanent accommodation. In the ideal scenario, there thus should be a natural flow of individuals and families into permanent accommodation from transitional services that relates to the capacity of the services and the amount of time it takes to complete the transitional programmes. An analysis of capacity, the length of the transitional programme and what this should mean in terms of the outflow from each service is provided in Table 6.3 below. The analysis includes the PACE project, drawing on information from a separate evaluation conducted of this service.

TABLE 6.3: CAPACITY, PROGRAMME LENGTH AND TYPICAL EXPECTED OUTFLOW FROM TRANSITIONAL HOUSING AND SUPPORT SERVICES IN A TYPICAL 12 MONTH PERIOD

Service	Capacity		Programme Length (years)	Typical Expected Outflow	
	Single Units	Family Units		Single People	Families
Dublin Simon	15	0	9 months	20	0
Tus Nua	6	0	1 year	6	0
Sonas Killester	4	10	2 years	2	5
Sonas Ballymun	0	4	2 years	0	2
Sonas Ringsend	1	9	2 years	1	5
Sonas Clondalkin	0	8	2 years	0	4
Sonas Tallaght	0	5	2 years	0	3
Vincentian Housing Partnership	11	8	1.5 years	7	5
Miss Carrs	0	7	1 year	0	7

Service	Capacity		Programme Length (years)	Typical Expected Outflow	
	Single Units	Family Units		Single People	Families
Peter McVerry Trust	6	0	1.5 years	4	0
York House	80	0	1.5 years	53	0
Bond Project	6	0	1 year	6	0
Granby Centre	44	0	1.5 years	29	0
Sophia Ballymun	0	10	2 years	0	5
Sophia Tallaght	0	12	2 years	0	6
Sophia Donabate	0	19	2 years	0	10
Sophia Churchtown	6	0	2 years	3	0
Daisyhouse Housing Association	14	0	1.5 years	9	0
Conrath House	43	0	1.5 years	29	0
Focus Ireland	13	0	9 months	17	0
PACE	22	0	1 year	0	10
TOTAL	271	92	---	209	51

This in effect is highlighting 'the bottom-line' as far as transitional housing and support service provision goes. In order for these services to be effective, they need to be generating long-term accommodation options involving supply of 260 units in total every year, of which 209 would be suitable for single people and 51 for families. With this bottom-line established, the issues discussed in section 4.7 can perhaps be further examined, such as agreement by local authorities to place a certain number of clients from transitional services into their housing, and a commitment to move-on a certain number of clients on the providers' part into private rented housing, perhaps with assistance from an initiative such as the Access Housing Unit.

6.6 Implementation of Putting People First

6.6.1 Ongoing Appropriateness of Standards

Putting People First, as noted earlier in this report, was introduced by the Homeless Agency in order to encourage service providers to work towards good and best practice. It established a series of standards under different themes for each type of provider that were to guide planning, management and delivery of services. The value of this exercise in improving the quality of provision has been widely acknowledged at both funding agency and provider level. Indeed this evaluation found that there was a general consensus among the services evaluated that Putting People First provides a very good set of guidelines that help in the implementation of quality standards and performance indicators and provide a benchmark for service delivery. Formal approaches to adoption of Putting People First have been adopted in most services, with about 80% of all providers having distinct processes in place to ensure that the standards are in place as part of service delivery.

There is however recognition that the period of time that has passed since the standards were drawn up means that there is a need to revisit them and ensure that they reflect the changes that have taken place in terms of needs of the target groups, characteristics of the services, policy and legislative developments, external support mechanisms available and long-term accommodation options. This was acknowledged within the recent evaluation of emergency services funded by the Homeless Agency in the Dublin area, conducted by Simon Brooke and Roger Courtney, where a revised set of standards was put together to better reflect the present environment. These standards were used as a base to examine the transitional services during this evaluation, with some revision in order to reflect the different nature and focus of such services.

It has been found that, in general, most of the standards still have merit and represent an accurate guide as to all of the aspects of delivering an effective service. Consultation with management and staff of the transitional services did however reveal a number of areas where it was felt that room for improvement existed in the specifications of Putting People First. These can be summarised as follows:

- ◆ making standards less generic so that they can better cover the individuality of the person and the situation;
- ◆ incorporating a formal accreditation of the system for benchmarking purposes and for ongoing monitoring and evaluation;
- ◆ identification of minimum levels of standards as well as good and best practice standards;
- ◆ increased scope for more varied and realistic targets that can be achieved by residents.

In addition to the nature of the Putting People First standards, there was also some concern expressed over how performance was measured against the standards. The definition of best, good and minimum practice was not applied consistently,

with it being noted that some services were being identified as not meeting good practice standards under a particular category because of the absence of a specific activity, when in actual fact this was not in place because its function was overridden by implementation of the best practice standard to tackle the targeted objectives of these interventions. There was no scope for acknowledging this factor and it was felt that a more systematic relationship relating the best, good and minimum practice standards to each other needed to be implemented. This would mean an approach that could be defined in the following manner, taking the provision of bathroom and toilet facilities for example.

Objective of Intervention	Best Practice Standard	Good Practice Standard	Minimum Practice Standard
Provision of bathroom facilities	Each household has a shower/ bathroom/toilet en suite	No more than two persons/ households share a shower or bathroom	No more than five residents or one family share a shower or bathroom

This would mean, for instance, that if a service had provided self-contained accommodation with an en suite bathroom in place that made its need to adhere to standards with regard to shared facilities superfluous. Therefore it would simply be rated as providing best practice in relation to provision of bathroom facilities.

The Putting People First standards to be followed by transitional service providers should also reflect the nature of provision of the sector, and this makes some of the existing standards inappropriate. It is considered that all transitional services should provide, as far as possible, self-contained units if they are to serve as an immediate precursor to permanent accommodation. Therefore standards in relation to shared kitchen or bathroom facilities should be irrelevant, and the best practice standard itself in this regard for transitional services should be provision of a self-contained unit for each individual or family participating on the programme. Other aspects of the standards that some providers were reluctant to follow and felt did not reflect the objectives of provision included actions that reinforced the institutional nature of a facility. The display of rules and regulations, and in some cases the holding of group work sessions, was deemed by some transitional managers as being counter-productive to preparing someone for an independent living environment.

6.6.2 Monitoring of Adherence of Standards

A further key issue is the level of control over implementation of the Putting People First standards. While services were asked to adhere to the standards, and while formal evaluations such as this current exercise were asked to assess

implementation in each service, there does not appear to have been any formal ongoing monitoring in place. This even generated some frustration on the providers' part that they had spent significant time and effort bringing their practices in line with the standards, yet there was no formal recognition of its status in adhering to the standards. Nor was there any evidence of services being penalised for not adhering to the minimum standards. The evaluation would find that monitoring of adherence to the standards should be conducted on a much more formal basis in the future, with recognition of a service meeting a standard, and some means found of addressing failure to comply, perhaps in making it a condition of funding.

While this might help to ensure that minimum standards are being met across transitional services, there would also seem to be some place for acknowledging good and best practice in providers, in order to further encourage development in this regard. It was noted during the research process that some scheme that acknowledged where good practice was evident in a service might serve as a motivational tool and reinforce that good and best practice should be actively pursued, and that merely implementing minimum standards should not serve as the sole goal of a transitional provider.

7. Conclusions & Recommendations

7.1 Conclusions

This evaluation has highlighted the scale and diversity of transitional provision in Dublin at this time. Across the 20 services evaluated in the course of the exercise, some 341 transitional units have been provided, of which 249 are targeted at single people and 92 at families. In total, 238 clients left transitional services in the last 12 months. Of these, around 30% moved on to local authority housing, 15% to private rented accommodation, just over 10% returned to their families, a similar proportion accessed another transitional service and 5% went to long-term supported housing. The remaining 30% of clients either provided no onward destination or generated other outcomes, sometimes a return to emergency accommodation or other alternative homeless services. These negative outcomes were typically found to result from clients leaving a service prior to completion of their transitional programme, either as a result of eviction or choosing to depart.

The nature of the client groups of the 20 services differ substantially, but all share one common characteristic, the inability of each individual to sustain themselves in permanent accommodation prior to engaging in a transitional programme of support. The need for secure residential services as a precursor to independent

living for some individuals with particular support requirements is clear. The early stages of development of transitional services and the recent improvements that have been made in the sector should also be acknowledged. The evaluation found significant improvements in terms of strategic planning, formalising procedures, commitment to a fixed-term, developmental structured transitional programme and expanding the range of, and access to, move-on accommodation options.

The average occupancy rate of the transitional services evaluated was found to have been 84.3% for the last 12 month period. Occupancy is an issue for some services, with levels ranging from 50% to 100% over the last year. However it must also be acknowledged that there is a natural 'vacancy' rate within transitional services as the users of the accommodation should be consistently turning over, with units requiring to be refurbished and re-prepared when a move-on occurs. Where there have been difficulties, these are generally being addressed at present by extending the target group of the service or amending the referral arrangements.

The referral processes are generally highly structured and clear criteria are in place to frame activity in this regard. Referral criteria directly relate to the capacity of each service to support the needs of different types of client. There is a willingness among a number of services to take on clients with higher support needs, but only if additional specialist assistance is provided or the staff ratio reduced in order to cope with those with such higher support needs. Certainly a gap was found in terms of those clients seeking to leave emergency and other short-term homeless services that were suffering from mental illness or active drug or alcohol addiction problems. Additional interventions in this regard were certainly found to be needed, whether this is additional investment to expand the target groups of transitional services or some other form of provision.

Staff ratios differ substantially from service to service, with the keyworker/client ratio ranging from 1:1 to 1:20 and averaging out at just over 1:6. Generally these reflect the extent of the needs of the clients being supported, but there do appear to be disparities between services offering similar levels of support. Use of volunteers and FAS Community Employment differs substantially across the sector, but it does seem that there could be greater use of the former group in particular given the focus of transitional provision. Staffing policy and procedures were strong throughout the services and it was noted that there is now a significant professional transitional skills base across the sector. A high degree of contentment and motivation among staff consulted in the services was also revealed, although a need for further training in dealing with mental health issues was expressed.

The physical infrastructure in place across the services was generally of high quality, although in some cases the nature of the building limited the extent to which services could be accessed by those with disabilities. The standard of accommodation provided a comfortable living environment for residents, particularly

where completely self-contained units were provided including cooking and bathroom facilities. It is considered that all transitional services should be moving towards this type of provision, as the sharing of facilities would not seem conducive to preparing someone for move-on to an independent living environment.

The transitional support programmes in place are highly impressive across all of the services, with a keyworker system and the use of personal care and development plans in place throughout the sector. The effectiveness of the programme was highlighted as being potentially constrained by a lack of move-on accommodation at the end of the programme, meaning residents stay in transitional services for longer than is necessary, causing blockages in the system. However there could be a more structured, staged approach to client development in some of the services, learning from good practice in others. There should be timelines for completion of each phase and more focus on a completion date, communicated to the client from a very early stage. In this way the services will have a more explicit focus on the progression route out of homelessness.

There was strong support across the services of the value of the Putting People First standards, and 80% of services had formal processes in place to ensure adherence to such standards. There was however found to be a need to revise the standards where appropriate in order to more accurately reflect the nature of transitional provision. There should also be a closer link between defining minimum, good and best practice in relation to a specific activity within Putting People First. Adherence to the minimum standards should be more formally monitored on an ongoing basis and linked to the allocation of funding. A recognition scheme acknowledging the adoption of good and best practice by providers in line with the standards should also be introduced.

The use of private sector accommodation as a viable move-on option is not consistent throughout all services, and there exist opportunities to expand its use in order to improve throughput levels in the services and hence limit the length of stay to that envisaged in the transitional programme. Similar services have different approaches to securing move-on accommodation, and there would seem to be no ongoing justification for such disparity. There is a need to develop a more strategic approach to maximising the outflow of services, with the evaluation finding that a 'bottom line' of 260 permanent accommodation units need to be sourced in total every year if the transitional services generated the outflow of clients envisaged. Of these, 209 would be required for single people and 51 for families. The local authorities should consider whether agreements could be put in place to guarantee a certain number of local authority units to each service, in this regard, in order to place the onus on the provider to meet the remaining permanent accommodation needs from other sources, facilitating more effective planning and more consistent outflow from each service.

When permanent accommodation has been secured, an individual that has progressed through the transitional programme has seemed to be able to sustain themselves in an independent living environment, indicating that the programmes are having the desired effect. There seems to be little evidence of previous users re-presenting at homelessness and aftercare services and anecdotal feedback suggests ex-residents are doing well. However there is inconsistency in terms of the way in which resettlement and aftercare supports are delivered by different services, with some lacking the resources to provide this function. Use has been made of the tenancy sustainment and resettlement programmes of organisations such as Dublin Simon, Focus Ireland and Dublin City Council. Indeed it was found that there could be merit in using these external services for this purpose across the sector, allowing transitional providers to concentrate on delivery of the residential transitional programme itself.

Overall the provision of transitional housing and support services involves significant levels of investment and it is important that the benefits of the interventions described in this report are not lost by a lack of focus on what happens after transitional interventions have been delivered. Transitional provision must be part of a wider continuum of care approach that provides a clear progression route for all individuals out of homelessness regardless of their circumstances or support needs. It is essential therefore that there is a sufficient supply of appropriate accommodation solutions for clients after programme completion and that services are available to ensure that support is provided where necessary when a former client accesses permanent housing. The recommendations which are proposed in Section 7.2 reflect the need for such an approach, and if fully progressed would allow a model of transitional provision to be put in place that would maximise its effectiveness in addressing homelessness in the Dublin area.

7.2 Recommendations

Recommendation 1 – All Boards of management of transitional services should contain, as a minimum, representatives with expertise in dealing with mental health issues, drug and alcohol addiction problems. If possible, representatives from other services involved in the provision of a progression route for a homeless individual should be involved to create a continuum of care perspective in directing and managing each service.

Recommendation 2 – All services should have strategic plans in place agreed by the Board of Management and approved by the Homeless Agency partners. This should define targets in relation to in-flow and out-flow to and from transitional services, and these should be monitored via annual reports.

Recommendation 3 – A re-categorisation of transitional services should be considered in terms of the way they are funded and assessed in recognition of the significant diversity that exists across services currently designated as transitional. The organisation of services in this manner should also seek to identify any existing gaps in terms of meeting the needs of all those individuals in need of some type of transitional intervention, with steps taken to ensure that transitional provision is fully inclusive of all relevant target groups. Funding of appropriate staff levels to facilitate such an inclusive approach must also be provided.

Recommendation 4 – Mechanisms should be introduced that relate the funding allocated under the Homeless Agency arrangements to individual cost components incurred by transitional housing and support services. Performance should also be monitored on an ongoing basis in this regard in terms of the inputs, outputs, outcomes and impacts of each service in relation to financial assistance received.

Recommendation 5 – More formal transitional programmes should be put in place across all services that follow a developmental phased approach with clear outcomes and timeframes for completion of each phase and an ultimate goal of securing successful move-on accommodation.

Recommendation 6 – A greater level of certainty must be generated with regard to the lengths of the transitional programmes, with individuals informed of the length of time remaining on a regular basis. An absolute maximum of 2 years within each service should be adhered to by each provider in order to implement appropriate transitional interventions effectively.

Recommendation 7 – All transitional services must, as a minimum standard, provide facilities for clients to prepare their own meals and should, as far as possible, offer self-contained units for each individual or family with their own shower and toilet facilities.

Recommendation 8 – Focus should be given to improving access to appropriate training opportunities, and providing additional training interventions where necessary, for staff of transitional services, particularly in relation to supporting those with mental health issues and alcohol and drug addiction. A pathway to further, more intensive training from the taster courses provided via Learning and Performance Programme modules should be facilitated, particularly if the target groups of services are to be expanded to incorporate those with higher support needs. Individual services should also ensure that recruitment policies encourage those applicants with technical expertise in dealing with mental health and addiction issues alongside generic project working skills to build an appropriate skills base in each provider.

Recommendation 9 – Staff in transitional services should be given the opportunity to interact with their counterparts in other services to share ideas, discuss common concerns and highlight best practice, in a similar way to which managers meet via network meetings, but with the focus on frontline keyworking staff more directly involved in delivery.

Recommendation 10 – Where services record occupancy rates of below 80% on an ongoing basis funding reviews of such services should be considered where there are no clear mitigating factors explaining such levels.

Recommendation 11 – A strategic review exercise involving the Homeless Agency, the Probation and Welfare Service, the funding organisations, representatives from transitional service providers and service users might be considered to find the most appropriate means of addressing the issue of sex-offenders and other potentially high risk ex-offenders moving forward.

Recommendation 12 – A strategic approach to addressing the blockage to a progression route out of homelessness for those currently in emergency services with higher support needs (e.g. mental illness, active alcoholism, active drug addiction, learning disabilities) should be adopted by the Homeless Agency, with investment in services to help them expand their capacity to accept such target groups into their services where appropriate, and alternative interventions considered as pre-transitional services (e.g. via expansion of residential detox and addiction support services).

Recommendation 13 – All services must now consider private rented accommodation and other long-term accommodation options such as those generated by the RAS scheme or the access of affordable housing as equally valid destinations for clients as local authority accommodation. The transitional programmes and resettlement services provided should be amended where appropriate when a provider needs to realign their approach in this regard.

Recommendation 14 – The local authorities should consider developing more formalised agreements with individual services to provide a certain number of permanent accommodation units for those completing each transitional programme in any given year. This will facilitate more effective planning by the service and will allow them to identify needs in terms of other sources of long-term accommodation.

Recommendation 15 – The Homeless Agency partners should work together to ensure that the demand for good quality, long-term accommodation from the planned outflow from transitional services can be met from a range of options including long-term supported housing and facilitating the use of RAS schemes and private rented housing initiatives.

Recommendation 16 – Given the effective development of resettlement/tenancy sustainment services by Dublin City Council, Focus Ireland and Dublin Simon where support is provided once a client is in place within an independent living environment, consideration should be given to whether transitional providers should continue to provide these types of interventions, with the alternative being a consistent approach across the sector provided by the dedicated resettlement services. This would leave transitional providers concentrating only on preparation for independent living while the client is resident within their facilities.

Recommendation 17 – The Putting People First standards should be revised where appropriate in order to more accurately reflect the nature of transitional provision. There should be a closer link between defining minimum, good and best practice in relation to a specific activity. Adherence to the minimum standards should be more formally monitored on an ongoing basis and linked to the allocation of funding. A recognition scheme acknowledging the adoption of good and best practice by providers in line with the standards should also be introduced.

Recommendation 18 – A performance monitoring framework should be put in place that makes it a condition of funding, formalised via service-level agreements, that information in relation to output and outcome indicators including occupancy, move-on destinations, average length of stay, referral acceptance and skills acquisition by clients is consistently gathered by every service. Appropriate management information systems must be put in place in all services to accommodate this, with all record keeping systems also contributing to the LINK system.

Recommendation 19 – An Implementation Group should be established in order to pursue the realisation of the recommendations proposed by the Evaluation of Transitional Housing and Support Services Funded Under the Homeless Agency Arrangements in the Dublin Area.

HOME
LESS
agency

HOME
LESS
agency

Notes

HOME
LESS
agency

HOME
LESS
agency

Notes

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