An Ghníomhaireacht Tithíochta
The Housing Agency

Assertive Street Outreach

A Good Practice Guide for Local Authorities in Ireland

housingagency.ie
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Contents

Foreword

Housing For All commits to expanding Street Outreach Services nationwide to areas where rough sleeping is a concern. The Department of Housing, Local Government and Heritage tasked The Housing Agency to provide a framework for local authorities to establish or expand Assertive Street Outreach services to people who are sleeping rough in their area.

The Housing Agency sought the views of a range of practitioners from across Ireland with expertise in the local authority, health and NGO sectors. Two online workshops with key stakeholders were conducted in early 2022. The workshops helped identify best practices currently in place as well as the challenges that service providers experience in delivering Assertive Street Outreach. The feedback received was then incorporated into this guide which aims to provide a flexible tool for sharing good practice and ideas for Assertive Street Outreach. In addition to these workshops, the LGIU (Local Government Information Unit) carried out research on behalf of The Housing Agency which explored international best practice examples of Assertive Street Outreach. These case studies are available on The Housing Agency website.

This guide has been reviewed and updated in May 2025. In addition, a summary version of this guide was created and is also available on The Housing Agency website. To view the summary document, click here.

We would like to thank all those that participated in the workshops in early 2022.
We would also like to thank all of those we consulted in the research stages of this guide and who took the time to review both the initial draft and the current version.

Chapter 1:
Introduction

Purpose of this guide

Assertive Street Outreach is a persistent strategy that aims to end rough sleeping by bringing services directly to people who are sleeping rough and ensures that people without shelter are linked in with appropriate supports and services through a multidisciplinary approach.

The guide promotes and recognises the importance of relationship-building between staff delivering Assertive Street Outreach services and people sleeping rough. It also highlights the importance of service providers collaborating with other housing and health services to deliver a holistic response to the individual needs of people sleeping rough. The guide is informed by international and national good practice examples of Assertive Street Outreach.

Homeless services are provided across Ireland. The needs of the people sleeping rough and the resources available to address these needs may differ greatly from region to region and county to county. Therefore, this guide is designed as a flexible tool for sharing good practice and ideas, allowing local authorities and other stakeholders to use them as appropriate to their areas.

Street Outreach in Ireland

There are nine homeless regions in Ireland. A homeless region is a group of adjoining local authorities who work together with the Health Service Executive (HSE), homeless organisations and other agencies and bodies to address homelessness in their region.

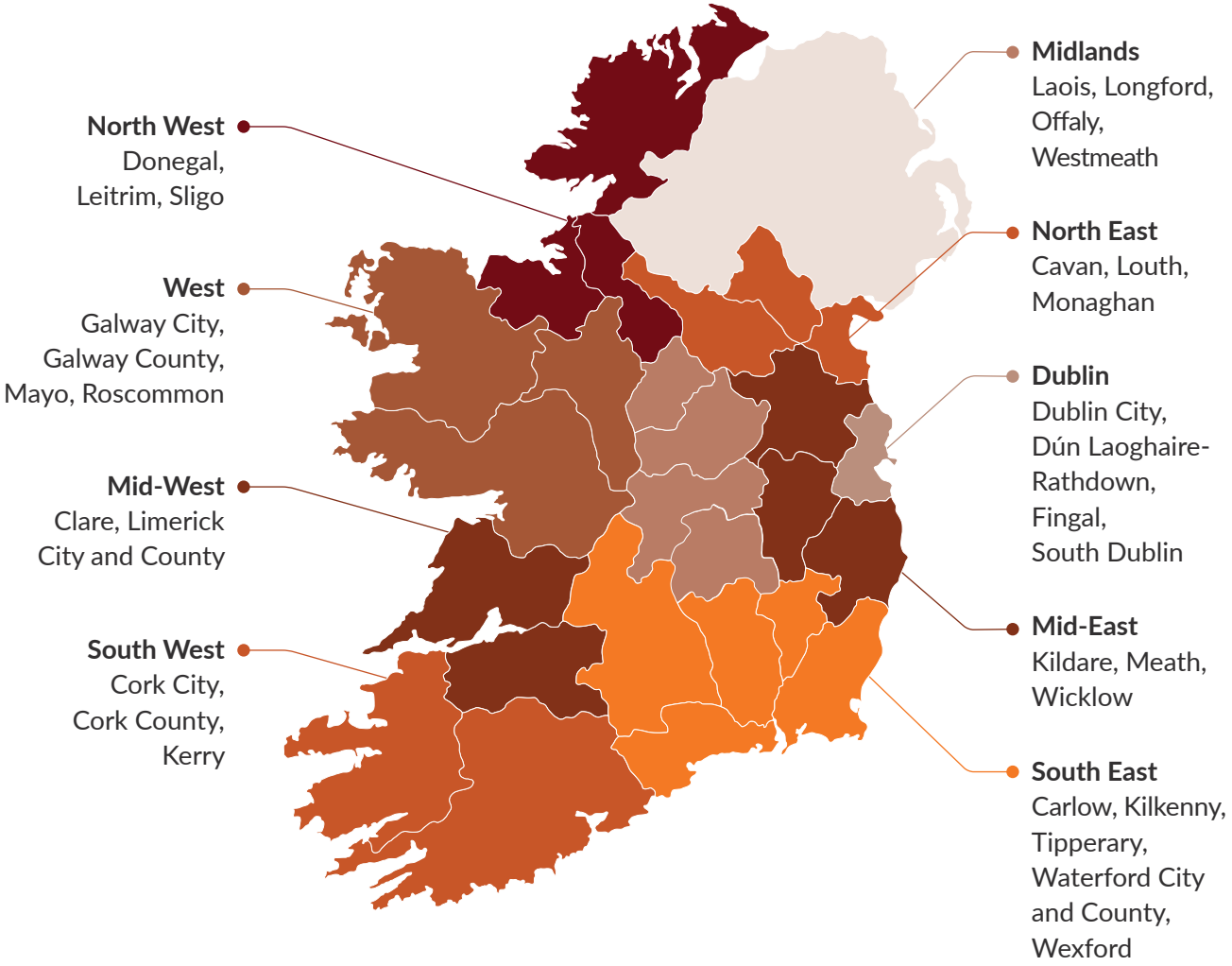
Street Outreach in the context of homeless services refers to service providers who engage with rough sleepers they meet while the person rough sleeping is on the street. There is a wide variation evident in the level and extent of Street Outreach services established across the homeless regions, with some regions having more intensive engagement with rough sleepers in place. The profile of the service providers includes established homeless charitable or non-governmental organisations (NGOs), local authority staff working directly with homeless persons, and health service providers.

As noted above, Assertive Street Outreach in the context of this guide refers to a persistent approach that aims to bring services directly to people who are sleeping rough and ensures that people without shelter are linked in with appropriate housing and health services and supports, and then, where appropriate, put on the Housing First pathway. An example of such a service in Ireland is Dublin Street Outreach provided by Dublin Simon Community in partnership with the Dublin Region Homeless Executive (DRHE).

There are other volunteer-based on-street services that engage with rough sleepers. A review of On-Street Food Services in Dublin in 2021 highlighted the challenges posed by the operation of volunteer-based on-street groups to mainstream service providers working with homeless persons. This guide does not deal directly with the management of volunteer-based on-street groups but would strongly recommend Assertive Outreach Services should be the primary route by which the needs of rough sleepers are managed as the point of contact.

Street Outreach services that are one-dimensional, such as those with a focus only on providing food to rough sleepers, might well have a positive impact in building a relationship between the service provider and a person who is rough sleeping, but the service may not be effective in reducing the occurrence and duration of time that person spends rough sleeping. The absence of visible and effective Assertive Street Outreach services can result in perceived gaps in services, which volunteer on-street groups can seek to fill.

Homeless regions



The homeless lead authority in each homeless region is as follows:

Dublin: Dublin City
Mid-East: Kildare
Midlands: Westmeath
Mid-West: Limerick City and County
North East: Louth
North West: Sligo
South East: Waterford City and Council
South West: Cork City
West: Galway City

Policy context

Housing for All

Published in September 2021, Action 3.17 of Housing for All: A New Housing Plan for Ireland provides for the expansion of Street Outreach Services nationwide to areas where rough sleeping is a concern.

> "Expand Street Outreach Teams for rough sleepers nationwide."

Local authorities are designated as having a lead role to play in this expansion, and it is essential that all major urban centres examine the need locally and where required put plans in place to have suitable intensive Outreach and engagement services in place for rough sleepers. It is important that regions consider this need and work with the Homelessness Statutory Management Group for their region to ensure that services and suitable accommodation are provided to all those who require it.

The Statutory Management Group (SMG) is a group whose membership is directed by the Minister following the introduction of the Housing (Miscellaneous Provisions) Act 2009. The SMG holds primary responsibility for the Homelessness Action Plan in their administrative directed region. They also have authority to consider what services and funding of services are required in their region. Specific funding proposals may be submitted annually through the Expenditure Programme to the Department of Housing, Local Government and Heritage (DHLGH) for each region for the provision of appropriate, fit-for-purpose Outreach services.

National Homeless Action Committee

Housing for All also provides for the establishment of a National Homeless Action Committee (NHAC).

NHAC is a cross-governmental and inter-agency oversight group with membership drawn from key goverment departments, agencies and stakeholders such as The Housing Agency, the Department of Health and the DHLGH among others.

The overarching objective of NHAC is to ensure that a renewed emphasis is brought to collaborating across Government to implement actions in Housing for All, along with bringing better coherence and coordination of homeless-related services in delivering policy measures and actions to address homelessness. The Minister for Housing, Local Government and

Heritage chairs the Committee. The Committee meets on a quarterly basis and the minutes can be viewed here.

National Housing First Implementation Plan 2023-2025

Published in December 2021, the National Housing First Implementation Plan aims to create 1,319 new Housing First tenancies by the end of 2026. Ireland's Housing First programme is intrinsically linked with effective Street Outreach services through which the potential Housing First tenants can be identified and referred to the Housing First programme. It underpins the Government's commitment to reduce and eliminate rough sleeping and long-term homelessness.

> "Crucial to the success of Housing First and the achievement of the targets set out in this Plan is ensuring that the most vulnerable and most entrenched homeless individuals receive the support and engagement required. Central to this is the provision of an effective and assertive outreach service that ensures that people without shelter are linked in with appropriate housing and health services and supports and, where appropriate, put on the Housing First pathway."

The term 'Housing First' is often used in tandem and sometimes interchangeably with the term 'housing-led' when discussing homelessness. Housing-led approaches include any model that prevents the loss of existing housing or provides direct access to new permanent housing along with flexible support for health, social and other issues, as well as tenancy sustainment.

The Housing First approach to addressing homelessness prioritises direct access to housing first and foremost for vulnerable individuals using homeless services consistently or intermittently over long periods of time, and those unable or resistant to accessing homeless services and who may then become habitual rough sleepers. These individuals will often have complex high-support needs such as mental or physical health problems, addiction issues or dual diagnosis (co-morbid disorders due to substance misuse and/or addictive behaviours along with the presence of mental illness). The priority is to support a person who has experienced homelessness

to access permanent housing as quickly as possible, without any preconditions around addiction or mental health treatment. Then, intensive work continues on these issues once they are housed.

The individual's choice is a core principle of Housing First programs; it requires clients to be actively involved in choosing their housing arrangements, being engaged in their treatment, and being able to pursue their individual goals.

Youth Homelessness Strategy 2023-2025

The Youth Homelessness Strategy is a 3-year strategy working towards ending homelessness for young people aged 18-24.

The Strategy contains three main strategic aims:

- To prevent young people from entering homelessness
- To improve the experiences of young people accessing emergency accommodation
- To assist young people exiting homelessness

This Strategy adopts a whole-of-Government approach to tackling youth homelessness by bringing together a multitude of key stakeholders. These stakeholders play a vital role in addressing fundamental issues in youth homelessness.

The Strategy also identifies certain groups within the 18-24 age group who are particularly at risk of becoming homeless and are disproportionately represented in the young homeless population. These include disabled people, members of the Traveller Community, members of LGBTIQ+ Community, people leaving prison, care leavers and young families/single parents. The strategy includes specific actions to assist these vulnerable cohorts.

The Youth Homelessness Strategy 18-month Progress Report was published in July 2024. This 18-month Progress Report outlines achievements to date and identifies the priorities for the 18 months ahead.

National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland 2024-2027

National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (2024 -2027) sets out a number of principles, priorities, and actions aimed at supporting a collaborative response to the homelessness crisis, including the delivery of planned, long-term action and integrated quality healthcare initiatives that meet the needs of the changing profile of people experiencing homelessness.

Reducing Harm, Supporting Recovery 2017–2025

Reducing Harm, Supporting Recovery was published in 2017. The foundation for the strategy is the Healthy Ireland Framework, and it aims to promote healthier lifestyles within society and to encourage people to make healthier choices around drug and alcohol use.

The vision of the strategy is:

> To create a "healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life".

As identified in the strategy, people who are homeless are at a far higher risk of problem drug use than people in secure housing, with particularly high levels of use and risk amongst rough sleepers and those using emergency accommodation. While substance misuse can lead to homelessness, homelessness can also contribute to the development of substance misuse problems. This underlines the importance of homelessness services and substance misuse services throughout the nine regional homelessness forums working together in a collaborative way.[1]

Arising from the midterm review of this strategy, a number of strategic priorities were identified to strengthen the implementation of the National Drug & Alcohol Strategy for the period 2021–2025.

1 O'Reilly F, Barror S, Hannigan A, et al. Homelessness: an unhealthy state. Health status, risk behaviours and service utilisation among homeless people in two Irish cities Dublin: The Partnership for Health Equality, 2015. Available at www.drugsandalcohol.ie/24541

Sharing the Vision – A Mental Health Policy for Everyone 2020–2030

Sharing the Vision – A Mental Health Policy for Everyone, Ireland's national mental health policy, aims to enhance the provision of mental health services and supports across a broad continuum, from mental health promotion, prevention and early intervention to acute and specialist mental health service delivery, during the period 2020–2030.

This policy contains universal recommendations that benefit everyone in society, but also acknowledges that additional work is required to promote positive mental health and build resilience among specific priority groups deemed to be "at risk".

When those living for extended periods in temporary accommodation have difficulty accessing the mental health services they require due to their own situations, homeless services should provide for their mental health needs. Those individuals who require support should have assigned case managers/key workers who can support them to access appropriate health services, including mental health services. Duplication of services should be avoided and, where possible, homeless people should access their local community mental health team. Homelessness should not create a barrier to accessing mental health services. There may be problems in getting access to support because of catchment-area boundaries, as many homeless people will not be able to provide an address. "Catchment-area boundaries have raised a geographical barrier to mental health services for individuals who may have originated in one catchment area but now, due to homelessness, reside in a different area or have no fixed abode and are therefore rejected from one or another catchment area's mental health service".[2]

For the rough sleeping population, a dedicated mental health service operating on an Outreach model is required in large urban areas.

It is outlined within this policy that in order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness. The policy further recommends that Assertive Outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.

> "Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness."

2 Homelessness-and-mental-health-report.pdf (mentalhealthreform.ie) Page 5

Expansion of Assertive Street Outreach in Ireland

For Assertive Street Outreach services to maximise their effectiveness in reducing the occurrence and duration of rough sleeping, the services need to be focused on delivering outcomes for people, e.g. providing pathways out of rough sleeping, and providing access to the relevant supports a person needs at the time they need them.

Services that operate a consistent and assertive approach demonstrate a strong foundation on which to build trust with people sleeping rough and identify their individual needs. Assertive Street Outreach teams utilise a range of tools to engage with rough sleepers, such as providing food and shelter, but with the ultimate goal of working with the person to end their rough sleeping and linking them in with the range of health and social supports and the accommodation they require to reduce the likelihood of rough sleeping occurring again.

Resources are being made available to expand Outreach services. Local authorities are now required to be cognisant of its prevalence within their administrative areas and demonstrate their plans to engage Street Outreach services where relevant.

Case study

A reduction in the number of “unknown” persons being recorded during rough sleeper counts and a reduction in persons being identified over two or more counts is evident in areas where an Assertive Street Outreach service is in place. For instance, in Dublin, in the Spring 2024 count, of the 128 individuals rough sleeping, 118 individuals (92%) had active PASS records or had PASS records created during the week of the count. There were 25 individuals who were previously identified in the winter 2023 rough sleeper count still being encountered on the street during the Spring 2024 count. In short, the Assertive Street Outreach team were aware of all the people sleeping rough during the count. This provides a good starting point for teams to build relationships and identify needs.

National Assertive Street Outreach practice examples

As noted above, there is a wide variation evident in the level and extent of Street Outreach services established across the homeless regions. The needs of the people sleeping rough in these areas may differ greatly, and this will impact on the level of Outreach services needed.

Below are three examples of existing Assertive Street Outreach services. In the Dublin region, Assertive Street Outreach services are provided by the Dublin Simon Community in partnership with the Dublin Region Homeless Executive. In Cork, the Cork Simon Community provide an Assertive Street Outreach service in partnership with Cork City Council. These are examples of non-governmental organisations being employed to deliver services. In Waterford, Outreach services are delivered by an integrated team made up of staff from various services, both statutory and non-statutory, who work in partnership to deliver a service that aims to meet the needs of rough sleepers.

Dublin Outreach Service

Dublin Outreach service engages with adults who are rough sleeping, supports them into short-term homeless accommodation and makes appropriate referrals to permanent housing options, especially Housing First. The service also ensures that people experiencing rough sleeping are linked with other appropriate housing and health services to prevent further rough sleeping.

The Outreach team are on the streets 365 days a year, and operate in all areas of Dublin city and county.

The staff on the early shift walk a route each morning that takes in known hotspots for rough sleepers. The route is flexible in order to adapt and attend to alerts or new rough sleeping locations. The Outreach team are mobile and can respond to emails and alerts of rough sleepers promptly.

The team meet with individuals where they are at, and offer a person-centred service. The team use an assertive approach when meeting with rough sleepers. They bring social welfare and housing forms with them and offer to complete them with people who are not registered for supports. Part of the team's role is to complete verifications of people bedded down. This arises either as a request from the individual or as a request from a local authority. The team will verify that a person is bedded down and record this on the Pathway Accommodation Support System[3] (PASS). Assertive Street Outreach staff use their relationships with clients

3 The Pathway Accommodation and Support System (PASS) is an online shared system utilised by every homeless service provider and all local authorities in Ireland.

to resolve issues, but risk management is a key issue for managing situations, and dynamic risk assessments are constantly being updated by staff.

Dublin Outreach staff are suitably qualified, usually in social care, social work or a similar field. The team utilise external HSE-supported services for mental health, physical health and addiction interventions. This means that clients can continue this relationship as they move from rough sleeping into accommodation. The team also have strong relationships with other services in the area, such as the Gardaí and other NGOs offering addiction, mental health, domestic violence and migrant-specific supports.

All interactions are recorded, and where someone is registered on PASS the case notes are updated. The Outreach role involves a high level of contact with, and advocating to, the Central Placement Service (CPS) operated by the DRHE. The Outreach team are aware of the needs of the client, as well as being familiar with the services available that can meet those needs and advocate to the Central Placement Service (CPS) for the most appropriate placement for each client. Outreach staff have experience within the residential services, which is helpful in building relationships with clients and services alike.

The evening shift can often be more reactive and responsive than the earlier part of the day, and usually involves more incidents such as physical health emergencies and aggression at times. As most local authority services are closed in the evenings, only emergency placements are available. The team walk or drive in the evening time and will try and meet people who were missed in the morning, or not previously bedded down. The Assertive Outreach is further supported by part-time volunteers who, via nightly and early morning breakfast runs, communicate with Outreach staff regarding bedded-down rough sleepers and vulnerable cases who may require immediate staff attention.

Dublin Simon offer a key working service to people sleeping rough where they have complex needs. A needs assessment will be completed with a keyworker to prepare a support plan. Once stable accommodation has been identified for a rough sleeper, the Assertive Outreach team will complete a handover with the accommodation service provider and close the case.

The Outreach team also operate a Mobile Health unit in conjunction with Safetynet 2 nights a week. The Mobile Health Unit is a converted ambulance staffed by GP registrars and experienced Safetynet nurses with the aim to bring health care to rough sleepers who are without access to health services.

Waterford Integrated Homeless Services

In 2018 the South-East region undertook a review of its regional homeless structures and operations to tackle increasing homelessness and improve the service it was offering. The South-East region, led by Waterford City and County Council, introduced a new homelessness management and prevention structure, and in 2019 they created Waterford Integrated Homeless Services (WIHS).

This is a collaborative initiative by Waterford City and County Council, working in partnership with the HSE, Focus Ireland and South-East Simon Community. WIHS offers various forms of homeless supports, advice and services in one location, with an emphasis on homeless prevention and supports. Some of the main services being provided at WIHS are:

- Waterford City & County Council Services
  - Homeless Assessment Team
  - Homeless Prevention and Support Service
  - HAP Place Finder Service
- HSE Services
  - Substance Misuse Outreach Services
- Focus Ireland Services
  - Tenancy Sustainment Services
  - Advice and Information Service
- South-East Simon Community Services
  - Housing First Project
  - HSE Housing First Multi-Disciplinary Team (P/time)
  - Housing First Outreach

In Waterford, Assertive Street Outreach is carried out daily as a partnership between the HSE Homeless Health Officer, HSE Substance Misuse Service,and the Waterford Housing First service operated by South-East Simon. Just like in Dublin the team meet with individuals where they are at and offer a person-centred service.

Staff are on the streets every day on foot and in vehicles checking hotspots to see if there are people bedded down, or, if there is evidence of people bedding down. They often receive alerts from the public and the Gardai of people sleeping rough and would coordinate who will go out.

There is close collaboration between the HSE Substance Misuse Service and the South-East Simon Outreach team with regular meetings, once a week, to discuss cases and approaches, particularly for rough sleepers who may have been sleeping rough for a while. Where necessary, the teams would go out together.

Rough sleepers would also access the service by calling into the Waterford Integrated Homeless Services. This could be for harm reduction services, mental health services, emergency accommodation, or advice and information on housing and health services.

The outreach teams would feed into the Homeless Action Team (HAT) and provide two lists, one of rough sleepers encountered and engaged with and the other of people who may be at risk of sleeping rough, for example people known to homeless services who may be sofa surfing or at risk of losing a tenancy and unlikely to take up emergency accommodation.

This collaborative, multidisciplinary approach has helped foster strong relationships with all service partners, which have led to improved communication and information-sharing procedures between service providers.

These relationships have maximised the resources available in the region to improve the delivery of services to people sleeping rough.

Cork Simon Community

Cork Simon Outreach service is an Assertive Street Outreach service provided by the Cork Simon Community.

This Outreach Team works on the street and from the Cork Simon Day Service, supporting men and women sleeping rough, surviving in squats or those who have no other option but to stay with friends.

The Outreach Team can offer people sleeping rough a nourishing breakfast, shower, laundry, access to the health team, and advice and referrals to various homeless services throughout Cork that are appropriate to each person's needs.

Each morning, from 7am to 8am the team will walk regular routes around the city looking for people sleeping rough. On Friday's, from 6.30am to 9am the team will drive around the city and its environs allowing them to reach areas outside the city to ensure that people who are sleeping rough can access services before the weekend.

The team will then return to the Cork Simon Day Service where they can follow up on any actions required for people they encountered. In addition they provide a key working service from the Day Service.

The team will also be out on the street in the afternoon from 3pm to 4pm checking hotspots. They have strong partnerships with the HSE and the Outreach team will often team up with the HSE Substance Misuse Outreach Team and provide Outreach together. The team also has a strong partnership with Cork local authority. The outreach service is funded by both the HSE and the local authority.

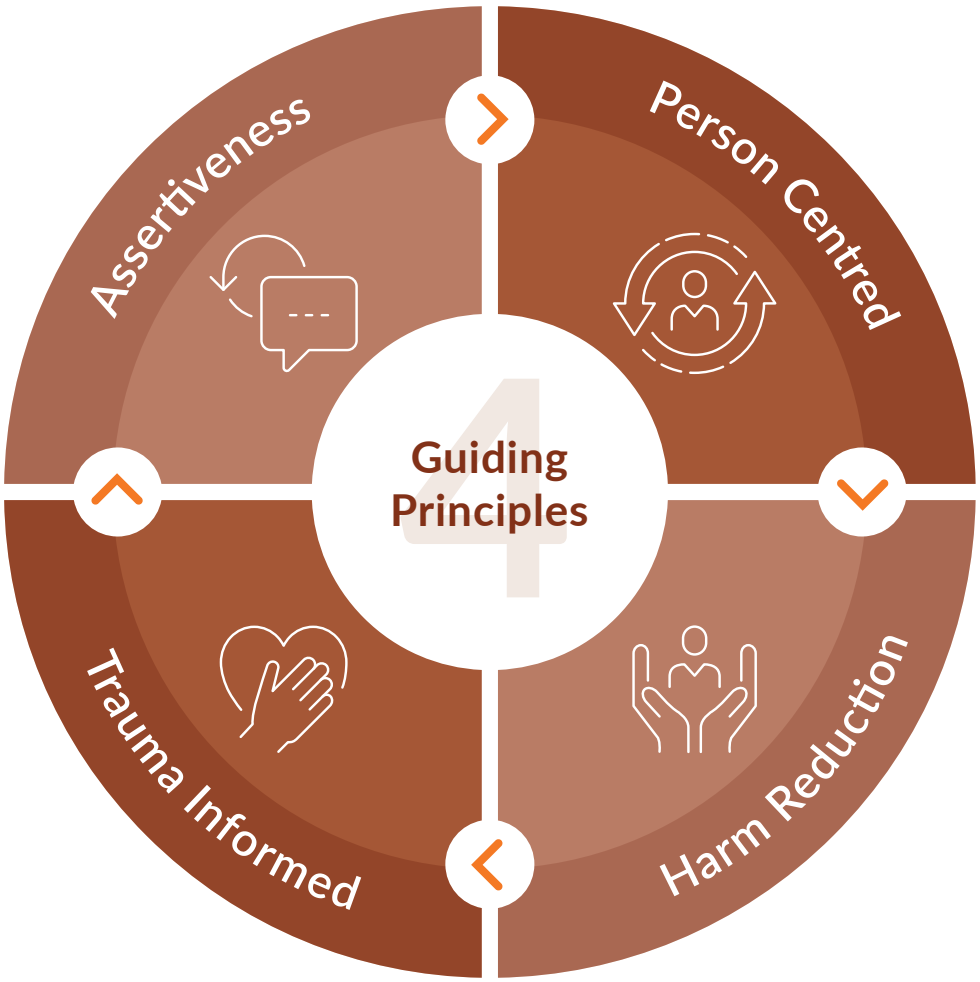
The team will respond to any alerts from the public of people sleeping rough and will have daily contact with the Gardai, the Accident and Emergency Department, Council Offices, Social Welfare and health services in relation to the needs of people sleeping rough or at risk of sleeping rough.

They have access to 24hr emergency accommodation where needed.

Chapter 2:
Guiding Principles

Guiding Principles

When setting out to design or review Street Outreach services, the following guiding principles will help to ensure the services and processes put in place are designed to best meet the needs of the persons that Street Outreach teams will encounter while carrying out their duties.
The guiding principles are:



The remainder of this chapter will explore each of these guiding principles in more detail.

Assertive approach

Assertive Street Outreach differs from other forms of street Outreach programmes; it is a purposeful, proactive and persistent approach, and has the aim of ending homelessness for those sleeping rough.

As previously emphasised, a critical success factor for Assertive Street Outreach is the development of trusting, goal-focused relationships between people sleeping rough and Outreach workers. This requires specialist skills and a strong commitment by Outreach workers to support and engage with people sleeping rough. Through assertive engagement, rough sleepers are listened to, ensuring they have a voice in the decision-making process, which is crucial to sustaining positive changes and ultimately ending homelessness.

An assertive approach requires flexible practices that can be tailored to meet the individual needs and circumstances of people sleeping rough. This includes engaging with people in public spaces; providing information about available services; undertaking an assessment of their needs and care and case management with other agencies. In practice, however, the sequence, timing and methods have to be adaptable and sensitive to the day-to-day challenges and priorities of people sleeping rough. A key factor in the operational success of an Assertive Street Outreach approach are the skills, knowledge, personal traits and practice models exercised by Assertive Outreach workers. This requires services providing the training and professional development to sustain the required skill levels of staff.

Case study: John

John would walk the same route around Dublin every day, and rough sleep each night. Outreach assigned John a keyworker to meet him regularly and walk with him. Initially, John would only provide his first name, and he declined any support, but after a few weeks, John slowly began to engage with his keyworker. John gave his surname and then later agreed to complete a housing application. This was the key to referring him to Housing First for long-term accommodation support. Outreach and Housing First worked together with John to transfer the relationship from Outreach to Housing First, who then took the lead in organising long-term accommodation for John.

Dublin Simon Communit

Recommendation

Frequent contact between Outreach workers and people sleeping rough is key – it may take considerable time to build relationships and trust.

A proactive, persistent and purposeful approach, based on encouragement, not enforcement.

Person-centred approach

Through Housing for All the expansion of Assertive Street Outreach services nationwide puts people who are rough sleeping at the centre of government policymaking and requires local authorities to prioritise and respond in a person-centred way to those with complex health and social needs.

This involves organising accommodation, support and treatment around an individual and their needs, rather than expecting them to adjust and adapt to the services on offer.

The National Quality Standards Framework (NQSF) for homeless services, puts people at risk of or experiencing homelessness at the centre of the decision-making process at a personal level, and requires the involvement of service users in the planning, delivery and evaluation of services at organisational level. This approach recognises the rights of people to determine their own lives and have their decisions and preferences respected.

Services delivering a person-centred approach should ensure that:

- The rights and diversity of each individual sleeping rough are respected and promoted
- People sleeping rough exercise choice and autonomy in their daily lives and in accordance with their preferences
- A culture of service user involvement is evident in practice, and the service users' needs and views are sought and responded to at all levels of planning and delivery
- Service users' complaints and concerns are listened to and acted upon in a timely, supportive and effective manner

Case study: Patrick

Patrick was a 48-year-old male who had been in and out of emergency homeless services for approximately eight years. He had a history of dependent alcohol use and mental health issues, which at times culminated in aggressive behaviours towards other people sleeping rough and towards service providers. This in turn led Patrick to be isolated from static/clinical service providers, as he was unable to attend structured appointments and adhere to emergency accommodation policies due to his complex needs.

Therapeutic relationship: it was important that the development of a therapeutic relationship occurred, and that the worker and Patrick were aware of the dynamic of the relationship, and also the boundaries of the relationship. Outreach visited Patrick three to four times per week, and interventions were based on his presentation at that particular time. Initially, the interventions focused on crisis intervention, harm reduction, etc., but fundamentally it provided the workers with an opportunity to analyse and identify when the best times were to provide Outreach to Patrick. Key indicators of the potential for successful engagement included his mood and level of alcohol consumption. This in turn allowed the workers to monitor his socio-emotional wellbeing, and increased the possibility of positive outcomes. It also provided an environment for both the workers and Patrick to be in tune with one another.

Type of interventions provided

- Education and Awareness: Information-based interventions that are designed to create a self-awareness of the impacts of Patrick's alcohol consumption on his physical, cognitive and socio-emotional wellbeing.
- Harm Reduction: Referral to HSE Substance Misuse Liaison Nurse. Referral and advocacy to a General Practitioner (GP) for exploration, discussion and possible medical response/detox.
- Advocacy to Homeless Action Team (HAT) to advocate/seek referral to emergency accommodation.
- Assisted in the administrative aspect of applying for supports/logistics of accessing supports, etc.

Outcomes

- HSE Outreach continued to link with Patrick while he was residing in the tent; this occurred for a further nine months. This provided Patrick with a constant in terms of support and provided both parties with an opportunity and environment to develop a basis for a therapeutic relationship.
- Patrick reduced his alcohol consumption before attending meetings as per care plan,

and began the process of communicating his feelings and became assertive rather than aggressive in expressing these feelings.

- Patrick accessed a medical card and GP, HSE Substance Misuse Services and HSE Liaison Nurse.
- Outreach advocated for Patrick at HAT meetings, and he was referred to emergency accommodation. HSE Outreach remained key working with Patrick, and was part of his care team moving forward.
- Knowledge/insights/observations gained from an eight-month period outreaching to Patrick provided emergency services with a specific Individual Crisis Management Plan (ICMP), which in turn provided emergency accommodation services with the information and skills to identify escalation traits and also provide de-escalation techniques.
- Patrick began stabilising in terms of his alcohol use and the risk behaviours associated with it. Communication with services became clear, stable and productive.
- Currently Patrick has moved on to become a Housing First tenant (approx. one year); he continues to consume alcohol, however his consumption rates have decreased and he is managing at present to maintain the tenancy.
- Outreach still continues to link in with Patrick around his alcohol use, and is a part of his current care team. The pathway from street homelessness, emergency accommodation and on to housing has been clear for Outreach and Patrick to navigate together. Communication throughout all stages from crisis to stabilisation and everything in between has been key. Outreach's primary goals were to reduce harm, build a therapeutic relationship and advocate with appropriate services for Patrick to gain housing and supports.
- This has been achieved by being constant and assertive in our Outreach, being open to two-way dialogue, adopting a partnership approach and being willing to adapt our practices and interventions to suit Patrick and where he is at any particular time. This has provided us with a therapeutic base to build upon.

Waterford Integrated Homeless Services

Recommendation

For organisations providing person-centred Assertive Street Outreach services a person-centred approach should be supported by the structures in place in the organisation. This may include ensuring policies, procedures and protocols in place are reviewed to ensure they are in line with a person-centred approach. Training should be made available for all staff working with rough sleepers, including local authority staff, to support the development and maintenance of a culture of person-centred working.

Trauma-informed approach

Often people experiencing rough sleeping have a high prevalence of historical and current exposure of multiple experiences of trauma. Given this, it is important that Assertive Outreach workers understand and are sensitive to how such traumatic experiences can perpetuate the cycle of homelessness. Trauma is also not limited to rough sleepers. ASO staff can be at risk of vicarious trauma. Vicarious trauma stems from the indirect exposure to other people's trauma. Understanding, identifying and preventing vicarious trauma is an important aspect of ASO. Trauma-informed services integrate an understanding of trauma including the effects and the conditions that enhance healing into all aspects of service delivery.

Trauma-informed services are informed about, and sensitive to, trauma-related issues (Jennings, 2006).[4] Trauma is not directly treated, but it should be recognised that the possibility of trauma in the lives of all people is a central organising principle of trauma-informed care, practice and service-provision. A trauma-informed service may incorporate the following principles of trauma-informed care:[5]

1. **Understanding trauma and its impact**
   This involves understanding that behaviours may be related to the impact of trauma. This understanding allows for a cultural shift, from viewing the person as problematic to perceiving the behaviour as a symptom of trauma.

2. **Promoting safety**
   This ensures services develop harm-minimisation strategies in the physical and emotional environment. This requires delivering services where the basic needs of people sleeping rough are met, safety measures are in place and staff responses are consistent, predictable and respectful.

3. **Ensuring cultural competence**
   Staff are trained in cultural competence and the significance of service delivery, it is important to reflect and respond to the needs of diverse cultures.

4. **Supporting rough sleepers' control, choice and autonomy**
   Focuses on assisting people sleeping rough to regain a sense of control over their daily lives and to build skills and knowledge that will strengthen their sense of personal autonomy. Staff are transparent as to when and how services will be delivered and encourage people sleeping rough to actively participate in decision-making processes.

4 Jennings, A 2006, p15, 'Models for Developing Trauma-Informed Behavioral Health Systems and Trauma'
5 Assertive-Outreach-Resource-Manual-2017.pdf (homelessnessnsw.org.au)

5. **Sharing power and governance**
   Staff provide opportunities for people sleeping rough to participate in service-delivery planning.

6. **Integrating care**
   Services ensure they are organised in an integrated way to meet the holistic needs of people sleeping rough and that effectual communication occurs between all partners and networks involved.

7. **Healing relationships**
   Staff focus on safe, authentic and positive engagement in order to aid recovery.

8. **Fostering a sense of hope**
   Services foster and promote a sense of hope, ensuring people sleeping rough are involved in all aspects of their care plan. Their feedback is sought, and the service delivery reflects the needs of people sleeping rough.

Case study: Rosemary

Rosemary endured complex trauma as a child and a young adult, including violence and sexual abuse, which left her unable to feel safe in close quarters with others, or to trust people who sought to build relationships with her. At 32, she was a long-term rough sleeper and well known to the Outreach team. Rosemary used alcohol and drugs, including heroin. She stayed by herself on the street and was a victim of abuse and assault while rough sleeping; however, Rosemary more often than not refused the offer of emergency accommodation, as she reported that she felt unsafe anytime anyone was trying to control her, which is how she experienced the rules and interventions of emergency shelter settings.

The Outreach team established a rapport with Rosemary, which was based upon their acceptance of her need to engage entirely on her own terms, and to retreat from services and supports periodically. They encouraged her to use the Day Service, which she did sometimes, availing of food and drink, showers, laundry facilities and access to the HSE Adult Homeless Integrated health team. She was also provided with harm-reduction supports around her substance misuse, including advice on smoking rather than injecting heroin, safer injecting and safer disposal information and one-hit kits.

Rosemary did occasionally use the Emergency Shelter, but would sometimes be allocated a bed and then not take it up, or leave during the evening or overnight. The Outreach team advocated with the Shelter service to ensure that they understood these repeated refusals or changes of mind as a trauma response, and did not interpret it as an intentional lack of engagement or refusal of service. They established an agreement that an additional space within the service would be made available to Rosemary on those occasions when she did take up the offer of a bed.

As part of the consultation process on the prioritisation of service participants for Housing First, the Outreach team put Rosemary forward and strongly advocated for her inclusion on the priority list. She was accepted onto the priority list, and the Outreach team began working closely with the Housing First team to establish a rapport with Rosemary and seek her engagement in the programme. Outreach would meet with her in the morning, on the street or in the Day Service on days when she attended, and would then contact the Housing First team to communicate whether she was willing to meet them that day.

The Outreach team communicated to their colleagues how important it was to Rosemary that she be in control of any interventions or engagement. The approach of the Housing First team was an excellent fit for Rosemary's needs, as its principles uphold the rights of participants to make their own choices, and does not require any pre-conditions to housing or access to support. Rosemary engaged well with the Housing First team, and was invited to view multiple apartments in recent weeks. She identified the one which she felt most comfortable in, and has moved in in recent days.

Cork Simon Community

Recommendation

It is recommended that all staff are trained in Trauma Informed Care and Practice. The Housing Agency produced a series of webinars on Trauma Informed Care. While these webinars give an overview of Trauma Informed Care, it is recommended that ASO staff complete additional training as well. More information on Trauma Informed Care training is available in Staff Training.

Harm reduction approach

The aim of harm reduction is to reduce the risk of the negative consequences associated with homelessness and alcohol and drug use. Harm reduction is solution-focused, compassionate and pragmatic. This approach simply accepts that some people sleeping rough will use drugs, refuse medication and choose to rough sleep. It accepts rough sleepers' views on these matters, but continues to work with them from where they are to reduce the risks associated with homelessness and alcohol and drug use. Harm reduction offers support, help and treatment, but does not require individuals to abstain from drugs or alcohol, or to accept offers of accommodation.

The requirement to be drug or alcohol free in order to access support services can contribute to individuals being excluded. For people sleeping rough in need of support, this can have a negative impact on their health and social outcomes.

Where abstaining from drugs and alcohol are a requirement for entering services, this can often result in people who are sleeping rough refusing to engage with these services. In Assertive Street Outreach, a person-centred approach will meet a person where they are at and will allow them to choose their own path for addressing and managing their lifestyle.

Services that operate a "one-size-fits-all" model do not take into account the diverse experiences and complex intricacies of rough sleepers' lives. Services required by rough sleepers that have a high threshold can result in preventing those most in need of those services from accessing them. These services may require prospective rough sleepers to demonstrate their capacity for change prior to achieving such change. This is not always possible for rough sleepers engaging in drug and alcohol use.

Assertive Street Outreach teams should recognise that abstinence may be neither realistic, safe nor a desirable goal for some people sleeping rough. The use of drugs or alcohol should be accepted as a fact, and the main focus placed on reducing harm while use continues.

Case study: Conor

The Outreach team met with Conor on a regular basis. He was in Private Emergency Accommodation (PEA), but returning to the tent each day to drink alcohol, as he was not allowed to do this in the PEA. Conor had previously lost his bed in PEA accommodation, due to behaviour associated with his drinking. The Outreach team received a lot of complaints from the public in relation to the tent and associated rubbish. Conor was not engaging with any visiting support staff in the PEA, as he was out in his tent all day. The Outreach team persistently engaged with Conor and arranged a single room in a STA (Supported Temporary Accommodation) that did not require him to be abstinent. This meant that Conor did not need to return to the tent during the day, and instead the Outreach team were able to create a care plan based on Conor's needs that gave him access to health and housing support services.

Dublin Simon Community

Naloxone

Naloxone is a prescription medication used to temporarily reverse the effects of opioid drugs (for example heroin, morphine, codeine, methadone and fentanyl) if someone experiences an overdose. It is used as part of harm reduction to reduce the immediate dangers associated with an overdose, such as accidental death. It is available in two forms:

- Intramuscular Naloxone
- Intranasal Naloxone

For more information and additional resources on naloxone, see staff training.

Case study

Outreach were undertaking a late-night welfare check on a couple who were rough sleeping in a tent in a quiet laneway in the city centre. When Outreach approached the tent they could hear subtle noises from inside the tent but there was no response when they called out the client's names. Outreach carefully opened the tent and used their torches to look around the immediate area.

The couple were inside the tent and appeared to be sleeping, and there was drug paraphernalia scattered around the inside of the tent. One of them began to engage with Outreach but appeared to be under the influence of a substance, and her partner was not responding to Outreach. Outreach were advised that they both used heroin earlier in the night.

The Outreach staff risk assessed the immediate area to identify a way to safely reach the unresponsive man. Outreach contacted the emergency services and administered intranasal naloxone to the unresponsive man. After a couple of minutes, he became responsive and was verbally aggressive with Outreach for intervening. Outreach staff were able to safely manage the situation until the paramedics arrived. Outreach and the man's partner were eventually able to convince him to go to hospital, along with his partner, for medical support.

The next day Outreach staff visited the couple in their tent to continue their support. Later in the week Outreach supported them to access supported accommodation, something that they were reluctant to do prior to their overdose incident.

Dublin Simon Community

Recommendation

ASO workers should have an understanding of harm-reduction techniques. Harm-reduction techniques may include:

- Needle exchanges
- Safer sex supplies
- Biohazard containers
- Overdose prevention and treatment
- Naloxone training and a pathway for provision
- Information on drug alerts
- Motivational interviewing

Naloxone training and a pathway for provision

Once ASO staff are trained how to administer naloxone, Drugs.ie provides additional useful resources on naloxone. This includes a step-by-step guide on how to administer naloxone, an FAQ and training videos.

Chapter 3:
Overview of Assertive Street Outreach

What is Assertive Street Outreach?

Assertive Street Outreach aims to end rough sleeping by creating pathways for people to the most appropriate services to meet their needs.

Assertive Street Outreach may be defined by three distinctive facets:

1. The primary aim is to end homelessness
It is not limited to providing shelter but seeks to link a person in with a pathway to housing solutions.

2. It provides multi-disciplinary support
The Assertive Street Outreach team has a range of staff from relevant disciplines employed on the team, and/or the team have clear access pathways to the multidisciplinary services required to meet the needs of the rough sleeper.

3. It operates using a proactive, persistent and purposeful assertive approach
Repeated contact with rough sleepers is made on a regular basis, with staff working to realise outcomes to rough sleepers.

The focus of Assertive Street Outreach is to assist rough sleepers to improve their health and housing outcomes and end homelessness. This should be done in a person-centred, user-led approach. This requires a flexible and persistent approach, recognising that it may take considerable time to build relationships and trust with people sleeping rough. Outreach teams need to be visible on the street in areas where people are sleeping rough both during the day and at evening/night times.

Other forms of Outreach

Local authority Street Outreach services that do not have persistent and regular on-street engagement with rough sleepers

Local authorities may have a structure in place where staff offer Outreach support in an ad-hoc way, in response to specific individuals and emerging demands. Where there is no persistent and regular on-street engagement with rough sleepers, it is not considered to be Assertive Street Outreach.

Street Outreach provided by voluntary bodies that do not have persistent and regular on-street engagement with rough sleepers

Voluntary bodies that offer Outreach support to individuals rough sleeping are not considered to be Assertive Street Outreach, where they are not bringing a service to that individual or adopting a multi-disciplinary approach to realise outcomes for people.

On-street voluntary groups that engage with rough sleepers through food stalls or other such methods, and do not have formal links to accommodation or health services

On-street food services have become established in an ad-hoc way over the last number of years in areas around Ireland. According to the On-Street Food Services in Dublin, the majority seem to be activist organisations, part of grassroots movements motivated by a desire to see social change, particularly in the area of housing and homelessness. These are often volunteer groups or charity groups, and do not fall within the meaning of Assertive Street Outreach.

Non-mobile services delivered by service providers or state agencies that are accessed by rough sleepers, e.g. day centres

Day services provide a range of non-accommodation-related support services for homeless people and people at risk of homelessness. They are generally based in a specific building or buildings, and have an 'open door' access policy, meaning that clients do not have to meet any assessment criteria or have any specific characteristics in order to use the service. The focus of day services ranges from covering basic needs such as providing homeless people with somewhere to spend time and socialise during the daytime, providing access to hot food, showers and laundry facilities, providing structured advice and support, and more specialist services such as addiction, medical and mental health services. While these services may have similar goals and objectives, and they provide a valuable support to homeless people, they do not fall within the meaning of Assertive Street Outreach.

Peripatetic Outreach

Peripatetic Outreach is work undertaken from a community location or organisation such as prisons, housing services, hostels, needle exchange services and so on. Instead of targeting individuals, they target organisations where target populations can be contacted. Peripatetic Outreach places emphasis on broadening the range of people who are reached with health and housing information.

Requirements for Assertive Street Outreach to operate effectively

Assertive Street Outreach requires a co-ordinated, joined-up approach between all services. Services need to work together to provide effective support to people with multiple, overlapping and changing needs.

For Assertive Street Outreach to be effective, service providers need:

1. Access to accommodation options and housing pathways that will meet the needs of people sleeping rough

2. Access to health services, including substance misuse treatment options for people sleeping rough

3. Access to mental health services

Availability of accommodation

Access pathways

Assertive Street Outreach teams need a clear access pathway to secure suitable accommodation for people who are sleeping rough. People who are sleeping rough will often have complex needs, and may refuse an offer of accommodation if the accommodation in their opinion does not meet their needs. For this reason, Assertive Street Outreach teams need the ability to communicate directly with accommodation services in order to match the needs of the person sleeping rough with the accommodation available.

The International Protection Accommodation Service (IPAS) is responsible for the provision of accommodation and related services to people in the International Protection ('asylum') process. International Protection applicants who are sleeping rough should be advised to contact or assisted to contact IPAS if necessary. For more information on IPAS, click here.

Case study: Jim

Jim was made homeless after his wife passed away. He also suffered from undiagnosed dementia. Jim would frequently travel to various locations outside of Dublin, and as a result kept losing his bed in all of the Dublin hostels, as well as access to medical services to get the health supports that he needed. Dublin Outreach started linking in with Jim regularly and built up a rapport with him. This allowed the Outreach team to complete an application for social housing supports. After advocating with various stakeholders, Dublin Outreach were able to secure him a bed in Long-Term Supported Accommodation that would be kept open while he was travelling. Once Jim had access to accommodation, Outreach services linked him in with a visiting nurse, Linda. Linda completed a medical assessment with Jim, which confirmed he had dementia. She was then able to put the necessary supports in place for him.

Dublin Simon Community

Recommendation

In practice, having availability of accommodation means a direct communication pathway for the Street Outreach teams to the relevant accommodation placement services and the Housing First teams. To ensure the pathway is not reliant solely on professional relationships between individual staff members in the respective services, a communication protocol should be established to maintain the communication route if staff move on and are replaced.

Accommodation types

A significant factor in building trust and establishing a relationship between Assertive Street Outreach workers and people rough sleeping is the provision of a service that is flexible and tailored to the needs and circumstances of each individual. This level of flexibility must extend to accommodation services being offered.

Accommodation should match the needs of the person sleeping rough, for example, accommodation that facilitates couples staying together or accommodation options that allow monitored alcohol consumption for those dependent on alcohol. This may present operational issues for local authorities, but in order to provide a successful outcome for people transitioning out of rough sleeping, appropriate accommodation options are essential.

Integral to successfully delivering person-centred accommodation services is the promotion of individual choice by ensuring that people who are sleeping rough are involved in all decision-making processes relating to the development and actions of their support.

Where people have been sleeping rough for extended periods of time, their willingness or ability to stay within strict rules or boundaries of a service may be diminished. Strict entry and exit times may be hard for people to adhere to, and may not promote a feeling of safety for the person using the service. Assertive Street Outreach workers work with the person transitioning out of rough sleeping and the accommodation provider to identify the barriers and look for flexible solutions.

Case study: Alex

Alex was sleeping in a tent pitched in a popular walkway area on the outskirts of Limerick city. The assessment and placement coordinator and his colleague Laura went out one morning to investigate. Upon arrival they engaged with Alex and discovered he had been sleeping in the tent for a few weeks. Alex was using heroin, but had not engaged with any services for a number of years.

Alex refused a bed in the 9-9 service, as he owed money to one or two clients staying there. The Outreach team offered him a bed in a hostel but he didn't present.

Eventually, after persistent engagement, Alex took an offer of a low-threshold accommodation in a "pod", which is individual accommodation with supports.

The Assertive Outreach approach we took that day had an extremely positive outcome for this client, but also the accommodation options are an important factor here. Not every client can stay in a congregated setting, but options are limited.

Limerick Outreach

Recommendation

Homeless accommodation funded by local authorities is often provided by external providers. Local authorities should work with these providers to put in place flexible approaches accommodating to rough sleepers.

A one-size-fits-all approach to accommodation for rough sleepers is not an effective approach, and does not recognise the complex needs of this group. Where possible, provisions should be made to provide a range of accommodation suitable for rough sleepers such as services that are:

- Low threshold
- 24-hour access
- Own-door
- Available to couples
- Integrated with mental health and substance misuse service provision. Ideally, accommodation should be offered that is in the Community Healthcare Organisation (CHO) area where a person sleeping rough is currently in receipt of a health service.
- Matched with the rough sleeper's needs, such as accessibility requirements.

Access to health services

People experiencing homelessness often have complex and multiple health needs and may require a variety of healthcare services and supports such as:

- Access to substance misuse service
- Dentistry
- Dietary
- General GP
- Applying for a medical card

Barriers to accessing services include:

- Previous bad experience
- Exclusion from services because of alcohol and/or drug use
- Stigma and fear of judgement
- Lack of information and support network
- Location barriers
- Digital exclusion

Access to substance misuse treatment options for people who are sleeping rough

Access to substance misuse treatment is crucial for Assertive Street Outreach to work. Those who are affected by drug and alcohol misuse as well as homelessness often have difficulties in other areas of their lives. A system of assessment, care planning and case management can identify and address these issues systematically.

The National Drug Rehabilitation Framework (NDRF) provides a system for person-centered holistic assessment, care planning and case management. This is an inter-agency case management tool used to help identify homeless service users support needs and help identify and address issues that may have caused or contributed to somebody becoming homeless in order to be able to put the necessary supports in place.

There can be barriers for people sleeping rough in accessing services for substance misuse. An interagency approach will help people sleeping rough to address some of these barriers and identify solutions with their support team. In order for substance misuse services to meet the needs of people sleeping rough, certain criteria are required:

- People sleeping rough are provided with accommodation in the same location as where they are currently receiving treatment.
- Registration and appointment systems must be flexible and adaptable.
- Coordination between services is vital.

Recommendation

- Treatments for substance misuse should be offered in tandem with accommodation offers.
- Engagement of local authorities with the HSE through the NDRF combined inter-agency assessment and care-planning approach.
- Where possible, accommodation services are adaptable to meet the needs of people sleeping rough.

Access to mental health services

Homelessness should not create a barrier to accessing mental health services. For the rough-sleeping population, a dedicated mental health service operating on an Outreach model is required in large urban areas, and should be linked with existing Assertive Street Outreach services.

It is recognised that mental health difficulties can act as a barrier to people accessing accommodation. Where a person sleeping rough is already linked in with a mental health service, every effort should be made to ensure that accommodation is offered within the same Community Healthcare Organisation (CHO) area to ensure that the rough sleeper has continued access to their mental health team.

The options for management of rough sleepers who do not access mental health or psychiatric services is to assess them with a GP. The GP can refer the rough sleeper to psychiatric services where this is deemed necessary. If they become a risk to themselves or others due to a mental illness, the GP can consider involuntary committal under the Mental Health Act.

Case study

The Inclusion Mental Health Team (IMHT) in Dublin South City is a multidisciplinary specialist psychiatry service for people experiencing severe and complex mental health needs while homeless. Referrals can come from a variety of sources including acute hospitals, GPs, voluntary sector providers and the prison services and are considered regardless of whether the person uses alcohol or illicit substances. Unless it is the person's preference to come to clinic, IMHT meet all new patients via Assertive Outreach wherever they are, including people rough sleeping, in hospital, in drug treatment or in prison. IMHT operate a person-centred, trauma-informed and recovery-oriented service, following the person's lead in terms of their own goals for meaningful recovery.

Separate to this IMHT offer nurses and doctors working with homeless people in hospitals, primary care or the voluntary sector, rapid access to specialist supports and advice via our Community Liaison Service. This is led by an Advanced Nurse Practitioner with Consultant Psychiatrist support. This also uses an Opportunistic Outreach framework, working in clinics and day services where homeless people with mental illness may present for other issues. In cases where the diagnosis is clear IMHT offer advice on medication, psychosocial interventions and, if necessary, admission to hospital. The people referred may not have diagnosed mental illness in which case a joint assessment can be offered as well as an initial management plan and signposting to the appropriate follow-on care.

Example

IMHT Community Liaison service recently received referral of an elderly gentleman who was repeatedly excluded from homeless accommodations due to unmanageable behavioural issues. IMHT Community Liaison liaised with Dublin Simon to have him moved to the StepUp/StepDown service where IMHT could assess him, evaluate the risks and initiate treatment if necessary. In collaboration with Simon staff and the Inclusion Health team at the Mater Hospital, he had a comprehensive medical and psychiatric evaluation. It emerged he had had undiagnosed and untreated psychosis for approximately 15years and his illness had led directly to him becoming homeless. He commenced treatment under the supervision of IMHT and the Dublin Simon staff and responded well. IMHT were able to have his care taken over by the appropriate Psychiatry for the Elderly service who are committed to supporting him to reinstate his functional independence and access permanent accommodation. This intervention was an example of IMHT's core values of Assertive Outreach, Community Liaison and Integrated Care with a very successful outcome.

Chapter 4:
Setting up or Expanding an Assertive Street Outreach Service

Designing a service to meet rough sleepers needs

Assertive Street Outreach takes an assertive, person-centred, trauma-informed, harm-reduction approach. Understanding from the outset what the needs of the people sleeping rough are and what tools and skills staff require to be able to meet these will ultimately be the foundation of effective services for rough sleepers. This chapter identifies some of the key structures required to set up or expand an Assertive Street Outreach service.

Identifying service needs

Identifying the need in a local authority area

Identifying individuals sleeping rough is necessary to measure the effectiveness of existing services, plan for additional services and provide targeted help for those in need of accommodation and other support services. It is also necessary to understand the profile of people sleeping rough in a particular area. There are a variety of means by which local authorities can identify the number of people rough sleeping in their area.

Rough sleeper counts

The official statistics on the prevalence of rough sleeping in Ireland is generated through rough sleeper counts carried out in local authority areas. The results of these counts are reported to the Department of Housing, Local Government and Heritage. Rough sleeper counts can provide an evidence base for the operational and policy decision-making process. They are conducted over a number of years, and the data gathered through enumeration can be used to track progress towards the goal of eliminating the need to sleep rough. It is important to note that the quality of the information gathered during the rough sleeper count is of critical importance to identify the needs of rough sleepers in a particular area. Where those carrying out the count have an established relationship with the rough sleeping population, this can impact positively on the quality of the data collected.

For example, in the Dublin region, a biannual seven-day count approach has been used as the method of assessing the number of people currently engaged in rough sleeping in Dublin. Over the seven days, Outreach teams visit all areas in the region at least once. The result is a comprehensive list that provides details of the individuals, their patterns of rough sleeping and accommodation usage.

For the purpose of counting individuals sleeping rough, the term 'rough sleeping' is defined as an individual sleeping, or bedded down, in the open air or in tents (such as on the streets, or in doorways, parks or bus shelters); or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats or stations).

Homeless Action Plans

Each homeless region has a Homeless Action Plan. The plan must specify the measures proposed to be undertaken to address homelessness in the homeless region concerned by the Housing Authorities, HSE and other bodies providing services to address homelessness.

Homeless Action Plans contain more information on:

- The need for services to address homeless in a region such as the rough sleeper count
- The services available in a local authority area to address homelessness for example Outreach services and Housing First services
- Financial resources that are available or are likely to be available for the period of the Homeless Action Plan such as section 10 funding for emergency accommodation

Homeless Action Plans can help establish a need for ASO services in a homeless region. They can also be used to check what regions currently provide ASO services. This may be useful when setting up and expanding ASO services as it shows which local authority have ASO services already and how it is currently provided and funded.

An example of a Homeless Action Plan is the Mid-West Homeless Action Plan (2022 -2025).

Count of Rough Sleepers in the Dublin Region

A Rough Sleeper Count takes place bi-annually to measure the level of street homelessness in the Dublin Region. This can enhance a regions understanding of the reasons for rough sleeping to enable better planning.

Some of the benefits of conducting a count are:

- Identifying the number of people sleeping rough and whether they have had previous contact with services.
- Identifying the profile of people sleeping rough (age, gender etc.)
- Identifying whether people are on a social housing list and which local authority they are registered with.

What can this show?

- Are people sleeping rough already known to services?
- Are people sleeping rough also accessing emergency accommodation?
- Are there changes in the profile of people sleeping rough between counts?

To view an example of a rough sleeper count produced by DRHE click here. This shows us that:

- Outreach teams are familiar with most people who sleep rough
- Most people stayed in emergency accommodation at some point
- There is a flow of people through the services and rough sleeping
- Rough sleepers are not a set cohort of people

Data available on PASS

PASS is the primary source of homeless data on persons accessing DHLGH-funded homeless accommodation and services. While PASS does not record the numbers of people sleeping rough, it has been established, through official rough sleeper counts, that the majority of people who sleep rough will also access emergency accommodation. Services working with people who rough sleep can record these contacts on PASS through case notes and support plans. PASS might also assist local authorities to identify people who are registered on their social housing waiting list but are perhaps sleeping rough in a different county.

Other sources of Information

Additional information may be available on people who are rough sleeping in an area by reaching out to other support services who encounter people sleeping rough. These might include:

- Housing First teams
- Reports of rough sleeping from the general public, businesses, public transport operators, other local authority services such as waste management services and park services
- Gardaí
- Substance Misuse Outreach Teams
- Health services – hospitals, emergency services, addiction and mental health services, primary care centres/GPs
- NGO Street Outreach service data
- On-street food services
- IT solutions such as rough sleeper alert apps and mapping software for example, Dublin Rough Sleeper App launched by the DRHE in December 2020

Recommendation

Local authorities should review all data available to them to gather a clear picture of the need for Assertive Street Outreach services in their area. If necessary, a formal count methodology should be put in place to monitor the numbers and trends of people sleeping rough in the area. In conjunction with this, it is recommended that a support needs audit of the rough-sleeping population be carried out so plans and policies can be put in place to meet their needs.

Identify hotspot areas for outreach, including route plan if required

Variety and flexibility are important aspects when considering when and where to deliver Assertive Street Outreach services. Areas that currently operate Outreach services will be aware, through experience, of areas where people sleep rough, and will be responsive to the changing local environment or situation. Some services have prescribed route plans in place to establish a presence in hotspot areas. This has benefits in terms of raising awareness of the Assertive Street Outreach service among rough sleepers and the public; however, it is important to note that not all people experiencing homelessness are located in previously known areas. For this reason, it is important that service providers check areas outside known areas as well. They may learn new information on areas where people are sleeping rough through a variety of sources:

- Alerts from the public
- Gardaí
- Local businesses
- Local authority services, waste management, park services, etc.
- Rough sleeper counts
- Day services
- Other rough sleepers

Recommendation

If establishing or expanding an Assertive Street Outreach service, investing some time scoping out an area to see if any patterns are revealed is recommended. In addition to this, reaching out to other services will be useful in identifying when and where to deliver the service. Some services may use defined route plans or have specific hotspot areas, but flexibility is key to ensure that no areas are excluded. Other regions that already have established Outreach services may provide useful guidance on this.

Identifying and working with service partners

Collaboration with other agencies is a central tenet to Assertive Street Outreach. Working with rough sleepers requires a cohesive and integrated approach from a mix of mainstream services and NGOs. Such integrated practice can be achieved through developing partnerships to deliver streamlined access to services and accommodation and a person-centred approach to the needs of people sleeping rough.

Assertive Street Outreach teams should be familiar with services operating in their area and what the referral criteria is. Having clear communication protocols and policies in place with each service partner will assist in keeping the channels of communication open and avoid the risk of communication being overly dependent on individual professional relationships, which can be challenging to replicate should those staff move on from their roles.

The following outlines some of the services with which Outreach workers will need to collaborate:

Housing and homeless teams within local authorities

- Homeless placement services
- Social housing assessment and allocation teams
- Housing First teams
- Homeless Action Teams (HATs)
- Specialist service teams in local authorities, such as social work and Traveller accommodation teams
- Homeless HAP Place Finders

HSE

- Substance misuse services
- Mental health services
- Residential treatment services
- Hospitals
- A&E departments

Gardaí

- Community Gardaí

The NGO sector

- Homeless organisations
- Domestic violence services
- Other housing and health supports
- NGOs working with vulnerable groups such as Travellers, migrants, women and young people
- NGOs providing free legal services
- NGOs providing family mediation services

Other

- Department of Social Protection
- Translation services
- Prison Service
- Probation Service
- International Protection Accomodation Services (IPAS)

Recommendation

Prior to the establishment of an Assertive Street Outreach service, an analysis of existing services for rough sleepers should be completed. This may be useful to complete through the Homeless Action Team or the local authority or region. A number of homeless regions have established Homeless Actions Teams (HATs) in their areas. HATs are not set out in legislation but can play an important role in the delivery of services. Once the service partners have been identified, local authorities should work with these services to achieve the best outcome for people sleeping rough through collaboration and information sharing.

Having a base or central location for service partners to operate from has proven to work well for some local authorities. Some regions have local authority, Housing First and HSE staff all working together from the same office. Services operating from one central location promotes collaboration and information sharing between services. While this is not always possible in all local authority areas, consideration should be given as to how this might be achieved in the initial planning stages of setting up an Assertive Street Outreach team. Structural changes such as the co-location of services and provision of Assertive Outreach services can also have a positive impact on the service delivery and participant access to services.

Role of local authority assessments team

One of the key objectives of working with people who are sleeping rough is to end homelessness through the provision of suitable housing. Therefore, it is critical that the person applies and qualifies for social housing support where they are eligible for such support.

Many of the people that Outreach teams encounter may not be on a social housing waiting list. Outreach workers may need to assist people sleeping rough to complete a social housing support application form. This may require persistent engagement over an extended period to gather all the information and documents needed for the local authority to be able to assess the person.

A strong relationship and a clear communication protocol between the Assertive Street Outreach worker and the assessments team in the local authority will be key. Assertive Street Outreach workers can support the assessment process by ensuring that all paperwork is completed and accompanied by supporting documentation. They can also advocate on behalf of people sleeping rough to ensure that any missing information or gaps are addressed in a timely manner.

For further information on the role of Assertive Street Outreach teams and applications for social housing support see Chapter 6, Advocacy and support with access to services.

Role of local authority homeless assessment and placement team

While not all rough sleepers will choose to enter into emergency accommodation, there still needs to be a strong working relationship between the Assertive Street Outreach team and the team responsible for the assessment and placement of homeless households within local authorities.

On developing the Assertive Street Outreach team, a priority should be the establishment of this working relationship and communication protocols.

Recommendation

It is advised that Assertive Street Outreach teams establish:

- Methods of communication between these two teams
- Frequency of communication
- Prioritisation of cases
- The types of accommodation available within a local authority area, including bed numbers, availability of meals and hours of operation
- Requirements for entry into each accommodation type (any restrictions or limitations, e.g. no pets, no couples, no wheelchair access)
- Supports available within services

Role of Homeless Action Teams

Homeless Action Teams (HATs) are comprised of various stakeholders involved in the support of people experiencing or at risk of experiencing homelessness. These stakeholders include practitioners in health, housing (emergency, transitional or long-term) and addiction supports. The operation of the HAT's and their remit is a matter for the homeless regions. The below is broad overview of what responsibilities may fall under their remit.

HATs will:

- Ensure each individual accessing homeless services is supported to end their experience of homelessness as quickly and as effectively as possible
- Identify factors that enable or hinder the above
- Identify the target group and address the support needs of the target group

HATs' actions can include:

- Reviewing all new presentations to local authority homeless services
- Discussing all new referrals into emergency accommodation
- Discussing initial support plans
- Agreeing additional components of the support plan with the agencies represented at HAT
- Agreeing referral routes for each component of the support plan
- Flagging individuals known to service providers who may be at risk of homelessness and plan preventative interventions

Membership of HATs may be drawn from:

Local authority

- Homeless Services Manager
- Housing Welfare Officer
- Social care workers
- Administrative staff

Health Service Executive

- HSE Social Inclusion Lead (where appropriate)
- Community Mental Health Nurse
- Substance Misuse Coordinator
- Substance Misuse Outreach Worker

Department of Social Protection

- Higher Executive Officer (HEO) (Welfare)

Voluntary service providers

Probation Services

- Probation Officer

Visiting supports (when required)

- Gardaí – Community
- Vulnerable Persons Unit
- Others – as required

Other invited individuals/organisations

HATs may invite appropriate individuals/organisations to assist or contribute to:

- Individual support plans
- Develop new responses to addressing needs of people experiencing homelessness
- Highlight issues experienced by people sleeping rough that HAT may have a role in addressing

Recommendation

All Assertive Street Outreach teams should have a representative on their local or regional HAT team. This will promote collaboration between services and support greater outcomes for people sleeping rough.

Please note that information sharing and collaboration protocols between services need to be compliant with GDPR and Data Protection Legislation. Please see Chapter 7.

Role of Housing First

There are complementary and overlapping roles of a region's Assertive Outreach service and their Housing First service. Housing First teams will be required to make contact with people sleeping rough to identify and assess those who may be eligible for Housing First. Outreach teams should work closely with the local Housing First service to facilitate the engagement of people sleeping rough during the intake process for Housing First. Housing First teams may look slightly different depending on regional priorities and what resources are provided to teams locally. Each area will, however, have a HAT or other multidisciplinary teams to assist the Housing First programme with health and social needs.

Recommendation

It is recommended in the Housing First Manual that Housing First teams have a structured meeting at least once a month. Outreach Teams should feed into this meeting to discuss potential clients that would be suitable for Housing First.

Role of the HSE services

As identified in Chapter 3, the HSE has a vital role to play in the delivery of Assertive Street Outreach, specifically in the area of mental and physical health and substance misuse supports. Assertive Street Outreach services should establish clear protocols for referrals and identify the referral pathways for collaborative working at the outset of setting up a service.

The range of services offered directly by the HSE or funded by the HSE can vary from region to region. The access pathways to HSE services or those service providers funded by the HSE can also vary. This can be an operational challenge for local authorities when seeking to establish relationships and pathways with health and social care providers in their regions. The first point of call for local authorities is to contact the HSE Social Inclusion lead in their area. A contact list of HSE Social Inclusion leads is available here, or local authorities can contact the National Social Inclusion Office in relation to identifying the appropriate contact in their region. The Social Inclusion lead should be able to assist local authorities in mapping out the services available in their region.

Strong collaboration between HSE Social Inclusion leads and local authorities can result in improvement of homeless solutions. An example of this is in Waterford, where the Substance Misuse Outreach worker is employed directly by the HSE but works closely with the local authority and NGOs as part of the service of Waterford's Integrated Homeless Service.

Role of the NGO sector

Homeless services can be provided directly by the local authority or through an agreement between the local authority and voluntary or private providers. The bulk of homeless services are provided through the non-government sector.

Non-government organisations (NGOs) play a key role as service providers and advocates for people who are homeless. They focus on particular issues that need solving such as unaffordable housing, healthcare issues and represent specific groups who require support such as migrants, members of the Travelling Community and victims of domestic violence. Assertive Street Outreach teams should identify the NGO homeless services in their area and establish referral pathways with them. Procurement of these services and awarding of contracts are a matter for individual local authorities who are obliged to ensure compliance with all relevant statutory obligations in respect of provision of services and use of public funds.

The Housing Agency have produced a Homeless Toolkit which is available on the Housing Manual. Chapter 7 of the Homeless Toolkit provides more information on funding, reporting requirements and recoupment procedures for local authorities who provide funding to NGOs to deliver homeless services.

Role of IPAS

The International Protection Accommodation Service (IPAS) is responsible for the provision of accommodation and related services to people in the International Protection ('asylum') process.

There has been an increase in the number of International Protection applicants arriving in Ireland. As a result, there may be an increase in the number of people sleeping rough who are in the International Protection process.

IPAS is responsible for providing accommodation for this cohort. If a person applying for International Protection is rough sleeping, then an ASO worker should advise them to contact IPAS directly or assist them to contact IPAS if necessary.

Role of the Gardaí

It is beneficial for Assertive Street Outreach teams to have regular contact with Gardaí. Gardaí are well placed to inform Assertive Street Outreach teams of hotspots for rough sleepers and notify the team of vulnerable people in need of support. As part of the preparation for this guide, workshops were held with practitioners from the HSE, NGOs and local authorities, and local Gardaí were viewed as a very valuable resource for Outreach teams in identifying rough-sleeping locations and assisting staff who may need intervention from the Gardaí during their

shift. The method of communication between Outreach Teams and the Gardaí can range from regular formal meetings to informal communication while on the street.

Identify hours of service operation

Services should plan Assertive Street Outreach shifts based on the needs of the people sleeping rough. These shifts should be scheduled at times and conducted in ways that maximise services' chances of identifying and meeting all people who are sleeping rough.

This means that services may need to operate outside normal business hours and be visible and available in the evenings, at night and early mornings. Early mornings have been found to be an optimal time to engage with people sleeping rough, as there are more options available to the Outreach worker during business hours that can be offered to the person, and the person may be more open to discussing their support needs and the options available to them.
Due to the transient nature of rough sleepers, it is important that services offer evening and night services. These evening and night interactions are valuable, as having staff visible and available to people sleeping rough helps to develop a sense of trust between these individuals and staff, and allows them to identify the needs of people sleeping rough. The evening and night-time can be more focused on sourcing suitable emergency accommodation for those who have been unable or did not engage with accommodation services during the daytime.

Recommendation

Assertive Street Outreach must be flexible and respond to the patterns of rough sleepers. It is important that the hours of operation for Assertive Outreach are determined by the needs of people sleeping rough and reflect the patterns of rough sleepers. Every effort should be made to operate the service within times where rough sleepers are most engaging. In most areas this will include early-morning and evening/late-night shifts to meet people while they are bedded down.

Early mornings have been found to be best in terms of rough sleeper engagement, as there are more options available to the Outreach worker during business hours. However, some rough sleepers may not wish to engage if they have taken substances during the night, and discretion is advised.

Case study: Darragh

The Outreach team were contacted by a member of the public who was concerned about her son, aged in his 30s and with a long history of mental health problems. She explained that he had left the family home weeks ago and had had periods of sleeping rough in the past. She gave information on some locations where he had been known to go during those times.

The team carried out expanded rounds that week, to incorporate the various locations where the woman thought her son might be staying. They located him in a shed at the back of a business property. The man did not wish to come out of the shed, and so the team spoke to him through the door. They explained who they were and told them about the phone call, seeking consent for them to advise his mother that they had engaged with him. He agreed to this but did not respond to efforts to offer emergency accommodation or to further assess his needs.

Over a period of over two years, the Outreach team called to Darragh at the shed at least twice each week. They liaised with the Community Gardaí, the owners of the business property where the shed was located, Cork Simon's Emergency Shelter and Darragh's family to ensure that his basic needs were met insofar as possible, and that all parties were aware of how to access an emergency bed should Darragh take up that offer at any point. Darragh continually refused the offer of emergency accommodation, and engaged only minimally with the team, but they were able to establish a level of trust whereby he accepted provisions that they left for him, including food parcels, clothing and bedding. From there, the team was able to gain Darragh's consent to talk to his GP, who worked with the Social Inclusion nurse to put a plan in motion to arrange for a mental health admission.

After a period of hospitalisation, the Outreach team was contacted again by Darragh's family, who advised that his mental health had stabilised, and that he had returned to the family home.

Cork Simon Community

Administration and management

Funding for services

Housing and homeless funding

Specific funding proposals may be submitted annually through the Expenditure Programme to the Department of Housing, Local Government and Heritage (DHLGH) for each region for the provision of appropriate, fit-for-purpose Outreach services. If local authorities wish to discuss making an application for additional funding for Assertive Street Outreach services, they can contact the Homeless Section of the DHLGH on socialinclusion@housing.gov.ie.

HSE funding

National priorities and commitments of the HSE Social Inclusion are identified and agreed within HSE planning processes and documented in the National Service Plan 2024. Priorities include maintaining essential public health measures, consolidating advancements in healthcare delivery (including integrated care and case management) for people experiencing homelessness and providing health supports for 261 new Housing First tenancies. The strategy also works towards improving and expanding access to healthcare services for people experiencing homelessness and other social inclusion groups, including Roma communities, survivors of DSGBV, and members of the LGBTI+ community.

CHO areas submit local funding priorities to the National Social Inclusion Office each year. If there is a need for additional resources for Outreach services these should be made clear to the National Office with supporting evidence. The relevant HSE Social Inclusion lead would be the first point of contact to discuss any additional service or resourcing requirements.

Determine management and support structure

To deliver an effective Assertive Street Outreach response, it is critical that the management and administrative elements of the programme are supported by a structured framework to guide programme development, implementation and service delivery.

Through consultations with practitioners, cross-sector collaboration was identified as a key component to delivering Outreach programmes. However, many of the partnerships that have been created are organised in an informal manner. While this can work well, there is a risk of duplication of duties, gaps in service or decrease in access where service is reliant only on key staff who subsequently depart the service. This can lead to people sleeping rough not receiving the support that they need.

Chapter 7 looks in more detail at the structures required for cross-sector collaboration and pathways for the people involved to report and escalate issues affecting the service, and for management to ensure the strategic direction of their organisation and the service are being met.

Recommendation

A shared focus: All staff should have a shared focus for the service, a shared understanding of the problem and an agreed, joint approach to solving it through agreed-upon actions, where possible, underpinned by a formal agreement.

Identify level of staff required

It is recommended that Assertive Street Outreach workers operate in pairs at all times, particularly when accessing an unknown area.

As noted throughout the document, the effectiveness of Outreach depends heavily on building relationships with the person sleeping rough, which could take a significant amount of time. Effectiveness also depends on having the appropriate level of staff that can manage the number of people sleeping rough in an area. Having a level of continuity may be important. Throughout the consultation process it was noted that particular rough sleepers will only engage with certain Outreach workers because a trusting relationship has been established.

When identifying the level of staff required, organisations should consider having Peer Support workers with lived experience of homelessness, as part of the ASO team. Peer Support is a supportive relationship between people who have a shared lived experience in common such as homelessness and/or mental health problems. These shared lived experiences can help build up a rapport with an individual sleeping rough. Peer Support can also assist with creating staff diversity in the workplace and ensuring that staff come from a variety of different backgrounds which similarly will also help build a rapport with individuals sleeping rough. Peer Support is used in a wide range of organisations already such as the HSE and Housing First services.

The Housing First National Office has created a Peer Support Toolkit. It provides more information on integration and delivery of Peer Support specialist services.

Recommendation

The level of Assertive Street Outreach staff required will be informed by the assessment of need, hours of service operation and service partners in place. It is recommended that Outreach workers operate in pairs, and this should be taken into account when assessing staffing levels. Outreach specialists may work with other service partners to achieve pair working.

Consideration should be given to having Peer Support workers as part of the ASO team as well. Based on their experiences, they can provide information on supposts and services to assist an individual sleeping rough.

Chapter 5:
Staff Skills and Training

Qualifications and attributes

Professional qualifications and experience

Qualifications vary depending on the role being provided. Some staff will be required to have a professional qualification in order to assist individuals sleeping rough such as HSE Addiction Support Workers. However, local authority staff who are currently providing ASO as well as Peer Support workers may not require a professional qualification.

Regardless of the qualification, it is important that initial and ongoing training is provided to all ASO workers in areas such as homelessness and healthcare services. See below for a list of training options.

Sectoral and systemic knowledge

Assertive Street Outreach staff should have a significant practical knowledge of 'the system' and how 'to work it', i.e. the large number of statutory and NGO services relevant to the needs of the target group, their function, culture, personnel and the often complex formal and informal interrelationships between them.

Emotional intelligence skills

Within the Assertive Street Outreach team an ability to motivate and inspire trust with rough sleepers using open and honest communication is required. An understanding, non-judgemental, consistent and proactive approach is crucial. Clarity about when to challenge people sleeping rough (if needed) and a professional understanding of boundary issues is necessary. Staff must also demonstrate the ability to network and generate trust with a range of agencies through professional, clear and diplomatic interactions.

Leadership mindset

Staff should demonstrate a commitment to problem-solving, with the ability to keep moving issues forward, to ensure outcomes and progress for people sleeping rough. The Assertive Street Outreach team should have a culture of accountability and follow-through on actions.

Non-judgemental

Regardless of an Outreach worker's personal beliefs, it is critical that staff do not place their personal judgements on the circumstances or actions of people sleeping rough. If a person sleeping rough feels judged, they are less likely to be able to feel comfortable in receiving support, hence creating barriers to service access.

Flexible

Outreach workers require the skills to adapt their daily work priorities to the needs of clients. Such an approach is person-centred, and ensures that services are responsive to a client's needs as opposed to a programmatic response.

Resilience

One of the key attributes for Assertive Outreach is resilience and patience. If a worker does not demonstrate these qualities, it is vital that they are supported with the necessary training to develop these skills. Assertive Street Outreach work is an environment marked by high turnover, difficulty tracking people who are sleeping rough, high stress, lack of resources and a lack of immediate improvement in the people they serve. For an Outreach worker to remain impactful it is important that they are able to continue delivering services despite the difficulties endured by their clients, and without personalising them.

Respect

It is imperative that workers demonstrate respect to people sleeping rough. Outreach workers need to take care and try not to interrupt the lifestyle of the people they are trying to help. Lopez (1996) makes the point that clients don't lose the right to be left alone in the privacy of their home, even when that client calls the streets home. Clients are viewed as the expert in their life and on the streets. The worker takes the role of consultant into that lifestyle.

Recommendation

Staff should be professionally trained and qualified in line with the requirements of their role; these may be set out by other governing bodies, such as the HSE (e.g. addiction support workers) or CORU (e.g. social care workers). Special consideration should be paid to previous experience of staff working with rough sleepers and the attributes they bring with them. Effective Street Outreach is dependent on staff and rough sleepers building trusting relationships, and having the right staff in place is crucial for achieving this.

Training required

At the outset, a comprehensive induction training should be provided to all new staff members to include the necessary skills required for managing Outreach work as well as information on people sleeping rough and the Outreach environment. This includes knowledge of the housing and homelessness systems. In addition, ongoing training should be provided to ASO workers regularly. Training requirements vary depending on the role being provided but some options are listed below.

Housing First Manual

The Housing First Manual includes helpful information on recommended training for front-line staff that can also apply to Assertive Outreach staff.

These practices are based on the client-driven and humanistic values and principles that are integral to Housing First. In the Housing First programme, the support and treatment teams' focus on recovery means they can easily incorporate these practices into their day-to-day work.

HSeLanD

HSeLanD is the Irish Health Service's online learning portal, that is available to some section 39 organisations. First-time users need to create an account, and assistance for registration can be found on the registration help page.

Once logged in, there is a range of training courses available in HSEeLanD that would be useful for ASO staff. Action 9.1 of The HSE National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (2024 -2027) contains an action to "develop, deliver and/or promote health-related training programmes through HSeLanD for health, social care, and homeless service staff members. This list of training includes

- trauma-informed care and practice
- relevant substance misuse training, including harm reduction, naloxone, SAOR Screening and Brief Intervention, and Hidden Harm
- dual-diagnosis training
- suicide prevention gatekeeper training and post-intervention training for example ASIST level (Applied Suicide Intervention Skills Training)
- anti-human-trafficking training
- domestic, sexual and gender-based violence training
- ethnic equality monitoring (EEM)
- LGBTQI+ training
- cultural competency training
- person-centred care
- integrated assessment and care planning
- key working and case management/ referral pathways
- self-care for members of support staff
- combatting stigma and discrimination, to improve access to mainstream health services
- introduction to Traveller Health module developed

To register for HSeLanD and view these courses, please go to https://www.hseland.ie/dash/Account/Login.

Naloxone Training

As mentioned, naloxone is a prescription medication used to temporarily reverse the effects of opioid drugs (for example heroin, morphine, codeine, methadone and fentanyl) if someone experiences an overdose. In order for ASO staff to administer naloxone to an individual sleeping rough, they first must be trained how to use it. There are two options available.

1. Overdose Awareness and Naloxone Administration training provided by HSeLanD
2. In person training by a trainer trained from the HSE National Social Inclusion Office

Option 1 – HSeLanD

Two Module Opioid Overdose Awareness and Naloxone Administration Training course, is available on HSeLanD. This course is open to all HSeLanD users and designed for all frontline workers (clinical and non-clinical) and volunteers who may witness an opioid overdose. Module 1 is an eLearning course on HSeLanD which is a pre-requisite, along with current in date CPR training for attendance at the in-person Module 2 training (registration for Module 2 is on HSeLanD). Successful completion of Module 2 is required for an organisation to notify the HPRA (via the Emergency Medicines Portal) of its intention to procure or purchase a naloxone from a pharmacy or other supplier for supply and administration in an emergency situation.

Option 2 – In Person Training

As identified above, it can also be provided through a trained trainer.

The environment that ASO staff administer naloxone can be challenging. For example, ASO workers in most cases will be required to administer it on the streets in all types of weather, they might be in an exposed situation; there might be people walking by, it might be dark and ASO staff might be doing it by torchlight etc. Therefore, having in person training can allow for the training to be tailored to the environment that ASO staff might have to administer naloxone in.

Trauma Informed Care and Practice

As mentioned previously, organisations providing ASO services should be trained in Trauma Informed Care and Practice. Improving awareness of trauma and its impact helps services to provide effective support and avoid re-traumatisation for clients and it can also help to reduce burnout for ASO staff.

7 This is now called Saftey Intervention. A refresher may need to be completed by staff trained in MAPA.

The Housing Agency hosted a series of webinars on Trauma Informed Care and Practice. These webinars do not substitute the need for professional training in this area but instead provide a brief overview of Trauma Informed Care and Practices in Ireland. The links to the webinars are below:

- Trauma Informed Care in Professional Practice
- Trauma Informed Care in Homelessness Services Settings
- Trauma Informed Care for Housing Practitioners: Principles, Theory and Impact
- Vicarious Trauma and Self Care for Practitioners

Quality Matters provides training on Trauma Informed Care in Ireland. It is a multi-agency programme that provides training, resources and implementation supports for organisations committed to working in a trauma-informed way with those who use their services.

Engaging with Migrants

As mentioned, immigration to Ireland has increased significantly for reasons such as war and famines. Engaging with migrant rough sleepers can present a challenge for Assertive Street Outreach workers. Migrants may have difficulty in accessing services due to their residency rights, a lack of awareness about services available, language barriers and cultural barriers. Communication can be seriously impaired if staff are unaware of or insensitive to the role of culture during formal interactions, or if staff are unaware of the rough sleeper's limited ability to communicate. HSeLanD has a number of useful training courses that can assist ASO staff when working with migrants and other vulnerable cohorts.

ASO staff should also be familiar with any additional tools and supports that are available to assist migrants who are rough sleeping. These additional tools include:

Translation services – Staff may need to use telephone interpretation services to communicate with people sleeping rough who are not fluent in English. An example of a telephone Interpretation service that ASO staff could use would be Transalations.ie.

The Irish Refugee Council has created a directory of organisations that provide support to migrants, refugees and people seeking asylum in Ireland. To view the directory, click here.

Staff tools

Ensuring that staff are well equipped to carry out their roles is vital for Assertive Street Outreach services. Provision of vehicles and drivers to support engagement and to transport people who are sleeping rough to and between homeless facilities, including out of hours, may be required.

Staff should, at all times, wear appropriate clothing that ensures they are dressed for any weather. Clothing and footwear must also facilitate easy movement.

Recommendation

Outreach teams should ensure they have the following items during Outreach sessions:

- A charged (company) phone, with the number of emergency services and the relevant manager pre-programmed
- The necessary equipment to deal with needles. This should include protective gloves and sharps bins
- Promotional material and information leaflets such as information on social housing support, naloxone information leaflets and drug harm reduction information
- Condoms, feminine hygiene products
- Personal safety alarms
- Consent forms
- Outreach monitoring sheets
- Naloxone Kit
- Knowledge of the nearest available Accident and Emergency Department

Staff supports

Assertive Street Outreach services should provide their teams with:

- A code of practice for all staff
- An outline of aims and objectives
- Training
- Debriefing following any incident
- Safety mechanisms, safer working and lone working protocols
- Clear protocols on recording and reporting incidents and concerns[8]
- Interagency protocols for reporting concerns to and liaising with existing homeless services, including all relevant Policies Procedures, Protocols and Guidelines (PPPGs)
- Protective equipment (rubber gloves, basic first aid equipment, etc.) and training as appropriate to the work
- Access to vaccination and health-screening programmes as appropriate
- Trauma-informed policies and practices

It is important that Assertive Street Outreach workers develop strategies and skills in self-care. While the development of self-care strategies is reliant on the individual motivations and commitment of workers, the message of self-care can be actively promoted by senior managers as a good health and safety practice.

Services should offer external support to staff through an Employee Assistance Programme that can provide free, confidential services to staff as needed.

Supervision

Supervision offers Assertive Street Outreach workers the chance to reflect on and share problems with colleagues and management, as well as helping to develop skills and knowledge. Supervision should always be a supportive mechanism for staff.

The availability of supervision sessions is extremely important for providers working in homeless services in general. Supervision allows workers time to reflect on single cases and identify person-centred strategies aimed at promoting the well-being and recovery of people sleeping rough. The opportunity to reflect on one's own work experience with colleagues and exchange knowledge, competences and good practices are critical in services adopting a person-centred approach. Supervision can be provided in a variety of forms such as team meetings, "on the job supervision", one to one supervision or community of practice events.

8 For HSE and HSE funded services the HSE Incident Management Framework should be used.

Recommendation

Managers of Assertive Street Outreach staff should be trained in and ensure the adequate supervision and support of staff.

Assertive Street Outreach services should have a written policy on the support and supervision of front-line staff to ensure:

- Supervision of front-line staff occurs at regular intervals
- There are signed and dated records of supervision that reflect practice issues discussed and support training needs raised by either party
- Services have a policy on the support of staff
- Staff are encouraged through supervision to be cognisant of their own health and support needs

Chapter 6:
Service Delivery

Early intervention and meeting the basic needs of people sleeping rough

To prevent people from becoming entrenched in rough sleeping, Assertive Street Outreach workers should adopt an early intervention approach. An early intervention approach should aim to rapidly connect a person sleeping rough to alternative accommodation options and supports and prevent long-term episodes of rough sleeping.

Initial engagement and determining a rough sleeper's basic needs are the first steps in Assertive Street Outreach. The start of a relationship with a person sleeping rough is very important, and should be at the rough sleeper's own pace.

Initial engagement will often be more successful where the Assertive Street Outreach team have something to offer to a person sleeping rough; this might be access to a service, availability of accommodation or even just a cup of tea or coffee and a sandwich. As emphasised previously, relationship-building is key, and initial engagement should focus on developing a rapport with the person. An initial assessment tool may be used to determine the basic needs of a person sleeping rough, and to assess any risk that might occur. This may be conducted verbally by staff or as part of a more formal assessment.

A consistent and persistent approach when delivering Assertive Street Outreach is necessary. A person may be reluctant to engage for a range of reasons. It is important that workers are able to manage reluctance appropriately and understand that their continued presence keeps the door open for a person to receive a service. A persistent approach does not mean pursuing the person relentlessly, but rather focuses on being physically present and available if and when they request a service. Engagement should be based on encouragement, not enforcement.

The use of a route plan can support the Assertive Street Outreach worker to offer a consistent and reliable service to people sleeping rough that helps promote relationship-building and trust. Such a structured approach assists people to know where and when they can receive a service. While some individuals may be reluctant to engage, this can change over a period of time, as they slowly start to recognise workers and a sense of rapport starts to develop.

Once a relationship has been established with a person it is good practice to complete a more detailed assessment to gather further information about the range of needs and develop a support plan with a person sleeping rough. Given the fragile nature of early engagement, the initial assessment can be completed in an informal manner. As the relationship progresses it may be necessary to gather more information about the person to fully meet the needs of a person rough sleeping.

Case study: Brian

The Outreach team met Brian bedded down in the city centre. Brian was not known to the team, and presented as extremely vulnerable. He initially refused to give his name, but after persistent engagement from the Outreach team, he eventually began engaging with the team and they got his details. The Outreach team looked him up online and realised that he was from the UK. They contacted British police and eventually got in touch with Brian's social worker, Laura. The Outreach team contacted the British embassy in Dublin and arranged for temporary travel documents and a temporary credit card to be provided for Brian. With the help of the Outreach team, Brian booked a ferry from Dublin to the UK, and arranged for Laura to meet him in Holyhead. The Outreach team brought Brian to Dublin Port and waited with him until his ferry arrived, and he got on the ferry 14 hours after first engaging with the Outreach team that morning. The alternative option would have been to quickly book Brian into homeless accommodation in Dublin and not follow up with the aforementioned services.

Dublin Simon Community

Recommendation

It is important to identify the basic needs of people sleeping rough as they see them. These will be the issues they first present with and those most important to them. These may include safety, accommodation or shelter, financial support, addiction/harm reduction support, mental health support or material aid. It is helpful to identify any needs quickly, because if some of these needs can be resolved quickly, this can help to build trust and engagement between the person rough sleeping and the Assertive Street Outreach team. These immediate needs may be the basis of engagement with the person in the first few days or weeks of support, while a support plan or holistic needs assessment is done.

Stages of service delivery

The primary areas of service delivery for Assertive Street Outreach could be categorised using the below headings (however, these will likely overlap in practice):

Shift planning

Providing Outreach services to people experiencing rough sleeping can be an unpredictable environment, due to the complexity of issues and unknown environments. It is important for organisations to implement well-defined risk management strategies and shift planning to reduce the likelihood of risk to staff and people sleeping rough. Risk management can be seen as a two-way approach for both staff and a person sleeping rough, managed in terms of health, safeguarding, exploitation, violence and criminal behaviour, risk to the public and risk of abuse. Each individual case must be risk assessed, and policies implemented to ensure that safety is paramount for all involved.

The following strategies provide guidance on some of the key factors requiring risk management consideration and shift planning.

Develop an Outreach log

An Outreach log provides updated information on the activities of Outreach staff and work outcomes. This information can be used to update other team members on the progress of people sleeping rough, and highlights any actions requiring follow-up. It also identifies the locations and expected time of arrival of staff.

Planning for a shift

It is important that Outreach teams regularly plan their actions before they go out on shift. This may include deciding who will take the lead role in situations or how roles and tasks will be shared.

Provide contact details

Document the contact details of all members of the Outreach team in the Outreach log.

Understand the service network

Assertive Street Outreach workers need to have a thorough knowledge of the services available to people sleeping rough and the referral processes in their region. A mapping exercise of services available in the area would be worthwhile.

Never go out alone

Assertive Street Outreach workers should go out in pairs or as part of a team. They should never let their partner out of their sight. If it's not safe, they should withdraw from the situation. Staff safety and the safety of people sleeping rough is paramount. Assertive Street Outreach workers should stay together on the street, and deal with any disagreements together by withdrawing from the situation. Talking out loud with a shift partner can help staff figure out different options and find solutions together.

Access to supervision

It is important that Outreach workers are appropriately supported; this can be achieved by providing access to regular supervision either one to one or in a team approach. Staff should be encouraged to speak openly about boundary issues through supervision and team meetings. This is part of ensuring the emotional safety of the staff.

Recommendation

All Assertive Street Outreach teams should develop a Risk Assessment Policy for use by all staff.

During a shift

Environmental assessment

Staff safety is the primary concern in Outreach activities. Staff should not go into a situation if they don't feel safe. If during Outreach a staff member judges that the safety of the public, the person sleeping rough or the team is at risk, the staff member should walk away and contact the Gardaí. If the Gardaí are called, the manager should also be contacted. It is vital that staff are aware of the following strategies:

- Wherever possible, meet with people in an open space
- Withdraw from, or avoid getting into, potentially violent or threatening situations
- If a situation arises that is potentially harmful to a person's life or health, notify the Gardaí and/or emergency services immediately
- When in the Outreach environment, it's important to show respect to clients involved. Listen to clients before voicing any suggestions. Don't base everything on observation. Explain your role and the purpose of your visit – openness and respect help to break down barriers
- Identify any hazards
- Identify the risks associated with the hazard
- Rate the risk and identify measures that control the risk
- Have a clear protocol that ensures there is two-way communication between Outreach workers and management throughout the shift. This could be via regular calls and text messages.
- Have best practice guidelines for staff in identifying themselves to individuals sleeping rough such as branded clothing/lanyards/vehicles etc.

Case study: Patrick

In an earlier case study, we mentioned Patrick, who had a history of alcohol misuse, as well as suffering from poor mental health, which at times resulted in aggressive behaviours towards fellow rough sleepers and service providers. The below provides more detail on the steps taken by the HSE Outreach worker to engage with Patrick to provide the support services he needed.

Actions

Identify the hazard: In this case, the individual was potentially aggressive if excessive amounts of alcohol had been consumed, or if his mental health had deteriorated. Also, the tent was located in an isolated area, which increased the risks for the Outreach worker.

Identify the risks associated with the hazard: In this case, the risk of aggression and potential violence from Patrick, and also the isolation associated with the area, placed the Outreach worker at risk if something had happened.

Rate the risk: Based on the information at hand, we deemed this a high-risk intervention.

Identify control measures: We designed an Outreach plan based on the risk, in this case no lone working was encouraged when outreaching to Patrick. Also, the HSE SMS team was informed of location and expected return time before outreaching to Patrick. Based on the information provided, we created a ICMP (Individual Crisis Management Plan), which identified possible triggers for escalation and also skills required to de-escalate if necessary. Ideally, an ICMP will be done inclusively with an individual rough sleeper; however, this will only be possible if a therapeutic relationship is formed.

Initial contact: We introduced ourselves and requested consent to inform Patrick of the services and supports available. Once consent was provided, the process of conducting an initial assessment could begin. This was done in an informal manner; however, the worker was seeking responses that would identify needs in terms of physical well-being, mental health status, substance misuse, housing needs and in essence to identify if Patrick had the cognitive capacity to engage in such a process. In this case, Patrick provided consent and was deemed appropriate to provide Outreach interventions to.

Waterford Integrated Homeless Services

Be well equipped

Always have:

- **A charged (company) phone,** with the number of emergency services and the relevant manager pre-programmed.
- **The necessary equipment to deal with needles**. This should include protective gloves and sharps bins.
- **Promotional material and information leaflets,** for example, law and legal rights, drug harm reduction information, etc.
- **Condoms, feminine hygiene products**
- **Personal safety alarms**
- **Consent forms**
- **Outreach monitoring sheets**
- **Naloxone Kit**

Make sure telephone numbers and availability of other services are programmed into mobile phones. This should include contact details for a Telephone Interpretation service such as Translations.ie Always have easily accessible mobile phones, as well as pen and paper. Be prepared to cope with acute crises or uncomfortable situations.

Verification of rough sleepers

The Assertive Street Outreach team have a role to play in verifying rough sleepers at the request of local authorities or the Department of Social Protection. The Assertive Street Outreach team may be contacted in order to confirm that a person is rough sleeping after informing a service of this. This may occur when a rough sleeper has made an application for homeless accommodation, social housing support or a social welfare payment, and they have stated that they are rough sleeping. Local authorities and the Department of Social Protection will often require evidence of rough sleeping, and this can often be provided by the Assertive Street Outreach team.

Recommendation

The Outreach team should have clear communication pathways between agencies requesting rough sleeper verification. This could include:

- How an agency can request a rough sleeper verification
- Timeline for Assertive Street Outreach responses to verification requests
- Information that is required relating to a rough sleeper, i.e. description, location, risk factors
- Format for confirming verification, i.e. case note on PASS, written confirmation
- Format for confirming if a person has not been seen rough sleeping, i.e. phone call, written letter

Responding to reports of rough sleeping

Services should visit all locations where there is good reason to believe that people may be sleeping rough. Where there are areas that are unknown to staff a risk assessment should be completed by staff. Staff should not cross into private property or squats, but should work with property owners, site foremen or Gardaí to assess a situation and offer support.

The role that the general public play in addressing rough sleeping can be very important. Often the general public or local business owners are the first people to become aware of people sleeping rough in public areas. Developing a strong line of communication between the general public and Assertive Street Outreach can be instrumental in promoting prompt engagement with people sleeping rough.

Strong communication with the general public and visibility of Assertive Street Outreach services can change how the public perceive the homeless situation in their area and reassure people that supports are available.

Recommendation

It is good practice to build relationships with stakeholders in areas where rough sleepers are located. These stakeholders may include:

- Individuals
- Community groups
- Neighbourhood groups
- Local business owners
- Security staff in shopping areas/car parks, etc.
- Office of Public Works/park rangers
- Waste management services
- Gardaí

Client safeguarding

Safeguarding is a high priority when performing Assertive Street Outreach. The HSE has created "Safeguarding Vulnerable Persons at risk of Abuse – National Policy and Procedures", which applies to all HSE and HSE-funded services. It outlines a number of principles to promote the welfare of vulnerable people and safeguard them from abuse. Rough sleepers are one of the most vulnerable groups in society, and many have high levels of complex and

interrelated needs. Rough sleepers experience many different types of abuse, including physical and psychological abuse. These safeguarding measures are put in place to reduce the risk of harm to people sleeping rough. It also promotes and protects rough sleepers' human rights, as well as their health and well-being needs. Safeguarding is fundamental to high-quality health and social care.

Working with Vulnerable Cohorts

While rough sleeping is dangerous for anyone. certain groups may face additional challenges and may be at a higher risk of experiencing violence and intimidation. These groups may include:

- Women
- Members of the LGBTIQ+ Community
- Young People
- Migrants

When assisting these cohorts, it is important that appropriate accommodation that matches the rough sleeper's needs is provided quickly, and additional supports and services are put in place if required.

In order to provide any additional supports and services required, ASO staff should be familiar with NGOs and stakeholders operating in their area and have a clear communication protocol in place with these stakeholders and NGOs to best support the needs of an individual sleeping rough.

HSeLanD provides a number of useful training courses for working with vulnerable cohorts. To view these courses go to https://www.hseland.ie/dash/Account/Login.

Recommendation

In order to assist finding information on supports and services for individuals who are homeless or at risk of homelessness, The Housing Agency has created a Homeless Prevention Service Directory. The directory includes supports for vulnerable cohorts who are at heightened risk of homelessness including young people, members of the LGBTIQ+ community, migrants and women who are victims of domestic violence. To access this directory, click here.

Case study

The Outreach team received reports of a vulnerable woman called Fiona sitting on a bench in Dublin City. Fiona refused to say a single word to the Outreach team. The Outreach team checked on her throughout the day, but she did not engage, and then bedded down by the bench at night. The Outreach team assigned two keyworkers to visit her every day, seven days a week, to provide consistency. It took two weeks for Fiona to give her first name to the Outreach team, and a few days later she gave her second name. The Outreach team, in partnership with Safetynet, arranged a mental health assessment for Fiona, and she was referred to specialist psychiatric support.
Dublin Simon Community

Advocacy and support with access to services

Access to emergency and long-term accommodation options

Research has identified that, where permanent accommodation is provided to rough sleepers, as opposed to temporary accommodation, tenancy sustainment rates are far greater (Randall and Brown, 2002). Assertive Street Outreach alone is insufficient if it is not accompanied by a meaningful and suitable accommodation offer.

Assertive Street Outreach workers should establish relationships and referral pathways with accommodation providers and local authority placement and homeless services at the outset.

Some people sleeping rough may wish to end rough sleeping but be unwilling to do so if entering emergency homeless accommodation is the only means to achieve this exit for reasons such as past trauma, mental health illness or recovery from substance misuse issues.

Accommodation options might include:

- Emergency accommodation
- Supported temporary accommodation
- Long-term supported accommodation
- Return to family
- HAP tenancy with Place Finder support
- Local authority housing
- Approved housing body accommodation
- Housing First tenancy
- Domestic Violence Refuges
- Youth specific accommodation options such as Novas Dial House

The accommodation needs of people sleeping rough are all different depending on the person, and require a level of skill and expertise on the part of the Assertive Street Outreach worker to understand what might offer a solution for an individual.

Access to IPAS

For International Protection applicants who are sleeping rough, ASO should advise them to contact IPAS or assist them to contact IPAS if necessary as IPAS has responsibility for providing accommodation for this cohort.

Access to social housing support

Assertive Street Outreach workers will need to work with rough sleepers to identify their needs and support them to access relevant services with a primary aim of ending homelessness. Often this work will start with the completion of a social housing support application form.

Staff should be familiar with this form and the required supporting documents and, when the person sleeping rough is ready, be able to offer support to complete it. This can often be a difficult task, as the required documents are not always readily available, such as identification, birth certificate or proof of income. The Assertive Street Outreach worker should work with the person sleeping rough to prepare a support plan to secure the required documents and liaise with the assessment team in the local authority with any queries relating to the application.

Where rough sleepers are already registered on their local authority housing waiting list Assertive Street Outreach workers and the assessment team in the local authority keep in contact to ensure that the application is up to date and the person has the relevant priority in terms of their housing need.

Housing First teams

Housing First is a housing-led response to people sleeping rough. It plays a pivotal role in Ireland's response to homelessness. Access to suitable housing with supports for rough sleepers is a critical intervention and a priority for Assertive Street Outreach Teams.

Case study: Tom and Anna

Tom and Anna were sleeping in a tent in Dublin city centre for months. They were not from Dublin, and due to local connection criteria, they could not get stable couple's accommodation in Dublin. Both Tom and Anna used drugs regularly and really needed a stable base, as their health was deteriorating. Initially, the Outreach team started to support them in advocating to Dublin services to get accommodation locally. Through regular engagement the Outreach team discovered that they came from a different local authority area. The Outreach team discussed the challenges of getting registered in Dublin with the couple and helped them contact the local authority area that they were from. The couple were unsure about returning but eventually they decided to return after a prolonged period in a tent in Dublin. They were accepted onto Housing First and were in their own home after a few weeks of leaving Dublin.

Dublin Simon Community

Access to social welfare support

People sleeping rough may be able to avail of an additional needs payment. Being in receipt of social welfare is not a prerequisite to receiving an additional needs payment. The additional needs payment includes exceptional needs payments and urgent needs payments. There is no set rate for an additional needs payment. To apply for an additional needs payment, a person sleeping rough must meet with the community welfare officer. The amount they can receive depends on their circumstances and what they need help with.

Assertive Street Outreach workers have a role to support people sleeping rough in their applications for additional needs payments. In practice, this may include the completion of forms, sourcing accompanying documentation required, applying for identity documents, providing supporting letters and accompaniment to appointments.

This is an important role that can help support rough sleepers in taking initial steps to access necessary supports.

Access to substance misuse services

Individuals should have a clear route into local Addiction Services including Opioid Agonist Treatment Clinics, Cocaine Treatment services and Alcohol services (if available) as required.

Initial street engagement from an Outreach worker or addiction worker may include:

- Screening and Brief Intervention (SAOR)
- Harm reduction advice and admister Naxolone if required.
- Needle exchange services
- Provision of information on services available to people sleeping rough
- Naloxone training and a Pathway for provision

Access to mental health services

Where a person sleeping rough is already linked in with a mental health service, every effort should be made to ensure that any accommodation that is offered is within the same Community Health Organisation (CHO) area to ensure that a person sleeping rough has continued access to their mental health team.

The options for management of rough sleepers who do not access mental health or psychiatric services is to link them with a GP for assessment. A GP can make a referral to mental health services where it is considered necessary. Safteynet is a medical charity that is part funded by the HSE operating in the Dublin region. It delivers quality healthcare to those marginalised in society, including drug users, homeless people, people suffering from poor mental health and International Protection Applicants. On Tuesdays, Wednesdays and Thursdays, they operate a Mobile Health Unit to engage with entrenched rough sleepers, some of whom have had no medical input for years. The medical team consists of an experienced GP, a nurse and a driver working closely with a Housing First Outreach team. They begin in St Stephen's Green and then will move to different locations around the city for patients referred to them by Dublin Simon and other agencies. The team also provide static GP and nursing clinics in Dublin 1, individual follow-up and mental health case management. Safetynet also offer these services, through their In-Reach Primary Care Team. The In-Reach Primary Care Team provide GP and nursing services in a number of emergency accommodations throughout the city, and one drop-in centre.

Case study: Oliver

In late 2020, the Outreach team came into contact with Oliver when he came into the rough sleeper service. Oliver was aged in his 30s and was originally from another European country. He had come to Ireland for a job and had settled here for a number of months. In a short period of time during the early months of the Covid-19 pandemic, Oliver suffered a number of personal crises that led to his becoming homeless: his relationship broke down and he had to move out of the shared rented apartment where he had lived with his partner; he began suffering from seizures and was diagnosed with epilepsy; and he lost his job due in part to problematic drinking, which had worsened as he used alcohol to cope with the relationship breakdown, housing crisis and health problem.

Because Oliver had not been living in Cork for long enough to satisfy the Habitual Residence Condition for social welfare and housing supports, he was not assessed as having a Centre of Interest in Cork, and had been advised that he could only access emergency accommodation through the one-night-only Nightlight service. Concerned that he would become entrenched in homelessness for lack of move-on options, the Outreach team advised him and signposted to organisations to support his repatriation to his home country. However, Oliver was unwilling to return at that time, as he was suffering multiple seizures per week and was fearful of travelling. He also did not have a support system in his home country.

The team continued to work with Oliver while he accessed one-night-only beds and used the facilities of the Day Service for food, showers, laundry and, crucially, access to the HSE Adult Homeless Integrated team. The GP on the HSE team explained to Oliver how his drinking was interacting with his epilepsy, and worked closely with the Outreach team to support Oliver with a Librium detox to help him cease his alcohol use, as well as treating his epilepsy with medication. Oliver's health began to stabilise, and the frequency of his seizures reduced dramatically.

The Outreach team engaged with him on exploring his limited options, and with him they determined that, due to his prior work history, his best option for a sustainable exit from homelessness would be a return to employment. Through the Cork Simon Employment and Training service they secured him a place on a Career Readiness training, where he was provided with a volunteer mentor who helped him to update his CV, resolve his exit with his former employer and secure a positive reference, and use the service's computers to carry out a job search daily. After weeks of applying for posts in Ireland, in

his native country and elsewhere in the EU, Oliver secured a job offer in another country and was provided with funds to travel there. Eighteen months later, he remains in touch, emailing the Outreach team occasionally to say that he is doing well, working and in good health, and thankful for the interventions that supported an exit from homelessness despite multiple barriers and very limited options.

Cork Simon Community

Recommendation

Assertive Street Outreach workers should be aware of the substance misuse and mental health support services within their area and work with them to provide an inter-agency support. The HSE has a list of their mental health services available here. The HSE National Directory of Drugs and Alcohol Services can be found here.

Access to well-being and mainstream supports

Creating linkages with mainstream healthcare, welfare, training, education and employment services are important to establish stability and progression for rough sleepers, including:

- Accessing a medical card
- Personal and life skills interventions, e.g. stabilisation and harm-reduction interventions to address a rough sleeper's drug/alcohol-related issues.
- Stabilisation of behaviours relating to mental ill health, physical health and anti-social behaviour
- Interpersonal skills development
- Family, relationship and social support
- Motivation, health and well-being, counselling, relapse prevention, overdose prevention, self-esteem and interpersonal skills
- Linkages with the relevant HSE Integrated Service areas (e.g. Primary Care Teams, Mental Health Teams or as directed by the HSE and or DRHE)
- Dental services
- Access to family mediation services – Family breakdown is one of the main reasons that young people end up homeless. Family Mediation Services may help young people move back home. The Legal Aid Board provides free family mediation services
- Organisational skills, e.g. accommodation charge collection, coordination of appointments and meetings, court appearances, doctors' appointments, etc.
- An Post Address Point Service

Administration

Case notes

Case notes are an important element of service provision, and serve as a running record of client contact as well as a location to keep track of any client information relevant to their support needs. Case notes can help staff to keep track of rough sleepers' progress, goals and treatment responses in a note.

Case notes should be:

Unambiguous – The note should be clear and easily understood. If you're not sure, have someone else read your case note to see if they understand it.

Brief – Ensure that all necessary information is presented in the shortest possible way.

Valuable – The foundation for drafting case notes is "just the facts".

Relevant – Only topics that are pertinent to the current circumstance should be recorded in a case note.

Timely – Case notes should be recorded as soon as possible after an interaction with a client.

Trackable – Case notes should record who the author of the note is.

Case notes are especially important when there is a multi-agency approach, as this allows for up-to-date sharing of information on a person sleeping rough. A process for managing client consent and developing information-sharing and data management systems is required for all Assertive Street Outreach services.

PASS is the shared bed and case-management tool used by homeless services, and provides a consistent and reliable information sharing platform for local authority- and Section 10-funded services. Where services do not have access to PASS all communication between agencies should be in line with the organisation's confidentiality and information-sharing protocols to ensure a person's privacy is protected and maintained.

Consent

Currently, consent for engagement with homeless Street Outreach relies heavily on PASS consent. In some services, in order for a person to be case managed they must first sign a consent protocol – agreeing that information on their case can be shared across key agencies – including the Gardaí. When an individual agrees to be case managed, they benefit from having direct access to a range of supports from a variety of agencies.

A consent protocol signed by service users allows staff to build a very strong foundation for inter-agency partnership in the case management of people sleeping rough who have agreed to it. This gives great flexibility to staff, as they have a remit to engage with any service relevant to the services user's needs to progress their support plan.

Where there is no protocol for consent by clients, this limits inter-agency partnership and may even create a closed culture between organisations. It can result in duplication, where several organisations are working with the same clients, sometimes giving levels of low support with overall low impact.

In cases where a staff member is concerned about the capacity of the person to provide consent, steps should be taken to support that person to make a decision regarding the sharing of their information with others. The Assisted Decision-Making (Capacity) Act 2015 commenced in 2022.

The Housing Agency has created training resources on Assisted Decision Making. To view these resources, click here. (You will need access to the Housing Manual to view these)

The Decision Support Service has been set up to assist with the implementation of the Act. They have detailed guidance on supporting people to make decisions and how to assess their level of capacity to make a particular decision at a particular point in time.

The primary position in all cases is for staff to **presume capacity** and support the person to make that decision. Sometimes this might mean providing the information in a variety of accessible formats, such as Easy To Read, or arranging a time that would suit that person better to make that decision. **With the right information and support** a person with decision-making capacity can:

1. **Understand the information** – which may need to be provided in an accessible format
2. **Retain the information** – just long enough to make the decision in question
3. **Use and weigh up the information** – understand the consequences of the decision
4. **Communicate that decision** – forms of communication other than the written or spoken form may need to be facilitated depending on the needs of the individual, i.e. where a person is non-verbal

Where all efforts have been made to support the person to make the decision and the Outreach team is still concerned about the person's capacity to make a decision, there may be a need for a more formal support arrangement to be put in place. Please refer to the Decision Support Service for further guidance.

Coordinated case management

Given that people sleeping rough may present with multiple and complex needs, it is recommended a coordinated case management model such as the NDRF is adopted to ensure an integrated service response.

The DHLGH, in conjunction with the Department of Health and the HSE, intends to expand on these measures. As measures are increased, this guide will be updated to reflect same.

Case study: Adam

On three occasions last year, Dublin Outreach team supported Adam from Galway, who would come to Dublin and engage in chaotic drug use. While the simplest option would have been to support Adam to access emergency accommodation, an Outreach keyworker reached out to his youth worker, Alan, who was already involved in his care. On two separate occasions, Alan drove a significant journey to Dublin to meet the Outreach team and Adam. He built up a rapport with Adam, and was able to drive him back to Galway, where he had supported accommodation.

Dublin Simon Community

Chapter 7:
Governance

Introduction

Overall, local authorities have a statutory responsibility to provide homeless accommodation and related services to homeless persons, while the HSE is responsible for the provision of health supports to people who are homeless.

Under the Housing (Miscellaneous Provisions) Act 2009, a structure called the Statutory Management Group (SMG) is in place to jointly address the provision of services to people who are homeless at a regional level.

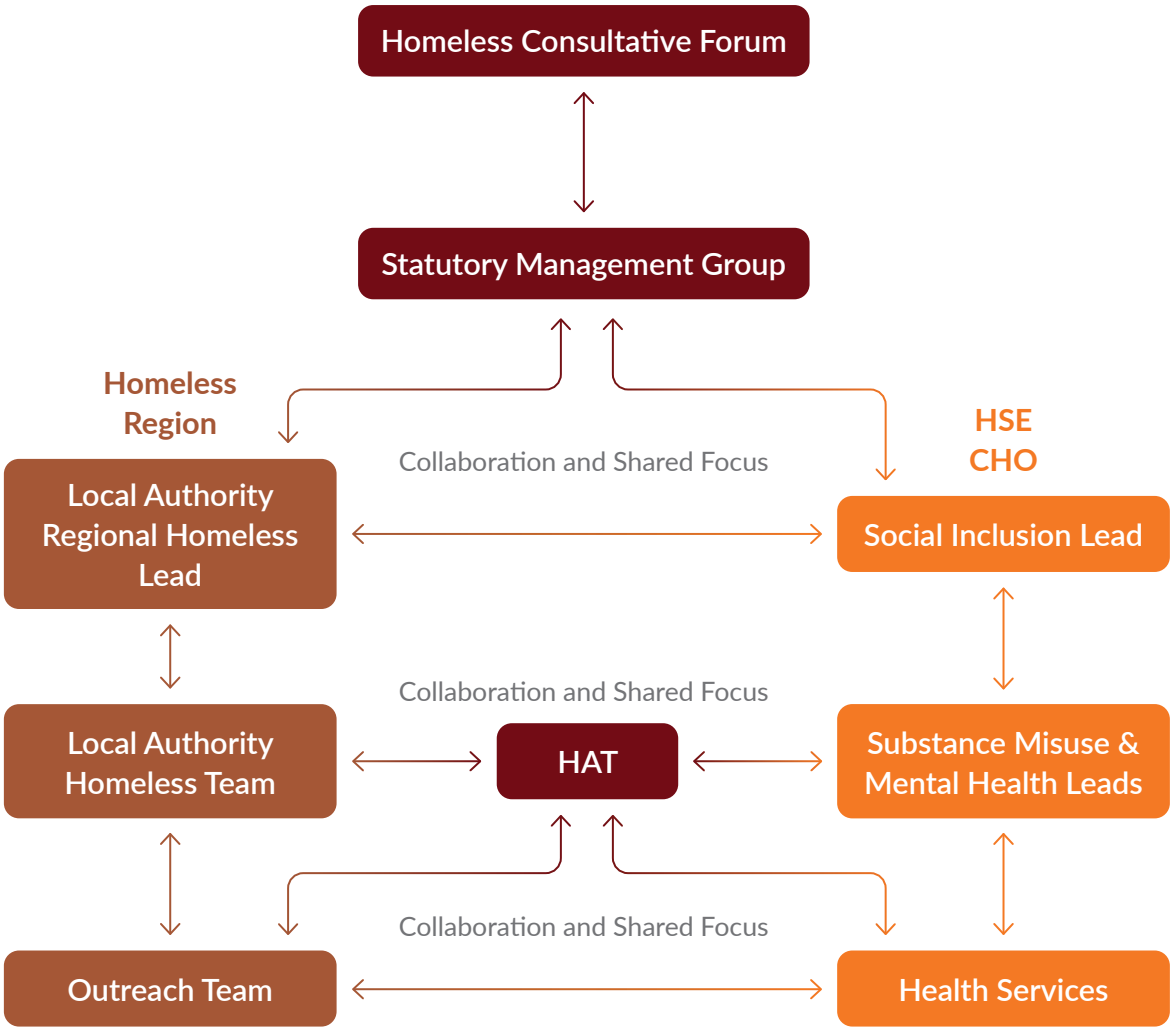
The SMG comprises constituent local authorities for the region, the HSE and other agencies, including, for example, the Department of Justice, the Department of Social Protection, the Probation Service, the Irish Prison Service and Tusla.

Delivery of Assertive Street Outreach requires the integration of services, treatment and supports across the health and housing systems. This presents a challenge, given that these two systems have different structures and ways of working and, similarly, within the health system, services are structured and provided in different ways.

As has been outlined throughout the guide, for Assertive Outreach to work successfully, it is essential that services coordinate closely to deliver on the choices of a person sleeping rough as best they can.

Suggested structure to support Assertive Street Outreach

The level of collaboration and cooperation between relevant services to deliver Assertive Street Outreach can be complex. It is recommended that there is a structure in place to allow for staff to escalate barriers or identify areas for service improvement that come up while delivering their services. These could be within the remit of the organisation to address internally, or it may involve further engagement with external services or agencies to find a solution. To facilitate this, it is recommended that informal and formal opportunities for cross-agency collaboration to occur. The diagram below shows how this dialogue could be facilitated at different tiers within the structure of a homeless region.



The base tier involves the front-line staff from the Street Outreach team, the HSE and NGO health service providers who work with people sleeping rough in the area. These front-line staff need access to open channels of communication with each other. For this to happen, staff will need to be aware of and build relationships with the relevant staff in other agencies. It is recommended that the interaction between front-line staff is supported in any communication protocols put in place to underpin coordination and collaboration between services.

The next tier up relates to a structure to review and monitor the care and case management of people sleeping rough. The HAT meeting is an opportunity to work collaboratively with all agencies delivering services in the area to target the needs of the person sleeping rough, and determine a course of action beyond the immediate response.

The middle tier relates to facilitating strategic alignment and joint working between primary service funders, i.e. the local authorities and the HSE. A strong professional relationship between local authority homeless lead and the HSE Social Inclusion lead in a region is seen as beneficial to ensuring that services being delivered in the area maintain a shared focus and bi-lateral problem-solving.

The top two tiers involve the statutory groups established to oversee the Homeless Action Plan of that region and development of service provision to meet the needs of homeless households in their administrative areas. It's vital that communication flows up and back down from these structures, as strategic decisions in terms of funding and future service provisions are made at this level.

Data protection

Core to the multi-agency approach that Assertive Outreach requires is compliance with the General Data Protection Regulation (GDPR). All services should have appropriate policies and procedures in place in line with GDPR to legally allow them to collect, retain and share information. Outreach workers collect personal and sensitive information from people sleeping rough when performing their role. As per GDPR guidelines, they must receive a rough sleeper's consent to obtain, share and store this information. GDPR seeks to ensure that the confidentiality of rough sleepers are protected in a consistent and appropriate manner. Confidentiality is also a key facet of building a level of trust with rough sleepers. It is equally important that both the service provider and the rough sleeper recognise that confidentiality is not absolute in certain circumstances. The rough sleeper should be made aware of the limitations of confidentiality from the beginning.

National Quality Standards Framework

Along with having in place a management structure that facilitates coordination and collaboration, there is a national framework in place to assist local authorities to ensure that homeless services provided are of a high standard. The Dublin Region Homeless Executive (DRHE) developed the National Quality Standards Framework (NQSF) on behalf of the Department of Housing Planning and Local Government.

The NQSF is applicable to all homeless service provisions in receipt of Section 10 funding, whether the delivery mode is via a statutory, voluntary or private service provider.

The objectives of the standards are to:

- Promote safe and effective service provision to persons experiencing homelessness
- Support the objectives of National Homelessness Policy, i.e. enabling people to move into and sustain housing with appropriate levels of support
- Establish consistency in how persons experiencing homelessness are responded to across different regions and models of service delivery

Outreach service providers are required to monitor and report on their services. Attaining and maintaining quality standards in service provision for people experiencing homelessness is not a static process. NQSF monitoring and reporting involves a multifaceted approach:

- **Self-assessment:** Service providers internally assess, monitor and improve the quality-of-service provision against the quality standards. The NQSF 'Quality Assessment and Improvement Workbook' outlines how service providers can self-assess and develop 'Quality Improvement Plans' covering all eight themes.
- **Rough sleepers participation:** Site visits conducted by the local authority include meeting with people who are sleeping rough in each service to explore their perspective directly.
- **Local authority monitoring and assessment:** KPI performance reviews, site visits and assessment of services verify the quality of services provided, and ensure a consistent approach is being taken.

National Standards for Safer Better Healthcare

The National Standards for Safer Better Health provides the building blocks for a standards-driven health service, creating a common understanding of quality and safety. The standards give healthcare providers a structure to systematically and continuously improve the safety and quality of services delivered.

The National Standards for Safer Better Healthcare:

- Offer a common language to describe what high quality, safe and reliable healthcare services look like
- Can be used by service users to understand what high quality safe healthcare should be and what they should expect from a well-run service
- Enable a person-centred approach by focusing on outcomes for service users and driving care which places service users at the centre of all that the service does
- Create a basis for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement
- Can be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all services
- Promote practice that is up to date, effective, and consistent
- Enable providers to be accountable to service users, the public and funding agencies for the quality and safety of services by setting out how they should organise, deliver and improve services.

The National Standards have been designed so that they can be implemented in all healthcare services, settings and locations. This means that service providers can use the National Standards to continuously improve the quality and safety of their care by assessing and managing the performance of their services, and those provided on their behalf, against the National Standards for Safer Better Healthcare.

Types of agreements supporting service provision and collaboration

Service Level Agreements

The NQSF emphasises the need for service level agreements to be put in place with providers who have been contracted by the local authority to deliver a service. This includes Street Outreach services where an NGO has been contracted to provide a service directly by the local authority or homeless region.

Where service level agreements are in place, they should include:

- **Aims and objectives**
- **Outcome and measurement,** detailing information that will be recorded to measure the effectiveness of the Outreach service
- **Service provision description** – this will outline all relevant aspects of the service provision, including:
  - The role of workers while on the premises, i.e. which roles and duties are shared with staff of the hosting organisation
  - Clarity on limitations of the role, i.e. what issues and situations are to be referred to the staff of the hosting organisation
  - Clarity on which policies staff will be operating under
  - Clarity of supervision structures
- **Service management** – this will outline inter-agency reporting structures, how any inter-agency difficulties will be dealt with, and how general project monitoring and review will take place
- **Confidentiality and information sharing arrangements**

Memorandums of Understanding

A memorandum of understanding (MOU) is an agreement between two parties that is not legally binding, but which outlines the responsibilities of each of the parties to the agreement.

This type of agreement may be particularly useful to employ between the HSE Social Inclusion Unit and the local authorities within whose administrative area they operate. It could include protocols around the following:

- Pathways to access each other's services
- Communication and escalation protocols
- Inter-agency meetings
- Co-location for Outreach services
- Education and training, shared learning opportunities
- Shared IT systems/tools
- Integrated project reviews

Service reviews

Reviewing is a key component to monitoring the outcomes of Assertive Street Outreach services. The availability or robust data that supports an evidence-based approach to review the current and future needs of people sleeping rough is critical. For example, monitoring trends in data on the profile of rough sleepers, locations and the types of support needs identified can provide an Assertive Street Outreach service with a solid basis to identify potential gaps in service provision and emerging trends. This will help the service to plan in a proactive way to respond to rough sleeping in their areas.

In addition to monitoring data, the Assertive Street Outreach service should also seek out the views of rough sleepers on the service being provided. People who avail of the service have a valuable perspective based on their lived experience. This lived experience can point out inconsistencies between what the service considers is an effective intervention and what the lived experience of that intervention is for people receiving it.

Recommendation

Questions for people rough sleeping could include:

- Is the person satisfied with the support they have received?
- Has it made a difference to their situation?
- Has the influence been positive or negative?
- Are there things that need to be changed?
- Does the person feel that the information, support or other services they have received have been appropriate?
- Has the person felt comfortable with the processes involved?
- Has the person felt that their opinions and choices have been heard?

Focus Ireland have produced a guidebook on Peer Research in Housing and Homelessness. The guidebook focuses on the experience of participatory peer research methodology in housing and homelessness. It highlights the value and practical considerations of undertaking such research.

Setting key performance indicators

Key performance indicators (KPIs) are a good way of measuring the impact of service delivery and also informing services of potential issues impacting their services.

The following indicators are examples of information that a service could use:

Rough Sleeper Alerts

- Total number of Rough Sleeper Alerts received from i) members of the public and ii) local authority officials during the quarter
- Response time to Rough Sleeper Alerts: number engaged i) within 24 hours ii) within 48 hours and iii) in excess of 48 hours

Outcomes for Rough Sleeper Engagement:

- Total number of unique individuals engaged with Assertive Street Outreach service this quarter
- Number (and %) of unique adults with 1–10 contacts with Assertive Street Outreach service this quarter
- Number (and %) of unique adults with 11–20 contacts with Assertive Street Outreach service this quarter
- Number (and %) of unique adults with 21–50+ contacts with Assertive Street Outreach service this quarter

Health

- Level of access and engagement with health services
- Number of those whose health needs have been assessed
- Unique people rough sleeping with current medical card this quarter
- Number of critical incidents:
  - Death of an individual rough sleeping (Quarterly report)
  - Serious physical assault (Annual Report)
  - Sexual assault of an adult (Annual Report)
  - Physical assault of a minor (Annual Report)
  - Sexual assault of a minor (Annual Report)
- Number of injuries that occurred during an outreach shift (excluding critical incidents) (Annual report)
  - Self-injurious behaviour
  - Overdose
  - Needlestick injury
  - Violent incident
  - Other

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Glossary

ASO	ASO Assertive Street Outreach
BI	Brief Intervention
CHO	Community Healthcare Organisation
CPS	Central Placement Service
DHLGH	Department of Housing, Local Government and Heritage
DRHE	Dublin Region Homeless Executive
GP	General practitioner
HAT	Homeless Action Team
HEO	Higher Executive Officer
HSE	Health Service Executive
ICM	Intensive Case Management
ICMP	Individual Crisis Management Plan
KPI	Key Performance Indicator
LGIU	Local Governement Information Unit
MAPA	Management of Actual or Potential Aggression
MOU	Memorandum of Understanding
NDRF	National Drugs Rehabilitation Framework
NQST	National Quality Standards Framework
PASS	Pathway Accommodation and Support System
PEA	Private Emergency Accommodation
PPPG	Policies, Procedures Protocols and Guidelines
SAOR	Support, Ask and Assess, Offer Assistance and Referral
SLA	Service Level Agreement
SMG	Statutory Management Group
STL	Supported Temporary Accommodation
WIHS	Waterford Integrated Homeless Services
WRAP	Wellness Recovery Action Plan

Notes

Spunout EPIC Focus Ireland Crosscare
Pavee Point Family Resource Centres
Education and Training Board ALONE
Focus Ireland Safe Ireland Threshold
Belong To Citizens Information
Local Authorities
RTB Irish Refugee
Novas Council
MABS Treoir
PAS National
Advocacy
Service
Crosscare
Depaul
HSE

Homeless Prevention Service Directory

If you are homeless or at risk of homelessness please scan the QR code to find available services in your area.

Scan here

The Housing Agency
53 Mount Street Upper
Dublin, D02 KT73

(01) 656 4100
info@housingagency.ie
housingagency.ie