

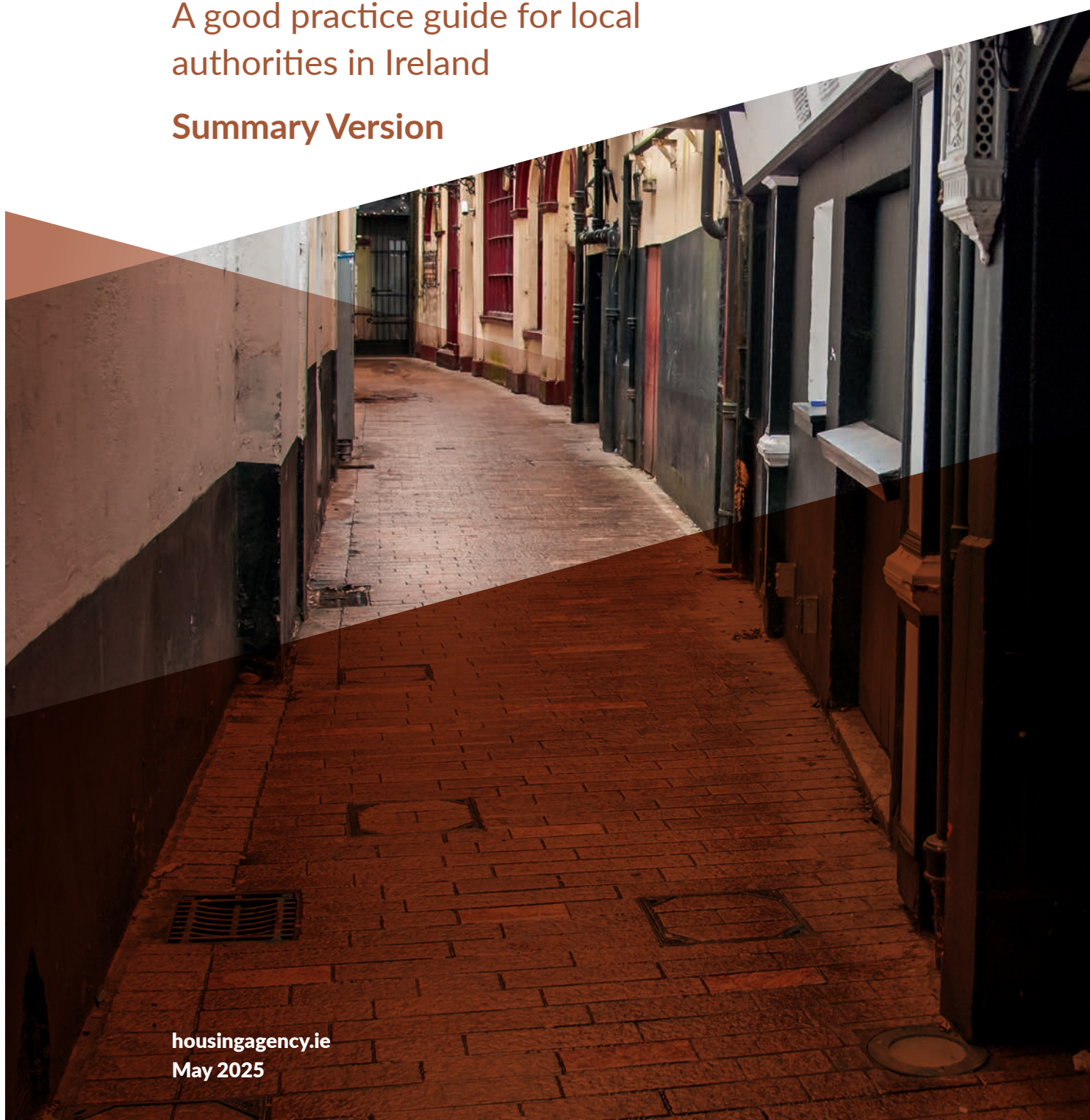


An Ghníomhaireacht
Tithíochta
The Housing Agency

Assertive Street Outreach

A good practice guide for local
authorities in Ireland

Summary Version



housingagency.ie
May 2025

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Purpose

The Housing Agency published the Assertive Street Outreach Guide in 2022 and updated the guide in 2025. This document is a summary version of the Assertive Street Outreach Guide. For more information on the below sections and additional resources, please scan the QR code.



The contents of this document are up to date as of May 2025.

Chapter 1:

Introduction

> Overview

Assertive Street Outreach (ASO) 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**.

> Assertive Street Outreach in Ireland

There are **nine homeless regions in Ireland**. Each homeless region consists of adjoining local authorities who work together 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 local authorities, with some local authorities 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.



Examples of Assertive Street Outreach services in Ireland



Dublin Outreach

Provided by Dublin Simon and operates across all four Dublin local authorities. As part of their role they:

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

Cork Simon, Limerick Outreach and Waterford Integrated Homeless Services also provide ASO services. To view examples of their services, please click [here](#).

Policy Context:

- [Housing for All: A New Housing Plan for Ireland 2021-2030](#) - Action 3.17 provides for the expansion of Street Outreach services nationwide to areas where rough sleeping is a concern.

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 government departments, agencies and stakeholders.

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 Committee meets on a quarterly basis and the Minister for Housing, Local Government and Heritage chairs the Committee. The minutes can be viewed [here](#).

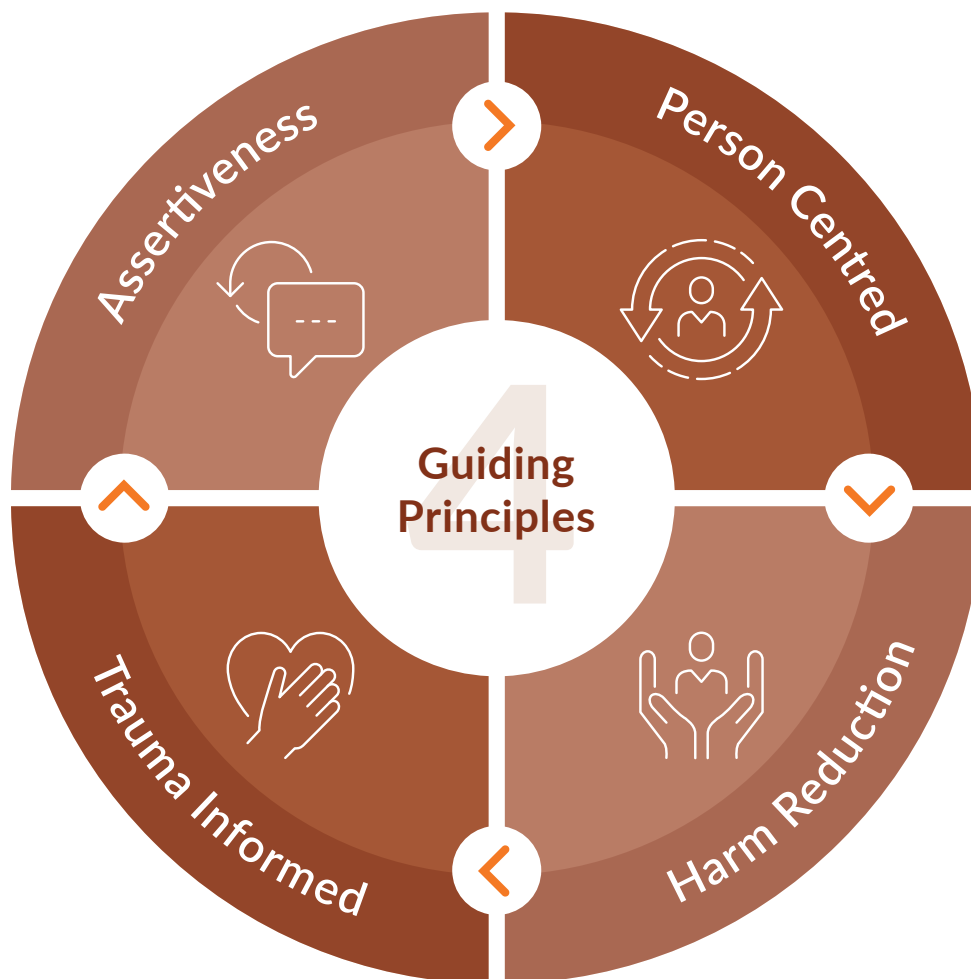
- **National Housing First Implementation Plan 2022-2026** - Housing First is a housing-led approach that enables people with a history of rough sleeping or long-term use of emergency accommodation, and with complex needs, to obtain permanent secure accommodation, with the provision of intensive supports to help them to maintain their tenancy. The plan aims to create 1,319 new Housing First tenancies by the end of 2026.
- **Youth Homelessness Strategy 2023-2025** 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
- 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.
 - **Sharing the Vision a Mental Health Policy for Everyone 2020-2030** focuses on developing a broad based, whole system mental health policy for the whole of the population including rough sleepers.
 - **Reducing Harm, Supporting Recovery 2017-2025** aims to promote healthier lifestyles within society and encourage people to make healthier choices around drug and alcohol use.
 - **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.

Chapter 2:

Guiding Principles



- 1. Assertive Approach** – ASO is a purposeful, proactive and persistent approach with the aim of ending homelessness for those sleeping rough. 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. Frequent contact between Outreach workers and people sleeping rough is also key as it may take time for people sleeping rough to build up a rapport.

2. **Person Centred Approach** arranges accommodation, supports and treatment around an individual and their needs, rather than expecting them to adjust and adapt to the services on offer. To assist in ensuring that homelessness services provided are of a high standard, the **Dublin Region Homeless Executive (DRHE)** has developed a National Quality Standards Framework (NSQF) on behalf of the Department of Housing Planning and Local Government. The **National Quality Standards Framework** for homeless services, puts people at risk of or experiencing homelessness at the centre of the decision-making process.

3. Trauma Informed Approach

People experiencing rough sleeping often have a history of repeated exposure to both past and ongoing trauma. Given this, it is important that ASO 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 trauma is an important aspect of ASO.

Services providing ASO should be trained in Trauma Informed Care and Practice to:

- Realise the widespread impact of trauma and understand paths for recovery;
- Recognise the signs and symptoms of trauma in people sleeping rough, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization

The guiding principles of Trauma Informed Care and Practice are:

- Understanding trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting rough sleepers' control, choice and autonomy
- Sharing power and governance
- Integrating care
- Healing relationships
- Fostering a sense of hope

4. Harm Reduction

Accepts that some people sleeping rough will use drugs, refuse medication, and choose to rough sleep. Harm reduction offers support, help and treatment, but does not require individuals to abstain from drugs or alcohol.

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](#).



Chapter 3:

Overview of Assertive Street Outreach

For ASO to be successful, service providers must have:



➤ Access to accommodation and housing pathways

In order to end and prevent people sleeping rough, it is important to have a variety of accommodation options available that match the needs of people sleeping rough. Sourcing and providing accommodation can be challenging. ASO staff should work closely with accommodation providers such as NGOs and Housing First in order to make this process easier.

The below factors should be considered when providing accommodation.

- Develop a clear access pathway to the relevant accommodation placement services such as the Housing First teams.
- 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 IPAS directly or assisted to contact IPAS if necessary.
- Where possible, provisions should be made to provide a range of accommodation suitable for rough sleepers. People who are sleeping rough may refuse an offer of accommodation if the accommodation in their opinion does not meet their needs. Factors to consider when providing accommodation include:

- Low threshold
- 24-hour access
- Own door
- Available to couples
- Matched with the rough sleeper's needs, such as accessibility requirements

> Access to health services

People sleeping rough 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

However, they often experience barriers in accessing these services. These barriers 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
- 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/or 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.

Factors to consider when providing substance misuse services are listed below.

- People sleeping rough should be 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.

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.



➤ Access to mental health services

Homelessness should not create a barrier to accessing 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 accommodation is offered within the same Community Healthcare Organisation (CHO).

If they do not currently avail of mental health services, clients should be referred to the GP.

Mental health services should where possible:

- Not exclude clients because of drug or alcohol use
- Have an emphasis on relationship building
- Have an informal style
- Meet clients in hostels, day centres or where they are rough sleeping

The Inclusion Mental Health Team (IMHT)

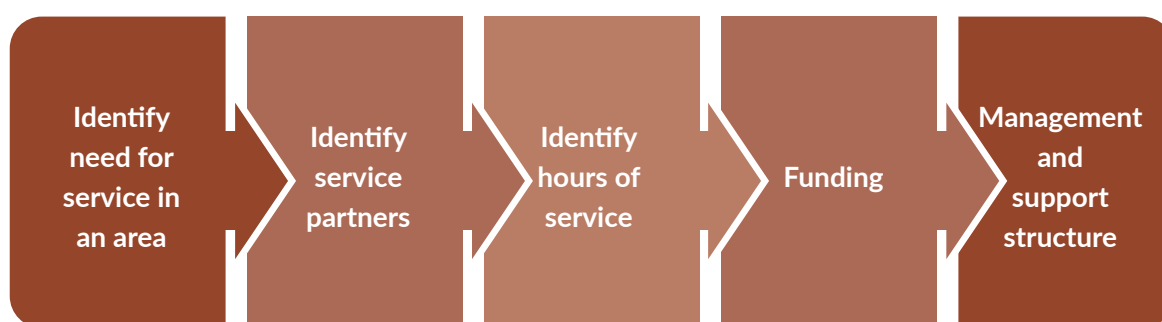
The Inclusion Mental Health Team (IMHT) in Dublin South City is a multidisciplinary specialist psychiatry service for people experiencing severe and complex mental health needs while homeless.

To find out more about their services, please see the [ASO Guide](#).

Chapter 4:

Setting up or Expanding an Assertive Street Outreach Service

To setup or expand an ASO service, the below factors should be considered:



> 1. Identify need for service in an area

This information can be obtained from:

- **Rough sleeper counts** are published quarterly by the DHLGH. The most recent can be viewed [here](#).
- **Hotspot areas** – Gardaí, local businesses and the general public can assist with this.
- **Homeless Action Plans** – Each homeless region has a Homeless Action Plan. To view an example of the Mid-West Homeless Action Plan (2022 – 2025) click [here](#). 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 or expanding ASO services as it shows which local authorities have ASO services already and how it is currently provided and funded.
- **Data available on PASS** - PASS is an online shared system utilised by every homeless service provider and all local authorities in Ireland to record information on homelessness. 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. Local authorities may be able to identify people who are registered on their list but are perhaps sleeping rough in a different county.

➤ 2. Identify service partners

Assertive Street Outreach teams should be familiar with services operating in their area and what the referral criteria is. Service partners include:

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 such as LAs, HSE etc.

Local Authority Assessments Team

Outreach workers may need to assist people sleeping rough to complete a social housing support application form if they have not done so already. It can be difficult to obtain documents and it is important that ASO workers are linking in with the assessment team in a LA on this.

Housing First

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.

HSE services

The range of services offered directly by the HSE or funded by the HSE can vary from region to region. The first point of call for local authorities is to contact the [HSE Social Inclusion lead](#) in their area.

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.

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.

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.

Non-government organisations (NGOs) play a key role as service providers and advocates for people who are homeless. Assertive Street Outreach teams should identify relevant NGOs in their area and establish referral pathways with them.

The Housing Agency has created a [Homeless Prevention Service Directory](#) to help individuals who are homeless or at risk of homelessness find supports and services to assist them. This directory includes information on various NGO services and could assist ASO staff in finding supports and services for individuals sleeping rough.

➤ 3. Identify hours of service

Shifts should be scheduled at times and conducted in ways that maximise services' chances of identifying and meeting all people who are sleeping rough. It should where possible include both day and night shifts.

➤ 4. Funding

- **Housing and homeless funding** - As part of their homelessness expenditure programmes for 2022, which are supported by Exchequer funding, local authorities were invited in November 2021 to submit proposals to the DHLGH for additional Outreach services in their annual expenditure programme for 2022. 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 260 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.



➤ 5. Management and Support Structure

Identify level of staff required

When identifying the level of staff required, consideration should be given to the assessment of need for a service in an area. Considerations include the number of rough sleepers in an area, hours of service operation and service partners that are already in place in an area. Where possible, ASO staff should always operate in pairs.

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.



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

Chapter 5:

Staff Skills and Training

> Qualifications

Qualifications vary depending on the role being provided. Some staff will be required to have a professional qualification in order to provide ASO 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 assist ASO workers.

ASO staff should have the skills and attributes listed below in order to best assist an individual sleeping rough.

- Emotional intelligence
- Leadership mindset
- Non-judgemental
- Flexible
- Resilience
- Respect



> Training

New staff should complete Induction training upon starting the role and there should be ongoing comprehensive training options provided to ASO staff to include the necessary skills required to provide ASO services.

Training options

- **Housing First Manual** includes information on recommended training for front-line staff that can also apply to ASO staff.
- **Engaging with Migrants** - Engaging with migrant rough sleepers can present a challenge for ASO 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. HSeLanD provides a comprehensive Cultural Awareness Training course to assist ASO staff. ASO staff should also be familiar with any additional tools and supports that are available to assist migrants who are rough sleeping. These 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 [Translations.ie](https://www.translations.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](#).
- **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.
 - **Overdose Awareness and Naloxone Administration training provided by the HSeLanD.** It is divided into two modules. More information on both modules can be found on [HSeLanD](#).
 - **In person training by a trainer trained from the HSE National Social Inclusion Office** - 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. 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. Improving awareness of trauma and its impact helps services to provide effective support and avoid re-traumatisation of both clients and staff. It can also help to reduce burnout for ASO staff.

- **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.
- The Housing Agency has also 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 Practice in Ireland. The links to the webinars are below:
 - **Trauma Informed Care in Professional Practice**
 - **Trauma Informed Care in Homelessness Services Settings**
 - **Introduction to Trauma Informed Care for Housing Practitioners**
 - **Vicarious Trauma and Self Care for Practitioners**

- **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 on HSeLanD that would be useful for ASO staff. The list of training includes:

- | | |
|--|---|
| ◦ trauma-informed care and practice | ◦ ethnic equality monitoring (EEM) |
| ◦ relevant substance misuse training, including harm reduction, naloxone, SAOR Screening and Brief Intervention, and Hidden Harm | ◦ LGBTQI+ training |
| ◦ dual-diagnosis training | ◦ cultural competency training |
| ◦ suicide prevention gatekeeper training and post-intervention training for example ASIST level (Applied Suicide Intervention Skills Training) | ◦ person-centred care |
| ◦ anti-human-trafficking training | ◦ integrated assessment and care planning |
| ◦ domestic, sexual and gender-based violence training | ◦ 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>.

➤ Staff Tools

Outreach teams should consider carrying the following items during an Outreach shift:

- 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.
- Naloxone Kit
- Condoms, feminine hygiene products
- Personal safety alarms
- Consent forms
- Outreach monitoring sheets



➤ Staff Support

Providing ASO can be challenging at times. It can affect ASO workers both physically and mentally. It is important that supports are put in place to assist staff. This could include:

- A code of practice for all staff
- An outline of aims and objectives
- Regular and ongoing training
- Debriefing following any incidents
- Safety mechanisms, safer working and lone working protocols
- Clear protocols on recording and reporting incidents and concerns
- 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

➤ Supervision

To support professional development, all ASO workers should receive supervision regularly.

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 take a variety of forms such as team meetings, "on the job supervision", one to one supervision or community of practice events.

Chapter 6:

Service Delivery



> 1. 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. This includes never going out alone, have an outreach log and providing contact details to colleagues.

➤ 2. During a Shift

Staff safety is the primary concern in Outreach activities. If the ASO team are at risk, they should walk away and contact the Gardaí.

Identifying rough sleepers

The Assertive Street Outreach team are responsible for verifying rough sleepers at the request of local authorities or the Department of Social Protection. ASO staff should respond to reports of rough sleeping that may come from Gardaí and the general public and should visit all locations where there is good reason to believe that people may be sleeping rough.

Early Intervention Approach:

Once rough sleepers have been identified, an early intervention approach is key. 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.

A consistent and persistent approach when delivering Assertive Street Outreach is necessary. A person may be reluctant to engage for a range of reasons.

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.

Client Safeguarding

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 such as rough sleepers and safeguard them from abuse.

While rough sleeping is dangerous for anyone, certain cohorts may face additional challenges and may be at a higher risk of experiencing violence and intimidation. These cohorts 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 examples of these, click [here](#).



➤ 3. Advocacy and support with access to services

Access to emergency and long-term accommodation options – ASO workers should establish relationships and referral pathways with accommodation providers and local authority placement and homeless services at the outset.

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

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 social housing support - staff should be familiar with the social housing support application form and the required supporting documents and, when the person sleeping rough is ready, be able to offer support to complete it.

Access to IPAS - for International Protection applicants who might be sleeping rough, ASO should advise them to contact the IPAS directly or assist them to contact IPAS if necessary.

Access to substance misuse services - this includes needle exchange services and Screening and Brief Intervention.

Access to mental health services – as mentioned if there are none available, clients should be referred to the local GP.

Access to well-being and mainstream supports - this includes family mediation support, relationship and social support.

> 4. Administration

Case Notes

Case notes are an important element of service provision. Case notes can help staff to keep track of rough sleepers' progress, goals and treatment responses in one note. Case notes should be:

- ✓ Brief
- ✓ Timely
- ✓ Trackable
- ✓ Relevant
- ✓ Unambiguous
- ✓ Valuable

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. Other benefits include:

- reduced duplication
- role clarity
- buy-in from partner agencies
- standardisation of documentation and transparency,
- service-user involvement

A process for information-sharing of case notes and data management systems is required for Assertive Street Outreach services in order to best assist the individual sleeping rough. Examples include:

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.

- **National Drugs Rehabilitation Framework (NDRF) advocated an integrated and coordinated care approach to drug rehabilitation in Ireland**, providing guidelines around standardised protocols (screening, assessments, care-planning, case-management) within the addiction services.



Consent

In order to share case notes, with other agencies, ASO staff should get consent from the person sleeping rough. This can be done through a consent protocol.

As part of a consent protocol, the person sleeping rough must first agree 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.

Assisted Decision Making

The Assisted Decision-Making (Capacity) Act 2015 commenced in 2022. 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.

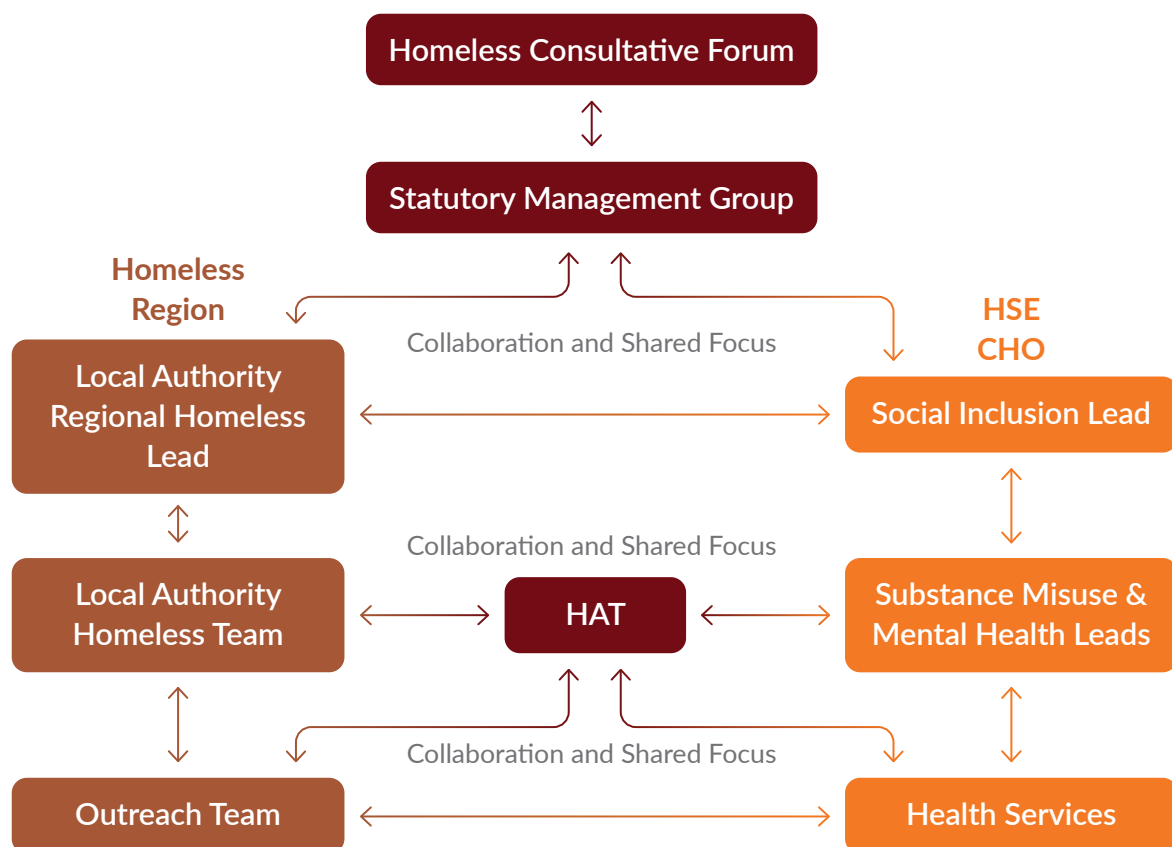
The Housing Agency has created training resources on Assisted Decision Making. To view these resources, click [here](#). (You will need access to the Housing Manual to view these)

Chapter 7: Governance and Structure

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.

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.



Data Protection

Core to the multiagency approach that ASO 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.

National Quality Standards Framework

The **Dublin Region Homeless Executive (DRHE)** developed the **National Quality Standards Framework (NQSF)** on behalf of the DHLGH.

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.

National Standards for Safer Better Healthcare

The National Standards have been designed so that they can be implemented in all healthcare services, settings and locations. The standards give healthcare providers a structure to systematically and continuously improve the safety and quality of services delivered.

Types of Agreements:

1. 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. It should include aims and objectives, outcomes and measurements.
2. 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 includes shared IT systems, inter agency meetings and pathways to services.

Service Review

Reviewing is a key component to monitoring the outcomes of Assertive Street Outreach services. 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.

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. KPIs include:

- Rough sleeper alerts such as number of rough sleeper reports received.
- Outcome for rough sleepers - total number of unique individuals engaged with Assertive Street Outreach service this quarter.
- Health such as level of engagement with health services.

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