

DEPAUL

Homelessness has no place

Housing First *Leading the Way Together*

Report on Fidelity Assessment of Depaul
Belfast and Derry/Londonderry Housing First Services

June 2018

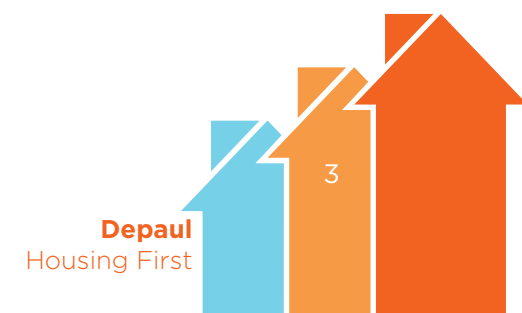


Depaul
Housing First



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word from our CEO

In all the work we do to support those experiencing homelessness, Depaul is driven by its values, and an example of these values in practice is the work of our Housing First team.

Our Housing First services are founded on the belief in the potential of people to exit homelessness, to cast off this label and live, with support, in the community. This model recognises that those we work with have rights; the right to housing even if they do not wish to engage with services and our teams work hard to support them to understand their responsibilities in the community.

These services demonstrate Depaul's commitment in playing an active role in wider civil society, recognising that a Housing First approach requires collaboration and support from others. This is not a service that can be owned solely by Depaul, it requires a wide range of interventions and support in order to make a tenancy successful.

The Housing First teams, small as they are, demonstrate Depaul's value of action over words. The teams work on an ongoing basis, to meet people 'where they are at', take risks when necessary and do all they can to support individuals with very complex needs towards the very best outcome - leaving the stigma and label of homelessness behind and having a key to their own front door and a place to call home.

Thank you to the Northern Ireland Housing Executive for the funding we receive for this



vital model of service delivery through the Supporting People budget. We are committed to doing more together to ensure people are supported to exit homelessness.

Thank you to the large range of partner agencies who have played a pivotal role in making Housing First in Northern Ireland a success.

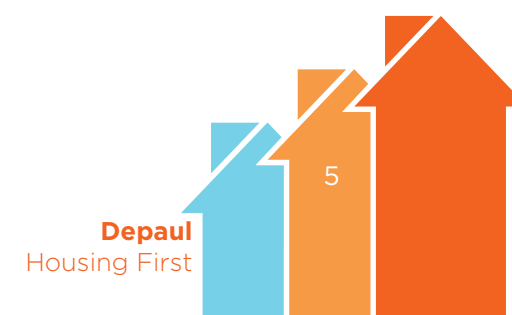
Finally, thank you to Depaul's Housing First teams in Derry/Londonderry and Belfast for their commitment and passion. This invaluable work encourages people to achieve their goal of ending their homelessness and supports them to change their lives.

Kerry Anthony MBE
CEO, Depaul

introduction

Depaul works with the most vulnerable and marginalised people in our society. The organisation helps those with complex support needs by providing them with supported accommodation, resettlement and tenancy sustainment interventions and a route out of homelessness. We believe that everyone should have a place to call home. Depaul's considerable experience in working with service users from a variety of backgrounds equips us to provide services aimed at ensuring vulnerable people are provided with the most appropriate supports to ensure a long term sustained exit from homelessness while also ensuring community resettlement and tenancy sustainment is achieved.

This approach is in line with the Northern Ireland Housing Executive (NIHE) Homeless Strategy and its housing led approach. The NIHE is currently leading on the development of a new Chronic Homelessness Strategy which will incorporate Belfast and Derry/Londonderry Rough Sleeper Strategy. One of the key objectives of this strategy is to ensure appropriate housing models for those experiencing chronic homelessness. Depaul advocates that the Housing First model should play a pivotal role within the Chronic Homelessness Strategy.



executive summary

As an organisation committed to a housing led approach to solving homelessness, the Housing First model was adopted by Depaul as the best in practice to achieve this goal for its service users.

Housing First is an internationally recognised model of combatting long-term homelessness for people with complex needs that has shown very positive results. A Housing First service prioritises permanent housing for people experiencing homelessness from the outset that is entirely separated from any treatment supports that they might need. The intention is that housing should be available even if a person experiencing homelessness refuses treatment for their substance use or mental health issues and then a flexible support package covering mental health, substance use, employment and other issues is provided for the service users in their new home by a multi-disciplinary team. This is done with a view to reconnecting them to their community and ensuring stability in their accommodation.

The following report is the outcome of a Fidelity Assessment that was carried out on two Depaul Housing First Services (in Belfast and Derry/Londonderry). It assesses how closely both of these services remain compliant to the original model of a Housing First service as originally developed by Dr Sam Tsemberis and colleagues at the Pathways to Housing National Organisation in New York, USA.

Outcomes of the report show that;

- Depaul Housing First services operate with a high level of fidelity to the internationally recognised standards for Housing First. However, the lack of housing supply has a considerable impact on the capacity of each of the Housing First services.
- There were 87 successful placements made by the 2 teams from 2015 to 2017. This equates to 74% of service users worked with in the same period of time.
- Depaul Housing First teams have developed strong working relationships with statutory and community based services to support the work of wrap around services for service users in their tenancies, however the lack of formal agreements with these services is restrictive.
- The social isolation and ability of service users to establish roots and to integrate within their new communities is a prevalent feature that affects the fidelity of the service delivery model.

Our recommendations for the next steps in Housing First in Northern Ireland include;

- A regional Housing First development strategy within the NIHE Homelessness Strategy 2017-2022 that assists in dealing specifically with chronic homelessness.
- Further investment in Housing First as part of the solution to homelessness for a cohort of people with long-term homelessness and chronic health issues.
- A regional strategy to be developed by the Department for Communities in partnership with NIHE to improve housing supply for Housing First tenancies.
- A strategic and financial commitment towards Housing First services by health and social services. This should be integrated with the NIHE homelessness strategy and action plan.
- Development of formal protocols for local health and community services in providing support to Housing First service users in the community, moving away from the successful but informal working arrangements that are in place at present.
- Development of methods in which social isolation and community integration is addressed for the Housing First cohort. A development opportunity in this area is for peer involvement in the staffing model of Housing First services.

housing first - international model

Pathways Housing First is a model of housing provision developed in the early 1990's by Dr Sam Tsemberis in New York with his colleagues at the Pathways to Housing National Organisation. This model has proven extremely successful in ending homelessness for people with high support needs in the USA, Canada and in several European cities since then. This approach is based on the principle that housing is a basic human right and that there should be respect and compassion for those experiencing homelessness. The provision of housing is not conditional on accepting treatment or on abstaining from drugs or alcohol.

A Housing First service prioritises permanent housing from the outset, this is entirely separated from any treatment supports that they might need. The intention is that housing should be available even someone experiencing homelessness refuses treatment for their substance use or mental health issues. Ideally, the housing is independent units dispersed within the community with a flexible support package. This package covers mental health, substance use, employment and other issues provided for the service users in their new home by a multi-disciplinary team - such as an Assertive Community treatment team and/or Intensive Case Management team.

This approach challenges the conventional approaches to homelessness of shelter accommodation such as hostels for people with complex issues until they have addressed their support needs (such as addictions or mental health for example).

A harm reduction approach is adopted in Housing First, rather than a requirement of abstinence as a condition of tenancy, which is common in many homeless services. This approach is seen as respecting the individual's right to a home and to a personal and private life. The Housing First model of provision is designed as a way vulnerable people with substance use and/or mental health issues can gain access to permanent housing with the support, social care and health services they need.

In the USA, Canada and Europe, research shows that the Housing First model generally ends homelessness for at least eight out of every ten people who avail of the service, nearly twice the success rates of more traditional homeless services.

8 core principles of housing first

Housing is a Human Right

Choice and Control for service users

Separation of Housing and Treatment

Recovery Orientation

Harm Reduction Approach

Active Engagement without coercion

Person Centred Planning

Flexible Support as long as is required

(Tsemberis, S.J. (2010) Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Minneapolis: Hazelden.)

depaul housing first; history of the service

In 2013 Depaul, in collaboration with Supporting People, a programme from the Housing Executive to fund housing related support services, proposed an initiative to the Northern Ireland Housing Executive to establish a Housing First pilot project in Belfast. The aim of this initiative was *“to identify, assess, place and support individuals into permanent housing from a range of temporary accommodation sources and to co-ordinate support and care packages to these individuals”*.

The need for such a service had been identified through the work of Depaul in its low threshold services Stella Maris in Belfast and Sundial House in Dublin as well as in evidence published in the Housing Rights sponsored study *“Meeting the Housing Needs of Vulnerable Homeless People in the private Rented Sector in Northern Ireland”*.

The Housing First NI service proposed to work with service users aged 18+, with multiple presenting needs, by supporting them to access independent accommodation with a permanent tenancy, either in the private rented or social housing sector and by adopting a case management approach to co-ordinate the services that each tenant needed from external agencies.

In 2014 a revised contract was agreed with the NIHE which allowed for the further expansion of the Belfast Housing First service and the extension of the service to include Derry/Londonderry.

case management model

Case co-ordination & tenant engagement



Support needs and risk assessment



Tenancy identification and matching



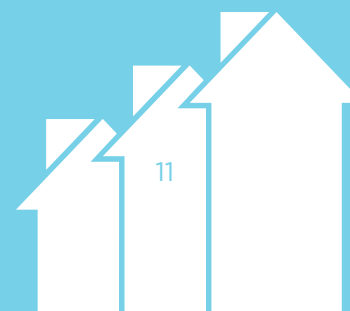
Formal agreement of support/care package with partners



Co-ordination/monitoring and adjustment of package



Ongoing evaluation of programme



what is a fidelity assessment?

In response to an increasingly diverse use of the Housing First approach in the USA, the Pathways to Housing National Organisation developed a Fidelity Scale to encourage consistency in the adoption of the Pathways to Housing First model. The Fidelity Scale provides a series of tests in a scale against which to examine the provision of Housing First services to help avoid situations in which providers re-labelled traditional approaches to housing the homeless as 'Housing First'.

This scale considers the activity of Housing First services in 5 Key Areas:

1. Housing Process & Structure

focusing on how decisions are made about where the service user will live, who determines this, the affordability of housing provided/sourced, length of time it takes to access housing and the type of housing the service user lives in.

2. How Housing and Services are related

looking to what conditions (if any) are required of service users in order to access and stay in accommodation, the level of sharing required, security of tenure and what happens if a service user loses their housing.

3. Service Philosophy

assessing the approach taken by a team when service users lose their housing, the intensity and level of support provided on an ongoing basis, what demands are made of service users to access mental health supports or addictions support (if any) and how support plans are developed and the level of autonomy of the service user.

4. Service Array

considering the range of supports and opportunities available to the service users for social integration – i.e. resettlement into community, access to treatment, physical health support or employment, education and volunteering. This section also considers the engagement of peer activity within the Housing First Service.

5. Team Structure and Human Resources

this area considers how the team has been resourced to work with the service user group, what the caseloads are, the level of contact staff have with service users on an ongoing basis, planning and management capacity and opportunities for service users to provide input to the service.

This scale is considered the best practice model of Assessment of Fidelity to the Housing First model in USA, Canada and Europe and hence this is the process we applied to our assessment of Housing First Services in Belfast and Derry/Londonderry.

methodology of assessment process

The mechanism used to carry out this assessment is the self assessment tool of the Fidelity Scale designed for the Pathways Housing First Programme (Stefanic et al, 2013 and Gilmer et al, 2013) and further validated in 2016 (Goering et al, 2016.).

The internal Assessment Survey was completed by all Depaul staff involved in the delivery of the Housing First services in both sites. Initially, it was completed individually without consultation with colleagues. This was followed by meetings with each team to arrive at group consensus through discussion on each of the items in the survey and final fidelity ratings for each item were agreed.

The assessment took place during April 2018 and covered three years of Housing First service provision in both sites, 2015 – 2017 inclusive.

The ratings agreed were inputted to the scoring system which was designed to assess the 5 key areas. Scores were then achieved in each area with each score brought together to arrive at an overall score for the service. An overall score of 3.5 is considered as a high fidelity score and 1-3 are considered low fidelity scores.

Alongside this self-assessment process, we engaged with our service users and asked for their feedback in many of the areas of the assessment – level of contact with the service, what choices they had, what (if any) requirements were made of them in order to access the service and consistency of staffing. Sample feedback comments from the service users on these issues are provided throughout this report.

We also engaged with external agencies and statutory funders and asked their opinion of how Housing First worked for their service users. Their feedback is detailed on page 18.

outcome of fidelity assessment

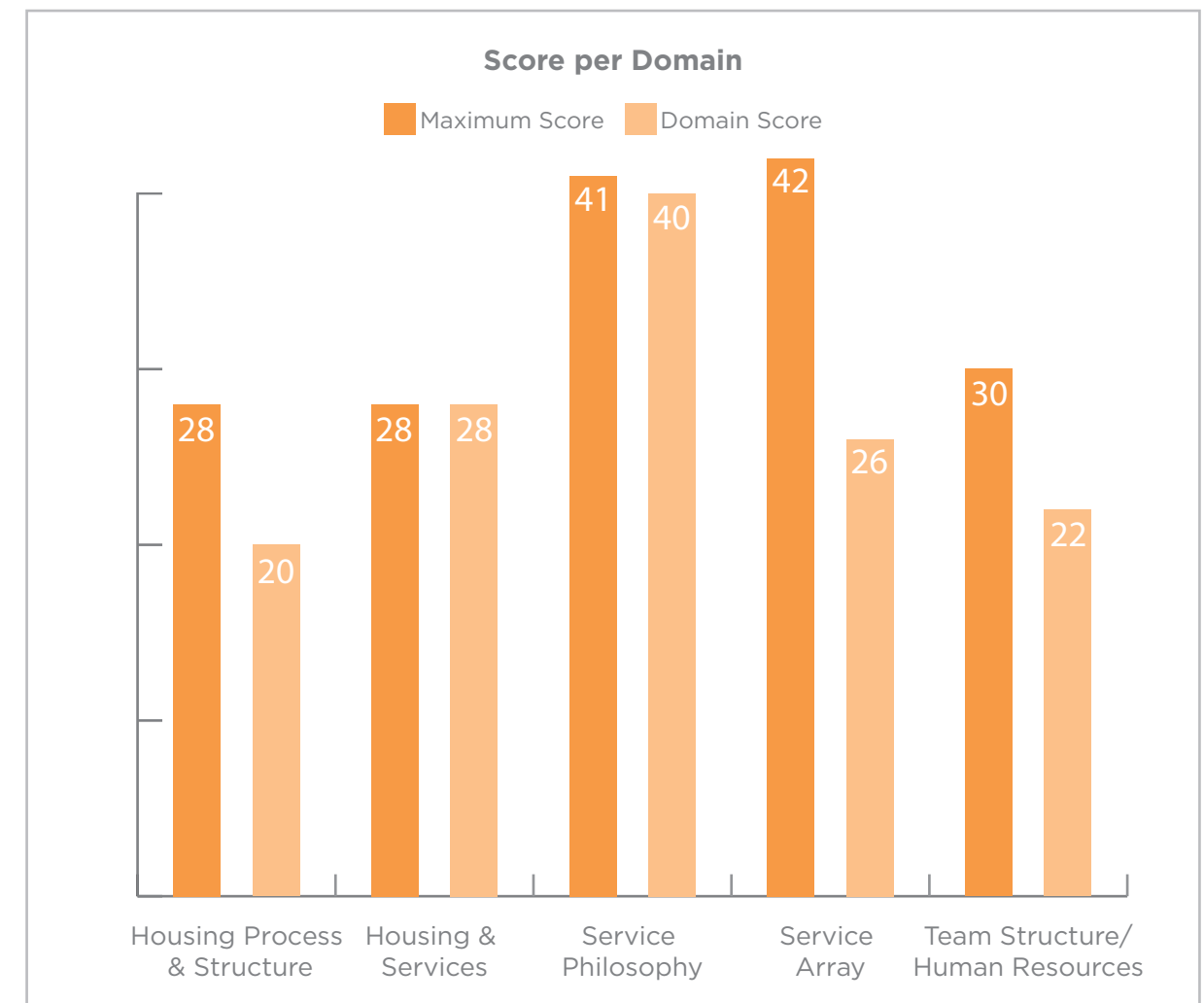
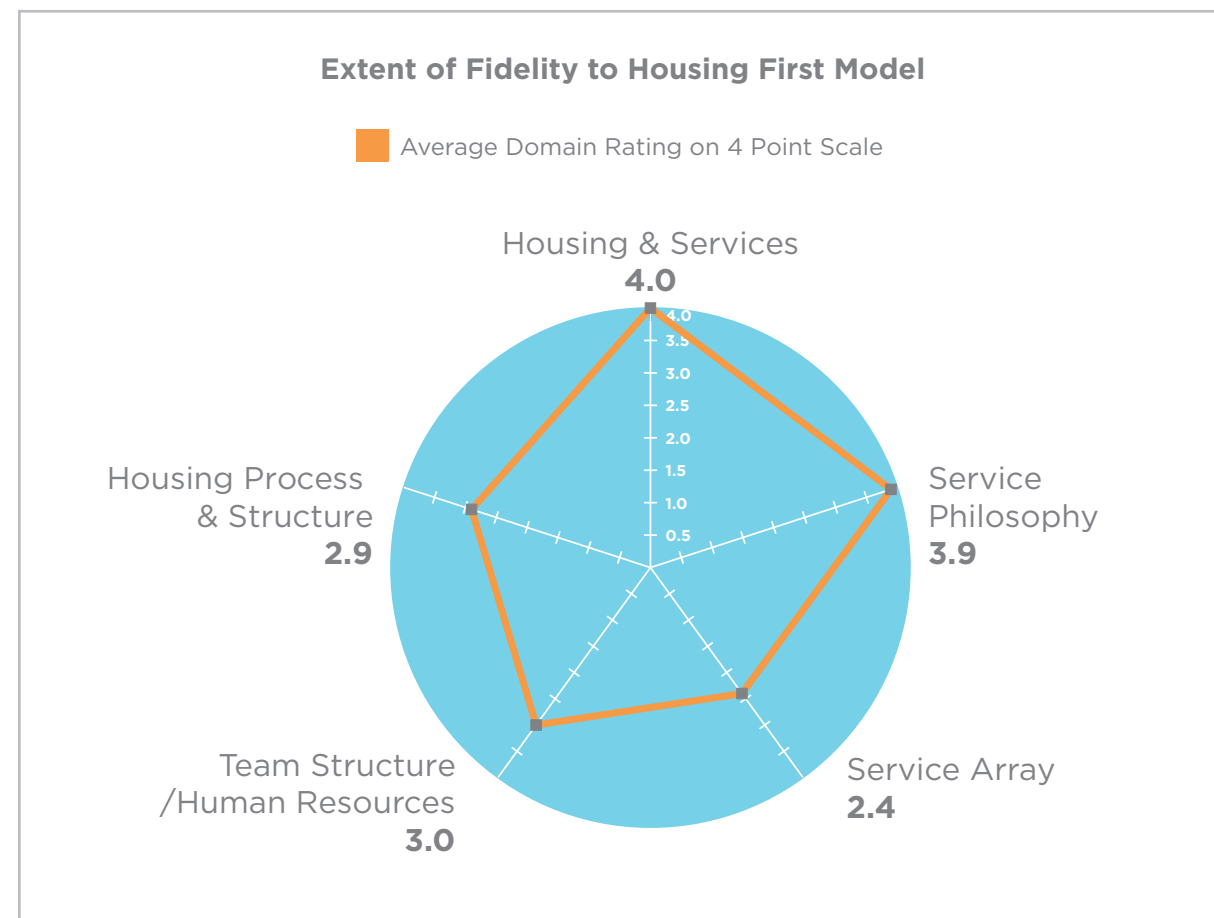
Both Derry/Londonderry Housing First and Belfast Housing First sites returned very similar scores, each achieving an overall score of 3.2 out of 4.

Both sites showed very strong returns for **How Housing and Services are Related**. Service users can self-refer and the services have strong referral processes in place with external agencies that ensure their services reach as many service users as possible. There are no requirements for service users to be in active treatment. Service users have only to commit to meeting the Housing First staff as

per agreed schedule whilst they continue to access the service as well as committing to meet the responsibilities of their lease once they access accommodation.

All of the accommodation accessed by service users has a lease attached and therefore service users have reasonable security of tenure.

If service users lose their accommodation, the Housing First service will continue to work to re-house them with no preconditions other than to meet with staff on a regular basis.



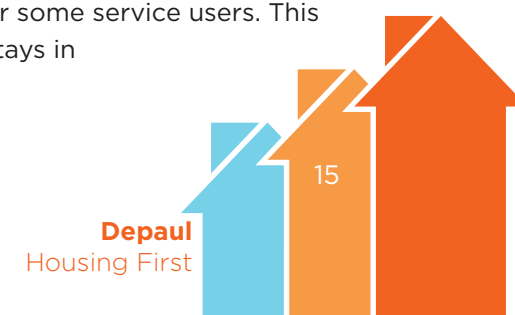
Services Philosophy also scored positively. Both teams are very clear on the need for the service to be led and directed by the service user, with service user choice being paramount. They describe their role as informing and encouraging service users to ensure that they are making informed choices about their accommodation and support needs. Support Plans are driven by the service users' own goals and are based on the service users' strengths as well as on addressing the barriers to achieving goals identified.

Each site acknowledged challenges in the area of **Housing Process and Structures**. This area covers the range of housing options available to service users and the speedy access to accommodation. A key component of a successful Housing First model is swift access to appropriate housing for service users who have experience of long-term homelessness and multiple, complex support needs. In light of the housing supply crisis in the external

environment and the ever increasing costs of private rented accommodation it is very difficult for Housing First staff to support service users to achieve their choice of accommodation and location.

This presents a significant challenge for the Housing First teams in that they do not have access to a stock of units that are dedicated specifically for Housing First service users that would allow for the rapid access to accommodation required. Sourcing accommodation is reliant on the same market as the general population – private landlords, social housing associations and the Northern Ireland Housing Executive are the primary providers of units.

Timelines from referral to move in can take up to 6 months for some service users. This results in longer stays in



outcome of fidelity assessment

hostel accommodation than is considered best practice for Housing First service users.

On a positive note, **64%** of current service users are living in independent units provided by social housing providers, the Housing Executive, the private rented sector or have returned to family homes and of the accommodation that has been sourced, all service users are paying rent at a rate of less than 30% of their income.

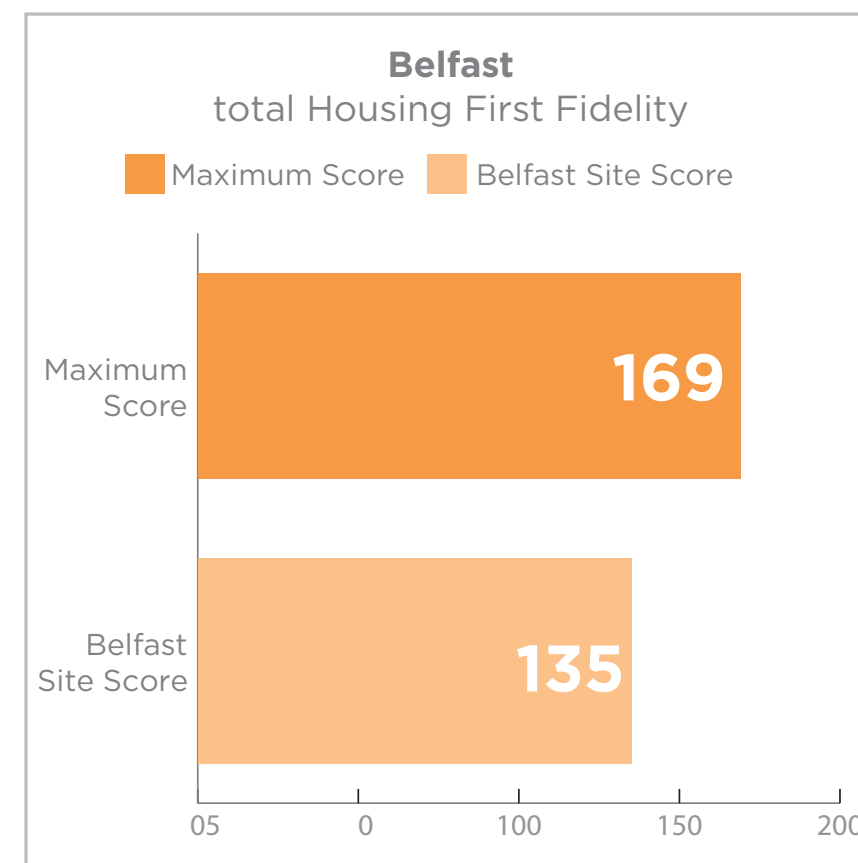
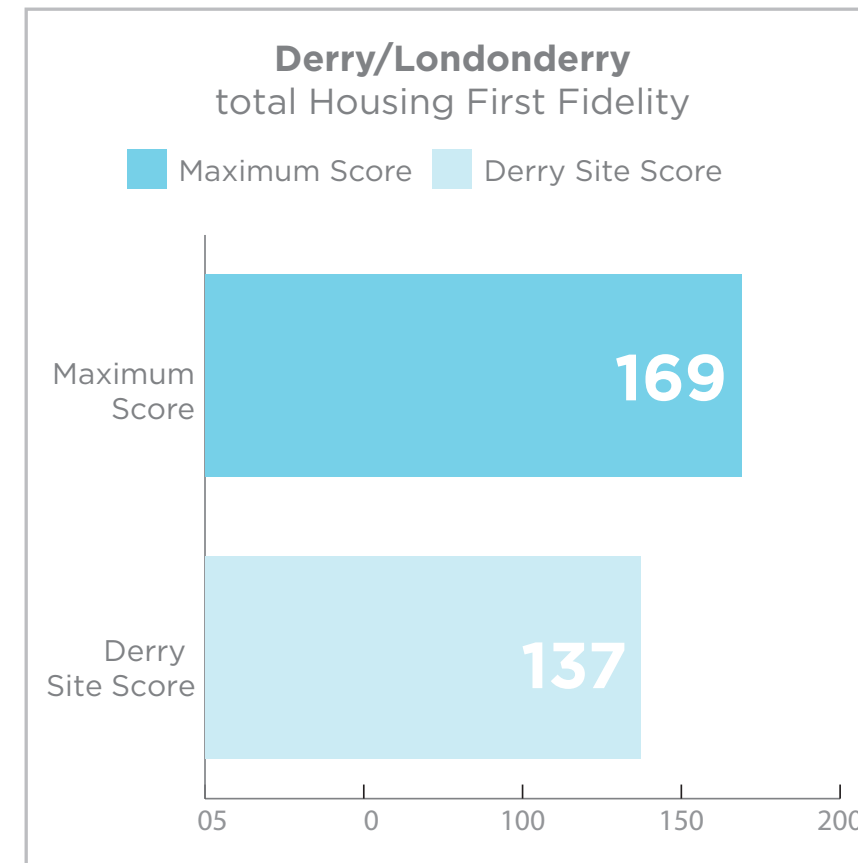
In the area of **Service Array** there is a very high level of support being provided but there are significant challenges also. Practical supports regarding moving in, community orientation, dealing with landlords, budgeting and shopping, for example, are provided by the Housing First team directly and as such can be delivered with certainty and as required by the service user. Supports for service users with mental health issues, substance use, education or physical health issues can vary radically. The Housing First teams are structured as Intensive Case Management teams and as such do not have medical professionals on the team. They rely on accessing medical professionals through existing community based services. Both teams have been very successful in building up links with multiple community services that can provide support to their service users and as a result service users are benefitting from the referrals that the team make. However, most of these links are based on informal relationships i.e. there are no formal contracts in place to work with Housing First service users and no dedicated places for our service user group. This means the opportunities to

provide these essential wrap around supports to Housing First service users are not as efficient as they would ideally be.

This section also looks at the involvement of people with personal experience of homelessness, addiction and mental health as peer support workers as this has proven internationally to contribute to the success of a Housing First model. Neither site has any paid peer specialists on the staff team - this is definitely an important area of development for each site.

Team Structure displayed positive results in this assessment. Each site team is working with the appropriate service user group - those who have experience of significant periods of homelessness and with a wide variety of support needs. Levels of support for social integration activities with service users was also high, with activities such as problem solving, leisure activities, family reconnections and community activities being routinely provided by the Housing First teams. Caseloads of up to 15 per staff member scored positively as did an average of 6-10 face-to-face contacts with service users each month. The level of planning and review of cases scored very highly with daily reviews of cases ongoing.

There were low scores for both teams on the opportunities for service user input - a grievance/complaints process is in place, as are formal participant feedback opportunities however this could be developed further to involve service users in planning and development of services and inclusion of people with lived experience on the team and the governing body of the organisation.



statutory funder & stakeholder feedback

We consulted our statutory partners and a number of stakeholders, such as Floating Support services, health professionals, the Police Service of Northern Ireland (PSNI) and voluntary organisations to get feedback on their experience of the Housing First services. Those consulted confirmed the following:

They all felt the service has a positive impact on their service delivery:

"Housing First is a beneficial referral source for our service. They provide our staff with sufficient background knowledge of particular service users and their needs, which aids staff in putting robust support structures in place. Staff from both services work exceptionally well together which is complimentary to the aims of each service."

"The Concern Hub works with some of the most vulnerable in our community and Depaul Housing First have been an integral community partner in helping keep these people safe. The referral process works both ways both into and out of the Hub."

"{They} Advocate on behalf of customers regarding their housing and the sustainment of tenancies and placements."

All agreed the service provided service users with personal choices and supports them in acquiring and sustaining tenancies.

"They reduce the risk of these people becoming homeless and help them improve the quality of their life."

"They provide a lifeline to hard to reach people and as a result reduce the risk of harm."

"{...}and this is witnessed first-hand on a daily basis. Housing First provide support through whatever means possible, but ultimately service users are empowered to make their own decisions and encouraged to take responsibility for different aspects of their life".

They all rate the communication and engagement of the Housing First teams as excellent.

We asked if stakeholders believe that engagement with Depaul Housing First services has a direct connection to the following areas for service users and everyone said 'yes' and cited some of the following outcomes:

- Reduction in criminal behaviour
- Improved health outcomes
- Reduction in Accident and Emergency admissions
- Improved engagement levels
- Decrease in homeless presentations
- Decrease in use of emergency services
- Increased stability for service users

Recommendations for improvements included:

"Additional resources such as staff and housing stock. Greater awareness needs to be raised in the area for potential private landlords to build up a portfolio of properties. This would in turn have an impact on the number of homeless referrals into temporary accommodation until a property becomes available"

"If they had more resources they could provide a service to more people in a city where alcohol abuse and mental health are a predominant problem".

key findings of the assessment

- This evaluation has demonstrated that Depaul Housing First services operate with a high level of fidelity to the internationally recognised standards for Housing First. This builds upon the findings from the independent 2015 evaluation of the NIHE funded pilot programme and has established it as a critical part of the response to chronic homelessness.
- The lack of suitable housing supply has a considerable impact on the capacity of each of the Housing First services to support service users achieve their potential to permanently exit homelessness. There is a high demand on the existing small amount of housing supply that is of a suitable size and tenure appropriate for the Housing First cohort. In a high percentage of cases it takes 6 months to identify suitable housing for referred individuals. The result of this is there is little or no capacity to identify and allocate the necessary stock of units specifically for Housing First service users to access quickly. It is critical and necessary that this issue is addressed if a Housing First Strategy is to succeed in the way it was designed to operate.
- There were 87 successful placements into independent, permanent accommodation made by the two teams over the period 2015-2017. This equates to 74.5% of the service users worked with in the same period. In Belfast 78% of service users have sustained their placements for 2 years or more (allowing for those who passed away or returned to prison). In Derry/Londonderry 72% of service users are still in accommodation after 12 months. Between both services an average of 23% of service users returned to homelessness over the 2015-2017 timeline.
- At an operational level both the Belfast and Derry/Londonderry Housing First teams have developed strong working relationships with statutory and community based services to support the work of wrap around services for service users. However, this is restricted by the lack of formal agreements between existing partners and specifically funded functions within related services such as health and social services.
- Social isolation and the ability of service users to establish roots and to integrate within their new communities is a prevalent feature that affects the fidelity of the Depaul service delivery model. There is considerable potential for internal developments that will improve the outcomes of the service in this area.

Gender and Age Profile (All Referrals 2015-2017)	Belfast	L'Derry
Male	78%	79%
Female	22%	21%
Age 20+	29%	25%
Age 30+	32%	32%
Age 40+	26%	24%
Age 50+	13%	19%

Belfast Service (commenced 2013): Data covers 2015-2017	Total/ Avg
No of service users supported through HF Interventions 2015-2017	64
No of service users placed in permanent accommodation 2015-2017	49
% of service users placed 2015-2017	75%
Of those placed: total number who died 2015-2017	7
Of those placed: number who returned to prison 2015-2017	5
% of service users still in accommodation 2 years later (cumulative)	78%
Total No of service users placed who subsequently returned to homelessness 2015-2017	11
Total No of service users who successfully exited programme/case closed 2015-2017	24

Derry/Londonderry Service (commenced 2015): Data covers 2015-2017	Total/ Avg
No of service users supported through HF Interventions 2015-2017	51
No of service users placed in permanent accommodation 2015-2017	38
% of Service users placed 2015-2017	74%
Of those placed: total number who died 2015-2017	2
Of those placed: number who returned to prison 2015-2017	4
% of service users still in accommodation 12 months later	72%
Total No of service users placed who subsequently returned to homelessness 2015-2017	9
Total No of service users who successfully exited programme/case closed 2015-2017	3



recommendations for improvement

Our recommendations to improve Housing First services in Northern Ireland:

- A regional Housing First development strategy within the NIHE Homelessness Strategy 2017-2022 that assists in dealing specifically with chronic homelessness.
- Further investment in Housing First as part of the solution to homelessness for a cohort of people with long-term homelessness and chronic health issues.
- A regional strategy to be developed by the Department for Communities in partnership with NIHE to improve housing supply for Housing First tenancies.
- A strategic and financial commitment towards Housing First Services by health and social services. This should be integrated with the NIHE homelessness strategy and action plan.
- Development of formal protocols for local health and community services in providing support to Housing First service users in the community, moving away from the successful but informal working arrangements that are in place at present.
- Development of methods in which social isolation and community integration is addressed for the Housing First cohort. A development opportunity in this area is for peer involvement in the staffing model of Housing First services.

service user feedback

Male, 46 years old, had been a Housing First service user for 2 years. Service user was accommodated for 2 years in a series of 3 different properties - 2 private rental & 1 housing association, had been residing in current Housing Association property for 10 months.

"Housing First helped me to facilitate and secure accommodation with Apex and worked together as a team. I had a choice of area that I wanted to live in but there weren't many free accommodations in the city as new builds weren't ready. Housing First helped me to apply for a Community Care Grant to help me with money, I think I was waiting over a year before I got this current accommodation.

I don't feel like there were any requirements put on me, it was all very relaxed. Yes, I fear I could lose my tenancy with adhering to my tenancy lease, and drink and drug taking and offending behaviour resulting in me to losing my accommodation but I know that Housing First would be there and would still work with me to find another accommodation.

Housing First helps provide support to me with my addiction and helps to facilitate me to appointments and remind me of these. I get to set my own goals, and decide where I want to go for help and support and Housing First helps and refers me.

Housing First helped me when I moved into my accommodation and helped me to apply for a Community Grant. Housing First work with the landlord and help with any problems that arise. Housing First help me to get to my appointments and have referred me to other agencies, for support.

I meet regularly with staff about my utility for the coming week, and any appointments that I need facilitated or accompanied to. The meetings consist of what is happening in my life, and what support I need and how they can provide support around this. Housing First meet with me at least once a week and when I have appointments that I need lifts to. I usually have the same support workers that come visit me and I usually am key worked by the same staff member."

Female, 32 years old, had been a Housing First service user for 10 months and housed for one week.

"Housing First helped me to talk with the Housing Executive about re-registering with them and getting the succession of tenancy of my father's house. Housing First also helped me deal with the Housing Executive when I was squatting in the house post my father passing away. During this stressful time staff listened to me and they made sure I got the counselling I needed and helped me with my physical and mental health.

I was waiting to get accommodated for 10 months and now that I am housed, Housing First are going to help me with getting a discretionary fund and dealing with universal credit and all the other stuff they had been previously helping me with.

At no time did I think that I would be removed from the service if I didn't do certain things. If Housing First hadn't helped me and sign post me to counselling and helped me out with housing and physical/mental health I would not be here today and I wouldn't have been able to keep my father's house. I'd be worse on the drugs and alcohol.

I am happy that you have put me on to all the support that I am getting and I've never felt put under pressure to do it.

Housing First referred me on to the Harm Reduction service which has been helping me with my anxiety, depression and a couple of physical health issues. I have felt involved in making decisions for my future and how best I could move forward positively in my life. I've never felt coerced into engaging with support or abstaining from drink or drugs was a condition of the service.

I have only just got my home but Housing First are already helping with discretionary funds for furniture etc., registering for universal credits and my housing benefits. They are also going to help to support me with my substance use.

They are still going to talk with the Housing Executive for me and help me with education, training & employment, (help me get back in to hair dressing training and my GCSE maths and English), when I'm ready.

I also recently got contact with my daughter again so I'll probably get help with that.

I meet with Depaul staff about twice weekly once with John Housing First and once with Eileen, a Harm Reduction worker. In these meetings we discuss pretty much any problems that are going on in my life I need help with. Lately it's been mainly my housing issues and mental and physical health issues."

service user case studies

Case Study 1

Stephen* is a 35-year-old male with entrenched alcohol, substance use and mental health issues. Prior to working with Housing First he had a history of stays in homeless hostels, prison, care, psychiatrist facilities and periods of rough sleeping. Over the years, he had also secured a number of tenancies that had failed.

One of Depaul's Housing First support workers supported Stephen to find a social housing flat. Following his assessment, a number of referrals were made in order to support him with his multiple complex needs and to ensure his tenancy was sustained. He received support from an intensive floating support service, a harm reduction service and statutory mental health services.

Housing First provided a high level of support during the interim period when no other services were in place. Once the referrals were accepted, a case management approach was adopted with Housing First coordinating all of the services involved. Regular review meetings were held to ensure that appropriate levels of support were offered and the services involved were clear on their roles and responsibilities. Communication protocols were established to ensure that concerns could be escalated and addressed as quickly as possible.

Stephen's first year in his accommodation was a difficult one due to his substance use and declining mental health. Housing First were able to support him through this crisis period by coordinating the services involved to ensure

Stephen had the maximum level of support and access to the additional statutory mental health services that enabled him to stabilise his mental health.

In addition, Stephen was supported to engage with his housing provider to avoid being asked to leave his property because of anti-social behaviour and rent arrears. This was achieved by addressing these issues through the case management process. Previous tenancies would have broken down because of these issues but Stephen currently remains in his property.

The long-term vision is that Stephen will be able to overcome his alcohol addiction, become more independent and maintain positive relationships with his family. By empowering him to achieve these goals it is hoped that they will only continue to improve his independence and long term health outcomes.

Case Study 2

Frank* is a 33-year-old single male, who self-referred to the Housing First service in June 2017. At the point of referral, Frank had been sleeping on the sofa at his parents' home for a period of 3 months.

Frank had a history of failed tenancies, both private rental and housing authority and this was mainly due to antisocial behaviour related to his alcohol and drug use and ongoing offending behaviour.

Frank had been a service user of the Housing First service briefly in 2016 when they worked with him to secure a one-bedroom flat in private rented accommodation. Unfortunately, this lasted for just one night due to anti-social behaviour in a settled community and as a result the landlord evicted him. Following his eviction Frank floated between family and friends, while Housing First worked tirelessly in trying to secure him permanent accommodation. Unfortunately, Frank returned to prison approximately 6 weeks later to serve a 6-month sentence. Upon release from prison Frank re-joined Housing First again in 2017 via a self-referral.

At the time of the initial assessment Frank had 52 convictions, a history of alcohol and drugs use- he had been an active heroin user with a history of using ecstasy, amphetamines and LSD (Lysergic Acid Diethylamide), mental health issues included schizophrenia, anxiety and depression and physical health issues including epilepsy, profuse sweating, undiagnosed chest issues and a previous case of pneumonia.

Upon joining us in 2017, Frank linked in with the Addiction Treatment Unit, where he had been taking part in a Suboxone programme & receiving counselling for his addictions.

Frank was also referred to Depaul's Harm Reduction service who worked with him on specific needs pertaining to physical & mental health. Through the interventions of his harm reduction worker, Frank was referred to the community mental health team for, anxiety, insomnia and anger issues. A referral was also made to the Recovery College for enrolment in the following courses: Introduction to Mindfulness; Living with Psychosis & Exploring your options. Frank is willing to fully engage with these courses in order to work towards continued stabilisation of his emotional & mental health.

In August 2017 Frank received a housing offer from a local housing association and after accepting moved into his new home in November 2017. Since then he has been in sustained accommodation with Housing First coordinated support.

Frank continues to remain drug free and currently only consumes alcohol on occasion. He has fully engaged with all the supports that were offered to him through the Housing First service and he is very happy with the progress he has made and continues to make, in order to live as independently as possible, in his own home.



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