NATIONAL

QUALITY STANDARDS FRAMEWORK

FOR HOMELESS SERVICES IN IRELAND

Dublin Region Homeless Executive

April 25th 2019

CONTENTS

INTRODUCTION

Supporting individuals and families experiencing homelessness is a key priority of Government. 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.

WHY DO WE NEED A NATIONAL QUALITY STANDARDS FRAMEWORK?

The policy aim is to achieve services for people experiencing homelessness that are well organised, co-ordinated and integrated and focused on moving people out of homelessness, as quickly as possible, into long-term, sustainable housing.

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.

WHAT ARE THE BENEFITS OF A NATIONAL QUALITY STANDARDS FRAMEWORK TO KEY STAKEHOLDERS?

Quality standards support service providers in meeting their core objectives. Service users, providers and funders all require sustainable outcomes, which in the area of homelessness can be categorised as:
- ➢ Where possible, preventing homelessness
- ➢ Moving people who use homeless services out of emergency provision as quickly as possible
- ➢ Supporting persons, who were formerly homeless to sustain housing with levels of support appropriate to their needs.

Benefits for Service Users: a National Quality Standards Framework informs service users as to what they can expect from homeless services.

Benefits for Service Providers: Having an agreed National Quality Standards Framework assists organisations to ensure they are clear about their responsibilities to deliver safe and effective services and that services provided ultimately result in the prevention and/or the reduction of time spent in homeless services.

Benefits for Funders: Funding bodies or service commissioners are concerned with the effectiveness of the service relative to expenditure and its success at preventing and reducing homelessness. Funders include national and local government through various departments but primarily the DHPLG, local authorities and the HSE as well as donors to organisations providing homeless services.

WHAT SERVICES ARE COVERED BY THE NATIONAL QUALITY STANDARDS FRAMEWORK?

People at-risk-of or experiencing homelessness receive support from a broad range of specialist and mainstream organisations.

The National Quality Standards Framework will be applicable to all homeless service provision in receipt of Section 10 funding, whether the delivery mode is via a statutory, voluntary or private service provider.

The National Quality Standards Framework will apply to homeless services for single adults, for adult couples, and for adults with dependent children.

HOW WILL THE NATIONAL QUALITY STANDARDS FRAMEWORK INTEGRATE WITH LEGISLATIVE AND OTHER SERVICE STANDARDS FRAMEWORKS?

It is proposed that the National Quality Standards Framework for Homeless Services adopts the overarching themes used by the Health, Information and Quality Authority (HIQA) - the independent authority responsible for driving quality, safety and accountability in health and personal social care services.

The standards have been developed drawing from, and informed by, a range of standards frameworks including:

➢ Better Safer Healthcare (2012) HIQA
➢ Quality in Alcohol and Drug Services (QuADS) and the National Drug Rehabilitation Implementation Committee (NDRIC) National Drugs Rehabilitation Framework, to ensure compatibility for services with a dual role in homelessness and addiction
➢ Quality Standards Frameworks currently in use by Voluntary Agencies
➢ Putting People First (1999) Homeless Agency Standards Framework for Homeless Services
➢ Supporting People Quality Assessment Framework 2 (QAF2) Core Service Objectives, Northern Ireland Housing Executive
➢ National Standards for Residential Services for Children and Adults with Disabilities (2013) Health, Information and Quality Authority.

THE MODEL FOR NATIONAL QUALITY STANDARDS FRAMEWORK FOR HOMELESS SERVICES

There are 8 themes under which the standards are organised.

Themes 1-4: focus on the provision of **person-centred** services, which are safe and effective, and support the rights and equal treatment of persons at-risk-of or experiencing homelessness.

Themes 5-8: focus on the **organisational capability** and capacity to deliver high quality services.

Each theme consists of a number of standard statements, which describe the high level outcome required to deliver effective homeless services. The features under each standard statement give examples of what the service may consider to reach the standard statement and to achieve the required outcome. The list of features under each standard is not exhaustive and the requirements of the standard may be met in different ways.

Figure 1. Thematic Areas

Theme 1: Person-Centred Services:
This theme focusses on service users' rights and autonomy, including the right to have a complaint heard and responded to. The standards in this theme support inclusive services that put persons at-risk-of or experiencing homelessness at the centre of the decision-making process at the personal level, and involve service users in planning and delivery of services at organisational level.

Theme 2: Effective Services:
Effective services are built around responding to the individual service user's needs, and engage in good practice in relation to referrals, assessment, support planning and integrated working.

Theme 3: Safe Services:
The standards under this theme focus on the provision of a safe environment to reside and work in.

Theme 4: Health, Well-Being and Personal Development:
This theme seeks a consistent approach in responding to the broad range of health, well-being and developmental needs of persons at-risk-of or experiencing homelessness.

Theme 5: Leadership, Governance and Management:
This theme focuses on organisational capacity: governance, management and leadership.

Theme 6: Use of Resources:
This theme is concerned with the alignment of funding of services to the overall policy aim of reducing/preventing homelessness and the need for services to be accountable and transparent with regard to the use of public money.

Theme 7: Responsive Workforce:
Person-centred, effective and safe service provision is dependent on having trained, competent staff with the relevant skills, knowledge and experience. The standards under this theme are concerned with how staff and volunteers contribute to high quality service delivery.

Theme 8: Use of Information:
Effective information systems are in place to enable services to operate within statutory guidelines, to use information to support planning and research and to have a high level of information governance at individual and organisational levels.

PRINCIPLES INFORMING THE NATIONAL QUALITY STANDARDS FRAMEWORK FOR HOMELESS SERVICES

The National Quality Standards Framework for Homeless Services is informed by the quality principles of the **Voluntary European Quality Framework for Social Services** (Social Protection Committee/2010/10/8). The Voluntary European Quality Framework sets overarching quality principles for social service provision.

Overarching quality principles for social service provision:

Accountability: Being answerable to another person or organisation for decisions, behaviour and any consequences

Available: Access to a wide range of social services should be offered so as to provide users with an appropriate response to their needs as well as, when possible, with freedom of choice among services

within the community, at a location which is most beneficial to the users and, where appropriate, to their families.

Accessible: Social services should be easy to access by all those who may require them. Information and impartial advice about the range of available services and providers should be accessible to all users. People with disabilities should be ensured access to the physical environment in which the service provision takes place, to adequate transport from and to the place of service provision, as well as to information and communication (including information and communication technologies).

Affordable: Social services should be provided to all the persons who need them (universal access) either free of charge or at a price, which is affordable to the individual.

Person-centered: Social services should address in a timely and flexible manner the changing needs of each individual, with the aim of improving their quality of life, as well as ensuring equal opportunities. Social services should take into account the physical, intellectual and social environment of the users and should be respectful of their cultural specificities. Furthermore, they should be driven by the needs of the users and, when appropriate, of the related beneficiaries of the service provided.

Comprehensive: Social services should be conceived and delivered in an integrated manner which reflects the multiple needs, capacities and preferences of the users and, when appropriate, their families and carers, with the aim of improving their well-being.

Continuous: Social services should be organised so as to ensure continuity of service delivery for the duration of the need and, particularly when responding to developmental and long-term needs, according to a life-cycle approach that enables the users to rely on a continuous, uninterrupted range of services, from early interventions to support and follow up, while avoiding the negative impact of disruption of service.

Outcome-oriented: Social services should be focused primarily on the benefits for the users, taking into account, when appropriate, the benefits for their families, informal carers and the community. Service delivery should be optimised on the basis of periodic evaluations, which should inter alia channel into the organisation feedback from users and stakeholders.[1]

HOW WILL A NATIONAL QUALITY STANDARDS FRAMEWORK FOR HOMELESS SERVICES BE USED?

Attaining and maintaining quality standards in service provision for homeless households is not a static process. NQSF monitoring and reporting will involve a multifaceted approach. There will be continuous review of standards by services implementing the NQSF 'Quality Assessment and Improvement Workbook' and verification via LA analysis of the service's KPIs, site visits, and performance reviews.

- *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 8 themes.

- *Service User Participation*: Site visits conducted by the Local Authority will include meeting with service users in each service to explore the service users perspective directly.

---

[1] The Social Protection Committee (2010) A Voluntary European Quality Framework for Social Services

- *Local Authority Monitoring and Assessment:* KPI performance reviews, Site Visits and assessment of services will verify the quality of service provided, and ensure a consistent approach is being taken.

CONSULTATION AND STANDARDS DEVELOPMENT PROCESS

The National Quality Standards Framework has been developed through an extensive consultation process. Sincere thanks are due to the full range of stakeholders involved in guiding the development of the standards. Key stages are set out in the table below.

At the outset, a review of international and national QS literature was undertaken and informed the development of the National Quality Standards Framework. The framework takes account of published research, other standards for social services in Ireland, standards used in other countries, government policy and legislation.

Expert opinion on the National Quality Standards Framework was provided by an Advisory Group. The DRHE would like to thank the members of the National Advisory Group for their contribution. Membership of the Group is included in Appendix 1.

Extensive feedback from focus groups, held in locations nationwide, informed the National Quality Standards Framework. Focus groups were convened for service users, service providers, LA personnel and other stakeholders.

As a result of a National Consultation process with briefing sessions held across the country, extensive feedback on the National Quality Standards Framework was received. A list of written submissions is provided in Appendix 2.

The trial period of the NQSF saw 9xservices participating in Phase 1 in the Dublin region. In Phase 2, 20 x Services participated, from Dublin as well as Midlands, North East and Southern Local Authority Regions. These services are listed in the Table below, and were instrumental in ensuring that the standards and workbook are practical, implementable, and effective in supporting quality improvement.

KEY STAGES IN DEVELOPING A NATIONAL QUALITY STANDARDS FRAMEWORK:

2014	**Established National Advisory Group**: Chaired by DRHE, with all key stakeholders represented: Local Authorities, NGOs, Service Users, HIQA, HSE, Irish Council for Social Housing (ICSH), Housing providers, Housing Agency, Education Providers, Support Services, Tusla - Child & Family Agency, Probation Service. This National Advisory Group provided guidance to the Quality Standards project team at key points throughout the development and trial period of the QSF: 2014-2017.
	Held Regional Focus Groups x 4, consulting Service Users, service providers and Lead Local Authorities, held in Galway, Cork and Dublin on the broad quality standards themes and introducing the project to key stakeholders.
	National Consultation Process to review draft documentation with stakeholder groups: service users, service providers and regional Homeless Fora. Written submissions were invited nationally.

2015	**Developed QSF model**: structure, performance indicators, monitoring framework. **Briefing Seminars** on the draft standards. **Prepared for Phase 1 trial implementation** : briefings for participating service providers, support materials, implementation workbook, etc
2016	**Q1 & Q2: Implemented Trial Phase 1: 9x projects participating:** Dublin Region: - Crosscare: St Marys STA, Cedar House ONO, Amiens St TEA - De Paul Ireland: Peters Place STA, Rendu family STA, Migrant HAT. - Focus Ireland: Georges Hill STA, Family HAT **Q3 & Q4: Implemented Phase 2: 20x projects participating: Dublin & 3x other Lead LA regions:** Dublin Region: - Peter Mc Verry Trust: Avoca - Dublin Simon: Maple House - Sophia: Camberley Midlands region: - Simon Midlands: Emergency Accommodation Service Athlone; & Tullamore - St Vincent De Paul: Bethany House, Longford - Teach Failte: Mullingar North East Region: - Dundalk Simon - Drogheda Homeless Aid South west Region: - Novas Arlington House - Cork CC: Foyer **Prepared for Phase 3: aligning HSE and LA QS frameworks**; additional projects **Finalised the QSF Implementation Workbook**, for use by Service Providers. The Workbook is publicly available.
2017	**Q1: Implemented Phase 3: alignment with Safer Better Healthcare** Q3: Draft report to Participating Services, Lead LAs, & National Advisory Group for final input. Q3-4: Proposal to SMG for Dublin Region; & Outline report to Dept HPLG
2018	**Included in SLAs Across the Dublin Region, and quarterly KPI reports to DRHE.** Included in **redevelopment scoping for PASS: KPI reporting** Preparation for National Implementation
2019	**Site Visits begin in Dublin Region**, (Feb 2019) based on QSF checklist, conducted by DRHE. For each service, site visits involves:

	- A review of documentation: SLA, Schedule, KPIs, and policies procedures in place; - a review of the facility, - interviews with service users and - interviews with staff regarding each aspect of the standards checklist, to check implementation in practice. **April 2019: DHPLG circular issued to Lead Local Authorities outlining steps for full national implementation of the NQSF, from 1 July 2019.**

NQSF PROJECT TEAM

The NQSF project has been led by the Dublin Region Homeless Executive, on behalf of the Department of Housing, Planning and Local Government, with a number of key personnel overseeing the consultation and development process, supporting participating services throughout the trial period, and producing the final NQSF Standards, tools, and implementation documentation:

- Project Manager: Elaine Butler
  Integrated Services Coordinator, DRHE

- DRHE Monitoring and Standards Team:
  - Brenda Kador Lynch
  - Elizabeth Toal
  - Diarmuid Kiernan
  - June Walsh
  - Noelle Ruddy
  - Johanna Lloyd
  - Kathryn O Sullivan
  - Carmel Comerford

GLOSSARY

Approved Housing Body (AHB)	Approved Housing Body which has approved status under Section 6(6) of the Housing (Miscellaneous Provisions) Act 1992
Assessment	The systematic identification of service user need within the framework set by the service, including eligibility criteria. It is expected that the assessment process will actively include the service user. See also Holistic Needs Assessment, Housing Needs Assessment and comprehensive assessment.
Assessment of Housing Needs	Also referred to as the local authority Housing Needs Assessment, it is the process undertaken by the local authority to determine that an applicant is in need of housing and unable to provide housing from their own resources. It must be carried out in order to be put on a social housing list.
Assessment Tool	This is a questionnaire used to gather information from service users in order to work out what their needs are and in what priority these should be addressed in the support plan.
Care Manager	This strategic role focuses on structures and policies to support effective case management, in particular any blocks and barriers that the case manager experiences.
Care Plan	Please see the below section on 'Support Plan'.
Case Management	Intensive engagement with a service user who has a broad range of needs or intensive support needs, in order to ensure that multiple services are effectively coordinated to respond to those needs. This role has responsibility for brokering as well as coordinating services to meet all support needs.
Case Management Interagency Protocols	Guidance for interagency working to support effective case management of persons who are homeless with complex or high support needs, such as the Homeless Agency (2010) 'Case Management Interagency protocols for Homeless and Drug Services.
Case Manager	The lead keyworker who coordinates services involved in an interagency support plan and holds / has responsibility for the assessment and support plan. This worker undertakes support plan reviews and generally has the most contact with the service user.
Case Meeting	In general, the purpose of a case management meeting is to: • Ensure service user involvement • Agree an interagency support plan with all involved agencies • Assist in building relationships between all involved Case meetings or multi-agency meetings should always aim to include attendance by the service user at these meetings. The tone and context of the meeting should encourage service user participation.
Centre of Interest / Local connection with the functional are of a housing authority	A housing authority of application shall, in determining if a household has a local connection with its functional area, have regard to whether: (a) a household member resided for a continuous five-year period at any time in the area concerned, or (b) the place of employment of a household member is in the area concerned or is located within 15 kilometres of the area, or (c) a household member is in full-time education in any university, college, school or other educational establishment in the area concerned, or (d) a household member with an enduring physical, sensory, mental health or intellectual impairment is attending a medical or residential establishment in the area concerned that has facilities or services specifically related to such impairment, or

	(e) a relative of a household member resides in the area
Continuous Quality Improvement	This is an approach that emphasises ongoing cyclical processes of assessment and performance improvement and review.
DECLG	Department of the Environment, Community and Local Government
DCC	Dublin City Council
Dublin Joint Homelessness Consultative Forum	Please see further section on 'Regional Homelessness Consultative Fora'
DRHE	Dublin Region Homeless Executive
Emergency Accommodation	This refers to any kind of temporary homeless accommodation such as: • supported temporary accommodation (STA) • private emergency accommodation (PEA) • temporary emergency accommodation (TEA)
Homeless Action Team (HAT)	Homeless Action Teams are local teams comprising the local decision making expertise available to people who are homeless in that particular locality and sector and includes health, housing, temporary accommodation and addiction professionals as well as the professionals providing the emergency, transitional or long term residential accommodation.
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
Holistic	The process of taking into account all factors relating to the service user's wellbeing.
Holistic Needs Assessment (HNA)	The HNA is a voluntary single shared assessment system, which aims to provide opportunities for any individual who experiences homelessness to engage in a process of planning and action, which is person centred. The HNA aims: • to reduce the number of times that a service user is assessed and the number of assessments that staff undertake • to ensure continuity of support for the service user • to promote consistency of assessment practice between organisations • to improve information sharing between services The HNA is a sectorally agreed assessment in the Dublin region.
Homelessness *Legal Definition*	The legal definition of homelessness is given in Section 2 of the Housing Act 1988: A person shall be regarded by a housing authority as being homeless for the purposes of this Act if: a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and he is, in the opinion of the authority, unable to provide accommodation form his own resources. Every local authority has the right to determine the operational definition of homelessness for their area regarding the operation of local housing / homeless list (known as the schedule of letting priorities).
Key Worker	This role involves working with the service user to achieve the goals in the support plan, as they relate to the work of the key working service
Key Working	Key working is a process undertaken by the key worker to ensure the delivery and ongoing review of the care plan. This usually involves regular meetings between the key worker and the service user where progress against the

	support plan would be discussed and goals revised as appropriate. The key worker is usually a member of the multidisciplinary team responsible for delivering most of the service user's care.
Line Manager	This role involves supervising the case manager and providing managerial support should there be questions around process and outcomes
National Drugs Rehabilitation Framework	Framework to enhance the provision of rehabilitation services to current and former drug users by creating integrated care pathways (ICPs) with the co-operation of different service providers.
Needs Assessment	This is the process used to gather information from service users in order to work out what their needs are and in what priority these should be addressed in the support plan.
NGO	Non-Governmental Organisation
National Homelessness Consultative Committee (NHCC)	The NHCC monitors the implementation of the Government Strategy on Homelessness.
NQSF	National Quality Standards Framework
Pathway Accommodation and Support System (PASS)	Pathway Accommodation and Support System is a shared homeless client database, as well as managing all emergency bed accommodation allocations.
Performance Indicators (PI)	Performance Indicators (PIs) are measures of performance that are used by organisations to measure how well they are performing against targets or expectations. PIs measure performance by showing trends to demonstrate that improvements are being made over time. PIs also measure performance by comparing results against standards or other similar organisations.
Quality	HIQA suggests an understanding of quality as follows: Quality involves meeting and exceeding an acceptable level of performance through the provision of a safe and effective service.
QuADS Organisational Standards	Quality in Alcohol and Drug Services it the national quality standards for addiction services in Ireland.
Regional Homelessness Consultative Fora	Established in each region (9 regions nationally) under the auspices of local authorities, they include representation of voluntary and statutory homeless service providers, as well as the HSE, Justice Department and Department of Social Protection. They provide a platform for the various stakeholders to have input into the organisation of local services and the development of regional homeless action plans.
Section 10	Section 10 of the Housing Act 1988 provides the legislative basis for the provision of funding by the Minister for the Environment, Community and Local Government (delegated to the Minister for Housing and Planning) to local authorities for homeless accommodation and related services.
Section 39	Relates to Non-Acute/Community Agencies being provided with funding under Section 39 of the Health Act, 2004.
Service Level Agreement	A service level agreement is negotiated between two parties where one is the funding organisation and the other is the service provider. It usually includes a clear and detailed specification and formalised agreements in relation to the service to be delivered and the measurable outputs and outcomes expected.

Service Provider	Any person, organisation, or part of an organisation delivering homeless services.
Service User	Any person availing of or requiring a service and whom therefore requires a key worker or case manager to assist them in achieving their support plan goals. Service users include single men, single women, couples and parents of dependent children.
Staff	All personnel involved in the delivery of services , whether paid or unpaid volunteers/ fulltime/part-time/ temporary or relief staff.
Standard	A statement which describes the high level outcome required to contribute to quality and safety.
Statutory Management Group (SMG)	Established in each region (9 regions nationally), Statutory Management Groups comprises statutory officials with primary responsibility for drawing up the Homeless Action Plan for the region and for making recommendations to relevant statutory bodies on homeless services, including funding.
Support Plan	The support plan is a course of actions agreed between the service user and the service(s) that outline the service user's goals and how these will be met. The support plan is developed on the basis of findings during the assessment process. It sets out timelines for the completion of goals and identifies clear areas of responsibility. The support plan is referred to as a 'care plan' within some services.

THEME 1: PERSON-CENTRED SERVICES

The theme of person-centred services is concerned with service users' rights and autonomy, including the right to have a complaint heard and responded to. The standards under this theme puts persons at-risk-of or experiencing homelessness, at the centre of the decision-making process at the personal level and involve service users in the planning, delivery and evaluation of services at organisational level. The standard statements recognise the right of each service user to determine their own lives and have their decisions and preferences respected.

Outcomes under this theme:

➢ Services are delivered within a framework of equal opportunities and anti-discriminatory practice.
➢ Service users have their choices and autonomy respected.
➢ There is fair access to services for people at-risk-of or experiencing homelessness.
➢ There is evidence of service user involvement at every level of planning and service delivery.
➢ There is service improvement through fair and transparent processing of complaints.

Standard 1.1: The rights and diversity of each service user are respected and promoted

Key features:
1. Service users are treated with dignity and respect, their equality is promoted and the service respects their age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or member of the travelling community.
2. Services demonstrate evidence of non-discriminatory and anti-bullying practice, policies and procedures.
3. Service users:
    a. Are informed of their rights and responsibilities.
    b. Understand their rights and responsibilities.
    c. Are facilitated in exercising their rights and responsibilities.
4. For services that work with families:
    a. Children are recognised as individual rights holders and are facilitated in exercising their rights.[1]
    b. Children have their rights, and plans for them, explained to them in an age-appropriate way.
    c. Children's needs and perspectives are heard and considered in relation to plans for their family.
5. Service users have a fair and equal opportunity to access homeless services:
    a. Services have clear admissions policy and referral processes.
    b. Services state clearly in writing any exclusionary criteria that apply to service provision.
    c. Service users receive a written explanation communicating the grounds of any refusal of service and how they can appeal the decision.
    d. Service users are advised of alternative services appropriate to their needs, which they may be able to avail of.
    e. Services record the reason for any refusal of service and offer any person who has been excluded a reassessment if their circumstances change.
6. Services review and implement strategies to promote and improve inclusiveness under all the pillars of equality legislation (age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or member of the travelling community).
7. Referral criteria are reviewed regularly to ensure they are consistent with the vision, mission and objectives of the service.
8. All written communication is made available in accessible formats and appropriate to any special requirements to the service user's communication needs, as far as is practicable.
9. Service users' rights under current Data Protection, and Freedom of Information legislation are understood by management, staff, volunteers and service users.
10. Service users receive the support they may require:
    a. To uphold their rights.
    b. To recognition before the law.
    c. To exercise their legal capacity.
11. Services facilitate access to advocacy services at the service user's request.

Standard 1.2: 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

Key Features:

1. Services make accessible information available to each service user which sets out what the service does, how it works, how to use the service, all available supports, how the service is monitored and the complaints (and appeals) procedure.
2. Services prominently display, or provide to the service user, a written charter of rights and responsibilities, including detail of opportunities for service user involvement in service planning.
3. Services users are treated with care and respect by staff. The views and preferences of service users are evidenced in all decision-making that affects them.
4. Service users are consulted regularly about the range of services they may require and services they can access, and this information is used to inform service planning and delivery.
5. For services that work with families:
    a. Information on the service is provided to children in an age-appropriate way.
    b. Children's needs and perspectives are heard and considered in relation to plans for their family.
6. Service users' views are represented at individual and organisational levels and they are recognised as key stakeholders in evaluation and planning processes and new service development:
    a. There is adequate support and training for service users to support participation.
    b. There is training for staff on understanding and supporting service user participation.
    c. There is service user participation at local/regional/national level planning and policy development.
    d. Service users are given feedback on the impact of their participation/involvement on policies and practice.
7. Service users/ people with experience of homelessness, participate in local and regional homeless fora.

Standard 1.3: Service users' complaints and concerns are listened to and acted upon in a timely, supportive and effective manner

Key Features:

1. A complaints procedure is in place which outlines:
    a. Process for recording formal/ informal complaints, actions and outcomes.
    b. Designated complaints officer.
    c. Stages and timeframes.
    d. Appeals process.
2. Information on the complaints procedure is available and explained to service users in an accessible and appropriate format.
3. Service users are encouraged and supported to express concerns safely and are reassured that there are no adverse consequences to raising an issue of concern, whether informally or through the formal complaints procedure.
4. For services that work with families, a child's complaint is considered and responded to, with involvement of their parent/s, in line with Child Protection guidelines. A child friendly complaints system is in place.
5. Service users are facilitated to use an advocate or advocacy service of their choice, when making a complaint/raising a concern.
6. A culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints is in evidence. Feedback is used to inform changes and improvements in the service provided.
7. Service users have access to informal resolution of complaints, where concerns are addressed immediately at local level and, where appropriate, without recourse to the formal complaints procedure, unless the person wishes otherwise.
8. There is a procedure for making formal complaints. Decision-making on complaints is consistent with relevant legislation, procedures and policy and takes account of best practice guidelines.
9. There is an effective and objective independent appeals procedure for complaints and for decisions that affect people using the service.

Standard 1.4: Service users exercise choice and autonomy in their daily lives and in accordance with their preferences

Key Features:

1. Service users' wishes and choices relating to their current circumstances and future plans are respected and implemented, where it is practicable to do so.
2. Service users are aware of their rights and responsibilities. This information is explained in person and made available in an accessible format.
3. Service users are at the centre of, and actively involved in decision-making that directly affects them.
4. Service users' risk assessments, needs assessments, support plans and records of case meetings uphold the views/preferences/decisions of each service user.
5. Service users understand the assessment and support planning processes. They are fully aware of and provide consent for:
   a. The service's confidentiality policy.
   b. How personal information is stored/used/shared.
   c. Their support plan goals.
6. Service users with intellectual, physical, sensory disabilities and/or mental health support requirements exercise their autonomy of decision-making and have their views and preferences respected.
7. For services that work with families: Children are consulted regarding support planning in an age, and developmentally appropriate way. Services work in partnership with parents to compile a plan based on support needs identified. Parental consent is confirmed in relation to information storage for children.
8. Services do not act for users of the service in areas they are capable of, and motivated to manage for themselves.
9. All written communication is made available in accessible formats and appropriate to any special requirements to the service user's communication needs, as far as is practicable.

Effective services prioritise prevention and early exit from homelessness, as the most effective outcome for service users. The standards under the theme of effective services are concerned with the processes to support early and effective intervention and to respond to the individual service user's needs. The standards promote good practice in relation to advice and advocacy, referrals, assessment, support planning and integrated working. The standards support coherence, where there are health and social interventions from a number of different agencies.

Outcomes under this theme:

- ➢ Assistance to homeless persons is delivered in accordance with national legislation and policy.
- ➢ Housing and support advice/information/interventions are provided which prevent homelessness.
- ➢ Person-centred policies, procedures and processes are in place.
- ➢ Service users are referred to the most appropriate service.
- ➢ Service users experience continuity of service.
- ➢ There is effective assessment of needs and risks, and effective housing and support planning that prevents or reduces homelessness.
- ➢ Services are proportionate to the needs of service users.
- ➢ Integrated care and support are provided through effective inter-agency working.
- ➢ The barriers to ending homelessness are addressed.

Standard 2.1: Homeless services offer effective and early interventions at the point of entry to prevent or reduce the experience of homelessness

Key Features:

1. People who are at risk of losing their tenancy are assisted to identify and access all available and appropriate options to either sustain their tenancies, or to secure an alternative sustainable tenancy without becoming homeless such as:
    a. Instrumental supports (financial aid/access to specific health/welfare services).
    b. Advice/information support (review of the person's rights under the correct housing legislation).
    c. Advocacy (landlord/ Local Authority/ Approved Housing Body/ housing provider/ other) and visiting support.
    d. Family mediation and support services.
    e. Advice/ information support, or referral to a domestic violence agency, in relation to rights under current relevant legislation.
2. Services provide consistent, accurate, up-to-date advice to persons at-risk-of homelessness:
    a. There is a high standard of knowledge and competence in relation to housing protections: tenants' rights, property ownership rights, mediation and resolving disputes.
    b. Service users are given objective, accurate, consistent and clear information on housing options.
3. Where homelessness cannot be prevented, placement in temporary accommodation:
    a. Is based on an assessment of housing need by the appropriate local authority.
    b. Occurs only after preventative strategies have been exhausted.
    c. Where possible, takes into account the preferences and needs of the individual.
    d. Takes account of identified risk to safety as a result of violence/ abuse.
4. Hospital discharges to homeless services comply with the guidelines set out by the HSE, and include that:
    a. Hospital discharge is planned in advance.
    b. Service is notified and confirmed in advance of discharge.
    c. Service user's medical requirements are detailed in a discharge letter.
5. Local authorities and the Irish Prison Service work together to ensure there is adequate planning for discharges from custody of service users, who do not have an accommodation option.
6. Services that provide in-reach to hospitals and/or prisons provide targeted advice and information and make appropriate referrals to plan for the service user's discharge.
7. Tusla, the Child & Family Agency, ensures that effective plans are in place to address the accommodation needs of young people leaving care to minimize their risk of homelessness.
8. There is clear and consistent recording and documenting of the reasons for homelessness to inform planning for effective prevention strategies.
9. Homeless services support the early registration of persons experiencing homelessness with the appropriate local authority, by assisting individuals to gather documentation required, as per the relevant local authority's guidelines.
10. Persons who are deemed ineligible by one local authority are assisted to apply to the local authority from which they became homeless/ represents their centre of interest.
11. Decisions on housing need are communicated in person and in writing to the individual.
12. Services provide information on how to appeal decisions and the timeframes that apply to service users.

Standard 2.2: Services offer effective assessment of housing and support needs and offer effective support planning to persons at-risk-of or experiencing homelessness

Key Features:

Assessment

1. Services initiate care and support planning processes, as early as is practicable on commencement of engagement in the service.
2. An initial assessment of housing and support needs is undertaken by a trained and competent staff member, when a service user presents or is referred to a homeless service.
3. **The initial assessment policy and procedure**, when a service user presents or is referred to a homeless service:
    a. Contains the Biographical and Next of Kin details of the service user.
    b. Confirms the service user understands the initial assessment process.
    c. Is based on the active involvement of the service user in the assessment process.
    d. Explains the service's confidentiality policy and limitations which may apply.
    e. Establishes the reason for presentation to homeless services, and any alternative options to entry to homeless services that can be pursued.
    f. Determines the most appropriate service or supports to meet the service user's immediate needs.
    g. Assesses for risk factors and how these can be managed.
    h. Requires service user consent to share information that the service user has provided for the purposes of referral to appropriate services or supports.
    i. Confirms that referrals made on the basis of the initial assessment have been processed.
4. For services that work with families: Assessment should take account of the impact of homelessness on each family member, and on family relationships and functioning. Key extended family, community, school and service relationships are identified to maximise continuity of links.
5. Services act on any immediate risk to service users/others identified in the assessment.
6. A trained and competent staff member undertakes a comprehensive assessment of housing and support needs, and a comprehensive risk assessment when a service user continues to engage with homeless services following initial assessment and comprehensive risk assessment.
7. **The comprehensive assessment policy and procedure**:
    a. Explores housing options relevant to the service user's needs and identifies specific options to pursue.
    b. Focuses assessment and support planning on services user's strengths and empowers service users to be active participants in achieving outcomes.
    c. Confirms the service user understands the comprehensive assessment process.
    d. Is based on the active involvement of the service user in the assessment process.
    e. Allows for transfer of an existing comprehensive assessment from another service with service user consent.
    f. Explains the service's confidentiality policy and limitations that may apply.
    g. Establishes the reason for presentation to homeless services, and any alternative options to entry to homeless services that can be pursued.
    h. Addresses the wider needs of the service user, including;
        1. Accommodation: housing, and temporary accommodation requirements.
        2. Family and current relationships.
        3. Early life experiences and childhood.
        4. Education.
        5. Work and job training.
        6. Legal issues/ offending behavior.
        7. Income and finance.

8. General physical health.
9. Mental health.
10. Alcohol use.
11. Drug use.
12. Independent living skills.
13. Equality issues.
    i. Identifies the services/supports in place.
    j. Determines the most appropriate service or supports to meet the service user's needs.
    k. Requires service user consent to share information that the service user has provided for the purposes of referral to appropriate services or supports
    l. Is completed in adherence with care and case management guidelines.
    m. Confirms that referrals made on the basis of the initial assessment have been accepted.

Housing and Support Planning

8. The areas, levels of support required and all risks identified on assessment are recorded in a support plan. **The support plan addresses**:
   a. The housing needs of the service user by identifying achievable housing goals, taking into consideration personal preferences and all tenure options.
   b. The wider needs of the service user based on the comprehensive assessment including;
      1. Accommodation: housing, and temporary accommodation requirements.
      2. Family and current relationships.
      3. Early life experiences and childhood.
      4. Education.
      5. Work and job training.
      6. Legal issues/ offending behavior.
      7. Income and finance.
      8. General physical health.
      9. Mental health.
      10. Alcohol use.
      11. Drug use.
      12. Independent living skills.
      13. Equality issues.
   c. The actions/interventions agreed, planned outcomes and the responsibilities of both the service and the service user.
   d. All existing and future services provided by external agencies.
   e. Referrals required.
   f. Timeframes to achieve the outcomes.
   g. Which services must be contacted if there is an important change in a person's circumstances.

9. Service users make informed decisions on every aspect of their housing and support plan and are aware of all the housing and support options available to them.
10. The housing and support plan is reviewed and updated regularly and as required in relation to their changing individual circumstances.
11. Accurate and timely records are kept of assessments, support plans, referrals, key working, case reviews and inter-agency meetings.

Standard 2.3: Services work together to deliver integrated support and care to persons at-risk-of or experiencing homelessness

Key Features:

Inter-Agency Working

1. Where multiple services are included in a multi-agency support plan, case management protocols are adhered to in relation to:
    a. Initial assessment/ establishing lead agency.
    b. Referral process.
    c. Interagency case meetings.
    d. Confidentiality and Data Protection.
    e. Reporting Gaps and Blocks.
    f. Grievance procedure for service user.
    g. Grievance procedure for service providers.
    h. Service user disengagement.
    i. Positive case closure.
2. Services develop, maintain and review joint working relationships with other providers and funding bodies.
3. Barriers to the progression of a service user's housing and support plan, including difficulties in inter-agency co-ordination, are addressed by the Case Manager in the first instance, employing the case management protocols.

Referral between Agencies

4. Referrals are made when a need is identified following a service user's initial/comprehensive assessment that cannot be met by the service.
5. Referrals are made having regard to the service user's preferences, needs and the nature of the service involved.
6. Written consent to share information for referral is in place.
7. Referrals are followed up to ensure the referral has been received and processed.

Gaps and Blocks

8. Barriers to the progression of a service user's housing and support plan, including difficulties in inter-agency co-ordination are notified by the case manager to the relevant service(s).
9. If barriers to the progression of a service user's housing and support plan cannot be progressed through care and case management protocols, they should be reported to the relevant Homeless Action Team for a response and to inform planning.

Standard 2.4: Services users receive consistency and continuity of support to achieve and sustain exit from homeless services

Key Features:
1. Services demonstrate a proactive and person-centered approach to the assistance offered to service users to exit homelessness:
    a. Services use the assessment and support planning process to identify housing options for the service user and the plan is regularly reviewed and updated.
    b. Service users are given objective, accurate, consistent and clear information on housing options.
    c. Service users have access to phone/internet facilities to directly contact landlords.
    d. Services make referrals with the consent of service users to available and appropriate accommodation options.
    e. Service users are advised of any settlement/ tenancy sustainment supports available in relation to the housing options being pursued.
2. A placement sustainment protocol is in place to ensure that service users receive a consistent service, and moving service users from one service to another is used:
    a. In response to personal preference.
    b. Where a move delivers better housing or health outcomes.
    c. To safeguard/protect from abuse.
    d. In response to persistent non-use of or non-engagement with the service.
3. Services use positive risk management to safely provide services, that are inclusive of and responsive to, the needs of service users and to reduce/eliminate the exclusion of users from services. Effective case management protocols are in place, including a 'disengagement protocol' to ensure that:
    a. Service users continue to receive support and there is engagement with external services until an alternative service has been secured in the event of a decision to withdraw services.
    a. Non - exclusionary anti-social strategies are in place to manage behaviour that is causing an impact on the service/wider community.
    b. There is a documented escalation procedure when the needs of the person cannot be met within the service. This is used to inform improvements in service planning and delivery.
4. Service users are facilitated to pay their rent/accommodation charge; and arrears management planning and use of household budget or direct debit, where applicable, is available to all individuals to facilitate solutions to rent/occupation charge arrears.
5. When a service user moves to housing, they are advised of any available services which may provide them with floating/ visiting support to in order to help prepare for and sustain independent living.
6. Case closure: case management protocols[1] are in place to support effective exits from homelessness, including case closure procedures.

THEME 3: SAFE SERVICES

The theme of Safe Services is concerned with balancing a diverse range of service user needs while maintaining a safe environment.

The first standard statement recognises the need for services to safeguard and protect service users from abuse and to follow best practice in the reporting of concerns of abuse and/or neglect to the relevant authorities. Good quality services recognise, proactively protect and safeguard against all types of abuse, physical, neglect or act of omission, financial/material abuse, emotional/psychological abuse and sexual abuse.

The features under the second and third statements together support effective practices and compliance with legislation to protect the security, health and safety of service users, staff and the wider community.

The fourth statement is concerned with the physical standards that apply to buildings used to deliver services to persons experiencing homelessness.

Outcomes under this theme:

- There is consistency of practice with regard to the safeguarding and protection of children and adults from abuse.
- Effective practices, policies and procedures are in place to manage risk in services.
- There is compliance with Health and Safety legislation.
- Physical environments have regard to the needs of service users and provide adequate and clean accommodation, free from hazard.

Standard 3.1: Service users are safeguarded and protected from abuse and their safety and welfare is promoted

Key Features:

Adult Service Users

1. Services have policies and procedures in place to protect adults from all forms of abuse and neglect.
2. Services assess for risk of domestic abuse:
    a. Services provide (self or through referral) safety planning for persons at risk of domestic abuse.
    b. Service users are provided with information on the legal protections under domestic violence legislation.
    c. Services refer to specialist services where appropriate.
3. Service users manage their own finances:
    a. Unless there is an identified need in the assessment process and action under the support plan to give support and assistance in this area.
    b. Where staff handle service users' money or payment cards, transparent and robust monitoring mechanisms are in place as adequate protections from financial abuse.
4. Services facilitate requests for gender-specific services, where there is available provision.
5. Service users with known histories of sexual offending are assessed for risks to self/others prior to placement in services.
6. Staff are trained and competent in the protection, safety and promotion of welfare of persons residing in their service.
7. Services have policies, procedures and systems in place for the management of challenging behaviour.

Service users with dependent children

8. Services work in partnership with children and families to promote the safety and wellbeing of children.
9. All staff who come into contact with children; recognise and are alert to the signs that children may need help or protection, take necessary action to minimise the risk of harm to children, refer children to other professionals and services, where appropriate.
10. Services have policies and procedures to protect children from all forms of abuse and neglect, in line with national legislation[2] and guidance under *Children First* National Guidelines for the Protection & Welfare of Children.
11. Services appoint a designated liaison person (DLP) to act as a liaison with outside agencies and as a resource person to any staff member or volunteer who has child protection concerns. The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to Tusla Child & Family Agency and/or An Garda Síochána. The DLP should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.
12. Services have clearly defined procedures, which staff understand, are trained in, and are competent to employ, in order to;
    a. Address staff/volunteer/service user concern for children and vulnerable adults.

---

[2] Relevant legislation includes but may not be limited to Child Care Act 1991, Criminal Justice Act 2006, Criminal Justice (withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012, Protection for Persons Reporting Abuse Act 1998, Children First Act 2015

      b. Report, investigate and respond to allegations of abuse by staff or service users that prioritises the safety of children.

      c. Treat fairly those against whom allegations are made.

13. Services take all reasonable and proportionate interim measures to protect children pending the outcome of any assessment or investigation.

14. Emergency numbers and supports available to service users with children and children themselves are available and updated on a regular basis.

15. All information and advice given to help children to care for and protect themselves is sensitive to age, gender, stage of development and any form of disability.

16. Emergency numbers and supports available to service users are available and updated on a regular basis.

17. Staff recruitment and selection procedures comply with current Vetting legislation, and all staff have undergone vetting.

18. Services undertake a risk assessment for any potential of harm to a child while availing of the service.

19. Services have a policy on the use of restraint.

20. Services have policies and procedures on the provision of Intimate care to service user.

Standard 3.2: Services assess and manage risk to promote the safety of service users, staff and the wider community

Key Features:

1. Services create a safe environment for staff and service users;
   a. Induction to the service promotes the rights of service users and service providers to be treated with dignity and respect.
   b. Risk assessment and management policies and procedures, that involve service users, are in place for dealing with situations, where safety may be compromised.
   c. Services make clear what is/is not acceptable behavior and the rights and responsibilities of service users.
   d. Services meet their obligations in terms of their duty of care to service users; assessing and responding to any security, health and safety risks to service users.
   e. Services have anti-bullying policy and procedures in place.
   f. Services have 'whistle-blowing' policy and procedures in place in line with current and relevant legislation.
2. Safe working is promoted in services through;
   a. Adequate and appropriate health and safety training for staff is in place and in line with current legislative requirements.
   b. Safety incident management procedures.
   c. Child protection policies and procedures for safeguarding vulnerable adults and children.
   d. Implementation of universal precautions to ensure best practice in terms of infection control within shared living environments, appropriate to service user requirements.
   e. A Corporate Risk Register is in place.
3. Service users who have a physical disability or who are at risk of injury through recurrent trips or falls are monitored on the premises and have any incidents recorded on their file. Services take immediate remedial action when a hazard to service user safety is identified.
4. Critical Incident and accident reporting procedures are understood and used consistently by all staff and volunteers.
   a. There is internal review of adverse events and incidents and any recommendations and changes to practice arising from the review are implemented.
   b. Deaths of persons using homeless services and critical incidents are reported to service commissioners and other relevant authorities.
   c. There is reflection and learning from accidents, incidents, adverse events and deaths involving service users and/ or staff and practice, policies and procedures are reviewed on a continuous basis to ensure safe service provision to persons at-risk-of or experiencing homelessness.
5. There are appropriate arrangements made available to people using services to access help in a crisis or emergency.
6. Services are responsive to the wider community and work to promote positive relationships with all local stakeholders.

Standard 3.3: Services to persons at-risk-of or experiencing homelessness are compliant with relevant legislation regarding the security, health, safety and welfare of service users, staff, volunteers and the wider community

Key Features:

1. The provider meets the requirements of relevant legislation in each of its service locations.
2. There is a designated person with responsibility for Health and Safety in each service, in line with legislative requirements.
3. There is a Health and Safety statement, which covers all areas of service activity and policies and procedures to cover each identified area of risk, and this safety statement is systematically reviewed and updated regularly.
4. Fire and evacuation policies and procedures are in compliance with legislation and reviewed regularly.
5. Fire safety induction is provided to all persons on the premises and regular fire drills are carried out.
6. There are regular internal and external audits of all Health and Safety records and practices.
7. There are regular and recorded internal and external audits of all Health and Safety equipment.
8. A building layout plan is available to emergency services in the event of a fire.
9. Smoking policy is in line with statutory requirements.
10. There is a lone working policy that sets out the procedure to minimize risk to service users and staff engaged in lone working.
11. Services that provide food use a food safety management system that is compliant with HACCP principles (Hazard Analysis & Critical Control Point).
12. Safety is a standing agenda item on team meetings.
13. There are adequate staff on duty for safe service provision.

Standard 3.4: The physical environment promotes the safety, health and well-being of service users

Key Features:

1. All buildings are safe, well-maintained and in good repair.
2. Suitable and adequate sanitary accommodation facilities, including toilets, wash hand basins with hot and cold water and fixed baths or showers with hot and cold water are provided.
3. Installations for the supply of electricity and gas are maintained in good repair and safe working order.
4. All rooms used for the purpose of accommodation:
   a. Are provided with effective heating.
   b. Have adequate ventilation.
   c. Kitchens and bathrooms are provided with a system of mechanical extract ventilation for the rapid removal of water vapour to the external air.
   d. Have adequate natural light and adequate means of artificial lighting.
5. Buildings are accessible to service users with common physical or sensory disabilities.
6. All service users have access to laundry facilities.
7. Where applicable, Suitable and adequate food storage, preparation and cooking facilities are provided.
8. All buildings contain a mains wired fire detection and alarm system installed and maintained to current applicable standards and legislation.
9. Temporary accommodation addresses the person's need for privacy:
   a. Ideally, and where feasible, each service user will have single room occupancy.
   b. There is an option for some individuals to have single rooms to allow for particular needs/vulnerabilities.
   c. Shared rooms provide screening or other privacy measures to ensure privacy for personal care.
   d. Policies and procedures are in place to govern staff, contractors, volunteers and other service users entering into space for private use.
   e. Toilets, bathrooms and private spaces have locks.
10. For services providing accommodation for families, the accommodation will:
    a. Be as near as feasible to the family's community of origin/destination.
    b. Accommodate all family members together.
    c. Have a separate toilet and washing facility for each family.
    d. Have facilities for the family to store food, prepare a meal and eat together.
    e. Have sufficient bedroom space for the family taking into account ages and gender of children.
    f. Have access to appropriate outdoor play space for children.
11. The service has a policy on the use of CCTV. Recording and data management meets the requirements of Data Protection legislation.
12. Priority and cyclical maintenance programmes ensure people are given an efficient response to maintenance requests.
13. There is adequate insurance in place suited to the purpose of the facility.

THEME 4: HEALTH, WELL-BEING AND PERSONAL DEVELOPMENT

This theme is concerned with the health, well-being and personal development of people at-risk-of or experiencing homelessness. There are three areas specifically covered under this theme: (1) primary health care and health promotion, (2) alcohol and drug misuse and (3) general welfare and educational/occupational opportunities.

The standards for needs assessment and support planning processes (2.2 & 2.3) will be the processes for addressing the needs but included in this theme are some features specific to promoting the health and well-being of service users.

The range of services provided directly by services will vary according to service type, but all of the standards can be met through effective joint-working arrangements with community and other relevant services.

Outcomes under this theme:

➢ Services actively promote positive health outcomes for service users.
➢ Where appropriate service users are offered referral to primary (GP, PHN, dental) and specialist health (including mental health and addiction) services.
➢ Services promote awareness of training, education and employment opportunities to service users.

Standard 4.1: Services promote positive health and well-being

Key Features:

1. Services develop partnerships with community and other relevant health services (physical/addiction/mental health/intellectual/sensory disability) to improve health outcomes for persons at-risk-of, or experiencing homelessness.
2. Service users are supported to achieve positive health outcomes through the assessment and support-planning process.
3. Service users have access to primary care through registration with a GP/community based service and can apply for a medical card where eligible.
4. Services have medication policies and procedures in place in line with safety and risk management practices and that comply with legislative requirements:
   a. Services users are supported to manage their own medication, unless there are concerns identified in the risk assessment relating to the user's capacity to manage medication independently.
   b. Where appropriate, services users are provided with the option of safe secure storage and retrieval of their own medication.
   c. Comprehensive risk assessments are carried out which incorporate the physical and mental health needs of the service user.
5. Where appropriate, service users with personal care needs receive assistance to manage their care needs and to have interventions delivered in a way that respects their dignity and privacy.
6. Services seek assessment of a service user by a health professional:
   a. If the service cannot meet presenting needs.
   b. If there are concerns that the service user may be a risk to self/others.
7. Referrals are documented and followed up to ensure they have been processed.
8. Services offer information, referral and support to service users affected by mental health issues.
9. Services have clear referral protocols and links to community or specialist mental health services.
10. Services providing food offer a healthy and varied diet, on which service users are regularly consulted.

Standard 4.2: Service users are supported to reduce harm caused by alcohol and/or substance misuse

Key Features:
1. Services have a substance use policy in place, and all staff and service users are advised regarding rights and responsibilities in relation to this.
2. Services use positive risk management strategies to identify and safely manage the risks associated with alcohol and drug misuse.
3. The assessment of needs and risks has regard to alcohol and substance misuse.
4. Where applicable, support plans reflect the risks, needs and goals of service users with regard to alcohol/drug misuse.
5. Staff and service users are encouraged to identify and employ harm reduction strategies, relevant to their requirements.
6. Service users are made aware of, and supported to access, a range of drug and alcohol services and receive objective advice and information on treatment options.
7. Services make referrals, with the service user's consent, to appropriate services.
8. Services respect the service users' choices in regard to their treatment options and provide appropriate follow-up care with regard to the effects of alcohol and substance misuse.
9. There is a suite of policies in place for substance misuse, needle stick injuries, and blood borne viruses.

Standard 4.3: Services engage with other agencies to provide access to a range of services for service users to promote their welfare, training and employment opportunities

Key Features:

1. Service users are supported to access welfare payments and any other relevant financial supports.
2. Assessment and support planning has regard to the education, training and employment needs of services users and agreed actions are included in the support plan.
3. For services working with families: the educational, welfare and support services of the children are included in the support plan.
4. Service users are supported to participate in education, training & employment opportunities in the community.
5. Service users engage in activities of their choosing through service links with community and specialist services.
6. Service users are supported to achieve positive outcomes by the development, delivery and review of programmes and activities within services.
7. Service users are supported to participate as part of the community.
8. Services users are supported to exercise their rights effectively.

THEME 5: LEADERSHIP, GOVERNANCE AND MANAGEMENT

The theme of leadership governance and management supports clear organisational purpose and structures.

The first standard statement is concerned with having an overall effective governance structure, which entails having clearly defined accountability at individual, team and service levels so that all individuals working in the service are aware of their responsibilities and who they are accountable to. It also recognises that transparency is an important feature of governance, and having a clear Statement of Purpose is an important foundation.

The second standard is focused on legislative compliance but also that management ensure the strategic direction of the service is relevant to national policy objectives.

The final standard is concerned with how services work towards continuous quality improvement through internal review and sectoral collaboration to deliver integrated and innovative responses. Leadership is a critical success factor in driving change in how we deliver services to persons at-risk-of or experiencing homelessness. High quality leadership is outcome focused, seeking the processes and practices that are effective in preventing or reducing homelessness.

Outcomes under this theme:

➢ There are clear and accountable management structures.
➢ Clearly documented service outcomes are aligned to the statement of purpose.
➢ Governance of services is in accordance with legislative requirements and good practice guidelines.
➢ There is continuous quality improvement in services focussed on improving outcomes for service users.

Standard 5.1: Services have effective leadership, governance and management arrangements to deliver effective services to persons at-risk-of or experiencing homelessness

Key Features:
1. The Board and Management of services ensure:
   a. Effective governance.
   b. Internal and external accountability.
   c. Strategic planning.
   d. Statutory requirements and obligations are met.
   e. Safety statement is in place.
   f. Service user participation in service planning.
2. Services have clearly defined organisational and governance structures.
3. Services have a Statement of Purpose which details:
   a. The organisational structure, name and address of the provider.
   b. Intended outcomes and how they are measured and reported.
   c. A statement of the facilities and services to be provided for people at-risk-of or experiencing homelessness (numbers, types and levels of care provided).
   d. Management and staffing structure, including names of senior personnel.
   e. The arrangements for the supervision, training and development of employees.
   f. The age-range, gender and household size for whom it is intended that accommodation or service should be provided.
   g. Specialist services available onsite to service users.
   h. The range of needs the service is intended to meet.
   i. Admission criteria and admission policy.
   j. The service ethos and a description of model/approach/principles.
   k. Arrangements to protect and promote the health and welfare of children and vulnerable adults.
   l. Complaints procedure and how to appeal a decision.
   m. How service user participation works in the service.
   n. A list of policies in operation.
4. Services have:
   a. Clear lines of authority and accountability.
   b. Clear arrangements for the management of services.
   c. Designated person to contact in emergency.
5. All service activity, as outlined in the Service Level Agreement, is supported by appropriate policies and procedures, which are reviewed on an annual basis and service users are consulted as part of the review process.
6. Policies are regularly reviewed for strategic relevance and updated to reflect any changes in legislation, regulation, national and local policy and standards, and made known to staff.
7. Services demonstrate leadership in the prevention and reduction of homelessness by embedding a culture of effective and early intervention in all aspects of service delivery, which is outcome focused.
8. Services demonstrate effective inter-agency collaboration and partnership working to prevent and reduce homelessness.
9. Services demonstrate a strong culture of service user involvement in the planning and delivery of service.
10. Services demonstrate a positive risk management approach that identifies, assesses and manages risk.
11. Services have in place a protected disclosures policy in line with the Protected Disclosures Act (2014).

Standard 5.2: Services perform their functions in accordance with relevant legislation, regulations, national policies and standards to prevent homelessness or minimise the service user's experience of homelessness

Key Features:

1. Staff demonstrates knowledge of relevant legislation, national policy and standards for the provision of homeless services and this is reflected in all aspects of their practices.
2. Management demonstrates knowledge of their obligations to staff under relevant legislation, regulation and standards to ensure the safety, health and welfare at work of employees.
3. The Board and Management are aware of and compliant with the requirements of current Companies and Charities legislation.
4. Practices and operating procedures are consistent with national and local policy on homelessness.
5. New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to homeless services, how it impacts on homeless services and to address any gaps in compliance.
6. For Local Authorities only: Local authorities meet statutory obligations:
   a. To have an action plan in place.
   b. To have a consultative forum.
   c. To have a statutory management group.

Standard 5.3: Services operate within a culture of continuous quality improvement

Key Features:
1. Services have a range of performance monitoring criteria to measure and report on performance to commissioners and other relevant bodies.
2. Services document intended and achieved outcomes, which are sufficiently clear to assess performance.
3. Services monitor complaints and implement changes to policy and practice accordingly.
4. Services undertake consistent service review:
    a. A process for gathering, analyzing and responding to service user feedback for each of its service areas is in place.
    b. Services demonstrate implementation of feedback from service users, staff, and stakeholders from service reviews.
5. A culture of service user involvement is embedded in the organization and service users' views are used to continuously inform service improvements.
6. Effective quality assurance and monitoring systems are in place and involve service users, staff and other stakeholders.
7. Services develop and implement innovative practices based on identified needs and/or stakeholder feedback, with a view to improving the effectiveness and quality of service provision.
8. Services undertake regular audit to assess, evaluate and improve the provision of services in a systematic way in order to achieve the best outcomes for service users.

The use of resources in a manner that is effective and transparent is at the core of this theme.

There is only one standard statement but it is of sufficient importance to separate it from the other themes. This standard is aimed at ensuring that all public money is used to deliver the most effective outcomes for persons at-risk-of or experiencing homelessness.

Outcomes under this theme:

➢ Services have performance targets for each area of activity.
➢ Performance outcomes are measured and evaluated.
➢ Services are delivered in accordance with the requirements specified in Service Level Agreements.
➢ Resources are used to achieve the prevention/reduction of homelessness.

Standard 6.1: Resources are used to prevent homelessness or reduce the time spent in homelessness

Key Features:
1. Services have clear service specification and performance targets, aligned to national policy, for each area of activity.
2. Services have formal Service Level Agreements with funders that specify:
    a. The relationship, role and responsibilities of the provider.
    b. The scope and specification of the service to be delivered, the outcomes to be achieved and the funding arrangements that apply.
    c. The performance and monitoring arrangements that apply.
    d. Any legislation, policy, quality standards and regulations that apply.
3. Services fulfil all obligations with regard to provision of financial and service outcomes information as specified in their Service Level Agreements.
4. Services measure performance against annual objectives and targets that are evidenced to prevent or reduce the time spent in homelessness.
5. Services and funding bodies review performance and implement changes to drive effective use of resources to prevent or reduce homelessness:
    a. Services demonstrate an understanding of the level of need within services to inform the planning and allocation of resources.
    b. There are clear plans that take account of the funding resources available to ensure the provision of person-centred and effective services.
    c. Resources are actively deployed to meet the needs of those using services.
    d. Services demonstrate transparent and effective decision-making when planning, procuring and managing the use of resources.
6. Services collaborate with other services to provide seamless and integrated responses to improve outcomes to persons at-risk-of or experiencing homelessness.
7. Services have effective systems in place for:
    a. Financial management of resources.
    b. Financial risk management.

THEME 7: RESPONSIVE WORKFORCE

The theme of responsive workforce is concerned with ensuring the competence and capability of staff in homeless services is sufficient to respond effectively to the requirements of their role, and the range of service user's needs.

Staff in homeless services are required to not just be proficient in housing legislation, policy and information but to respond to a range of other social, health and welfare needs in the course of their work with service users. As such recruitment, training, support and development of staff are critical to the provision of safe and effective homeless services. A systematic approach by services to each of these areas should be demonstrated.

In addition, staff need to have the competencies appropriate to working in a changing environment, the skills to effectively achieve outcomes for service users and the capacity to work collaboratively with a range of other agencies. Staff need to be alert and responsive to changing needs and services need to support the continuous professional development of their workforce. The work environment should reflect the motivation and flexibility of staff in responding in a safe and effective way to the presenting needs.

Outcomes under this theme:

➢ Recruitment practices promote safe and effective service delivery.
➢ A trained, competent workforce is in place and is adequately supported and supervised.
➢ A culture of continuous professional development is evident in homeless services.
➢ Staff are supported to deliver effective services.

Standard 7.1: Recruitment of staff is based on selection of staff with the knowledge, skills and experience to prevent and reduce homelessness

Key Features:

1. Staff members are recruited in compliance with relevant employment and equality legislation.
2. Services have a written recruitment policy based on current legislation and best practice, which includes:
   a. Garda vetting.
   b. Competency based interviewing.
   c. Written and verbal references.
   d. Medical clearance.
   e. Induction.
   f. Supervision.
   g. Managed probation.
3. Recruitment practices are forward planned to ensure service continuity and minimisation of the use of relief staff.
4. There are clearly defined job descriptions detailing the roles, responsibilities and reporting relationships for all staff and volunteers.
5. Services comply with Garda vetting procedure in line with current and relevant legislation. All staff, volunteers and students are vetted by An Garda Síochána.
6. Staffing levels are sufficient for effective service delivery and the assessed needs of people using the service in line with the levels agreed with funding bodies.

Standard 7.2: Staff demonstrate competency in safe and effective service delivery to persons at-risk-of or experiencing homelessness

Key Features:
1. Managers have qualifications and experience appropriate to safe, efficient and effective service delivery.
2. Managers are trained in and ensure the effective supervision and support of staff.
3. Staff demonstrate core competencies in the areas of:
    a. Respect for the Service User.
    b. Person-centered Assessment and Planning.
    c. Service User Engagement.
    d. Communication.
    e. Health and Safety.
    f. Equality practice.
    g. Child protection.
    h. Any specialist core competency relevant to the purpose of the service/ target group for the service.
4. Staff have up-to-date knowledge and skills appropriate to their role to enable them to manage and respond to a broad range of need, in relation to the requirements of the service user group, including:
    a. Housing rights and housing assistance.
    b. Temporary accommodation provision and entitlements.
    c. Welfare rights and welfare assistance/ income and finance.
    d. Family and current relationships.
    e. Early life experiences and childhood.
    f. Education.
    g. Work and job training.
    h. Legal issues/ offending behavior.
    i. General physical health.
    j. Mental health.
    k. Alcohol use.
    l. Drug use.
    m. Independent living skills.
    n. Equality issues.
    o. Responding to challenging and/or aggressive behaviour.
5. Staff competency and performance is appraised regularly via:
    a. Practice observation.
    b. Review of cases, assessments and support plans.
    c. Supervision.
    d. Annual review.
6. Staff demonstrate awareness and understanding of protected disclosures under current and relevant legislation.

Standard 7.3: Services develop and support staff, both paid and voluntary, to deliver safe and effective services

Key Features:

1. A secure personnel file is held for all staff with up-to-date job description, contract, training, attendance, disciplinary and performance review records.
2. Induction training is provided for all staff and volunteers, which includes at a minimum:
    a. The mission, values, aims and objectives of the service.
    b. Management structure of the organisation, and roles.
    c. Emergency procedures.
    d. The policies and procedures which apply to the area of work.
    e. The quality standards that apply to their area of work.
    f. Level of responsibility, duties and supervision arrangements.
3. Written operational procedures and policies are clearly understood and practiced by staff.
4. Staff demonstrate an awareness of their individual responsibility and know how to escalate risks, incidents, concerns and complaints to line managers.
5. Services operate a safe environment for staff and the risk of violence, bullying and harassment from other staff or service users is minimised.
6. Services have a written policy on the support and supervision of frontline staff:
    a. Supervision of frontline staff occurs at regular intervals.
    b. There are signed and dated records of supervision which reflect practice issues discussed and support training needs raised by either party.
    c. Services have a policy on the support of staff.
    d. Staff are encouraged through supervision to be cognisant of their own health and support needs.
7. Staff are encouraged and supported with regard to their professional development.
8. Services undertake a regular training needs analysis that informs the training schedule.
9. Records of training are held and staff are notified when mandatory training is due.
10. Training is focussed on delivering person-centred services and support.
11. Staff demonstrate confidence in their ability to have a practice issue, concern, and/or complaint responded to by management.
12. Services respond to complaints of poor performance or conduct.

Standard 7.4: Staff are responsive to service users and consistently adapt their practice to deliver safe and effective services to persons at-risk-of or experiencing homelessness

Key Features:

1. There is a written code of conduct for all staff, volunteers and service users.
2. A charter of rights is in place for service users and staff.
3. All specialist staff adhere to the codes of conduct of the relevant professional/regulatory body, where applicable.
4. Staff have access to equipment required to carry out their role safely and effectively.
5. Staff understand and uphold the service user's right to have their personal information dealt with in line with protections under Freedom of Information and Data Protection legislation.
6. Services demonstrate how staff innovation and critical reflection is used to develop delivery of more effective services.
7. Staff demonstrate awareness and develop their practice with regard to specific needs:
    a. Age.
    b. Disability: physical, mental and sensory.
    c. Family Status.
    d. Gender.
    e. Sexual Orientation.
    f. Religious Preference.
    g. Race.
    h. Member of the Travelling Community.
8. Staff understand and deliver effective responses to:
    a. Harmful behaviours associated with alcohol/drug misuse.
    b. Behaviours associated with physical, psychological or mental ill-health.
    c. Any specialist core competency relevant to the target group/ purpose of the service.
9. Staff engage in continuous training in core areas:
    a. Housing rights and assistance.
    b. Health and Safety.
    c. Risk management.
    d. Needs assessment and support planning.
    e. Care and case management.
    f. Managing challenging behaviour.

This theme is concerned with the use of information. Quality information and effective information systems are central to ensuring services are operating within statutory guidelines, and to a high standard of information governance. For the purposes of planning for effective services, quality information that is accurate, complete, legible, relevant, timely and valid, is an important resource for service providers and service commissioners in planning, managing, delivering, reporting on and monitoring services.

Each standard theme has regard to the sensitive and personal nature of the information that is collected in homeless services. As such, it is very important that there are safe and effective systems, understood by service users and practiced by staff, which protect service users' rights under legislation, and in line with the eight principles of data protection:

1. Obtain and process the information fairly.
2. Keep it only for one or more specified and lawful purposes.
3. Process it only in ways compatible with the purposes for which it was given to you initially.
4. Keep it safe and secure.
5. Keep it accurate and up to date.
6. Ensure that it is adequate relevant and not excessive.
7. Retain it no longer than is necessary for the specified purpose or purposes.
8. Give a copy of his/ her personal data to any individual on request.

Outcomes under this theme:

➢ Service user's rights are protected and upheld under current & relevant GDPR, Data Protection and Freedom of Information Acts.
➢ There is evidence of adherence to robust policies and procedures to protect the confidentiality of service users.
➢ Service planning and development is informed by accurate information.

Standard 8.1: Information is used to plan and deliver person-centred, safe and effective services and supports

Key features:
1. PASS client support and bed management system is used in compliance with legislation, to inform service planning. This information is used to inform management decisions and to drive continuous improvements in service provision.

2. Information is collated, managed and shared in compliance with the legislation, in order to support effective decision-making.

3. Monitoring and evaluation information is provided to relevant commissioning bodies in line with the requirements of service contracts.

4. Service users of accommodation-based services are admitted and departed on PASS, to support and inform evidence-based planning.

Standard 8.2: Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a person-centred and effective service

Key features:

1. Boards of governance, management and staff of services are aware of and compliant with current Data Protection legislation.
2. Services maintain complete and accurate written records of work with service users. The opening, closing and transfer of cases is clearly documented and in line with statutory requirements.
3. Each staff member has their own unique PASS login, which cannot be shared with other staff.
4. Personal data cannot be shared with external agencies, outside of disclosures under relevant section eight of the Data Protection Acts 1988 & 2003, without the service user's consent[3].
5. Record-keeping is factual, non-judgemental, shows consistency and ongoing attention to the health and accommodation needs of the service user, and also the health and safety of service users and staff.
6. The use of the PASS client support and bed management system is clearly explained to each person on entry and the levels of consent, which apply.
7. Each service user has a comprehensive and up to date file that includes all records relating to their housing, health and social care. People have access to their personal information in line with legislation and best practice. Services clearly explain to service users their right of access to personal information held and limitations which may apply.
8. Service users are informed by the service on the recording and intended use of personal information, and provide consent.
9. Service users' files are held securely and can only be removed from the premises with senior management authorisation.
10. Services have an email policy that protects the rights of service users in regard to the transmission of personal information
11. Services have clear procedures on:
    i. confidentiality,
    ii. storage of personal information, including length of retention of files after the service user leaves the service,
    iii. sharing of personal information with third parties.
12. In line with rule four of the eight rules of data protection, services must take all necessary industry standard ICT security measures to ensure personal data is kept safe and secure.
13. Use of confidential information is consistent with the service's confidentiality policy, which conforms with current Data Protection legislation.
14. Interagency protocols are used for sharing service user information[4].
15. Personal information is only ever discussed in a secure space, which affords privacy to the service user.
16. Any breaches of service user information are processed and reported under the Personal Data Security Breach Code of Practice. The breaches should also be reported to the lead local authority in the region, as defined by the Department of the Environment, Community and Local Government.

---

[3] Reference: Holistic Needs Assessment Supporting Protocols and Interagency Case Management protocols, which both provide specific guidance on service user consent and sharing of information.
[4] Reference: Holistic Needs Assessment Supporting Protocols and Interagency Case Management protocols, which both provide specific guidance on service user consent and sharing of information.

Standard 8.3: Homeless services provide clear, accessible information to service users , staff, and others

Key features:
1. Statistics and data on homelessness used publicly by organisations are based on documented evidence.
2. Services have clearly defined aims and objectives linked to service activity. Aims, objectives and actions are reviewed for strategic relevance to local and national policy.
3. Information on service provision is available in accessible and easy-to-read format; information is made available in other languages, as required.
4. Services users can access interpreters if required.
5. Services for homeless persons ensure policies and procedures are explained to, and understood by, service users.
6. For services that work with children: information is provided in an age and developmentally appropriate way to children in the service.
7. Services make freely available, in an accessible format, how complaints about any aspect of the service can be made and decisions appealed.
8. Services provide clear accurate and up-to date information to all staff, governing board members and management committees on relevant aspects of service delivery or changes in service parameters.
9. Information provided through organisational websites, publications, printed documentation and social media outlets is accurate, evidence-based and approved by senior management and funders before dissemination.
10. Services who facilitate direct media contact with service users do so only when deemed appropriate and following a careful assessment of any potential negative impact for the individual/ service/ local area where the service is based. When engaging with media, service users are provided with supports before during and after the event and are clearly informed in terms of giving their consent.
11. Service staff engaging with media have appropriate training/ briefing to represent the service/ organisation.

APPENDIX 1: NATIONAL QUALITY STANDARDS FRAMEWORK ADVISORY GROUP

The National Quality Standards Framework Advisory Group has been instrumental in providing guidance and feedback on the development of the National Quality Standards Framework.

The membership of the Advisory Group includes:
- COPE Galway
- Depaul Ireland
- Drogheda Housing Aid
- Dublin City Council
- Dublin City University (DCU) School of Nursing
- Dublin Simon Community
- Focus Ireland
- Health, Information and Quality Authority (HIQA)
- Health Service Executive (HSE)
- Housing Agency
- Irish Council for Social Housing (ICSH)
- Limerick City and County Council
- Service User Representation
- St Vincent de Paul
- The Good Shepherd Centre Kilkenny
- The Probation Service
- Tusla – Child and Family Agency
- Waterford City Council

APPENDIX 2

WRITTEN SUBMISSIONS RECEIVED FROM THE FOLLOWING SERVICE PROVIDERS AND SERVICE USER GROUPS

Service
- Adapt Kerry
- Barnardos
- CDEBTB Foundations Project
- COPE Galway
- Cope Galway
- Cope Galway resettlement & tenancy sustainment service
- Crosscare
- Cuanlee Refuge
- DePaul Ireland
- Dublin City Council
- Dublin Region Homeless Executive
- Dublin Simon Client Action Group
- Dublin Simon Community
- Fairgreen Hostel COPE Galway
- Focus Ireland
- Galway County Council
- HIQA
- HSE
- HSE Galway
- Irish Council for Social Housing (ICSH)
- Lady Lane Hostel
- LUB Project
- Mayo County Council
- Meath County Council Homeless Service
- Merchants Quay Ireland
- Peter McVerry Trust
- SAFE Ireland
- South Dublin County Council

Service Users submissions
- Simon Communities of Ireland
- Simon Community Galway
- Society of Saint Vincent de Paul
- Sonas Housing
- South East Simon Community
- TEAM
- The Salvation Army
- Waterford County Council
- Westgate Foundation
- Wexford Women's Refuge

BIBLIOGRAPHY

- Courtney, R. (1999) 'Putting People First, A good practice handbook for homeless services. Dublin, Homeless Initiative

- Department of the Environment, Heritage and Local Government (2008) 'The Way Home: A Strategy to Address Adult Homeless in Ireland 2008 -2013.
http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/FileDownLoad,18192,en.pdf

- Department of the Environment, Heritage and local Government. (2009) 'Homeless Strategy National Implementation Plan'.
http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/FileDownLoad,20035,en.pdf

- Department of Health and Children (2004)'Children First: National Guidelines for the Protection of Children. Dublin, Government Publications.

- Doyle J, Ivanovic J (2010) National Drugs Rehabilitation Framework Document. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive.

- Dublin Region Homeless Executive, (2014) 'Dublin Framework Homeless Action Plan: Sustaining the Pathway to Home' Dublin, Dublin Region Homeless Executive.

- European Union Charter of Fundamental rights: Available at:
http://ec.europa.eu/justice/fundamentalrights/charter/index_en.htm

- European Social Charter Article 30 and 31. Available at:
http://www.coe.int/T/DGHL/Monitoring/SocialCharter/

- Health Information and Quality Authority (2013) 'National Standards for Residential Services for Children and Adults with Disabilities.'
http://www.hiqa.ie/publications/national-standards-residential -services-children-and- adults-disabilities

- Health Information and Quality Authority (2013)'Guidance on Developing Key Performance Indicators and Minimum Data Sets Monitor Heath Care Quality' Dublin: Health Information and Quality Authority.

- Health Service Executive (2014) 'Integrated Care guidance: 'A practical guide to discharge and transfer from hospital'.
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/National_Consent_Policy/NationalIntegratedCareGuidance.pdf

- Homeless Agency Partnership (2010) 'Case Management Guidebook'.
  http://www.casemanagementguidebook.ie/Home/Welcome.aspx

- Homeless Agency Partnership (2010) 'Housing Standards Report For the Reconfiguration of Homeless Funded Accommodation into Long Term Housing In light of the Pathway to Home Model'

- Homeless Agency Partnership (2010) 'Case Management Interagency protocols for Homeless and Drug Services' in Section B: 'Case Management Guidebook'.
  http://www.casemanagementguidebook.ie/Home/Welcome.aspx

- Housing Act (1988) http://www.irishstatutebook.ie/1988/en/act/pub/0028/

- NIHE 'Quality Assessment Framework 2 (QUAF2): Core Service Objectives'
  http://www.nihe.gov.uk/search?q=Quality%20assessment%20framework%20QAF2

- NHS Wales (2013) 'Standards for improving the health and well-being of homeless people and specific vulnerable groups': Version 1, Health and Healthcare Improvement Division.
  http://wales.gov.uk/topics/health/nhswales/healthservice/homeless/publications/standards/?lang=en

- Pleace, Nicholas, (March 2013), 'Evaluating homelessness services and strategies: A Review March 2013'.
  www.habitact.eu/files/activity/.../_evaluationreview_habitact.pdf.

- QuADS (2013) 'Quality in Alcohol and Drug Treatment Services; Organisational Standards.' Available at:
  http://www.drugs.ie/downloadDocs/2013/QuADS_Organisational_Standards_manual.pdf

- SITRA Communities and Local Government (2009) 'Quality Assessment Framework: Core Service Objectives'. http://www.sitra.org/documents/qaf-core-objectives/?preview=true

- Voluntary European Quality Framework for Social services (Social Protection Committee/2010/10/8)