

Opening doors for homeless people



Peter McVerry Trust
Strategic Plan 2011-2015



Acknowledgements

Peter McVerry Trust is grateful for the contributions made to the development of this Strategic Plan by the following groups and individuals:

- Peter McVerry Trust Participants, Staff and Board
- The Research and Services Committee of Peter McVerry Trust
- Dr. Derval Howley, of Monalee Training and Consultancy,(former Director of the Homeless Agency)
- Sinead Creane, Human Resource Consultant, formerly of Clarigen Consulting
- All external stakeholders who were consulted during the process

Peter Mc Verry Trust would like to thank all its supporters for making its work with young homeless people possible.

Vision

"An Ireland that supports all those on the margins and upholds their rights to full inclusion in society."

Mission Statement

Peter McVerry Trust is committed to reducing homelessness and the harm caused by drug misuse and social disadvantage. Peter McVerry Trust provides low-threshold entry services, primarily to younger persons with complex needs, and offers pathways out of homelessness based on the principle of the Housing First model and within a framework that is based on equal opportunities, dignity and respect.

Aims and Objectives

To target those most marginalised in society and offer a safe, challenging and supportive environment through our service provision.

To treat participants with warmth and respect and actively encourage them to be involved in all aspects of their own support plan.

To offer a comprehensive package of support that will provide the best opportunity possible for them and assist them in planning a pathway out of homelessness or drug use, or if they continue to use drugs, to assist them towards some level of stabilisation in order to live a life of dignity, with respect and opportunity.

To assist each person to re-establish himself or herself in the community and move towards greater independence.

VALUES

WE

- Endeavour to respond warmly, flexibly and rapidly to participants' needs.
- Endeavour to operate a non-judgmental approach to participants.
- Endeavour to hold an unconditional, positive regard for all participants.
- Recognise that each person has individual personal needs.
- Respect each individual's personal choice and responsibility.
- Recognise that each person is unique in their own right.
- Recognise the ability of each person to bring about change.
- Recognise the importance of respect for young people to enhance such changes.
- Recognise the importance of trustful relationships and the time it takes to build such relationships.
- Recognise the importance of confidentiality.
- Commit to maintaining service provision to clients, irrespective of their choices, actions or behaviours.
- Endeavour to achieve the best possible value for money in the delivery of services.

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TO HAVE A PLACE CALLED HOME IS, IN OUR VIEW,
A BASIC HUMAN RIGHT. OUR GOAL IS TO MAKE
OURSELVES REDUNDANT.



MESSAGE FROM THE FOUNDER

Even during the good times, homelessness increased relentlessly, from 2,500 in 1996 to over 5,000 in 2008. Today, then, in the dire economic circumstances in which Ireland finds itself, it is no surprise that homelessness continues to increase. Several hostels have closed due to withdrawal of funding and our own waiting lists continue to grow longer. More and more homeless people are being told there are no beds and are being forced to sleep rough.

To have a place called home is, in our view, a basic human right. Our goal is to make ourselves redundant. In the meantime – and the evidence suggests it will take a long time! – our aim is to provide accommodation and drug treatment for homeless people to the highest possible standards and to assist as many as possible to move out of homelessness into their own long-term accommodation. The dignity of homeless people requires no less. We will also continue to advocate on behalf of homeless people to ensure that their rights do not slip off the political agenda in these economically difficult times.

Our Strategic Plan outlines the objectives we have set ourselves for the next five years. We would like to be able to do more, but we need to keep within the difficult budgetary conditions which limit us. We are grateful to all those who have supported us in many different ways in the past and we hope that we can continue to rely on that support.

Many homeless people have succeeded in moving on to live happy, settled lives. They have succeeded, usually against all the odds, through their own determination. We are happy to have been able to support some of them in some small way and we are committed to sharing in the struggle of others who are still trying to find their rightful place in Irish society.

Fr. Peter McVerry SJ

WE HAVE AMBITIOUS PLANS TO EXPAND OUR HOUSING SUPPORT SERVICES WHICH WILL OFFER A PROGRESSIVE JOURNEY TO ULTIMATE SECURITY AND A PLACE CALLED "HOME".



CHAIRMAN'S FOREWORD

The new Strategic Plan for Peter McVerry Trust 2011 – 2015 is ambitious. The Trust continues to be a major provider of accommodation for homeless people in the greater Dublin area and the implementation of this Plan will strengthen our areas of quality services in the years ahead.

There have been considerable achievements by the Trust, particularly in the area of our Supported Temporary Accommodation (STA) provision, our drug rehabilitation service and the consolidation of our under-18s' residential services, but our aspirations go further.

We have ambitious plans to expand our housing support services which will offer a progressive journey to ultimate security and a place called "home". With our Plan, we are committed to a quality of services to the whole person. We hope to walk with him or her, taking steps within themselves as well, towards what Peter McVerry refers to as a basic right of accommodation.

All Board members, with their constant commitment to voluntary service, inspired by our unique ethos, have willingly contributed over the last number of years towards achieving the objectives of the Trust. The management and staff are exemplary in their dedication to each person they serve and deserve both the thanks and admiration of the Board.

The Plan, we hope, clearly shows the path towards a door for those who have none to call their own.

This Plan cannot succeed without the support of our citizens through voluntary contributions and the support of the State to turn the key to that door.

Jim O'Higgins

OUR AIM IS TO ENSURE THAT THOSE WHO MOST NEED OUR SERVICES GET ACCESS AS QUICKLY AS POSSIBLE AND EXPERIENCE A SAFE, SECURE, QUALITY AND APPROPRIATE SERVICE.



CHIEF EXECUTIVE'S INTRODUCTION

Peter McVerry Trust's new Strategic Plan will govern the direction and development of the Trust over the coming years up to 2015. It has been a very exciting process and comes after an extensive review of service provision and a major consultation process that sought the views of those who access our services, our staff, our funders and our fellow NGOs in the sector.

The strategy's focus is on four areas:

- Ensuring greater access to services
- Continued quality of provision
- Greater cost efficiency
- New areas of development

Our aim is to ensure that those who most need our services get access as quickly as possible and experience a safe, secure, quality and appropriate service.

We have ever-increasing demands on our services and the aim here is to provide the lowest cost services possible while maintaining our standards and quality. We are doing this in a financial environment which has seen reductions in our fundraising incomes and in State funding. This is only natural given the current financial constraints to which we all adhere.

We are still planning for the future despite the impact of the recession. Over the life of the Strategic Plan, we hope to increase the number of STA beds (emergency beds) so that we can respond to those who increasingly need them. Our second aim is to increase our housing stock, particularly in the area of one-bedroom apartments, in order to move people permanently out of homelessness. Thirdly, we want to increase our provision of services to homeless women in response to the growing number who are in need of homeless services. We will, of course, be pursuing the objectives of this Strategic Plan within the context of evolving national and regional policies on homelessness.

Peter McVerry Trust has been centrally involved as an active partner in working towards the full implementation of *Pathway to Home* and is eager to play its part in delivering on the Homeless Action Plan for the Dublin Region 2011-2013.

In order to achieve all our plans over the next few years, I have no doubt that we will continue to need your support and generosity and on behalf of the Trust, I would like to sincerely thank you for your continued support in these difficult times.

Pat Doyle

THE STRATEGIC PLAN IS COMPLEMENTED BY TWO ADDITIONAL INTERNAL DOCUMENTS: AN OPERATIONAL WORKBOOK AND A FUNDRAISING AND COMMUNICATIONS STRATEGY DOCUMENT.

METHODOLOGY

The following methodology was employed in the development of this Strategic Plan.

Review of existing Strategic Plan and current service provision

PMVT Research and Services Committee undertook a review of the previous Strategic Plan delivery as well as a full review of service provision across all PMVT services, using both a qualitative and quantitative methodology. To complement this work, the Trust used the following methods to ensure that the voice of all stakeholders underpinned the development of the Strategic Plan. Dr. Derval Howley was commissioned to facilitate this process.

Focus Groups

A series of externally-facilitated focus groups were held with the following groups:

- PMVT participants
- PMVT staff
- PMVT managers
- PMVT Board of Directors

Consultation with funders and external stakeholders

Feedback was sought from a range of external stakeholders, including funders, by an external consultant.

Staff Satisfaction Survey

Ms. Sinead Creane, formerly of Clarigen Consulting, carried out a consultation with all staff of PMVT, the findings and recommendations of which were used to inform the development of the Strategic Plan. The Strategic Plan is complemented by two additional internal documents: an Operational Workbook and a Fundraising and Communications Strategy document. These provide a more detailed breakdown on key performance indicators, responsibilities and timelines.

PETER MCVERRY TRUST CONTINUES TO PROVIDE SERVICES THAT DIRECTLY ADDRESS SOME OF THE COMPLEX RANGE OF ISSUES THAT CAN PRESENT BARRIERS TO INDEPENDENT LIVING FOR PARTICIPANTS.

SETTING THE CONTEXT

Background to the Development of the Peter McVerry Trust

Fr. Peter McVerry SJ has been working with Dublin's young homeless for more than 30 years. During this time, he has campaigned tirelessly for the rights of these young people.

After his ordination in 1974, Fr. Peter McVerry SJ worked in Summerhill, in Dublin's north inner city. He witnessed first-hand the problems of homelessness and deprivation and, in 1979, opened a hostel to address the urgent need for accommodation for homeless boys. Four years later, he founded The Arrupe Society, a charity to provide housing and support for young homeless people.

In 2005, a new Board of Directors and CEO were appointed to oversee a five-year strategic plan devised to evaluate and develop services in line with best practice. This development also saw the charity change its name and to begin trading as "Peter McVerry Trust." The organisation has progressed from providing a three-bedroom flat in Ballymun to today's wide range of services catering for the diverse needs of young homeless people.

Since 2005, the Trust has been managed by its first Chief Executive Officer, Mr. Pat Doyle. It currently provides a wide range of services to meet the needs of young homeless people, including:

- Open Access Service
- Streets to Home Support Service
- Supported Temporary Accommodation Services (STAs)
- Stabilisation Service
- Residential Community Detoxification Service
- Residential Drug-free Aftercare Service
- Housing with Supports Service
- Under-18s' Residential Services

All of these services are available to those who need support in breaking the cycle of homelessness, and to aid their move towards independent living.

Consolidation of Associated Services

Peter McVerry Trust continues to be committed to maximising the benefits that can be gained from consolidating and, where appropriate, amalgamating existing services. To this end, the Trust has successfully overseen the integration of three associated under-18s' residential services in recent years into its range of services:

- PMVT Under-18s' Residential Service – Balcurris
(formerly Balcurris Boys Home Limited, operating since 1999)

- PMVT Under-18s' Residential Service – Tabor (formerly Tabor Society, operating since 1979)
- PMVT Under-18s' Residential Service – Belvedere (formerly Belvedere Social Services, operating since 1999)

This consolidation has resulted in clear benefits to the client group in terms of both a pooling of collective expertise and a greater access to viable progression routes. It has also provided additional opportunities for decreasing costs and increasing efficiencies as a result of shared back office resources, so necessary in the current economic environment.

Collaboration with other Voluntary Service Providers

In addition to service consolidation and merger, Peter McVerry Trust has built upon existing relationships with other providers in the voluntary sector to enhance service user outcomes by way of inter-agency collaboration. In 2010, the Trust and Focus Ireland formed a consortium together in order to compete in a statutory tendering process for the delivery of the SLI programme (Support to Live Independently). Our joint tender initiative, "Support to Home", was successful in securing the contract which formally began operating in mid-2011. Again, 2010 saw the beginning of a process of more significant collaboration with Coolmine Therapeutic Community involving the development of principles of understanding in relation to shared services.

Voluntary Partnerships

Welcome Home and Calcutta Run are events-based fundraising committees, who each raise vital funds in aid of Peter McVerry Trust. Without their dedication and support, the Trust could not provide its level of care and services to young homeless people in Dublin.

Welcome Home was set up in 1990 to raise funds in support of Fr. McVerry's work with young homeless people. This is a dynamic group of volunteers who are committed to Peter's vision to reduce homelessness and who support the Peter McVerry Trust through fundraising. They organise a number of key events each year, including the Wexford Cycle, which is the charity's single biggest fundraising event, a Golf Classic and a Business Lunch. www.welcomehome.ie

The first **Calcutta Run** took place in 1999. This annual 10k event around Phoenix Park, followed by a barbecue in Blackhall Place, is organised by members of the legal profession (A&L Goodbody Solicitors in association with the Law Society). It attracts the most participants of any challenge event in aid of the Trust. www.calcuttarun.com

Global and National Economic Climate

Every voluntary organisation has been reminded in recent years that we operate within a complex web of social, cultural and economic relationships that envelop the globe. Whilst the day-to-day work of Peter McVerry Trust involves a concrete 'here and now' response to the needs of young people presenting to our services, the availability of the resources that make this work possible is impacted by the fluctuation of economic realities at home and abroad. Peter McVerry Trust continues to take every measure to ensure that the impact of the current economic climate on the organisation is minimised for those who access its services. To this end, in addition to intensifying its fundraising efforts, the Trust has undertaken a range of cost-saving measures in recent years that have included voluntary pay reductions across all staff, the reconfiguration of front-line services to maximise value for money, the minimisation of costs associated with central administration, and the integration of associated services to increase cost efficiencies.

Overview of Regional and National Policy

Housing First

Housing First is a model for ending, as opposed to managing, homelessness. The model is a focused response to homelessness among those who present with complex needs associated with psychiatric diagnosis and/or substance misuse. At its core is a simple principle that the first thing a homeless person needs is a home and that when this is in place, other needs can be addressed in a much more stable, consistent, and ultimately effective way. By so doing,

it refuses to make housing a reward for participation in treatment and, indeed, is dependent upon ensuring that housing services and treatment services are delivered separately. Once housing is provided, recovery is supported as a natural element of community integration. Since its original inception by Dr. Sam Tsemberis in New York in 1992, it has been adopted increasingly in other major cities both in the United States, Canada and across Europe. It was adopted in Dublin in April 2009 on foot of recommendations set out in the Evaluation of Homeless Services, Review of Finance and Expenditure and Counted In 2008. Its impact on the shape of homeless service provision is profound. Pathway to Home, New Configuration of Homeless Services in Dublin 2010 sets out how the model is to be implemented across the homeless sector in Dublin and broadly maps out how resources for the sector will be re-configured in line with the systemic change required to implement the new model which also requires the localisation of mainstream services in each of the four Dublin Local Authority areas. The implementation of Pathway to Home is overseen by an Implementation Advisory Group (IAG) comprising nominees from the four Dublin Local Authorities, the Health Service Executive and the Voluntary Homeless Network. It is chaired by the Director of the Homeless Agency. In steering the reconfiguration of homeless services, the IAG is guided by 13 principles which place the needs of service users at the centre of the decision-making process. Peter McVerry Trust has been centrally involved as an active partner in working towards the full implementation of Pathway to Home and fully supports the five strategic aims that the four Dublin Local Authorities adopted in mid-2010, under the initial framework plan developed under the provisions of Chapter 6 of the Housing Act, 2009 which is currently being adopted as the Regional Dublin Action Plan 2011-2013; namely:

- Prevent homelessness.
- Eliminate the need for people to sleep rough.
- Reduce the length of time people experience homelessness to less than six months.
- Meet unmet housing needs of people experiencing homelessness through an increase in housing options that delivers affordable, accessible housing, with supports as required.
- Ensure the delivery of services for homeless people that meet their needs, produce the sought-after, person-centred outcomes required and can demonstrate their effectiveness through monitoring and reporting arrangements.

The National Drugs Strategy

Peter McVerry Trust continues to provide services that directly address some of the complex range of issues that can present barriers to independent living for participants. To this end, the Trust's service provision includes three drug-related projects, namely, PMVT Stabilisation Service, PMVT Residential Community Detox Service and PMVT Drug-Free Aftercare Service. This service provision takes place within the context of an evolving national strategy.

The National Drugs Strategy (interim) 2009-2016 (NDS) provides the policy framework for drug services in Ireland. The strategy is currently being expanded to provide the policy framework for both drug and alcohol and will, when completed, form the first National Addiction Strategy for Ireland.

The Strategy is based on five pillars - supply reduction, prevention, treatment, rehabilitation and research and identifies a series of 63 individual actions to be carried out by a number of Government Departments and agencies.

NDS Action 32 relates to the development of a comprehensive, integrated national treatment and rehabilitation service for all substance users using a 4-Tier Model approach. This incorporates the following elements:

- The on-going development of the spread and range of treatment services.
- The recommendations of the Report of the Working Group on Drugs Rehabilitation.
- The recommendations of the Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Abuse) and
- The provision of access to substance misuse treatment within one month of assessment (NDS, 2009:100).

Action 34 of the NDS relates to expanding the availability of, and access to, detoxification facilities and services for young people (ibid, 2009:100). In so doing, under Action 44 of the Strategy, there is a requirement to ensure that services address the treatment and rehabilitation needs of the following groups:

- Travellers.
- New Communities.
- Lesbian, Gay, Bisexual, Transgender.
- Homeless, and
- Sex Workers (ibid, 2009: 101).

The 4-Tier Model Approach is described in the table below.

Level	Type of Services
Tier 1	Generic services which would include the provision of drug-related information and advice, screening and referral to specialised drug treatment services. They are delivered in general healthcare settings (emergency departments, liver units, ante-natal clinics, pharmacies, or in social care, education or criminal justice settings [probation, courts, prison]).
Tier 2	The interventions in Tier 2 are delivered through outreach, primary care, pharmacies, and criminal justice settings as well as by specialist drug treatment services, which are community-or hospital-based. The interventions include information and advice, triage, referral to structured drug treatment, brief interventions and harm reduction e.g. needle exchange programmes.
Tier 3	Services in Tier 3 have the capacity to deliver comprehensive treatments through a multi-disciplinary team. Such a team would provide medical treatment for addiction, psychiatric treatment, outreach, psychological assessment and interventions, and family therapy. Typically, the interventions at Tier 3 consist of community-based specialised drug assessment and co-ordinated, care-planned treatment which includes psychotherapeutic interventions, methadone maintenance, detoxification and day care. Tier 3 interventions are mainly delivered in specialised structured community addiction services but can also be sited in primary care settings such as Level 1 and 2 GPs' surgeries, pharmacies, prisons and probation services.
Tier 4	Tier 4 interventions are provided by specialised and dedicated inpatient or residential units or wards, which provide inpatient detoxification (IPD) or assisted withdrawal and/or stabilisation. Some service users will require inpatient treatment in general psychiatric wards. Acute hospital provision with specialist "addiction" support will be needed for those with complex needs e.g. pregnancy, liver and HIV-related problems. Others will need IPD linked to residential rehabilitation units to ensure seamless care. "Step-down" or halfway house accommodation may be required to be made available as a follow-on from residential treatment. These may be situated away from the individual's area of residence and drug-using networks.

Table 1: Overview of Tier 4 Model
(NDS, 2009:42 & Doyle J, Ivanovic J: 2010:12).

In addition to the above, the following reports are of relevance to the Development of Treatment and Rehabilitation within the Peter McVerry Trust:

The 2007 Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Users) provided a detailed analysis and overview of known residential treatment services at the time and advised on the future residential requirements of those affected by drug and alcohol use. The report endorsed the use of the four-tier model but emphasised the need for all tiers to be fully resourced for the model to be fully effective. It acknowledged that not all problem alcohol or drug users will require Tier 4 (inpatient/residential) services, while highlighting that client outcomes are generally recognised as being superior for inpatient versus outpatient provision for those whose care plan calls for Tier 4 services.

The 2007 Department of Community, Rural and Gaeltacht Affairs' Report of the Working Group on Drugs Rehabilitation developed a strategy for the provision of integrated drugs rehabilitation services and reported to the Inter-Departmental Group on Drugs and to the Cabinet Committee on Social Inclusion on the appropriate policy and actions to be implemented. A key action from this report was the establishment of a National Drugs Rehabilitation Implementation Committee (NDRIC). The role and remit of NDRIC is to:

- Oversee and monitor the implementation of the recommendations in the Working Group on Drugs Rehabilitation report.
- Develop agreed protocols and service level agreements.
- Develop a quality standards framework, building on existing standards.
- Oversee the case management and care planning processes, and
- Identify the core competencies and training needs and ensure that such needs are met.

The 2010 National Drugs Rehabilitation Implementation Committee's National Drugs Rehabilitation Framework Document provides a framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create an individual rehabilitation pathway for them; and the 2010 Office of the Minister for Drugs Report of the Residential Rehabilitation Framework Group sought to address key issues with respect to residential rehabilitation.

National Guidelines for the Protection and Welfare of Children¹

Peter McVerry Trust has a long-standing commitment and established track record in the provision of accommodation for young persons under the age of eighteen. 2011 saw the completion of a process of consolidation and full integration of three associated under-18s' services into the organisation. The Trust's under-18s' service provision operates under statutory certification and in line with national childcare legislation.

New guidelines, entitled 'Children First: National Guidelines for the Protection and Welfare of Children', were introduced in 1999. These guidelines are intended to assist people in identifying and reporting child abuse and to improve professional practice in both statutory and voluntary agencies and organisations that provide services for children and families.

It is expected that these National Guidelines will be complemented by local guidelines specific to the needs of regional health boards, as well as individual disciplines and organisations. Any such guidance must adopt the basic aims and objectives outlined in this document.

These guidelines aim to offer a comprehensive framework to assist professionals and other persons who have contact with children and wish to deal with any concerns they may have in relation to their safety and wellbeing. The guidelines embody the principles contained in the UN Convention on the Rights of the Child which was ratified by Ireland in 1992. (It should be noted that the Child Care Act, 1991, provides the legislative basis for dealing with children in need of care and protection).

Objectives

The objectives of the National Guidelines are to improve the identification, reporting, assessment, treatment and management of child abuse, clarify the responsibilities of various professionals and individuals within organisations and enhance communication and co-ordination of information between disciplines and organisations.

¹ What follows is for the most part an extract from *Children First: National Guidelines for the Protection and Welfare of Children – A Summary*. (May 2004, Department of Health and Children, Chapter 1, pp 5-7.)

Protecting and supporting children frequently involves the collaboration of a variety of personnel.

Duty to Protect Children and Support Families

Parents/carers have primary responsibility for the care and protection of their children. When parents/carers do not or cannot fulfil this responsibility, it may be necessary for health boards to intervene. The wider community also has a responsibility for the welfare and protection of children. All personnel involved in organisations working with children should be alert to the possibility of child abuse. They need to be aware of their obligations to convey any reasonable concerns or suspicions to the health board and to be informed of the correct procedures for doing so.

Principles for Best Practice in Child Protection

The principles that should inform best practice in child protection include the following:

- (i) The welfare of children is of paramount importance.
- (ii) A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families; but where there is conflict, the child's welfare must come first.
- (iii) Children have a right to be heard and taken seriously. Taking account of their age and level of understanding, they should be consulted and involved in relation to all matters and decisions that affect their lives.
- (iv) Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.
- (v) Parents/carers have a right to respect and should be consulted and involved in matters which concern their family.
- (vi) Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child.
- (vii) Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- (viii) The criminal dimension of any action cannot be ignored.
- (ix) Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.
- (x) Effective prevention, detection and treatment of child abuse require a co-ordinated multi-disciplinary approach.
- (xi) In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.
- (xii) Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.

3

THE TRUST IS COMMITTED TO DEVELOPING ITS FORMAL AND INFORMAL LINKS WITH OTHER RELEVANT AGENCIES WITH THE AIM OF IMPROVING OVERALL SERVICE PROVISION TO CLIENTS.

PRINCIPLES OF SERVICE

Housing First

Peter McVerry Trust provides a range of high quality, professional services through a 'housing with support' model, based on the principles of housing first. This is achieved while keeping the respect and dignity of the client at the centre of all we do. This model aims to provide a range of services to clients to facilitate their journey into mainstream society, addressing their diverse range of needs along the way.

Inter-agency Model of Working

Peter McVerry Trust understands the importance of inter-agency working in order to improve co-ordination of service delivery, eliminate gaps in services, assist in client progression between agencies and decrease duplication of services. The Trust is committed to developing its formal and informal links with other relevant agencies with the aim of improving overall service provision to clients.

Organisational Collaboration

Peter McVerry Trust is committed to working in partnership with sister organisations for the benefit of clients by enhancing service delivery, increasing cost efficiencies, reducing unnecessary duplication of services and further developing opportunities for progression. The current economic climate demands more than ever that we explore opportunities for greater collaboration and shared service delivery.

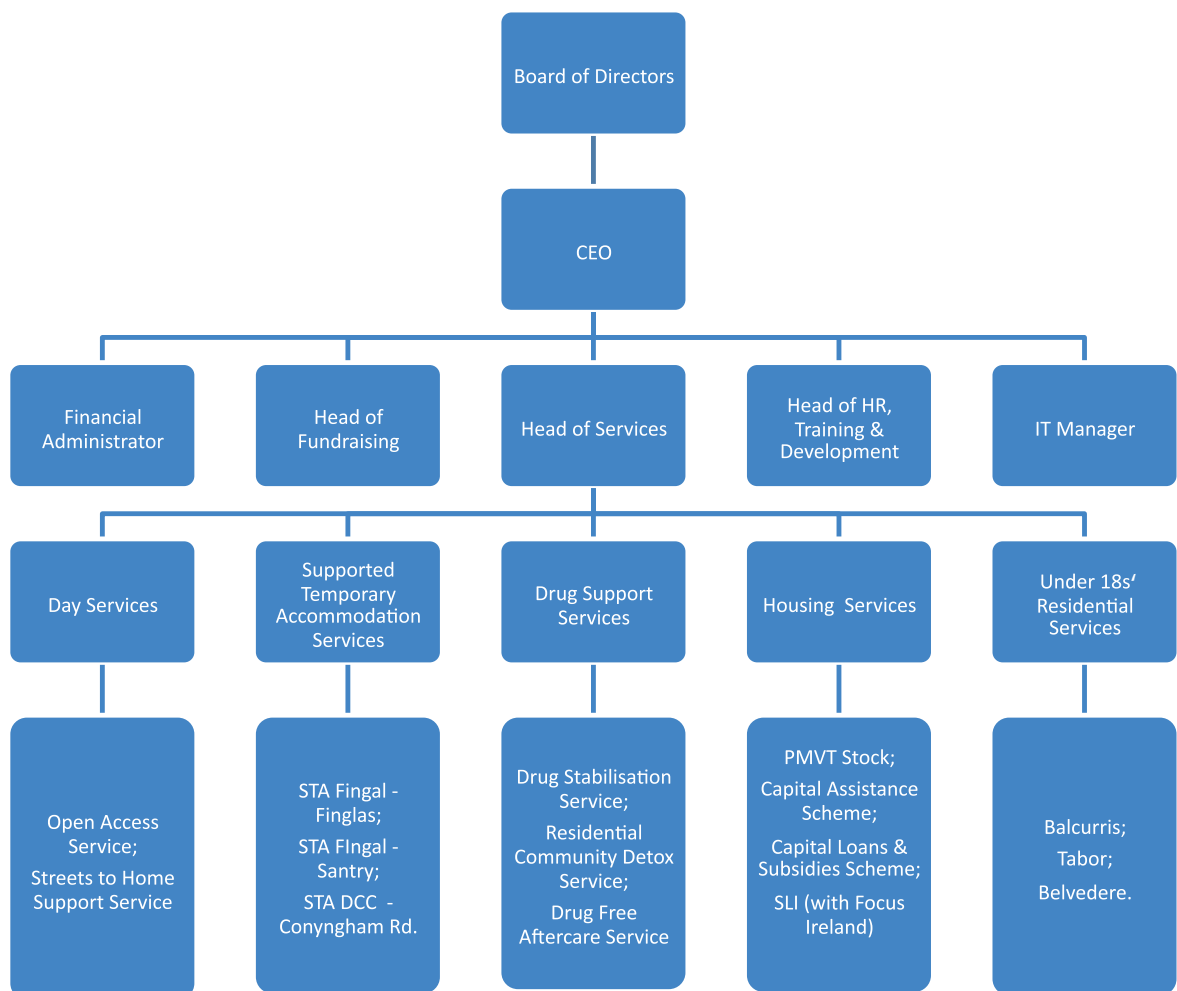
The Homeless Agency Competency Framework

The Homeless Agency Competency Framework is a working manual and toolkit for the Homeless Services sector. It has been designed to assist hiring service area and HR managers across the sector in recruiting and promoting professional and competent staff who will have the skills and competencies to serve the sector. It ensures that effective and consistent standards are upheld in the sector. It also raises the awareness of prospective workers of the competencies that are required to work in the sector. Peter McVerry Trust has been involved in the roll-out of the Framework to date and is committed to this on-going work in partnership with the Homeless Agency.

4

WHILST THE DAY-TO-DAY WORK OF PETER MCVERRY TRUST INVOLVES A CONCRETE 'HERE AND NOW' RESPONSE TO THE NEEDS OF YOUNG PEOPLE PRESENTING TO OUR SERVICES, THE AVAILABILITY OF THE RESOURCES THAT MAKE THIS WORK POSSIBLE IS IMPACTED BY THE FLUCTUATION OF ECONOMIC REALITIES AT HOME AND ABROAD.

ORGANISATIONAL STRUCTURE



5

THE BOARD'S ROLE IS TO ENSURE THAT THE TRUST HAS A COHERENT STRATEGIC DIRECTION AND TO THIS END, IT MANDATES THE CEO AND SENIOR MANAGEMENT TEAM TO DEVELOP A STRATEGIC PLAN EVERY FIVE YEARS AND BRING IT BEFORE THE BOARD FOR APPROVAL.

BOARD STRUCTURE

Peter McVerry Trust has a dynamic Board of Directors which is drawn from the social, legal, medical, business and financial sectors. The Board is entrusted by the founder with the overall responsibility of the direction and governance of all activities within Peter McVerry Trust. Overall operational management for the Trust is delegated by the Board to the CEO and the senior management team.

Board Structure

The founder of the Trust, Fr. Peter McVerry, sits on the Board and holds the executive officership of Secretary. The Board has three executive officership roles; that of Chair, Secretary and Treasurer. The Board meets at least six times a year as well as the holding of an annual AGM which is generally held in the summer months. The annual accounts and the annual Health and Safety Statement are adopted at the AGM and the officerships are put up for election or re-election.

The Board is assisted in its work by the establishment of three working committees:

- Research and Services Committee.
- Financial Committee.
- Fundraising Committee.

Each committee meets with the CEO and senior management team at least quarterly and has an elected Chair who reports back to the full Board on a regular basis. Non-members of the Board who hold specific expertise or experience are co-opted onto these committees if and when necessary.

The Board's role is to ensure that the Trust has a coherent strategic direction and to this end, it mandates the CEO and senior management team to develop a strategic plan every five years and bring it before the Board for approval.

Governance

The Board has overall responsibility to ensure that the governance of the organisation is in line with best practice and that all operational functions meet all requirements under current legislation, Charitable and Company Law and Health and Safety Standards. Accordingly, the Board mandates the CEO and senior management team to bring before it an annual Health and Safety Statement and an annual Risk Audit for its approval and to carry out regular reviews of all policies and procedures.

Several of the operational functions of Peter McVerry Trust have additional standards required to be met in order to run approved services. The Trust currently holds clinical governance approval from the HSE for its addiction services, approval from the HSE Under-

18s' Childcare Inspectorate. It also measures itself against Putting Children First Legislation, Putting People First Standards and QuADS (Quality in Alcohol and Drug Services).

Peter McVerry Trust has four companies, the first of which dates back to 1985, and produces annual audited accounts for all four companies:

- Peter McVerry Trust Limited (Company Registration Number 98934).
- McVerry Trust Operations Limited (Company Registration Number 412953).
- Peter McVerry Trust Balcurris Under-18s' Residential Service (Company Registration Number 304482).
- Tabor Society Limited (Company Registration Number 70463).

Peter McVerry Trust has had charitable status since 1985 and is fully compliant with all legal requirements under the Charities Act. Its Charity Number is CHY7256.

The Board views the financial governance of Peter McVerry Trust as one of its central functions and has a strict code of practice in relation to all fundraising practices, all income and all expenditure within the Trust. The Financial Committee of the Board regularly reviews and monitors all financial activities in relation to the operations of Peter McVerry Trust.

6

IN ADDITION TO SERVICE CONSOLIDATION AND MERGER, PETER MCVERRY TRUST HAS BUILT UPON EXISTING RELATIONSHIPS WITH OTHER PROVIDERS IN THE VOLUNTARY SECTOR TO ENHANCE SERVICE USER OUTCOMES BY WAY OF INTER-AGENCY COLLABORATION.

STRATEGIC AIMS AND KEY OBJECTIVES

Strategic Aims	Key Objectives
Ensure Better Service Delivery	<ul style="list-style-type: none"> A. Strengthen and enhance existing service provision. B. Enhance the accessibility of services to individuals who require support. C. Build upon/increase the capacity and activity levels within current service delivery. D. Ensure access to appropriate progression routes for individuals leaving the Peter McVerry Trust services. E. Continue to enhance service provision through the further development of inter-agency collaboration. F. Ensure on-going value for money in the service provided, relative to the outcomes achieved. G. Monitor and evaluate service provision on a regular basis to ensure adherence to best evidenced practice. H. Develop a service users' forum.
Support Organisational Development	<ul style="list-style-type: none"> I. Ensure appropriate staffing resources for the continuation of quality services. J. Ensure appropriate funding resources for the continuation of quality services. K. Continue staff training and up-skilling in work-related areas. L. Explore the possibility of enhancing service provision through the development of a volunteering programme. M. Ensure continued positive and effective communication exists throughout the organisation. N. Build upon the existing high level of satisfaction within the organisation in respect of management and employee relations. O. Ensure Board membership supports sustainable organisational development. P. Continue to develop the profile of Peter McVerry Trust in the sector and nationally.
Increase Total Fundraising Contributions	<ul style="list-style-type: none"> Q. Provide an experienced, creative and professional fundraising approach to help the organisation achieve its goals and that it is recognised as a central function of Peter McVerry Trust.
Build the PMVT Profile	<ul style="list-style-type: none"> R. Increase awareness about Peter McVerry Trust and be recognised as helping some of the most marginalised young people in our society.

7 STRATEGIC AIMS AND KEY OBJECTIVES WITH CORE ACTIONS

STRATEGIC AIM 1: ENSURE BETTER SERVICE DELIVERY

A. Strengthen and enhance existing service provision.

ID	Core Action	KPI
A1	Consolidate the current range of service provision in the organisation.	Transformation and consolidation of services in line with the new Pathways Model.
A2	Continue to ensure that service provision is tailored to the needs of service users at every stage in the continuum of care.	Extent of annual organisational development.
A3	Continue the Trust's commitment to providing an aftercare service in order to support individuals in their recovery from addiction.	Provision of an aftercare service.
A4	Strengthen relapse prevention supports in aftercare in order to minimise the chances of relapse at this stage in recovery.	Percentage of residents who relapse.
A5	Explore support systems to prevent those who do relapse in aftercare from falling too far in order to ensure that clients lose as little as possible of the benefits resulting from the progress they have achieved to date.	Percentage of those who relapse rapidly and are supported by other PMVT services within 2 days of the relapse being identified.
A6	Explore alternative mechanisms for the delivery of aftercare with a view to expanding the service provision, where possible on a cost neutral basis in order to maximise benefits to all potential aftercare clients.	Existence of alternative service delivery mechanisms for aftercare (e.g. facilities with part-time on-site support or visiting only support).
A7	Continue to provide on-site nursing clinics in Streets to Home services in order to address the high level of physical needs presented.	Number of nursing clinics per annum.
A8	All incoming STA beds to continue to be operated across the Trust to the highest standards and in a consistent manner from service to service. Quality standards that may be introduced for the sector to be adopted and met.	Quality and consistency of standards and practices across all PMVT STAs. Sectorally agreed quality standards to be met.
A9	All incoming STA beds to be operated in line with the Pathways Model and their use to be recorded on PASS.	STA operational alignment to Pathways Model and use of PASS.
A10	Progress transfer of Under-18s' service to newly-built premises in Ballymun when building work is complete.	Service transferred to new premises.

ID	Core Action	KPI
A11	Continue to develop a specialty in service provision to those leaving Under-18s' residential care and train and resource staff accordingly.	Number of participants to whom services are provided on leaving Under-18s' residential care; number of staff trained/resourced.
A12	Develop a proposal for the Board's consideration to enhance service options for women with children.	Proposal developed for Board consideration.
A13	Develop a proposal for the Board's consideration to provide temporary respite options for participants who are in danger of losing their placement with the Trust.	Proposal developed for Board consideration.
A14	Develop the Trust's role as educator in the broadest sense in relation to its target group.	Number of educational sessions undertaken annually and number of participants engaging in same.

B. Enhance the accessibility of services to individuals who require support.

ID	Core Action	KPI
B1	Address barriers to entry into residential detoxification to make service more inclusive and accessible in order a) to minimise barriers to entry associated with referral criteria set down in clinical governance requirements and b) to respond to client needs before the windows of motivation and readiness close.	Percentage of referrals admitted and average length of time from referral to admission.
B2	Increase accessibility to residential detoxification for homeless persons to strengthen supports to homeless persons wishing to detox.	Percentage of homeless persons admitted.
B3	Research barriers to entry to residential detoxification particularly associated with female referrals to ensure that any blocks specific to female service users are identified and addressed.	Percentage of females admitted.
B4	Address barriers to entry to stabilisation and make service more accessible in order to increase accessibility to the existing referral group.	Percentage of referrals accessing stabilisation services.
B5	Increase accessibility to stabilisation for homeless persons in order to enhance opportunities open to homeless persons.	Percentage of homeless persons admitted.
B6	Research the post-departure outcomes from stabilisation to identify an optimum service delivery model.	Participant drug status at 3, 6 and 12 months.
B7	Increase ease of access to stabilisation services by way of in-reach clinics to Open Access and Streets to Home Services and the New Supported Temporary Accommodation (emergency accommodation) services in the Trust to make stabilisation services available to as many Trust clients as require them.	Percentage of those to whom stabilisation services are provided who are referred from OA/STH and STAs and number of weekly in-reach clinics held.

ID	Core Action	KPI
B8	Increase links from the Streets to Home Support Service to the Stabilisation Service to ensure ease of access.	One manager over both services/number of Streets to Home Support Service participants accessing Stabilisation Service.
B9	Research blocks to accessing HSE mental health services for those who are accessing PMVT services.	Blocks identified through research and action plan developed to rectify same.
B10	While the thresholds of all STAs across the Trust will be low, these are to be managed relative to one another so as to cater for different degrees of need among participants and to offer a choice of STAs to participants subject to availability.	Three PMVT STAs to have graduated thresholds with choice-based allocation offered, subject to availability.
B11	Ensure that there is provision within STAs for capacity to accommodate female participants and explore the possibility of configuring STAs differently to ensure that female applicants have equal opportunity to access PMVT STA accommodation.	Percentage of females referring and accessing STA services.
B12	Review the opening times of services to increase accessibility.	Opening times reviewed and changes implemented where required.

C. Build upon/increase the capacity and activity levels within current service delivery.

ID	Core Action	KPI
C1	Increase bed occupancy and throughput in the residential detoxification service to move towards maximum allocated capacity of 60 and maximum rate of bed occupancy while maintaining the quality of service to each individual.	Number of admissions per annum and actual rate of bed occupancy.
C2	Increase stabilisation throughput to offer stabilisation services to all PMVT clients.	Number of PMVT and other clients availing of services per annum.
C3	Increase capacity within the Residential Aftercare Service to concretely demonstrate the Trust's commitment to this service.	Relative increase in the number of Residential Aftercare placements provided per annum.
C4	Increase bed occupancy within STA services.	Relative increase in bed occupancy rate.
C5	Continue to explore the SHIP Scheme for securing unsold social/affordable housing as agreed.	Relative increase in PMVT housing stock under the SHIP Scheme.
C6	Enter into the Enhanced Leasing Scheme as a way of expanding housing stock to support the service.	Relative increase in PMVT housing stock under the Enhanced Leasing Scheme.
C7	Continue to directly invest in the building up of the Trust's own housing stock.	Relative increase in PMVT housing stock by direct acquisition.
C8	Build upon/increase the capacity and activity levels within current service delivery in order to continue to build organisational capacity for growth and to explore further opportunities for development, particularly in relation to the Fingal region.	Capacity and rate of activity in services.

D. Ensure access to appropriate progression routes for individuals leaving the Peter McVerry Trust services.

ID	Core Action	KPI
D1	Increase rate of progression to residential treatment to increase the probability of sustainable recoveries.	Percentage of those completing detox progressing to Residential Treatment.
D2	Research the progression routes of those who refer to PMVT Residential Aftercare Service, but are not admitted due to lack of capacity.	Research completed and alternative routes for referrals not admitted due to lack of capacity identified.
D3	Introduce a comprehensive needs assessment for all young persons who are approaching their progression from Under-18s' residential care.	Number of needs assessments carried out each year.
D4	Continue to build on the development of progression routes for young people leaving Under-18s' residential care into ring-fenced PMVT housing stock.	Number of ring-fenced PMVT units available for young people leaving Under-18s' residential care.
D5	Ensure access to appropriate progression routes for all individuals leaving Peter McVerry Trust services.	Range of options identified and accessed for individuals leaving the Peter McVerry Trust.

E. Continue to enhance service provision through the further development of inter-agency collaboration.

ID	Core Action	KPI
E1	Further develop inter-agency links and collaboration with other organisations to maximise opportunities for clients through effective strategic and operational inter-agency collaboration. If necessary, draw in outside expertise to address specialised or complex needs.	Number of links established and level of collaboration achieved.
E2	Explore opportunities for information provision on available services/supports to participants of the Streets to Home Support Service through a range of different media such as DVDs, Posters, Websites etc.	Number of opportunities provided/quality of information provided.
E3	The principle of bringing as many services as possible to STA participants to be introduced, with priority in 2011 being given to stabilisation, medical and counselling services.	Number of participants occupying Trust beds to whom stabilisation, medical and counselling services are brought.
E4	Continue to implement the principle of offering an alternative placement for children whose placements in PMVT Under-18s' services do not work out.	Number of children to whom alternative placements are offered.

F. Ensure on-going value for money in the service provided relative to the outcomes achieved.

ID	Core Action	KPI
F1	Ensure that in all value-for-money matters, the consideration of the quality of outcomes for participants is central.	Consideration of quality of participant outcomes in the consideration of value for money.
F2	Increase service value-for-money in all services by reducing the overall service costs.	Average daily cost per occupied bed.
F3	Ensure that PMVT unit costs are benchmarked against sectoral norms and are within an acceptable range of unit cost requirements set out by statutory funders.	Unit costs within acceptable range of sectoral norms.

G. Monitor and evaluate service provision on a regular basis to ensure adherence to best evidenced practice.

ID	Core Action	KPI
G1	Research post-departure outcomes from all PMVT services to inform service development by cross-referencing interventions against longer-term outcomes. Where possible, identify what worked for those with more positive outcomes and what didn't work for those with less positive outcomes.	Participant status at 3, 6 and 12 months.
G2	Enhance research on issues relating to the homelessness of participants across all services.	Analysis of homelessness issues of all PMVT participants.
G3	Monitor and evaluate service provision on a regular basis to ensure adherence to best evidenced practice and to continue to build data collection and retrieval capacity within the organisation in the service of regular annual reviews.	Monitoring and evaluation framework in place.
G4	Conduct full evaluation of statistics and records in PMVT Residential Community Detox (over past 2 years) to identify factors that contributed to success and those factors that detracted from it.	Research conducted and appropriate action taken based on outcomes.
G5	Participate in the QuADS Support Project to ensure that PMVT drug-related services (Stabilisation, Detox and Aftercare) are part of this development to establish best practice standards across drug/alcohol services.	Full participation in the project and QuADS compliance.

H. Development of a service users' forum.

ID	Core Action	KPI
H1	Development of a service users' forum to provide further opportunities for participant feedback on staff performance.	Service users' forum in place.
H2	Research former users' experiences of being engaged in the industry as a service provider (e.g. motivational speakers).	Research conducted and appropriate action taken based on outcomes.

STRATEGIC AIM 2:

SUPPORT ORGANISATIONAL DEVELOPMENT

I. Ensure appropriate staffing resources for the continuation of quality services.

ID	Core Action	KPI
I1	Ensure appropriate staffing resources including gender mix considerations for the continuation of quality services.	Staffing levels and gender mix reviewed and action taken where appropriate.
I2	Increase service resourcing – staff within the Streets to Home service.	Number of staff on team.

J. Ensure appropriate funding resources for the continuation of quality services.

ID	Core Action	KPI
J1	Increase service resourcing – finance to the Streets to Home service.	Additional resources secured.
J2	Build further capacity in PMVT fundraising department with a view to setting private fundraising targets at higher, more challenging and sustainable levels during the lifetime of the Strategic Plan.	Percentage and quantity of funding secured through fundraising efforts.
J3	Continue to maintain professional, approachable and flexible relationships with statutory funders.	Level of positive feedback from statutory funders.
J4	Continue PMVT's practice of maintaining adequate financial reserves and of maintaining a correct balance between State funding and voluntary fundraising.	Level of financial reserve and percentage of State vs. voluntary fundraising.

K. Continuation of staff training and up-skilling in work-related areas.

ID	Core Action	KPI
K1	Secure training for staff to meet high needs within Streets to Home Service (e.g., advocacy, first aid, addiction and recovery, relapse prevention).	Number of training opportunities provided in the areas outlined.
K2	Continue to develop a specialty in service provision to those leaving Under-18s' residential care and train and resource staff accordingly.	Number and percentage of staff trained as required.
K3	Provide training across services in the area of the ethos of the PMVT, mental health, one-to-one supervision training for managers, first aid, dealing with challenging behaviour.	Number and percentage of staff trained as required.

L. Explore the possibility of enhancing service provision through the development of a volunteering programme.

ID	Core Action	KPI
L1	Investigate possibilities of the new volunteer programme adding value to the Streets to Home service.	Number of volunteers.

M. Ensure continued positive and effective communication exists throughout the organisation.

ID	Core Action	KPI
M1	Enhance the internal communication within the organisation in order to ensure continued positive and effective communication exists throughout the organisation.	Staff Audit.

N. Build upon the existing high level of satisfaction within the organisation in respect of management and employee relations.

ID	Core Action	KPI
N1	Build upon the high level of satisfaction within the organisation in respect of management and employee relations.	Staff Audit.

O. Ensure Board membership supports sustainable organisational development.

ID	Core Action	KPI
O1	Review the policy governing the membership of the Board to ensure that the ethos of the organisation is safeguarded in the selection of new members.	Policy reviewed and amended, if required.
O2	Review the policy governing the membership of the Board to ensure that membership is refreshed on an ongoing periodic basis	Policy reviewed and amended, if required.

P. Continue to develop the profile of Peter McVerry Trust in the sector and nationally.

ID	Core Action	KPI
P1	Continue to build the profile of PMVT within the wider homeless sector and maintain involvement and representation within the Homeless Network.	Level of involvement in the Homeless Network.
P2	Continue to build PMVT's reputation as an expert in the provision of services to young people who are homeless and have complex needs.	Reputation of the Trust within the homeless sector.
P3	Explore ways in which the founder's contribution to Irish society could be more publicly recognised with the inclusion and for the benefit of the target group.	Level of contribution.
P4	Develop the evidence-based advocacy and lobbying role of PMVT regarding issues of social justice in relation to its target group.	Level of advocacy and lobbying engaged in on issues of social justice on foot of evidence base taken from PMVT target group.
P5	Explore the possibility of expanding service provision to a location outside of the Eastern Region, thereby providing PMVT with a national remit.	Feasibility study undertaken and any appropriate action taken.

STRATEGIC AIM 3:

INCREASE TOTAL FUNDRAISING CONTRIBUTIONS TO THE CHARITY

Q. Provide an experienced, creative and professional fundraising approach to help the organisation achieve its goals and that it is recognised as a central function of Peter McVerry Trust.

ID	Core Action
Q1	To reach annual fundraising targets to help ensure operational costs are covered and a reserve fund (4 months running costs) is retained.
Q2	To continue to increase the number of new individual and corporate donors to the charity annually, and build on relationships with current supporters.
Q3	To build and improve upon past successful fundraising appeals while continuing to monitor and review all appeals and ensure that contingency plans are in place and implemented where necessary to achieve targets.
Q4	To develop new and innovative campaigns and initiatives.
Q5	To carry out all fundraising activity to the highest standards.
Q6	To ensure a co-ordinated fundraising approach and that all staff and volunteers adhere to the fundraising policies and procedures.

STRATEGIC AIM 4: BUILD THE PMVT PROFILE

R. Increase awareness about Peter McVerry Trust and be recognised as helping some of the most marginalised young people in our society.

ID	Core Action
R1	Increase awareness about the work of PMVT.
R2	Develop stronger public profile of PMVT.
R3	Enhance and build relationships with various publics, using all communication channels and techniques.
R4	Ensure that all functions of the organisation work in harmony, sharing coherent objectives that are rooted in the organisation's mission and values.
R5	Maintain a transparent and open communications approach both internally and externally, regularly communicating fundraising and organisational goals and successes.
R6	Develop a comprehensive crisis communication plan for the organisation.



APPENDICES

MEMBERSHIP OF THE PMVT BOARD DIRECTORS

Name	Officerships
Fr. Peter McVerry SJ	Founder and Secretary of the Board of Directors
Mr. James O'Higgins	Chairperson of the Board of Directors
Dr. Liam Connellan	Treasurer of the Board of Directors
Ms. Orla Barry	Company Director
Dr. Philip Crowley	Company Director
Ms. Wenda Edwards	Company Director
Mr. Ivan Hammond	Company Director
Mr. Richard Lavelle	Company Director
Dr. Austin O'Carroll	Company Director
Fr. Tony O'Riordan SJ	Company Director
Mr. Liam Quinn	Company Director

CONSULTATION WITH EXTERNAL STAKEHOLDERS

A range of external stakeholders were identified as individuals and organisations which would be in a position to provide an objective insight into the Peter McVerry Trust.

It was agreed that these key stakeholders would be contacted by an external consultant so that they would be free to give their views in confidence, with only the themes being fed back to the organisation.

The following is a list of individuals and agencies from whom views were sought:

- Mr. Dick Brady, formerly of Fingal County Council.
- Mr. Paul Conlon, Coolmine Therapeutic Community.
- Ms. Sharon Cosgrove, Sonas Housing Association.
- Mr. Ciaran Dunne, Dublin City Council.
- Ms. Joyce Loughnan, Focus Ireland.
- Ms. Mary Martin, HSE Social Inclusion.
- Mr. Sam McGuinness, Dublin Simon Community.
- Mr. Cathal Morgan, The Dublin Region Homeless Executive.
- Mr. Tom O'Donnell, HSE Childcare.
- Mr. Mark Wilson, The Probation Service.

PMVT RANGE OF SERVICES

Peter McVerry Trust provides a range of services to clients based on the principles of respect and dignity. In providing these services, the Trust endeavours to align its model of care to international best practice and to ensure that it does not fall out of line with current developments in the regional and national homeless sector. Accordingly, the Trust is committed to working closely with the Homeless Agency to advance the Pathways Model (Housing First) currently being adopted.

Peter McVerry Trust delivers a number of services to marginalised young homeless people, active and recovering drug users, those with criminal justice issues and those with mental and physical health issues, who are widely recognised as groups who face inequality and discrimination. The Trust works with young people who are trying to address issues that may have contributed to their homelessness. They aim to prepare them for independent living and to reduce the likelihood of residents entering adult homeless services on departure. Their services aim to provide a safe, stable, healthy environment to support individuals in preparing for a drug-free life.

The full range of PMVT Services is as follows:

- **Open Access Service:**
The long-established Open Access Service, run by Fr. Peter McVerry, is the first point of contact for many homeless young people with Peter McVerry Trust, especially those leaving prison. Based in Sherrard Street, this drop-in centre offers ongoing support, advice and advocacy for those out of home.
- **Streets to Home Support Service:**
Peter McVerry Trust's Streets to Home Service advocates for and supports marginalised young homeless people. It demonstrates PMVT's experience in supporting young people to work towards independent living. The service, based at the Open Access Centre, was established in 2008. Service delivery is underpinned by a harm reduction approach, while every effort is made to source appropriate emergency accommodation. This service also provides six ring-fenced, low-threshold apartments so that participants can be supported in making the move directly from emergency accommodation into "housing with supports".
- **Stabilisation Service:**
This service provides a safe and stable environment for young people over 18 years of age wishing to stabilise problematic drug use. Participants engage in psycho-educational and process groups to enhance drug and health awareness against a backdrop of ongoing peer and one-to-one support.
- **Residential Community Detox Service:**
This service caters for individuals who are going through detoxification from methadone. A pre-admission referral and case management system is in operation and post-placement progression is supported by way of a key working system and established pathways to recognised day and residential treatment providers. This service operates with full clinical governance from the HSE.
- **Residential Aftercare Service:**
The Residential Aftercare Service aims to provide a safe, stable and healthy environment to support participants in preparing for a drug-free life. The service bridges the gaps for individuals undergoing the difficult transition to treatment and from treatment towards a sustainable drug-free lifestyle.
- **Under-18s' Residential Accommodation Services:**
PMVT provides residential accommodation for under-18s in three locations in Dublin. Each service operates under licence from the Registration and Inspection Service. Services currently provided are as follows:

- PMVT Under-18s' Residential Accommodation Service – Balcurris
- PMVT Under-18s' Residential Accommodation Service – Tabor House
- PMVT Under-18s' Residential Accommodation Service – Belvedere

- **Supported Temporary Accommodation Services:**

PMVT provides Supported Temporary Accommodation Services in both the Fingal County Council and Dublin City Council areas. Places are prioritised for those over 18 years of age who are homeless and have complex low-threshold needs. At the time of writing, PMVT operates 5 STAs:

- PMVT FCC STA - Finglas
- PMVT FCC STA - Santry
- PMVT DCC STA - Conyngham Road
- PMVT DCC STA - Whitworth Road (interim)
- PMVT DCC STA - Aungier Street (interim)

- **Housing With Support Service:**

Peter McVerry Trust has been a voluntary housing provider since 1985 and has a strong history of supporting participants into housing. The Trust has a highly skilled team of housing officers who offer support for participants to progress to independent living in a range of accommodation types across a number of local authority areas. Accommodation in the Housing with Supports Service, principally in the form of apartments, has been secured by way of direct acquisition and through the *Capital Assistance* and *Capital Loans and Subsidies* schemes. Depending on identified need, participants are supported in this service either by way of intensive housing supports, visiting housing supports or through the SLI (Support to Live Independently) Scheme that the Trust delivers under the auspices of its consortium-based initiative with Focus Ireland, "Support to Home". Pathways are enhanced by well-established relationships with other service providers, where appropriate.

The skills base within the Housing With Support Service includes Housing Officers with relevant qualifications and experience. The range of Housing Officer qualifications are as follows:

- Social Care and Social Policy
- Addiction Studies
- Youth & Community Work
- Drugs Counselling & Interventions
- Housing Management & Development
- Counselling & Psychotherapy
- Psychology
- Registered General Nurse Training
- MA in Social Work
- General Practitioner

The qualifications and work experience of the Housing Officers enable them to assist and support the clients in developing life skills, building confidence and working towards independent living and social integration. There is a balance within the Housing Officer Team of experienced senior staff and newer staff providing stability and continuity of service. Housing Officers are skilled in providing one-to-one support while building positive relationships in order to achieve agreed outcomes. They are trained in the management of challenging behaviour, providing skills and experience required to enable them to meet the needs and address the behaviour of the client where necessary.

As with other PMVT services, the Housing With Support Service has access to an on-call service that operates around the clock for 365 days of the year.

OVERVIEW OF SERVICE DELIVERY 2008-2010

Peter McVerry Trust is committed to maintaining flexibility in its service provision that enables it to respond rapidly and appropriately to the changing needs of those who access its services. This capacity has been manifested in the organic growth of the organisation in recent years in line with increased demand for services.

The tables and charts below provide an overview of this development in terms of participation across all services, residential placements taken up and day service supports accessed.

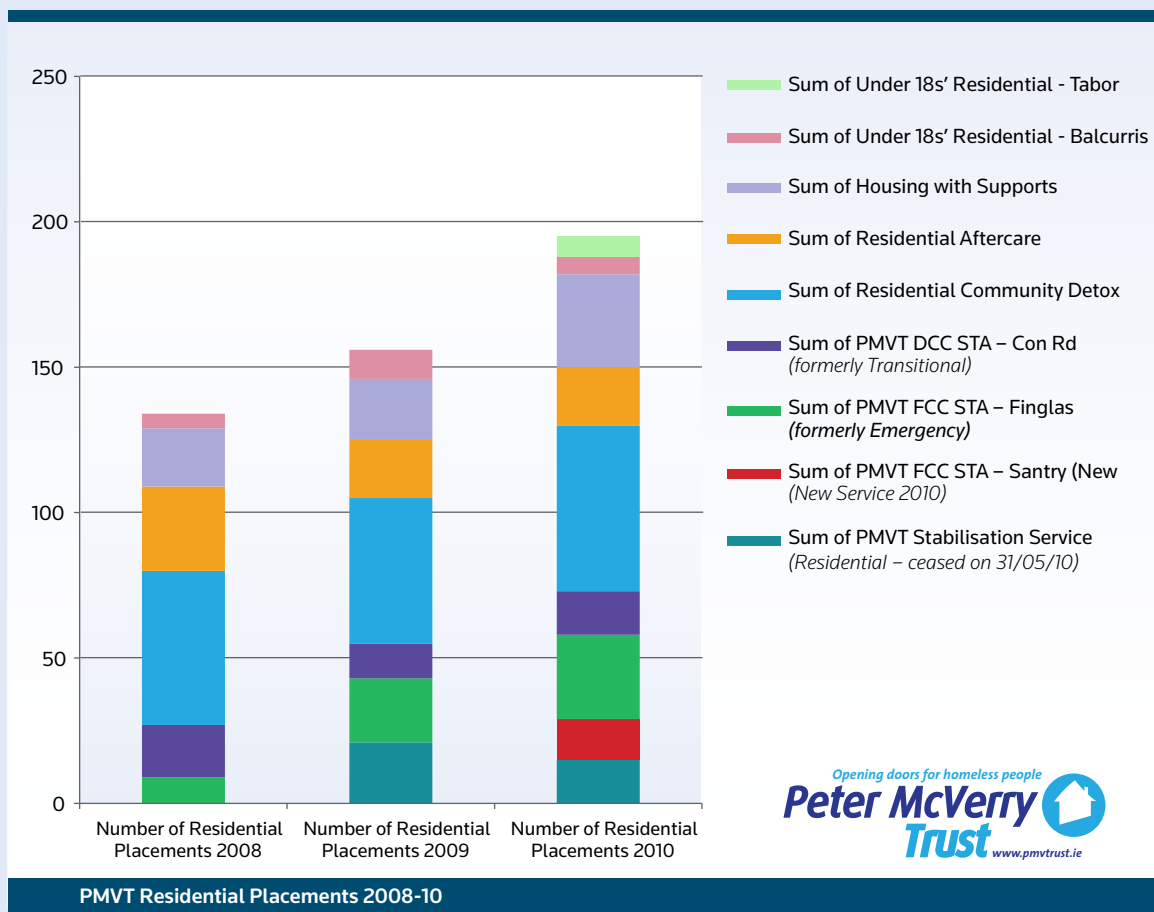
Peter McVerry Trust Services	Number of PMVT Participants 2008	Number of PMVT Participants 2009	Number of PMVT Participants 2010
PMVT Open Access / PMVT Streets to Home	170	307	454
PMVT Stabilisation Service - Day	79	102	203
PMVT Stabilisation Service - Residential (Closed mid-2010)	N/A	21	15
PMVT FCC STA – Santry (Opened mid-2010)	N/A	N/A	14
PMVT FCC STA – Finglas (formerly Emergency)	9	22	29
PMVT DCC STA – Conyngham Rd (formerly Transitional)	18	12	15
PMVT Residential Community Detox	53	50	57
PMVT Residential Aftercare	29	20	20
PMVT Housing With Support	20	22	32
PMVT Under-18s' Residential - Balcurris	5	12	9
PMVT Under-18s' Residential – Tabor (consolidation 2010)	N/A	N/A	12
TOTAL	383	568	860

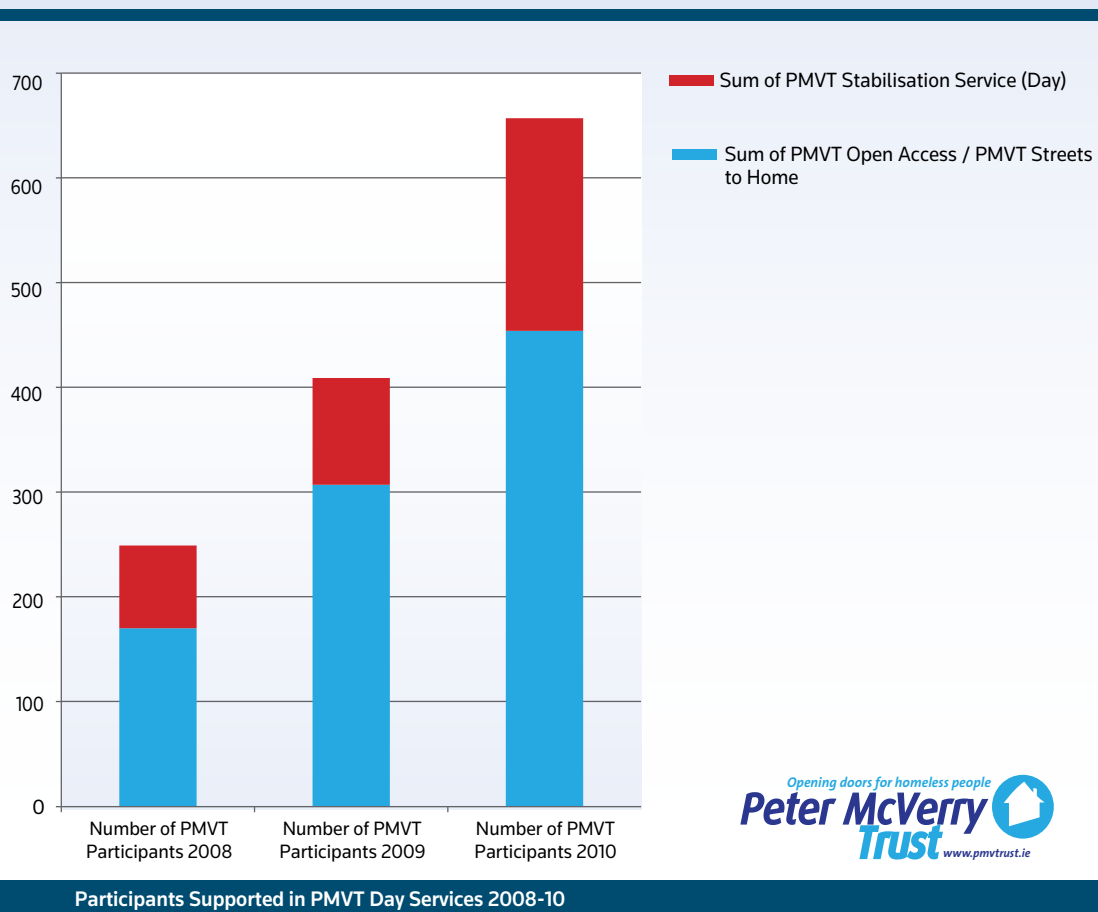
Peter McVerry Trust Residential Services	Number of Residential Placements 2008	Number of Residential Placements 2009	Number of Residential Placements 2010
PMVT Service - Residential (Closed mid-2010)	N/A	21	15
PMVT FCC STA – Santry (Opened mid-2010)	N/A	N/A	14
PMVT FCC STA – Finglas (formerly Emergency)	9	22	29
PMVT DCC STA – Conyngham Rd (formerly Transitional)	18	12	15
PMVT Residential Community Detox	53	50	57
PMVT Residential Aftercare	29	20	20
PMVT Housing With Support	20	21	32
PMVT Under-18s' Residential - Balcurris	5	10	6
PMVT Under-18s' Residential – Tabor (consolidation 2010)	N/A	N/A	7
TOTAL	134	156	195

Peter McVerry Trust Day Services	Number of PMVT Participants 2008	Number of PMVT Participants 2009	Number of PMVT Participants 2010
PMVT Open Access / PMVT Streets to Home	170	307	454
PMVT Stabilisation Service (Day)	79	102	203
TOTAL	249	409	657

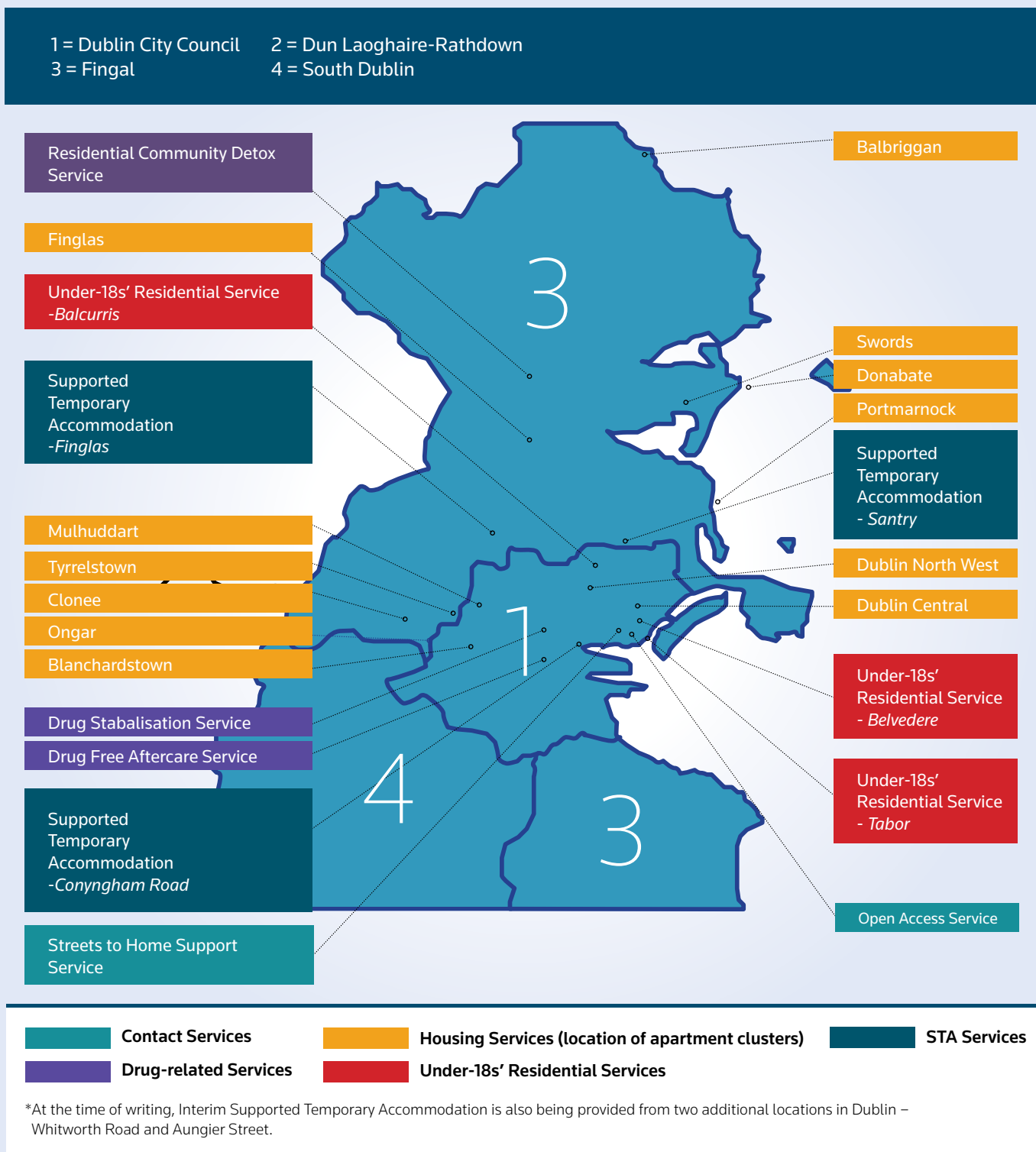
APPENDIX 4

OVERVIEW OF SERVICE DELIVERY 2008-2010 (CONTINUED)





MAP OF PMVT SERVICES







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