



28th March 2025

Deputy Ged Nash, TD
Dáil Eireann
Kildare Street
Dublin 2.

PQ 8692/25

To ask the Minister for Health to provide details of the range of specific financial supports/grant aid the HSE provides to not-for-profits that operate emergency accommodation in cases where such bodies also provide medical supports such as supervised medication management, addiction supports, and so on; and if she will make a statement on the matter.

Dear Deputy Nash,

The Health Service Executive have been requested to reply directly to your above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position:

The response to homelessness encompasses a variety of delivery programs and strategies, requiring a cross-governmental approach involving multiple departments and agencies. The Department of Housing, Local Government and Heritage (DHLGH) holds responsibility for developing the national policy framework and legislation pertaining to homelessness accommodation and related support services, as well as providing funding in this area. Local Authorities (LAs) are statutorily tasked with delivering homeless accommodation and associated services within their respective regions. The Department of Health (DoH) and the Health Service Executive (HSE) are charged with providing a spectrum of health-related services to individuals experiencing homelessness.

The HSE remains focused on advancing key priorities outlined in the National Service Plan 2025, with a strong emphasis on integrated care pathways and harm-reduction responses. This includes the operation of the Medically Supervised Injecting Facility and the expansion of residential addiction care facilities for people experiencing homelessness. As part of its ongoing efforts, the HSE will maintain essential public health measures for people experiencing homelessness, build on improvements in healthcare delivery, and provide health supports for 256 new Housing First tenancies. A core objective is to enhance and expand access to healthcare services for people in homelessness.

It is not possible to provide a definitive figure on total HSE spending for homeless emergency accommodation with medical supports, as funding allocations for accommodation vary across regions. However, for the Deputy's information the 2024 HSE spend based on consolidated financial information



available through the HSE general ledgers for Social Inclusion was in the region of €48.6 million across different homeless programmes the majority of which are via section 39 funded agency's. Services provided include in-reach medical supports, where clinicians provide care on-site in homeless emergency accommodation.

Some caveats with these figures as they provide an estimated breakdown of the Homeless spend/ allocation within Social Inclusion target groups, note that where the funding covered more than one target group (e.g. Homelessness, Addiction, Migrant Health, Travellers etc.), 'best fit' was applied and expenditure aligned to one specific area.

Additional details regarding the breakdown of funding across programme areas can be seen below.

Housing First (health input)

This programme integrates healthcare support into Housing First initiatives, which prioritise providing stable, permanent housing for individuals experiencing chronic homelessness. Health services, including mental health and addiction support, are provided alongside housing to ensure long-term stability.

Inreach/Outreach Supports

Aimed at improving access to healthcare for homeless individuals, this programme delivers medical and social care services directly to those in emergency accommodations, on the streets, or in other unstable living situations. It includes mobile health services, rough sleeper outreach, and GP-led in-reach models.

Targeted Health/Support Interventions (for other vulnerable groups with insecure/poor housing)

These interventions address the specific health and social needs of marginalised groups such as Roma communities, Travellers, and women in/or at risk of homelessness. They include culturally appropriate healthcare workers, peer support, and targeted outreach programs.

Integrated Care and Case Management

This programme ensures that people experiencing homelessness receive coordinated and continuous care across different services. It includes multidisciplinary teams that provide wraparound health and social supports, improve discharge planning from hospitals, and facilitate access to long-term care. Case management supports individuals experiencing homelessness by developing and implementing personalised care plans, assisting them in accessing health services, and ensuring they attend medical appointments. Case managers play a key role in coordinating care within the community, helping individuals navigate the healthcare system and receive the support they need.

Enhancement of Health Input into Homeless Services/Accommodation

Focused on improving healthcare provision within homeless shelters and accommodations, this programme includes expanding medical and stabilisation units and supporting additional health interventions in emergency accommodation.

Training and Capacity Building

This programme enhances the skills of healthcare and social service providers working with homeless populations. It includes specialised training on homelessness, mental health, addiction, and trauma-informed care to improve service delivery.

Prevention

Prevention programs aim to reduce homelessness-related health risks, including drug-related deaths and preventable health complications. This includes initiatives like homeless death prevention coordinators and harm reduction programs.

Service User Engagement

This programme promotes participation from individuals with lived experience of homelessness, allowing them to contribute to service design and peer support initiatives. It fosters empowerment, advocacy, and co-production in homeless healthcare services.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,



Joseph Doyle

National Lead, Social Inclusion