



The Power of Home Visits in Ending Homelessness

Principles, Practice and Evidence

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The Home Visit: Definition & Approach



- ❖ According to the Housing First Manual for Ireland, the home visit should be:
 - ❖ Social in nature, yet a targeted intervention
 - ❖ Not formally a treatment visit but because it's a professional visiting there is treatment going on
 - ❖ It can be considered a visit to invite the resident to participate in treatment
- ❖ Provides a true assessment of the residents's environment and functioning
- ❖ Home visits are the primary method of service delivery through Intensive Case Management (ICM)
- ❖ ICM: A case manager provides direct support and co-ordinates with other external community services



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Core Principle 1 – Flexibility & Frequency

- ❖ The intensity of home visits is based on resident need, not a rigid schedule.
 - ❖ Meetings are scheduled in advance at a time/date that is chosen and agreed by the resident.
- ❖ Residents are made aware in advance of Sophia's policies in relation to home visits at induction and as part of the support planning process
- ❖ Crisis doesn't keep office hours. Support needs to be responsive.
- ❖ Sophia's single site housing provide a support service to residents in the form of a home visit outside of normal working hours and up to 24hrs 365 days per year
- ❖ Reduces barriers to access (transportation, anxiety)
- ❖ Builds trust and engagement on the resident's "turf."

Core Principle 2 – Respect and Dignity

- ❖ Sophia is committed to providing a quality services and support to residents that are fully 'Trauma Informed' led.
- ❖ Staff are trained in Trauma Informed Care and recognise that all residents have experienced past trauma
- ❖ Home visits are non-judgmental and respectful
- ❖ Invitations to enter a residents home are requested, not expected, the staff member is a guest and standard etiquette applies
- ❖ Emphasis on relationship building
- ❖ All aspects of home care and support are carried out in agreement and conjunction with the resident.

Core Principle 3 – A Strengths Based Approach

- ❖ Focus is on the residents's abilities, not their deficits.
- ❖ Empowers the resident, fosters self-efficacy, and builds a positive relationship.
- ❖ The case manager works with the resident to identify goals (e.g., cooking a meal, budgeting, socializing with a neighbor) rather than imposing a treatment plan.

Core Principle 4 – Harm Reduction

- ❖ Meet residents "where they are at." The goal is to reduce the negative consequences of behaviour, not necessarily to eliminate the behaviour immediately.
- ❖ Acknowledges reality, builds trust, and keeps resident's engaged in services without the threat of punishment.
- ❖ Practice: Providing clean needles, naloxone training, or simply discussing substance use without judgment. The primary goal is always to keep the resident housed and alive.
- ❖ Subtle observations and mental note taking
- ❖ Staff are trained in harm reduction approaches

- ❖ Respect for normal family life and routines
- ❖ Timing is key and the purpose of the visit can at times drive the timing of the home visit
 - ❖ Difficult or sensitive conversations are typically had when the children are not present
- ❖ Respectful acknowledgement and appropriate interactions with all family members present
- ❖ Subtle observations and mental note taking

Benefits and Outcomes



- ❖ Early Intervention and prevention
- ❖ Increased Resident Satisfaction: Residents report feeling a greater sense of safety, autonomy, and choice and less like a “service user” and more like a “resident”
- ❖ Supports empowerment of the resident and helps to reduce the power imbalance between staff and resident
- ❖ Improved Health & Well-being
- ❖ High Housing Retention - 96.2% in 2024



Challenges & Considerations



- ❖ Staff safety: Requires robust safety protocols, training, and supportive supervision
- ❖ Boundary Management: The line between professional and friend can blur in a home setting. Staff need clear guidelines on gifts, personal disclosure, and after-hours contact
- ❖ Resident Refusal/Disengagement: Residents have the right to refuse services. Staff must balance persistent outreach with respecting the resident's autonomy, which can be frustrating
- ❖ Home visits with families can raise and unearth previously masked child welfare/protection concerns
- ❖ Balancing the conflicting role of landlord vs support service can be difficult for staff

Key Takeaways

- ❖ Home visits are an essential, defining practice of the Housing First model and any adaptations to that model.
- ❖ It's more than a visit: It's a philosophy of engagement based on trust, respect, and meeting basic human needs first.
- ❖ The evidence is overwhelming: HF with assertive home visits ends homelessness more effectively and cost-efficiently than traditional linear models for the chronically homeless population
- ❖ Success requires support: To work, staff must be well-trained, supported, and part of a responsive team structure
- ❖ Organisation ethos and culture drives policy and service delivery