



Dublin Simon Community 2027 Pre-Budget Submission

‘Demand in Capital’

Summary of Recommendations

HOUSING

1. The creation of a dedicated Dublin Housing and Homeless Strategy & Budget (2027–2030) led and funded by National Government.
2. Capital investment of €2.1 Billion for the direct building of 5,000 new social housing units in Dublin.
3. Double the investment and adequately resource in Long Term Supported Housing (DRHE) over two years from €12.7 million (2024) to €24 million by 2028.
4. Resource Approved Housing Bodies (AHBs) as a diverse network of organisations with different specialities and ensure that the diversity and quality of stock is not overlooked when focused on increasing volume. To achieve this, a diverse range of funding and resourcing options is required.
 - I. The Capital Assistance Scheme (CAS) should be overhauled to ensure that it is fit for purpose in meeting the very significant longer-term lifecycle costs for properties acquired through it. A revision should also factor community-based spaces in as part of overall scheme developments, fostering communities beyond the provision of housing units. E.g. green spaces, meeting places etc.
 - II. Provide capital funding and an annual revenue stream for Long Term Supported Accommodation for those who cannot live independently. In particular, investment in Category 1 and 2 is critical.
 - III. Adopt a cost-recovery approach to address outstanding debts associated with CAS and CLSS schemes.
 - IV. Increase access to non-debt or equity funding alongside CALF loans to lower gearing levels and support financial sustainability.
3. Introduce a dedicated, high-grant funding scheme (minimum 90%) to ensure retrofit programmes are financially viable for AHBs.
4. Review and increase HAP rates in line with local market conditions to maintain its effectiveness as a pathway out of homelessness.

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<p>HOMELESSNESS</p>	<ol style="list-style-type: none"> 1. Increase the proportion of sustained exits from homelessness to permanent housing by targeting 2,000 households into new homes in Dublin. 2. Develop a long-term single adult homeless plan for the largest cohort in emergency accommodation. 3. Increase the homelessness budget by 20% to respond to rising demand and address existing funding shortfalls ensuring Section 10 and Section 39 allocations are based on actual 2025 and 2026 actual expenditure. 4. Move to a multi-annual, full-cost recovery model that captures the true cost of service delivery, including staffing, training, and compliance. 5. Ring-fence 20% of annual homeless expenditure within each local authority for prevention and early intervention measures. 6. Increase investment in homeless services outside Dublin to tackle significant gaps in accommodation and support services in other regions. 7. Address the Workforce and Pay Parity disparity between Section 10/38/39 organisations and HSE and public services by: <ol style="list-style-type: none"> I. Pay parity with equivalent roles in the HSE and public sector. II. A funded, multi-annual workforce strategy for the homelessness and social care sector. III. Investment in education and training pathways to build a sustainable pipeline of qualified staff. IV. Funding models that reflect the full cost of compliance, quality standards and service delivery. V. Specific measures to address recruitment and retention challenges in high-cost areas such as Dublin.
<p>HEALTH</p>	<ol style="list-style-type: none"> 1. Provide multi-annual funding (€13.9 million) to fully operationalise the 100-bed homeless Health and Addiction Care Facility (HACF) at Ushers Island, ensuring integrated care for complex needs. 2. Significantly boost Social Inclusion health funding by €15 million for homeless-specific health supports, including mental health, addiction, and dual-diagnosis services tailored to this population. 3. Increase the share of the overall health budget allocated to mental health in line with recommended levels i.e. 12% to better meet growing demand. 4. Invest in Trauma Informed Practice (TIP) within the National Health Budget. To achieve this, ringfenced funding is required that supports the 'Office of Mental Health Engagement and Recovery' for the implementation of trauma-aware services. 5. Publish a new '<i>Women's Health Action Plan 2026-2027</i>'¹ Building on Phase two (2024-2026): a revised and enhanced plan that includes a new strand to address the emerging needs of vulnerable marginalised women in homelessness is required.

Executive Summary

Introduction

Dublin Simon Community provide services to over 4,400 people and families each year across Dublin, Kildare, Wicklow, Meath, Louth, Cavan and Monaghan who are homeless or at risk of homelessness. We serve as a primary stakeholder in addressing crises related to homelessness, housing instability, and inclusive health strategies.

Dublin Simon Community delivers a comprehensive continuum of care across the homelessness pathway, encompassing homelessness prevention and early intervention measures, outreach services for people sleeping rough, and emergency accommodation for those experiencing acute housing crisis. The organisation provides integrated vital health services, counselling and recovery supports for individuals experiencing homelessness and addiction, including housing-based interventions that promote stability and wellbeing. Dublin Simon Community also delivers independent housing, long-term supported housing, tenancy sustainment and resettlement services, supporting individuals and families to secure and maintain permanent housing solutions. Complementing these housing supports are education, training and employability programmes that help people rebuild their lives and strengthen long-term independence.

Opportunity

Budget 2027 represents a critical opportunity to convert policy commitments into meaningful change. To ensure that Ireland can respond effectively and compassionately to current and future social challenges, it is essential that both the charity sector and statutory agencies are sustainably resourced. Strong collaboration between these sectors is critical to delivering integrated, person-centered services and achieving meaningful outcomes for those most in need. Adequate, multi-annual funding is essential to maintain service capacity, foster innovation and deliver coordinated responses to complex and interconnected issues such as homelessness, mental health and addiction.

Despite significant legislative and strategic developments in recent years, persistent gaps in service provision and access continue to undermine outcomes for many of the most vulnerable people in our society. Targeted investment and decisive action are now required to bridge these gaps and deliver the systemic reforms necessary to achieve equitable and lasting social progress.

A whole-of-government response is essential to address the complex and interconnected challenges of homelessness, housing, mental health and addiction, and to ensure that policy ambitions are translated into measurable outcomes. As both a homelessness and health service provider and an Approved Housing Body, Dublin Simon Community calls on the Ministers for Finance, Health, Housing, Public Expenditure, Infrastructure, Public Service Reform and Digitalisation to make homelessness, health and housing a central national priority in Budget 2027 and beyond. This commitment must be underpinned by sustained investment and policy

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coherence across government to deliver the housing supply, support services and prevention measures necessary to end homelessness and secure lasting housing outcomes.

Epicentre

Dublin is at the epicentre of Ireland's housing and homelessness crisis: while home to over 30% of the State's population, the capital accounts for more than 40% of social housing need and consistently accommodates over 70% of those experiencing homelessness nationwide. Homelessness in Ireland is overwhelmingly concentrated in the capital, with more than 12,000 people in emergency accommodation in Dublin alone, placing exceptional pressure on housing, prevention and support services.

The drivers of homelessness in Dublin are distinct in both scale and complexity. They arise from severe housing supply shortages, high rents, an overreliance on the private rental market to meet social housing needs, and persistent barriers to accessing affordable housing. Researchers have highlighted that national policies often fail to adequately reflect the concentration of housing demand and homelessness in the capital, despite evidence that Dublin requires targeted interventions and place-based responses.¹ Given the scale of need, improvements in homelessness and housing outcomes at a national level will be difficult to achieve without a focused strategy for Dublin that aligns housing supply, homelessness prevention, tenancy sustainment, social housing delivery and cross-departmental investment. A dedicated Dublin-focused approach would not detract from national efforts; rather, it would recognise that meaningful progress in addressing Ireland's housing and homelessness crisis depends on addressing the region where the challenge is most acute.

Solutions

To provide solutions we propose the following:

- 1. Dublin Housing and Homeless Strategy & Budget (2027 – 2030) led and funded by National Government.**

A long-term, Dublin-specific strategy and dedicated budget are required to address the city's housing and homelessness crisis. At present, key reports, plans, and strategies exist, but there is insufficient alignment or coordinated implementation to tackle the root causes effectively. A single **Dublin Housing and Homelessness Strategy and Budget**, led and funded by national Government, is needed with a clear focus on delivery towards 2030. This should prioritise the provision of social, affordable, and cost-rental housing, supported by direct and sustained capital investment.

Dublin Simon Community supports the government's commitment in the national housing plan to deliver 300,000 homes by the end of 2030: focusing on ending homelessness, the delivery of homes for older people and increasing social inclusion². The plan should also

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function as an overarching framework to review, integrate, and coordinate existing policies and funding priorities in the Dublin area, including:

- DRHE Action Plan 2025-2027 and annual budget
- Delivering Homes, Building Communities 2025-2030. National Housing Plan
- Report of the Housing Commission 2024
- Capital City: Dublin City Taskforce Report 2024
- Reducing Harm, Supporting Recovery 2017-2025 and Draft National Drugs Strategy 2026-2029

To ensure delivery, accountability and urgency, Government should establish a time-bound Dublin Housing and Homelessness Crisis Team reporting directly across relevant departments and agencies. The team should be tasked with overseeing the implementation of the Dublin Housing and Homelessness Strategy and Budget (2027–2030), aligning housing, health, social protection, justice and local authority responses under a single delivery framework. By focusing on measurable outcomes and removing barriers to implementation, the team could serve as a pilot model for coordinated national action on homelessness and housing.

This coordinated approach is essential to ensure coherence across policy areas and to deliver measurable progress in addressing homelessness and housing supply in Dublin.

2. Increase the capital social housing spend in Dublin from €1.1 billion (2025) to €2.1 billion (2027) delivering 5,000 newly built social housing units.

Significant progress is required in housing provision in the Capital to fulfil housing plan targets of 300,000 housing units by 2030 with half delivered in Dublin. In 2025, there were 3,488 new social housing completions, representing a capital development cost of just over €1 Billion.

To meet current demands for social housing in Dublin, the government must provide a funding uplift and commit €2.1 billion in Budget 2027, targeting the completion of 5,000 new build social homes, this against a backdrop of a needed delivery of 20,000 units overall in the Dublin area. This commitment, embedded within a multi-year Dublin-specific housing strategy, will be instrumental in tackling the housing crisis, provided investment is matched by a continued coordinated programme of structural reforms that expands delivery capacity, accelerates project timelines, and enables the sustained increase in housing output required to meet current and future demand.

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3. Increase the proportion of sustained exits from homelessness to permanent housing targeting 2,000 households to exit homelessness in Dublin.

The focus of homelessness funding in Dublin must be the provision of safe, affordable and sustained housing options for everyone. We propose setting a positive annual target for sustained permanent tenancies in the Dublin region as a standard. The Dublin Region Homeless Executive (DRHE) data indicates that in 2025, 1,350 households exited from homelessness services into permanent housing. This relatively low rate highlights a system that continues to rely heavily on emergency accommodation and short-term solutions, rather than delivering stable and lasting housing outcomes. Setting a clear, measurable target of sustained exits into permanent housing would provide a stronger policy and performance benchmark, shifting the focus from service activity to housing outcomes. It would support clearer funding pathways for central government and support the accountability framework across housing providers, local authorities, and approved housing bodies, incentivising the prioritisation of long-term tenancies. Importantly, such a target would align Dublin more closely with Housing First principles and international best practice, where success is defined not by throughput in emergency systems but by the proportion of people who achieve and maintain permanent housing stability. By the end of 2027, in Dublin alone, 2,000 households can exit homelessness and be in their forever home, over 600 more than the year before.

4. Develop a long-term single adult homeless plan for the largest cohort in emergency accommodation.

Nationally, there are 7,361 single adults in emergency accommodation where 5,005 are in Dublin.³ In 2026, on average 128 single adults present as newly homeless in Dublin monthly, and only 58 exits from homelessness to homes in the same month.⁴ While there is recognition of targeted housing approaches to families and children as outlined in the previous two budgets, Dublin Simon Community believes that a specific long-term plan addressing single homelessness needs to be adopted with budget funding.

5. Double the investment to adequately resource in Long Term Supported Accommodation (LTSA) over two years from €12.7 million (2024) to €24 million by 2028.

Since 2021 there have only been 17 services(units) in Long Term Support Accommodation in the Dublin region that receive DRHE funding at an annual cost of just over €12 million. During the same time frame there has been a 130% increase in emergency accommodation costs and double investment in Housing First.

Designed for individuals who cannot live independently, Long-Term Supported Accommodation and its associated services have been instrumental in providing a stable

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home alongside the support needed to manage health conditions and to rebuild their capabilities and daily routines. This form of housing requires investment and expansion in parallel with agreed other Housing model initiatives.

6. Provide multi-annual funding (€13.9 million) to fully operationalise the 100-bed homeless Health and Addiction Care Facility (HACF) at Ushers Island, ensuring integrated care for complex needs.

By October 2027 the HACF will have been operational for two years but projected to be running at only 75% bed capacity due to current funding constraints. Notwithstanding commitments by HSE to review service delivery on site, and while such a review is welcomed, this should not delay or come at the expense of fully opening and resourcing all 100 beds. Full funding is required to meet existing Government and Department of Health commitments and to ensure the service operates at full capacity.

The HACF plays a vital role in addressing one of the most persistent challenges in the Dublin homelessness system: the overlap between long-term homelessness, addiction, mental health difficulties, and chronic physical health conditions. A significant proportion of individuals in emergency accommodation require high levels of clinical and social support that cannot be effectively delivered in standard emergency settings. Without structured, medically supported environments, these individuals are more likely to experience repeated cycles of hospital admission, detoxification, relapse, and return to homelessness, placing sustained pressure on acute hospital services, emergency accommodation, and community-based supports.

7. Significantly boost Social Inclusion Health funding by €15 million for homeless-specific health supports, including mental health, addiction, and dual-diagnosis services tailored to this population

- I. Trauma Informed Practice - € 5 million**
- II. Addiction and Dual-Diagnosis - €5 million**
- III. Homeless Mental Health Treatment and Counselling - €5 million**

Within the HSE the responsibility of homeless provision support and funding is mainly derived from Social Inclusion Health. Continued funding and investment in social inclusion and marginalised groups is important given the evolving nature and complexity of support infrastructure to marginalised groups. Additional funding in Budget 2027 will ensure the specialist healthcare required for the homeless population i.e. nurses, counsellors, psychiatrists, dual-diagnosis workers in Section 39 funded services are further developed with international best practice.

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Strengthening Social Inclusion Health funding reflects a shift towards aligning Ireland's response with international best practice, where homelessness is treated as a complex health and social care issue rather than solely a housing problem. Continued investment is essential given the evolving and increasingly complex nature of need within the homeless population, and it ensures that health services are adequately resourced to operate as a core pillar of homelessness prevention, recovery, and long-term stability.

- 8. Address the Workforce and Pay Parity disparity between Section 10/38/39 organisations and HSE and public services.** This needs to be addressed by:
- i. Pay parity with equivalent roles in the HSE and public sector, including salary, pension and core benefits
 - ii. A funded, multi-annual workforce strategy for the homelessness and social care sector
 - iii. Investment in education and training pathways to build a sustainable pipeline of qualified staff
 - iv. Funding models that reflect the full cost of compliance, quality standards and service delivery
 - v. Specific measures to address recruitment and retention challenges in high-cost areas such as Dublin

The delivery of homelessness, housing and associated health services is entirely dependent on a skilled, stable and appropriately resourced workforce. In Ireland, these services are predominantly delivered by the community, voluntary and charity sector, funded by the State through the HSE and the Department of Housing, yet they are not resourced on a par with equivalent public sector roles.

To sustain high-quality, safe and effective services, the sector must be resourced to meet these expectations. This includes recognising the full cost of delivery, not only at frontline level but also in the infrastructure required to support governance, quality, innovation and continuous improvement.

We welcome the opportunity to outline our funding and resource priorities in advance of the Budget 2027 process.

Catherine Kenny
CEO
Dublin Simon Community

Housing

Despite continued policy interventions, housing provision in Dublin continues to face persistent challenges relating to affordability, insufficient supply, increasing rental pressures, and rising levels of homelessness. These pressures have a direct and substantial impact on quality of life across households and communities and our city. Recent data from the Residential Tenancies Board (RTB) highlights the ongoing instability within the rental sector. In Q1 2026, there was a notable increase in Notices of Termination issued following the introduction of new rental legislation earlier in the year, with Dublin accounting for 35.7% of all notices.⁵ This points to sustained pressure within the capital's rental market, where demand remains significantly ahead of supply.

While the national housing plan – ‘*Delivering Homes, Building Communities 2025 – 2030*’, sets an ambition to deliver 300,000 homes by 2030, including 72,000 social homes⁶, the current delivery levels fall short of what is required to meet accumulated and ongoing demand. It is estimated that approximately 36,284 homes were delivered nationally with 37.3% (13,679) in the Dublin in 2025, which remains well below the annualised level required to achieve national targets.⁷ This gap between projected delivery and actual need has been highlighted in analysis such as the Social Justice Ireland’ Socio-Economic Review 2026⁸.

In this context, forthcoming budgetary decisions must be more closely aligned with current demographic pressures and unmet housing need. A more sustainable and responsive housing system is required, capable of adapting to changing socio-economic conditions while ensuring stable, long-term supply. Given that Dublin and the eastern region account for over half of national capital investment and the highest concentration of demand, it is particularly important that policy and funding are calibrated to address the scale and intensity of need in this region.

Dublin Simon Community strongly maintains that Approved Housing Bodies (AHBs) play a crucial role in addressing the housing crisis by delivering high-quality, sustainable homes that meet the needs of the population. This has been well evidenced by the role played by AHBs in achieving level exits from homelessness, even performing better than local authorities and the private rental markets⁹. Dublin Simon Community in 2025 worked tirelessly to provide housing assistance to the community. A total of 914 people were housed across our 346 independent housing units. Overall, we made home a reality for 1,565 people.

Securing a home is only part of the solution to homelessness. For many vulnerable people, the real challenge is sustaining it. Core life skills and habits that support stability are often lost during periods of homelessness or sleeping rough. Other factors, such as age, mobility and ill health, can make it even more challenging. Our approach recognises that long-term stability requires the right level of ongoing, tailored support to ensure that people can live safely, independently, and with dignity over time. Designed for individuals who cannot live independently, our Long-Term Supported Accommodation (LTSA) and its associated services have been instrumental in

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providing a stable home alongside the support needed to manage health conditions and to rebuild their capabilities and daily routines.

Long-Term Supported Accommodation plays a critical response and essential role within the housing system for individuals who would otherwise cycle through hospitals, prisons and other State services at significantly higher cost and with poorer outcomes. While securing a home is a critical first step, it is not sufficient for individuals with high and complex support needs to maintain stable tenancies without ongoing assistance. Many individuals' experiencing long-term homelessness have experienced prolonged periods of instability, which can result in the loss of daily living skills, disrupted routines, and diminished capacity to manage independent living.

Long Term Supported Accommodation requires sustained public investment, to reduce reliance on more costly emergency accommodation, lower repeated service use across health, justice, and social care systems, and contribute to improved outcomes in wellbeing, stability, and community integration. Evidence from comparable housing-led systems internationally consistently shows that providing stable, supported accommodation to individuals with high support needs reduces long-term public expenditure pressures while improving quality of life.¹⁰

Expansion of this housing model must be developed in parallel with broader housing delivery programmes, ensuring a balanced system that includes social housing, Housing First, and supported accommodation pathways. Without this balance, the system risks continued over-reliance on emergency provision and cyclical homelessness. A scaled increase in long-term supported accommodation capacity is a necessary component of a sustainable homelessness strategy, ensuring that the housing system can respond effectively to the full spectrum of need.

In 2025, Dublin Simon supported 188 people through Long-Term Supported Accommodation (LTSA) services. These included pregnant women, individuals recovering from addiction, and people managing complex physical and mental health challenges linked to previous experiences of homelessness, now living in stable accommodation with appropriate supports in place.

However, since 2021 there have been only 17 Long-Term Supported Accommodation services (units) in the Dublin region receiving DRHE funding, at an annual cost of just over €12 million. Over the same period, emergency accommodation costs have increased by approximately 130%, alongside a doubling of investment in Housing First. This highlights a growing imbalance in the system, with increasing expenditure on emergency responses compared to comparatively limited investment in long-term, stabilising accommodation solutions.

Current evidence of Dublin's housing and homelessness crisis indicates that financial investment is not the primary binding constraint on delivery. The system is instead limited by structural capacity issues relating to land activation, infrastructure readiness, construction workforce availability, and planning throughput. Although Dublin contains a stock of zoned land suitable to meet current needs, a substantial proportion is not currently development ready. Many sites require extensive servicing, particularly in relation to wastewater treatment, water supply, transport connectivity, and electricity grid capacity. In addition, fragmented ownership patterns

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and the complexity of land assembly further delay activation. Consequently, the volume of “shovel-ready” land is considerably smaller than zoning designations suggest, creating a significant bottleneck in the housing delivery pipeline.

Construction sector capacity presents an additional constraint. The sector is operating close to its effective delivery ceiling, shortages in skilled labour across engineering, and planning disciplines. Infrastructure deficits further constrain delivery capacity in Dublin. In particular, wastewater treatment capacity and broader water infrastructure in Dublin remain significant limiting factors. Electricity grid constraints and transport infrastructure dependencies also contribute to delays in activating housing developments. Despite recent reforms, the time required to progress developments from zoning through planning approval to commencement remains protracted.

These reforms would need to focus on accelerating land activation through strengthened state-led development and servicing functions, ensuring that key strategic sites are brought to a development-ready standard in advance of demand. They would also require closer integration of infrastructure planning with housing targets, particularly in relation to wastewater, water supply, energy, and transport systems, to ensure that enabling infrastructure does not lag behind housing delivery. Improved coordination across local authorities and state land agencies to ensure a consistent and predictable pipeline of projects would support the private sector in delivering innovative housing solutions.

Evidence indicates that while significant portions of Dublin’s inner city and suburban areas contain underutilised or long-term vacant land and buildings, these assets are not being brought into productive use at the scale required. Streamlined planning processes for brownfield and infill development, particularly in designated regeneration zones, would help reduce delays and improve project viability. Targeted public investment may also be required to de-risk complex sites, particularly where remediation, demolition, or infrastructure upgrades are needed.

There is also a need to invest in digital integration to improve coordination across housing and infrastructure delivery in Dublin. Currently, key data on land, zoning, planning status, and infrastructure capacity are held across multiple agencies in fragmented systems, limiting effective decision-making. An integrated digital strategy linking local authorities, Uisce Éireann, transport, and energy providers would enable faster identification of development-ready sites, better sequencing of infrastructure investment, and more efficient alignment of housing delivery with capacity. It would also support the utilisation of vacant and derelict sites.

We believe that the government must adequately resource AHBs, recognising their role in supporting the current deficit in service delivery, ensuring that supporting people in exiting homelessness to permanent housing is a core focus of funding allocation. Our recommendations for delivering this are outlined below:

1. The creation of a dedicated Dublin Housing and Homeless Strategy & Budget (2027-2030) led and funded by National Government. A long-term, Dublin-specific strategy and dedicated budget are required to address the city’s housing and homelessness crisis. At

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present, key reports, plans, and strategies exist, but there is insufficient alignment or coordinated implementation to tackle the root causes effectively.

2. Increase the capital social housing spend in Dublin from €1.1 billion (2025) to €2.1 billion (2027). To meet current demands, the government must provide a funding uplift in Budget 2027, targeting the completion of 5,000 new build social homes and the wider delivery of 20,000 units overall in the Dublin area.
3. Double the investment and adequately resource in Long Term Supported Housing (DRHE) over two years from €12.7 million (2024) to €24 million by 2028. In conjunction with continued investment in models of social housing including Housing First an expansion of LTSA is required that addresses the physical and clinical need of the homeless population who are accessed as not able to live independently.
4. Adequately resource AHBs as a diverse network of organisations with different specialities and ensure that the diversity and quality of stock is not overlooked when focused on increasing volume. To achieve this, a diverse range of funding and resourcing options is required.
 - I. The Capital Assistance Scheme (CAS) should be overhauled to ensure that it is fit for purpose in meeting the very significant longer-term lifecycle costs for properties acquired through it. A revision should also factor community-based spaces in as part of overall scheme developments, fostering communities beyond the provision of housing units. E.g. green spaces, meeting places etc.
 - II. Provide capital funding and an annual revenue stream for long term supported accommodation for those who cannot live independently. Particularly, investment in Category 1 and 2 is critical.
 - III. A cost-recovery funding approach to resolve legacy issues linked to Capital Assistance Scheme (CAS) and Capital Loan and Subsidy Scheme (CLSS) properties, ensuring that outstanding debts owed to Local Authorities on these legacy schemes are fully addressed.
 - IV. Invest an appropriate level of non-debt or equity finance in addition to the Capital Advanced Leasing Facility (CALF) loan is required to reduce gearing levels.
5. A dedicated scheme is needed for AHBs, with grant funding of at least 90%, to ensure that energy upgrades, under the energy retrofit programmes, are financially viable.
6. Review and increase current Housing Assistance Payment (HAP) rates in line with local market conditions, ensuring HAP remains a viable route out of homelessness for families. Government must fulfil its commitments by including a review of HAP Scheme and resource the funding structure as a viable means of social housing in the private rented market.

Homelessness

Homelessness in Ireland can no longer be understood as a simple policy failure; it is a complex and deeply entrenched social crisis that has shaped, and been shaped by, wider structural pressures over more than a decade. Addressing it effectively requires a response that fully recognises the range of contributing factors, the lived experience of those within the system, and the wide-ranging consequences homelessness has on health, wellbeing, social inclusion, and long-term life outcomes. As of April 2026, 17,548 people are living in emergency accommodation, including approximately 12,475 in Dublin.¹¹ Data from the Dublin Region Homeless Executive (DRHE) further highlights the scale and persistence of the crisis, with the first four months of the year showing a monthly average of 128 single adult presentations to homelessness services, compared with only 58 exits. In the same period, there were 87 new family presentations per month, alongside just 47 exits.¹² These figures point to a system under sustained pressure, where inflows continue to significantly outpace sustainable exits from homelessness.

Dublin Simon Community and other frontline organisations consistently emphasise that those working to address homelessness must be adequately resourced through equitable, sustained, and multi-annual funding. Without this, even the most effective service models cannot operate at the scale required to meet growing and increasingly complex need. Adequate investment is essential not only to maintain existing services, but to expand capacity, improve outcomes, and ensure that supports are delivered in a coordinated and consistent manner across housing, health, and social care systems.

The focus of homelessness funding in Dublin must be the provision of safe, affordable and sustained housing options for everyone. We propose setting a positive annual target for sustained permanent tenancies in the Dublin region as a standard.

Setting a clear, measurable target of sustained exits into permanent housing would provide a stronger policy and performance benchmark, shifting the focus from service activity to housing outcomes. It would support clearer funding pathways for central government and support the accountability framework across housing providers, local authorities, and approved housing bodies, incentivising the prioritisation of long-term tenancies. Importantly, such a target would align Dublin more closely with Housing First principles and international best practice, where success is defined not by throughput in emergency systems but by the proportion of people who achieve and maintain permanent housing stability. This time next year 2,000 households can be in their forever home, 600 more than the year before.

There is a clear and ongoing gap in pay and conditions between staff working in Section 10/38/39 organisations and those employed directly by the HSE or in other parts of the public service. This includes not only base salary, but also pension provision, sick pay, and access to professional development. This disparity is no longer sustainable.

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These roles are carried out by qualified and regulated professionals, including CORU and NMBI registered staff, as well as those working towards professional registration. This is not a voluntary “calling” — it is skilled, regulated work requiring significant investment in education, training and ongoing professional practice. The expectation that this workforce will continue to deliver services of an equivalent standard without equivalent pay and conditions is a material workforce and societal risk.

Pay parity across the sector is essential to ensure retention and recruitment. Staff are leaving for higher-paid roles in the HSE and private healthcare sector, particularly in a strong labour market where opportunities are readily available. Without intervention, this will continue to destabilise frontline services.

This is particularly acute in Dublin, where the cost of living and housing places additional pressure on staff working in services responding directly to poverty and homelessness. The ability to attract and retain staff in the capital is increasingly constrained by pay levels that do not reflect these realities.

There are also structural challenges in the pipeline of talent into the sector. Pathways from education into employment are not keeping pace with demand, and barriers to entry remain, including funding constraints on roles and limitations affecting the participation of migrant workers. At the same time, increasing regulatory, compliance and quality standards are both necessary and welcome—but they carry real resourcing implications in terms of staffing, systems and organisational capacity.

In the past year Dublin Simon Community has worked to deliver solutions and tangible improvements in housing, health and wellbeing for those experiencing homelessness. Our outreach team carried out 10,835 interventions with people sleeping rough, providing support to 1,562 unique individuals. In addition, 481 people were supported through short-term emergency accommodation, reflecting ongoing efforts to provide immediate relief and pathways to more stable housing and support.

With respect to homeless service provision, we recommend the following measures to be considered.

1. Increase the proportion of sustained exits from homelessness to permanent housing targeting 2,000 households to exit homelessness in Dublin. This provides a stronger policy and performance benchmark and support clearer funding pathways for central government and support the accountability framework across housing providers, local authorities, and approved housing bodies, incentivising the prioritisation of long-term tenancies.
2. Develop a long-term single adult homeless plan for the largest cohort in emergency accommodation. Nationally there are 7,361 single adults in emergency accommodation

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where 5,005 are in Dublin. In 2026, on average 128 single adults present as newly homeless in Dublin monthly, and only 58 exits from homelessness to homes in the same month. While there is recognition of target approaches to families and children as outlined in the previous two Budgets, Dublin Simon Community believes that a specific long-term plan addressing single homelessness needs to be adopted.

3. Increase the homelessness budget by 20% to respond to rising demand and address existing funding shortfalls ensuring Section 10 and Section 39 allocations are based on actual 2025 and 2026 actual expenditure.
4. Move to a multi-annual, full-cost recovery model, coordinated by a cross-departmental approach, that captures and funds homeless service delivery, including adequate salaries, training costs, pension contributions, governance and regulatory compliance.
5. Ring- Fence 20% of annual homeless expenditure within each local authority for prevention and early intervention measures.
6. Increase investment in homeless services outside Dublin to tackle significant gaps in accommodation and support services in other regions. Dublin Simon Community operates in the Mid-East and North-East where there is limited emergency accommodation, no supported long-term accommodation and little health or addiction treatment services despite demand for same.
7. Address the Workforce and Pay Parity disparity between Section 10/38/39 organisations and HSE and public services. This needs to be addressed by:
 - i. Pay parity with equivalent roles in the HSE and public sector, including salary, pension and core benefits
 - ii. A funded, multi-annual workforce strategy for the homelessness and social care sector
 - iii. Investment in education and training pathways to build a sustainable pipeline of qualified staff
 - iv. Funding models that reflect the full cost of compliance, quality standards and service delivery
 - v. Specific measures to address recruitment and retention challenges in high-cost areas such as Dublin

Health

Dublin Simon Community has consistently highlighted that homelessness is inherently detrimental to health, with the severity and complexity of health issues increasing the longer vulnerable people remain in this situation.

17,548 people are now accessing emergency accommodation. We believe that the longer individuals remain in emergency accommodation, on the streets, or in other forms of housing instability, the more severe and ingrained the effects of trauma become, often leading to profoundly damaging outcomes. The recently published Health Research Board report into homeless deaths tragically highlighted that 124 people died in homelessness in 2022, where 83.9% had a history of substance abuse and 50.8% were in crisis accommodation and 12.9% were sleeping rough¹³.

In response, our frontline teams are continually adapting to address a wide range of complex needs, including co-existing physical and mental health conditions, dual diagnoses of addiction and mental illness, wound care, palliative and end-of-life care, pregnancy, suicidal thoughts and behaviours, emerging drug trends, issues related to ageing, and undiagnosed or untreated mental health conditions.

Dublin Simon Community is aware of the need for investment in mental health services and resources and continues to support the national mental health policy 'Sharing the Vision: A mental health policy for everyone (2020- 2030)'. As in previous years, the need to invest in mental health supports is paramount and key support to the homeless population. Therefore, 12% of the health budget needs to be invested in the mental health strategy.

From our experience in the front line and in our addiction treatment services, the need to provide trauma-informed services is central. We look forward to the publication of 'Towards Trauma-Informed Practice: A Guidance Document for Irish Mental Health Services' by the Office of Mental Health Engagement and Recovery where the delivery of trauma-aware services and staff training to homeless service providers can be provided in parallel to HSE investment in Section 38 agencies. The delivery requires budget investment.

Our newly constructed Health and Addiction Care Facility (HACF) at Ushers Island, Dublin is a testament to what can be achieved through an interdepartmental approach to homelessness, that includes a holistic view involving housing and health. Over the past year, 2,043 interventions were made by our Primary Care Nursing team, with 908 people receiving medical and residential treatment across our detox and recovery services. The annual cost of implementing the 100-bed facility is estimated at €13.9 million and by delivering over 1,200 treatment episodes, the facility has the potential to save up to 36,500 inpatient bed days annually. The HACF is currently operating at 75 out of the 100-bed capacity and is awaiting departmental funding post HSE review.

Full operationalisation of the facility would support system-wide efficiency by reducing reliance on more expensive and less appropriate emergency and acute care pathways. From a service

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delivery perspective, full utilisation of the 100-bed capacity would also strengthen continuity of care and improve throughput across the wider Dublin homelessness system. It would enable more timely transitions from acute hospital settings and emergency accommodation into a stable, clinically supported environment where individuals can begin recovery and stabilisation. This is particularly important given the increasing complexity of needs presenting within the homeless population, where traditional housing-led interventions alone may not be sufficient without integrated clinical support.

Ensuring full funding and operational capacity at Usher's Island therefore represents both a fulfilment of existing policy intent and a practical system efficiency measure. It would maximise the return on capital investment already made in the facility, improve outcomes for individuals with the highest levels of need, and contribute to a more coherent and integrated model of homelessness and health service delivery in Dublin.

Trauma-informed approaches are particularly important given the high prevalence of adverse childhood experiences, sustained exposure to violence, and institutional trauma among people experiencing long-term homelessness. Similarly, expanded investment in addiction and dual-diagnosis services is critical given the strong overlap between homelessness, problematic substance use, and mental health disorders. International evidence consistently shows that outcomes are significantly improved when addiction and mental health services are delivered in an integrated rather than siloed manner.

A dedicated funding uplift across trauma-informed practice, addiction and dual-diagnosis services, and homeless-specific mental health treatment would enable a more structured and preventative model of care.

Enhanced funding for homeless-specific mental health treatment and counselling would further address a key gap in current service provision, particularly for individuals who do not meet thresholds for acute psychiatric admission, but who nonetheless require sustained therapeutic support. Expanding access to specialist mental health professionals, including nurses, psychiatrists, counsellors, and dual-diagnosis workers within Section 39 and HSE-funded services, would improve continuity of care and reduce fragmentation across service providers.

A new Women's Health Action Plan¹⁴ is urgently required, and it must include a dedicated strand addressing homelessness as a distinct and high-risk determinant of women's health outcomes. Women experiencing homelessness face a unique and compounded set of vulnerabilities, including higher exposure to trauma, domestic and gender-based violence, untreated physical and mental health conditions, and barriers to accessing consistent healthcare. These risks are often intensified by pregnancy, caring responsibilities, and histories of abuse, all of which require tailored and trauma-informed responses that are not sufficiently addressed within existing general health frameworks.

Despite this, women experiencing homelessness continue to fall between policy and service structures that treat housing and health as separate domains, resulting in fragmented care and

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inconsistent access to essential services. A dedicated homelessness strand within a Women's Health Strategy would enable a more integrated approach, ensuring that housing insecurity is recognised as a core health issue and that service responses are designed around the lived realities of women in crisis. This would include improved access to reproductive and maternal healthcare, mental health supports, addiction services, and safeguarding pathways that are specifically adapted for women experiencing unstable housing or rough sleeping.

There is a clear need for increased health investment in homelessness services, and we submit the following priorities for consideration:

1. Provide multi-annual funding (€13.9 million) to fully operationalise the 100-bed Dublin Simon Community's Health and Addiction Care Facility (HACF) at Ushers Island, Dublin ensuring integrated care for complex needs. By October 2026 the HACF will have been operating for two years at 75% operational capacity. While there are commitments for a review of services on site in 2026 the full utilisation of beds and associated funding will be required. This will fulfil Government's commitment.
2. Significantly boost social Inclusion health funding for Section 39 organisations by €15 million for additional homeless-specific health supports, including mental health, addiction, and dual-diagnosis services tailored to this population including:
 - i. Trauma Informed Practice - €5 million
 - ii. Addiction and Dual-Diagnosis - €5 million
 - iii. Homeless Mental Health Treatment and Counselling - €5 million

This will ensure the specialist healthcare required for the homeless population i.e. nurses, counsellors, psychiatrists, dual-diagnosis workers in Section 39 funded services are further developed with international best practice. These services must be appropriate, accessible and available to people in homelessness.

3. Increase the share of the overall health budget allocated to mental health in line with recommended levels i.e. 12% to better meet growing demand.
4. Requirement to invest in Trauma Informed Practice (TICP) within the National Health Budget. To achieve this, ringfenced funding is required that supports the office of Mental Health Engagement and Recovery for the implementation of trauma-aware services and staff training in both Section 38 and 39 agencies and charities.
5. Publish new *'Women's Health Action Plan 2026-2027'*² Building on Phase two (2024 - 2026), a revised and enhance plan that includes a new strand to address the emerging needs of vulnerable marginalized women in homelessness is required in supporting

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traveller, migrant, disabled homeless and LGBTQI groupings. Prioritising of women with addiction issues or complex needs is critical through a dedicated investment to enhance homeless and frontline services, improve access to care, and address long-standing gaps in health outcomes.

About Dublin Simon Community

Dublin Simon Community is a registered housing and homeless charity that has been in operation since 1969 and now serves Dublin, Kildare, Wicklow, Meath, Cavan, Louth and Monaghan. Dublin Simon Community is a Tier 3 Approved Housing Body (AHB) with over 760 units of accommodation and supporting over 1,300 men, women and children a night. The range of vital services provided by Dublin Simon Community has increased significantly over the last 56 years and includes street outreach, emergency accommodation, long term supported accommodation, independent housing, prevention and tenancy sustainment services. We provide a broad spectrum of homeless-specific health and addiction treatment services, including an alcohol and benzodiazepine detox, residential recovery, a blood borne virus unit, Step Up Step Down, primary care nursing and Sure Steps counselling and suicide prevention services.

For any further information or queries, please contact CEO at Catherinekenny@dubsimon.ie

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