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# **Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies**

Report submitted by  
Fitzpatrick Associates Economic Consultants  
to the Minister for Housing and Urban Renewal

**February 2006**

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# Contents

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	Page
<b>1. INTRODUCTION &amp; BACKGROUND</b>	<b>5</b>
1.1 Introduction	5
1.2 Background	5
1.3 Homelessness in Ireland	7
1.4 In this Report	9
<b>2. METHODOLOGY</b>	<b>10</b>
2.1 Terms of Reference	10
2.2 Methodology Overview	10
2.3 Research Undertaken	12
<b>3. HOMELESSNESS: AN INTEGRATED STRATEGY</b>	<b>18</b>
3.1 Introduction	18
3.2 Review of Individual Actions	18
3.3 Other Priority Issues	53
3.4 Overview of the Integrated Strategy's Impact	58
<b>4. HOMELESS PREVENTATIVE STRATEGY</b>	<b>63</b>
4.1 Introduction	63
4.2 Review of Individual Actions	64
4.3 Other Priority Issues	79
4.4 Overview of Strategy Progress	82
<b>5. HOMELESS STRATEGY AT LOCAL LEVEL</b>	<b>85</b>
5.1 Introduction	85
5.2 Local Homeless Fora	85
5.3 Local Homeless Action Plans	89
5.4 Delivery of Action Plans	93
5.5 Local Perspectives on Homeless Strategy	104
<b>6. PERSPECTIVES OF SERVICE USERS</b>	<b>107</b>
6.1 Introduction	107
6.2 Causes of Homelessness	108
6.3 Accommodation Issues	109
6.4 Support Services	111
6.5 Localisation of Services	114
6.6 Information Provision	115
6.7 Progression Routes	116

	<b>Page</b>
<b>7. CONCLUSIONS &amp; RECOMMENDATIONS</b>	<b>118</b>
7.1 Overview	118
7.2 Strategic Development	119
7.3 Local Delivery Issues	123
7.4 Targeting of Resources	127
7.5 Accommodation Issues	129
7.6 Progression of the Preventative Strategy	132
7.8 Information Gathering and Dissemination	135
7.9 Other Relevant Issues	136
<b>ANNEX 1: SUBMISSIONS RECEIVED</b>	<b>141</b>
<b>ANNEX 2: PRO FORMA FOR KEY STAKEHOLDER CONSULTATION</b>	<b>143</b>
<b>ANNEX 3: PRO FORMA FOR VOLUNTARY AGENCY CONSULTATION</b>	<b>144</b>
<b>ANNEX 4: PRO FORMA FOR KEY STAKEHOLDER WORKSHOPS</b>	<b>145</b>
<b>ANNEX 5: QUESTIONNAIRE FOR SURVEY OF LOCAL HOMELESS FORA</b>	<b>146</b>
<b>ANNEX 6: PRO FORMA FOR CASE STUDY CONSULTATIONS</b>	<b>154</b>
<b>ANNEX 7: REGIONAL WORKSHOP AGENDA</b>	<b>155</b>
<b>ANNEX 8: ISSUES PAPER FOR REGIONAL WORKSHOPS</b>	<b>156</b>
<b>ANNEX 9: PRO FORMA FOR CONSULTATIONS WITH HOMELESS PEOPLE</b>	<b>158</b>
<b>ANNEX 10: SIMON COMMUNITY CASE MANAGEMENT MODEL</b>	<b>159</b>

# 1. Introduction & Background

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## 1.1 Introduction

This final report represents the culmination of an extensive review by Fitzpatrick Associates of the implementation of the Government's Integrated and Preventative Homeless Strategies in Ireland. The review was commissioned by the Department of the Environment, Heritage and Local Government in January 2005 following the issuing of a Request for Tenders in October 2004. In response, Fitzpatrick Associates produced a comprehensive proposal outlining our proposed approach to conducting the exercise, and this was then selected as the preferred bid after a competitive tendering process. A Steering Group was established in order to oversee the undertaking of the Review, involving representatives from the Department of the Environment, Heritage and Local Government, the Department of Health and Children, the Homeless Agency, and the community and voluntary sector. Regular meetings with this Group have informed the study process, with regular client liaison ensuring that it remains focused on its objective of moving forward homeless strategy in the future.

## 1.2 Background

### **Homelessness – an Integrated Strategy**

The launch of Homelessness – an Integrated Strategy, in May 2000, which was prepared under the aegis of the Department of the Environment, Heritage and Local Government, developed a comprehensive Government response to addressing the issue of homelessness. The strategy recognised the need to address factors not only related to the provision of accommodation, but also to health, care and welfare, education and training and prevention in order to effectively tackle homelessness in Ireland. An approach was defined for development of the strategy, detailed as follows:

#### **TERMS OF REFERENCE FOR HOMELESSNESS: AN INTEGRATED STRATEGY**

To develop an integrated response to the many issues which affect homeless people including emergency, transitional and long-term responses as well as issues relating to health, education, employment and home-making.

The resultant strategy considered the extent of homelessness in Ireland, the existing services for homeless people, the availability of accommodation, and the power given to local authorities in order to address homelessness under Section 10 of the Housing Act. Widespread consultations were undertaken with voluntary bodies, health boards and local authorities to provide a sound analytical base for the strategy, with a series of proposals developed across five different areas: statutory responsibility, accommodation needs, health and welfare services, work, education and training, and funding.

In all 24 summary proposals were put forward in Homelessness: An Integrated Strategy, requiring intervention at both national and local level. Further recommendations for action were also included within the strategy. In all the proposals were estimated to require £12.2mn (€15.5mn) of additional current funding per annum, with further initial capital costs of £20mn (€25.4mn) over 5 years.

It was envisaged that local interventions should be delivered via the establishment of local homeless fora, a partnership between local authorities, health boards and relevant statutory and voluntary bodies. These fora were to be responsible for the development and implementation of three-year action plans to address homelessness at local level. In all, 34 local authority homeless fora were established, with subsequent action plans then produced. In addition the Homeless Agency was established in Dublin, covering the local authority areas of Dublin City, Dun Laoghaire/Rathdown, Fingal and South Dublin. The agency was originally charged, inter alia, with producing a local action plan for 2001-2003, while a further action plan running from 2004-2006 has subsequently been published.

### **Homeless Preventative Strategy**

One of the proposals within Homelessness – An Integrated Strategy was that “preventative strategies targeting at risk groups is an essential requirement for those leaving custodial or health related care and procedures will be developed and implemented to target prevention of homelessness”. The Homeless Preventative Strategy was launched in February 2002 to provide a direct response in this regard. The strategy focused specifically on people leaving institutional care, whether custodial or health related, and young people leaving care. The Departments of Justice, Equality and Law Reform; Health and Children; and Education and Science each proposed measures in relation to their areas of responsibility and these were brought together in an overall strategy by the Cross-Department Team on Homelessness, chaired by the Department of the Environment, Heritage and Local Government. The strategy was designed to ensure early intervention before people at risk actually become homeless. Each Department was charged with the responsibility to ensure that their measures in the strategy are implemented.

#### **MAIN THEME OF THE HOMELESS PREVENTATIVE STRATEGY**

The need to ensure that no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live with the necessary supports, if needed.

The Homeless Preventative Strategy considered each of the target groups that had been identified in the Integrated Strategy as being particularly at risk of experiencing homelessness. Specifically, these were adult offenders, young offenders, people leaving

mental health residential facilities, people leaving acute hospitals, and young people leaving care.

Across each of the target groups the existing services were considered, the specific issues arising, and the actions required in order to prevent, as far as possible, the occurrence of homelessness within that group. This was complemented by a consideration of preventative measures in the education system, at primary and secondary level and with regard to adult education. In total 19 actions were identified within the strategy either directly related to the one of the target groups, to preventative measures in the education system, or to ensuring full monitoring and implementation of the strategy.

Some of the elements of the Homeless Preventative Strategy related to the Youth Homelessness Strategy, published in October 2001. The aim of this strategy is to “reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at reintegrating him/her into his/her community as quickly as possible”. As this review focuses on adult homelessness, the specific actions of the Youth Homelessness Strategy will not be examined independently, but the strategy will be used as an important reference point for the review of the other two strategies discussed above, given its relevance to a number of actions and proposals.

### 1.3 Homelessness in Ireland

Homelessness is an issue to be faced in all areas in Ireland, both urban and rural. The scope of the problem across these areas is illustrated in Table 1.1, which provides the number of homeless people per area in 2002, drawn from the Housing Needs Assessment undertaken every three years. It should be noted, however, that this measurement of homelessness is gathered via local authorities based on their interpretation of the definition of a ‘homeless person’, set down in the 1988 Housing Act as follows:

#### **DEFINITION OF HOMELESSNESS IN HOUSING ACT 1988**

A person shall be regarded by a Housing Authority as being homeless for the purpose of the Act if:

- (a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of; or
- (b) He is living in a hospital, county home, night shelter or other such institutions, and is so living because he has no accommodation of the kind referred to in paragraph (a).

The definition provided above has the potential to be interpreted in different ways. There also exist intrinsic measurement problems due to the mobility of homeless people and the difficulty in recording those who are involuntarily sharing with family or friends or are not accessing homeless services. Furthermore not all homeless people register on the housing waiting list. Nevertheless, Figure 1.1 does show some interesting patterns. The Greater Dublin Area accounts for almost three-quarters of all people in Ireland classified as homeless, highlighting the critical nature of the problem in the city. This is why a different approach to tackling it has been adopted from elsewhere, with the Homeless Agency established to address its particular problems. However the table does also emphasise that homelessness is an issue for many other areas. The other Irish cities account for a further 14% of homeless persons, while the remaining 13% of homeless individuals are found in the towns and wider counties.

**FIGURE 1.1: HOMELESS PERSONS IN IRELAND BY AREA 2002**

	Households	Adults	Children	Total	% Total Adults
<b>Dublin Area</b>	<b>2,560</b>	<b>2920</b>	<b>1140</b>	<b>4060</b>	<b>70.88%</b>
Dublin City	-	2590	-	-	62.02%
Dun Laoghaire-Rathdown	-	140	-	-	3.35%
South Dublin County	-	130	-	-	3.11%
Fingal County	-	60	-	-	1.44%
<b>Other City Council Areas</b>	<b>674</b>	<b>687</b>	<b>113</b>	<b>800</b>	<b>16.45%</b>
Cork	380	382	57	439	9.15%
Galway	144	155	26	181	3.71%
Limerick	88	88	8	96	2.11%
Waterford	62	62	22	84	1.48%
<b>County Council Total</b>	<b>318</b>	<b>334</b>	<b>81</b>	<b>415</b>	<b>8.00%</b>
Kildare	59	62	15	77	1.48%
Meath	43	51	26	77	1.22%
Kilkenny	41	41	5	46	0.98%
Sligo	22	25	5	30	0.60%
Cork South	20	20	9	29	0.48%
Donegal	18	18	10	28	0.43%
Cavan	25	25	0	25	0.60%
Other	90	92	11	103	2.20%
<b>Borough Council Total</b>	<b>65</b>	<b>67</b>	<b>5</b>	<b>72</b>	<b>1.60%</b>
Drogheda	25	25	1	26	0.60%
Kilkenny	8	8	0	8	0.19%
Sligo	15	17	4	21	0.41%
Wexford	17	17	0	17	0.41%
<b>Town Councils</b>	<b>156</b>	<b>168</b>	<b>66</b>	<b>234</b>	<b>4.02%</b>
Bray	32	37	14	51	0.89%
Tralee	22	25	19	44	0.60%
Athlone	14	16	12	28	0.38%
Castlebar	9	11	9	20	0.26%
Mallow	11	11	0	11	0.26%
Dundalk	19	19	0	19	0.45%
Other	49	49	12	61	1.17%
<b>Total</b>	<b>3773</b>	<b>4176</b>	<b>1405</b>	<b>5581</b>	<b>100%</b>

**SOURCE: Department of the Environment, Heritage and Local Government**



## **1.4 In This Report**

The remainder of the report is structured as follows:

- Section 2 sets down the methodology that has framed the undertaking of the review, outlining the terms of reference and the discrete research phases that have occurred during the course of this exercise.
- Section 3 examines Homelessness: An Integrated Strategy, detailing progress across the original actions and identifying priorities for intervention in the future.
- Section 4 focuses on the Homeless Preventative Strategy, analysing development on an action-by-action basis and considering how resources should be most effectively targeted with regard to prevention of homelessness in the coming years.
- Section 5 looks at local delivery of support and services for homeless people, examining the role of the local homeless forum, the nature of the local homeless action plans, progress with regard to local activity, and issues that need to be addressed in the future.
- Section 6 discusses the provision of local services from the perspective of individuals who are currently homeless or have experienced homelessness, highlighting issues from their experiences and identifying their particular needs.
- Section 7 brings together all of the findings from the review of homeless strategies, drawing concise conclusions and proposing practical recommendations to drive forward homeless strategy.

## 2. Methodology

### 2.1 Terms of Reference

The Request for Tenders stated that the review should cover the implementation of both the Integrated and Preventative Strategies. It was also noted that, as the local homeless fora and action plans are a vital component of the strategies, the review should incorporate an examination of their operation. Progress to date on the implementation of both the strategies and action plans was to be examined, with a strong focus on moving them forward, rather than on over-analysis of the past/current situation. Consultancy with all stakeholders, including the statutory and voluntary sectors and the homeless persons who use the services, was essential. A series of detailed requirements for the undertaking of the review were also defined in the Request for Tenders.

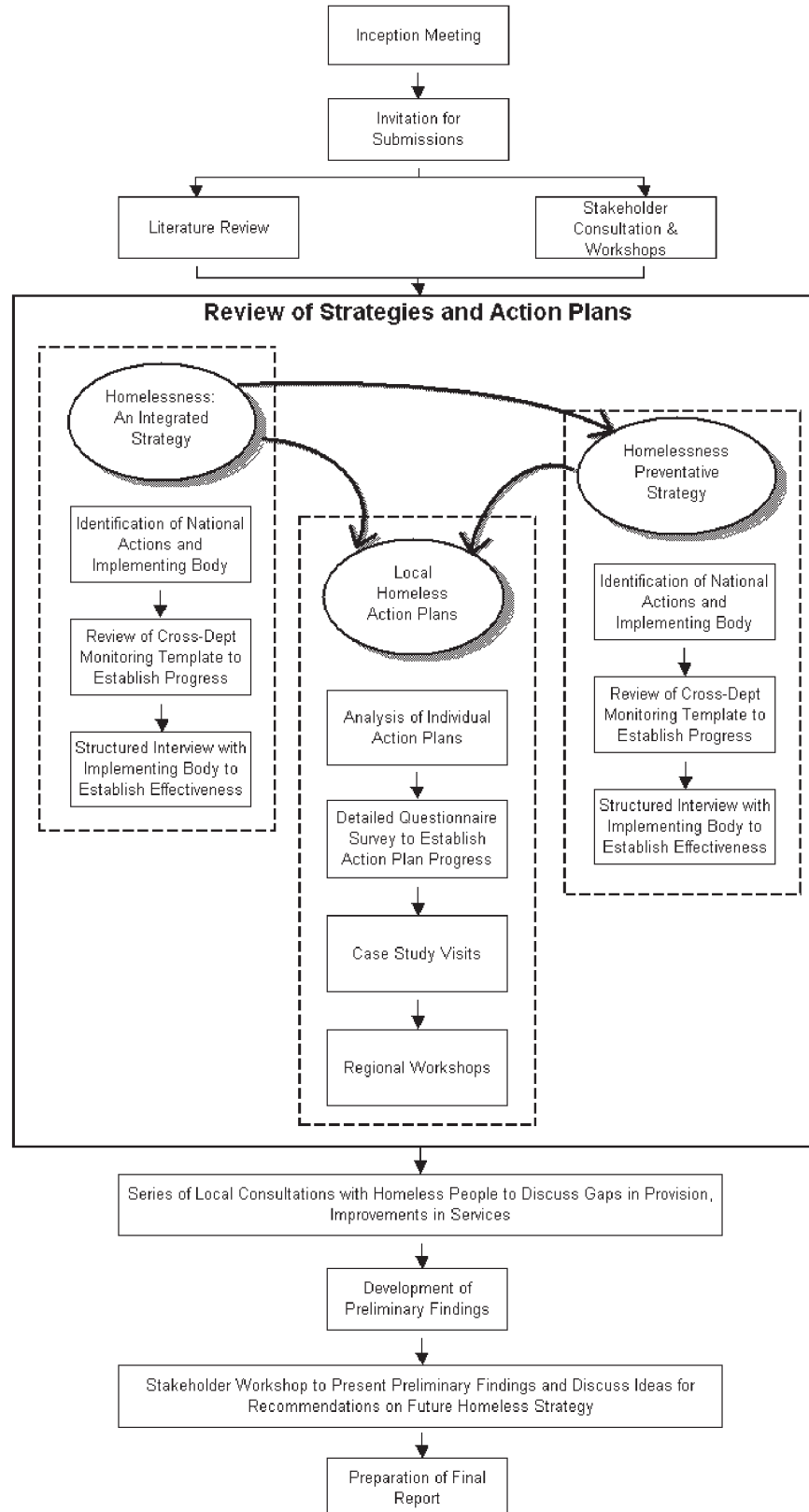
#### **ROLE OF THE CONSULTANTS IN UNDERTAKING THE REVIEW**

- 1) Evaluation of the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans
- 2) Provision of recommendations to promote further progress in addressing the issue of homelessness, taking into account the levels of funding available, and with particular reference to:
  - Evaluation of the continued relevance of the Strategies and Action Plans in addressing the issue of homelessness;
  - Identification of issues which may be affecting the achievement of the objectives and targets of the Strategies and Plans; and
  - Evaluation of the effectiveness of the overall service provision arrangements and funding mechanisms currently in place in addressing the short, medium and long-term needs of homeless persons.

These requirements of the Request for Tenders have served as a constant reference point for the consultants in undertaking this review, and we are confident that we have carefully addressed each of them as the review has progressed.

### 2.2 Methodology Overview

Fitzpatrick Associates has adopted an all-inclusive approach to undertaking this review of homeless strategies, based on the guiding principle that everyone with an interest should, as far as possible, be given the opportunity to air their views with regard to the issues considered by the review. The methodology deployed in undertaking this exercise is shown in Figure 2.1.

**FIGURE 2.1: METHODOLOGY BEHIND REVIEW OF HOMELESS STRATEGY**

By adopting a methodology combining factual research, review of written submissions and other relevant material, a comprehensive survey exercise, and an extensive consultation process, a substantial knowledge base has been developed. The discrete research phases undertaken in the review are discussed in detail in section 2.3. The nature of the subject means that the review has used a significant amount of qualitative feedback, and, in some instances, self-reporting from individuals that could not be independently verified. However, it can be confidently stated that the findings contained in this report are based on a broad consensus of various stakeholders and can be justified by the research undertaken.


## 2.3 Research Undertaken

### 2.3.1 Invitation for Submissions

As stated above, the guiding principle underpinning this review was to ensure an all-inclusive research process. It was decided that one of the most effective means of achieving this was to invite submissions from any parties with an interest in the review. An invitation was therefore placed in the national newspapers on 21st January 2005, shown opposite, quoting the terms of reference framing the review, and asking for submissions in this regard.

In all 32 submissions were received, from a cross-section of interested parties. These included community and voluntary agencies operating at both local and national level, government departments and agencies, representatives of staff working in activity related to homelessness, and individuals who wished to raise particular issues with regard to the homeless strategy. All submissions were examined thoroughly, and proposed recommendations were identified and used in order to guide future research phases and facilitate the testing of specific ideas during consultations.

The full list of those parties providing a submission as part of the review is provided as Annex 1.



AN IRISH GOVERNMENT, COMPREHENSIVE AND HUMANITARIAN ACTION  
DEPARTMENT OF THE ENVIRONMENT, HERITAGE AND LOCAL GOVERNMENT

**REQUEST FOR SUBMISSIONS**  
**Review of Government's  
Homeless Strategy**

The Department of the Environment, Heritage and Local Government wishes to invite submissions from interested organisations and individuals as part of the independent review of the Government's Homeless Strategy, currently being undertaken by consultants. The terms of reference of the review are:

- (a) Evaluate the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans
- (b) Make recommendations to promote further progress in addressing the issue of homelessness taking into account the levels of funding available, and with particular reference to
  - evaluating the continued relevance of the Strategies and Action Plans in addressing the issue of homelessness
  - identifying issues which may be affecting the achievement of the objectives and targets of the Strategies and Plans and
  - evaluating the effectiveness of the overall service provision arrangements and funding mechanisms currently in place in addressing the short, medium and long-term needs of homeless persons.

Submissions should reach the Department by close of business on Friday 11 February 2005 and should be addressed to

**Ms. Patricia Butler**  
Social Inclusion Unit  
Department of the Environment, Heritage and Local Government  
Custom House  
Dublin 1  
Fax 01 888 2688  
E-mail: [reviewstrategy@environ.ie](mailto:reviewstrategy@environ.ie)

Please note that all submissions and comments submitted to the Department of the Environment, Heritage and Local Government for this purpose are subject to release under the Freedom of Information Acts, 1997 and 2003.

### *2.3.2 Literature Review*

The review has involved a comprehensive literature review in addition to considering the individual submissions. This has included a combination of legislation, other relevant national strategies and policy documents, a range of national research reports, relevant material produced locally, background material on a number of community and voluntary agencies, financial information from appropriate departments, and other evaluations, reviews and studies relevant to homeless strategy that have been undertaken. This has been an ongoing process throughout the review, with additional material worthy of examination identified during consultations, and research exercises that were ongoing reaching completion and allowing final documentation to be considered.

### *2.3.3 Key Stakeholder Consultation*

Detailed liaison with key stakeholders influencing policy and delivery with regard to the homeless strategies was a defining approach to our review. Regular meetings with the Steering Group, involving representatives from the Department of the Environment, Heritage and Local Government, the Department of Health and Children, the Homeless Agency, and the community and voluntary sector, provided detailed guidance and assisted in adding focus to the research undertaken as part of the review. Comprehensive bilateral consultations were also held with a number of key government departments and agencies with an interest in homeless strategy including the following:

- Department of the Environment, Heritage and Local Government;
- Department of Health and Children;
- Department of Taoiseach;
- Department of Finance;
- Department of Social and Family Affairs;
- Department of Education and Science;
- Irish Prisons Service;
- Probation and Welfare Service;
- FÁS;

A pro forma was developed to provide a structure for these discussions and is shown as Annex 2. In addition to these meetings, detailed consultations were held with representatives from key voluntary agencies with a significant national function in the area of homelessness, including Focus Ireland, the Society of St Vincent De Paul, Simon Communities of Ireland and Threshold Ireland. Once more a pro forma was developed to provide a structure for these discussions and is shown as Annex 3.

A further means of consulting key stakeholders was facilitated by 'tapping in' to existing structures in order to hold focused workshop-style discussions with a cross-section of interested parties. This was done on two occasions, firstly with the Department of Health and Children kindly inviting us to conduct such an exercise with their Homeless Adults Group, involving key personnel from the Health Service Executive with specific roles in planning and delivering services to homeless people in the health sector. The Irish Council of Social Housing allowed us a similar opportunity via their Sub-Committee on Special Needs Housing and Support Services, involving a cross-section of local service deliverers from the community and voluntary sector. An indicative pro forma that was used to help frame these workshop discussions is provided as Annex 4.

### *2.3.4 National Review of Homelessness: An Integrated Strategy*

Of course, a critical element of the review was to examine the relevant strategies in depth, and this was undertaken by adopting an action-by-action approach. This began with a thorough review of Homelessness: An Integrated Strategy, establishing the individual departments and agencies responsible for implementing each of the 24 individual actions. A progress review exercise undertaken in early 2004 by the Department of the Environment, Heritage and Local Government, which is responsible for monitoring both the Integrated and Preventative Strategies, was also analysed to provide an initial indication as to the extent to which the original actions had been implemented. This was followed up with highly focused discussions between Fitzpatrick Associates and each department or agency charged with delivering actions in the Integrated Strategy. These discussions were combined with the central stakeholder interviews detailed above as the relevant representatives were often the same in both instances. The departments and agencies met with specific regard to their role in delivering actions in the Integrated Strategy were:

- Department of Environment, Heritage and Local Government;
- Department of Health and Children;
- FÁS;
- Department of Education and Science;
- Probation and Welfare Service;
- Irish Prisons Service.

The steps noted above allowed us to build up a detailed strategy review template where individual actions were reviewed across the following categories: Action; Theme; Delivery Organisation; Progress Made; Future Activity Planned; Continued Relevance of the Action; and, Changes that Should be Made to Improve Effectiveness.

### 2.3.5 *National Review of Homeless Preventative Strategy*

The Homeless Preventative Strategy was reviewed in the same manner as the Integrated Strategy described above. The examination of the original strategy document, the progress review exercise undertaken by the Department of the Environment, Heritage and Local Government, and meetings with departments and agencies responsible for action implementation again combined to facilitate the generation of a detailed strategy review template structured in line with that prepared for the Integrated Strategy. The departments and agencies responsible for the Preventative Strategy actions are as follows:

- Department of Environment, Heritage and Local Government;
- Department of Health and Children;
- Health Service Executive;
- Department of Education and Science;
- Probation and Welfare Service;
- Irish Prisons Service.

### 2.3.6 *Local Delivery of Homeless Services*

A central element of the Integrated Strategy was the establishment of local homeless fora and action plans in order to introduce a critical local delivery mechanism for homelessness interventions around the country. The terms of reference required the review to consider the action plans developed at local level and their subsequent implementation. As a result, a multi-stage approach was adopted to examine the local delivery of homeless services. This began with a full examination of the action plans for 30 local authority areas outside of Dublin, and of the "Shaping the Future" and "Making it Home" action plans covering the four Dublin local authority areas. A comprehensive questionnaire, developed in conjunction with the client to survey the local homeless fora, was distributed to the 30 fora outside Dublin. The four Dublin local authorities were also invited to participate in this exercise at a later stage. A copy of this questionnaire is provided as Annex 5.

Of the 30 homeless fora outside Dublin, 27 responded with completed surveys, while one local authority sent a submission explaining that the forum had not been in operation until recently. Waterford County and North Tipperary were the only two fora who did not respond in any way. In Dublin, Dun Laoghaire-Rathdown County Council and South Dublin County Council took up the opportunity to complete the questionnaire while Dublin City Council submitted a response explaining that the restructuring of their forum meant that the survey could not be completed at this stage.

The most valuable feedback from a Dublin context however, given the Homeless Agency's role in delivering one central action plan, came from a detailed case study exercise. This involved consultation with both the current and previous Director of the Homeless Agency, representatives from the local authorities, and three consultancies – Aspect One; Jane Pillinger; and Emmet Bergin – who were undertaking parallel studies with regard to aspects of homelessness in Dublin. The Dublin case study was complemented by six other such exercises held in areas around the country. Appropriate areas were selected on the basis of the extent of the local homeless problem, geographical spread, and variation of approach. Relevant representatives from the local authority, HSE and local community and voluntary agencies were then consulted in order to develop an intricate understanding into how homeless services were being delivered on the ground. The areas selected for case study analysis alongside Dublin were Cork, Galway, Kerry, Louth, Offaly and Wicklow. A pro forma for framing the discussions with local stakeholders during these case studies is provided as Annex 6.

The final mechanism for consulting with local stakeholders was the holding of four regional workshops around the country. This ensured that every area of the country was given the opportunity to discuss the issues that need to be addressed with regard to Homeless Strategy. The workshops facilitated the identification of best practice in delivery of homeless services in different parts of the country, and allowed the testing of ideas for recommendations emerging from previous phases on a cross-section of individuals involved in the homeless sector. Attendees were also asked to undertake an exercise with regard to prioritisation of future actions. The workshops were very successful and involved representatives from local government, the HSE and community and voluntary agencies from all but one of the local authority areas in Ireland. The four locations for, and areas represented at, each of these workshops was as follows:

- Dublin (Dublin City; South Dublin; Fingal; Dun Laoghaire/Rathdown; Carlow; Kildare; Kilkenny; Wexford; Wicklow)
- Monaghan (Cavan; Donegal; Leitrim; Louth; Mayo; Monaghan; Roscommon; Sligo)
- Galway (Galway City; Galway County; Clare; Laois; Longford; Meath; Offaly; North Tipperary; West Meath)
- Cork (Cork City; Cork County; Limerick City; Limerick County; Waterford City; Kerry; South Tipperary)

An indicative agenda for these workshops and a paper outlining key issues for discussion at the events are provided as Annex 7 and 8 respectively.



### *2.3.7 Consultation with Homeless People*

The most important group with regard to the homeless strategies is, of course, that of homeless individuals themselves. It was felt that no review could be complete without consideration of the individual experiences of those who are currently, or who have previously been, homeless, to get their views on the success or practicality of interventions aimed at addressing homelessness. In all, 33 one-to-one interviews were held with homeless people. The criteria used for selection of appropriate interviewees included involving those based both in Dublin and elsewhere in Ireland, that they came from a cross-section of target groups, and that they should cover people in all types of accommodation (emergency, transitional and move-on). Thanks are due to the Sancta Maria hostel, Focus Ireland, Simon Community and COPE for helping to facilitate these interviews. A pro forma used to frame the discussions with homeless individuals is provided as Annex 9.

### *2.3.8 Key Findings Workshop*

The concluding phase, held before the production of the final report, was the convening of a Steering Group meeting in order to present the emerging findings and agree on the broad recommendations that had arisen from the previous phases. This valuable exercise facilitated the refining of some of the ideas contained in this report and allowed a concise set of conclusions and proposals for future action to be developed and presented as section 7 in this report.

## 3. Homelessness: An Integrated Strategy

### 3.1 Introduction

Homelessness: an Integrated Strategy was developed as a coordinated response to the many issues that cause and impact upon levels of homelessness in Ireland. It proposed a series of interventions targeting emergency, transitional and long-term accommodation solutions for homeless people in addition to developments related to health, education, employment and home-making.

Since its launch in 2000, considerable resources have been deployed in order to pursue the strategy's objectives and deliver on the actions required in order to effectively address homelessness in Ireland. Section 10 funding of accommodation and related services, provided by the Department of the Environment, Heritage and Local Government, has almost quadrupled since 2000 from €12.6million to €50million in 2003 and €45.7mn in 2004. Although resources deployed by the Department of Health and Children cannot be fully isolated from other mainstream expenditure, it is known that this financial commitment has also increased significantly since the publication of the Integrated Strategy, with an additional €30.2mn in annual base funding provided to health boards for health services to homeless adults since 2000.

In this section progress is examined with regard to implementation of each of the twenty-four summary proposals put forward by the strategy. These proposals have been used as the basis for ongoing monitoring of implementation of the strategy by the Cross-Department Team on Homelessness and represent the key priorities for action. Other recommendations that were also included within the strategy are considered wherever relevant.

An overview is provided of the overall development of the Integrated Strategy between 2000 and 2005. The continued relevance of each proposal is evaluated and any further development required is established in order to move the strategy forward. Other issues that require greater focus are also identified.

### 3.2 Review of Individual Actions

#### 3.2.1 Strategies for Prevention of Homelessness

**ACTION 1** - Prevention strategies, targeting at risk groups, is an essential requirement for those leaving custodial or health related care and procedures will be developed and implemented to target prevention of homelessness amongst these groups

### **Progress**

The need to formulate action targeted at those leaving state care was considered a primary objective when the Integrated Strategy was drawn up in 2000. It was decided that a directly focused response was required in this regard, and a number of Government Departments jointly drew up a Preventative Strategy that was launched in February 2002. This partnership, involving the Department of the Environment, Heritage and Local Government, responsible for overall monitoring, the Department of Justice, Equality and Law Reform, the Department of Health and Children and the Department of Education and Science, has since been pursuing the delivery of the individual actions set down in this strategy.

### **Continued Relevance**

Successful implementation of specific preventative actions will be examined in-depth in Section 4. It was widely acknowledged throughout the research process that the launch of such a strategy had brought a much wider acknowledgement of the fact that homelessness was not only about dealing with homeless individuals, but also about preventing individuals from becoming homeless in the first instance. As the homeless strategy develops, prevention is becoming one of the most critical influencing factors in moving towards the elimination of medium and long-term homelessness. A strong case was presented during the consultation process for pursuing one holistic strategy in the future, with prevention of homelessness, not only for those leaving state care but also for other at- risk groups, becoming a central plank of that strategy.

### **Further Development Required**

This issue will be considered more thoroughly when examining specific preventative actions in detail, but a general finding from the research was that preventative strategies now needed to focus on other target groups in addition to those leaving state care. Groups such as ex-offenders, discharged patients from acute and psychiatric hospitals, and young people leaving care, remain extremely vulnerable and require targeted interventions to reduce the risk of homelessness. However, it is important to now consider other target groups at risk of becoming homeless, developing early intervention models to prevent such homelessness occurring. In particular it was found that a primary cause of homelessness was family breakdown of some form, and a need was identified for dedicated preventative actions to help reduce the risk of becoming homeless for those affected by such problems. Victims of domestic violence and new immigrants were groups also identified during the review process as being particularly 'at risk' and our recommendations reflect this concern.

### 3.2.2 Delivery of Services to Homeless Persons

**ACTION 2** - In order to ensure an effective response to homelessness, the local authorities and health boards will draw up action plans for the delivery of services to homeless persons, by both statutory and voluntary agencies, on a county by county basis to provide a more coherent and integrated delivery of services by all agencies dealing with homelessness.

#### Progress

This action has been fully progressed. One concentrated action plan ('Shaping the Future', since replaced by 'Making it Home' at the end of its three-year time horizon) has been produced on behalf of the four Dublin local authorities. All 30 other city and county council areas have also produced dedicated homeless action plans drawn up in partnership by the councils, health boards and the voluntary sector. However, in our analysis of these plans, detailed in Section 5, significant disparities have emerged between how they have been formulated, the nature and structure of the plans produced, their practicality in terms of implementation, and the extent to which targets and monitoring mechanisms were put in place.

#### Continued Relevance

Despite this mixed performance, there is no doubt that homeless action plans, if properly formulated and delivered by committed organisations working in real partnership, can prove an effective mechanism in identifying and addressing gaps in provision of homeless services. It can be confidently concluded that the homeless action plans have stimulated significant development of services to homeless persons around the country and they should continue to be a requirement for all local authorities.

#### Further Development Required

The success noted above has been dependent on the commitment of individuals and organisations at local level. Some areas, particularly where successful working partnerships have been developed between the local authority, former health board (now HSE), and community and voluntary sector representatives via the homeless forum, have devised effective action plans that have framed the delivery of much needed service provision. In other areas, however, little evidence has been found of any coordinated activity being undertaken targeted at homeless persons, or that action plans have impacted to any extent on local delivery of accommodation or support services.

The main objective at this point must therefore be to ensure that all parts of the country produce plans of appropriate weight that can drive activity in areas where this has been missing. There was strong support from local stakeholders for making the production of homeless action plans a statutory requirement, with strong guidelines as to how they

must be formulated, implemented, and monitored. This in effect would obligate the respective organisations involved in each area to commit to service development. Indeed during the holding of the regional workshops, involving representatives from all but one local authority area around the country, and a cross-section of staff from councils, the HSE and local homeless service deliverers, making the production of homeless action plans a statutory requirement was ranked as the second most important priority with regard to any future homeless strategy. There was less support for such a move at national stakeholder level, with doubts over the actual benefits of making the production of action plans a statutory requirement and concerns over the complexities involved in taking this step. Nonetheless it is a development that would increase confidence, particularly amongst the voluntary sector, in the overall action planning process, and perhaps encourage them to more proactively engage with local authorities and the HSE in the planning of interventions at local level. It is therefore worth considering making the homeless action plans a statutory requirement for both local authorities and the HSE.

In achieving significant progress with regard to action plan development throughout the country, it is important to emphasise that it is not envisaged that every local authority area produce an extensive 100-page document identifying activity with regard to every possible aspect of homelessness and its prevention. The ethos of the homeless action plans is that they are needs-based, and the main objective is to ensure that each plan gives sufficient attention to considering the issues of homelessness within the local area and develops a focused response to addressing such issues. This may even involve working on coordinated or shared service delivery with other areas, or accessing services in nearby urban centres, if the scale of homelessness does not justify dedicated local action. However there is a critical need to ensure formulation of action plans to a minimum standard that at least identifies specific local problems and brings forward practical action to address them in the future.

Finally, it is important that homeless action plans in the future take more account of specific at-risk groups within the area, in order that appropriate responses can be developed. This may include ex-offenders, people with psychiatric problems who have difficulties with independent living, victims of domestic violence and those being discharged from hospital. Although important work has been undertaken with regard to addressing the needs of such groups in individual areas, this should be an important consideration in the development of action plans across the country.

**ACTION 3** - A homeless forum, consisting of representatives from local authorities, the health board and the voluntary sector will be established in every county.

### **Progress**

The development of homeless fora around the country since the above action was proposed in the Integrated Strategy must be considered in tandem with the development of homeless action plans discussed above. A homeless forum was created in every city and county council area, and in this respect it can be stated that the action was fully progressed. However, since the establishment of the fora, their operation has been inconsistent across local authority areas.

The research considered in section 5 focusing on local delivery will confirm these inconsistencies. Some fora have failed to meet since 2002, while others meet regularly on a monthly or two-monthly basis. The make-up of the fora was found to vary significantly, with differences in the status of local authorities, the HSE, other agencies such as the Probation and Welfare Service and FÁS, and the community and voluntary sector. A homeless forum was judged to work best where a balanced and effective partnership had been established between the different organisations, where this partnership had jointly developed the homeless action plan, where it used the plan as a constant reference point to underpin its activity, and where it met regularly to ensure implementation of the actions and to monitor progress.

### **Continued Relevance**

In areas where the above conditions had been created, the homeless fora were considered to be highly beneficial, with broad agreement that they had facilitated a new spirit of partnership working at local level. This has led to effective planning, resourcing and implementation of critical interventions to provide locally based solutions to meeting homeless service gaps. If homeless fora can be induced to operate as intended in all areas of the country, they represent a critical implementation mechanism in ensuring access to adequate services for homeless people nationwide. This would then ensure that development of strategy can remain consistent with the key principle of service localisation.

### **Further Development Required**

Further development required in relation to this action must therefore move beyond the stipulation that a forum is established within each city and county council area, and focus more on the effective operation of each forum. The implementation of some incentive or control mechanism to ensure that every forum is fully operational and delivering on its original remit is worthy of investigation. It was suggested by both local and national stakeholders that central guidelines regarding the membership of the forum and the

regularity with which it must meet would be beneficial. The forum's central remit to deliver the homeless action plan must also be re-emphasised, with monitoring mechanisms put in place to evaluate implementation.

It is important that there is an appropriate level of representation on each forum by all relevant stakeholders, including not just local authorities, the HSE and voluntary agencies, but also, where relevant, other bodies such as the Probation and Welfare Service and FÁS. Membership should also include bodies that support at-risk target groups within the area, such as those with drug addiction problems, experiencing alcoholism, or domestic violence. As with the homeless action plans, there was support for making guidelines regarding operation of the forum statutory requirements, although whether this is feasible for what is a partnership model rather than a physical document would need to be further examined. More realistic might be the issuing of guidelines by the Department of the Environment, Heritage and Local Government and the HSE to reinforce the purpose of the forum and encourage more proactive involvement from all concerned.

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**ACTION 4** -A director of homeless services in the greater Dublin area will be appointed by Dublin City Council. A new joint executive homeless services centre will be established to manage and co-ordinate the delivery of all services by both statutory and voluntary agencies to the homeless in Dublin. This will have staffing from Dublin Corporation, the Eastern Regional Health Authority and other agencies.

### Progress

In response to this proposal, the Homeless Agency was established in 2001, heralding a new coordinated approach to addressing the delivery of services to homeless persons across the four Dublin local authorities – Dublin City Council, Fingal County Council, South Dublin County Council and Dun Laoghaire/Rathdown County Council. A director and staff were appointed to run the Homeless Agency with the following mission:

- To address the current gaps and deficiencies in services and accommodation, including long-term housing, for people who are homeless in Dublin;
- To ensure that people who are homeless have access to the range of services necessary so that the length of time they spend homeless is reduced to a minimum and that they are assisted to sustainable long term housing and independence;
- To ensure that mainstream policies and services are focused on preventing people from becoming homeless.

The Homeless Agency has been responsible for the publication of two action plans, 'Shaping the Future', which covered the period 2001-2004, and 'Making it Home', which is being delivered over the time horizon 2004-2006. Significant progress has been achieved since the launch of 'Shaping the Future', with the provision of new emergency accommodation in the city centre significantly reducing the numbers of rough sleepers. Funding has also been substantially increased, together with improved project selection and funding procedures targeted at delivery of homeless services, and this has resulted in an expansion of the range and quality of such interventions in the capital.

Amongst other improvements, existing information systems have been successfully developed, with the LINK system being implemented to act as a comprehensive information gathering service about homelessness across the four local authorities. Important progress has also been realised in terms of skills development within the homeless sector, with the Learning and Performance Strategy 2004-2006, developed by the Homeless Agency in conjunction with service providers, focusing on building a consistent, quality workforce across the sector.

### **Continued Relevance**

Every party consulted during this review, including departments and national agencies, the four participating local authorities, the deliverers of local services for homeless people, and homeless individuals themselves, have indicated that the establishment of the Homeless Agency has had a positive effect on delivery of homeless services. There is no doubt that it remains a highly valuable mechanism in addressing homelessness in the city. Its central vision was that "by 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin". Such an aim might have been thought to be unfeasible at the time of the launch of the Integrated Strategy, but is now viewed as achievable if progress continues at the same pace as over the past few years.

One benefit cited from the establishment of the Homeless Agency was improved coordination of funding. More formal funding mechanisms have been put in place, allowing greater transparency in terms of project facilitation. A consensus approach has been developed to project approval, facilitating the selection of the most needed interventions to address homelessness, regardless of the specific funding body in each instance. In order to ensure that this approach is effective, however, it is important that financial planning in the appropriate funding organisations takes account of future financial assistance required by individual projects, and ensures that sufficient budgets exist to allow each project to proceed in a timely and efficient manner. The provision of multi-annual funding would assist in this process. If this can be achieved, the improvements realised thus far with regard to project selection will be further enhanced.



### Further Development Required

There is no doubt that the establishment of the Homeless Agency has had a markedly positive effect with regard to addressing issues of homelessness in Dublin, and it remains the most appropriate delivery model for further progression. However, despite the establishment of the Homeless Agency, the over-concentration of services in Dublin City has continued, with limited provision in the remaining Dublin local authority areas. This has placed a major financial burden on Dublin City Council, reflected in figures provided by the Department of Environment, Heritage and Local Government on expenditure by local authorities on capital projects. These reveal Dublin City Council expenditure of €15.6 million on homeless projects and €186,000 by Dun Laoghaire-Rathdown County Council between 2000 and 2004. There has been no such expenditure in South Dublin or Fingal County Council.

Although it is understandable that there will always be greater concentration of homeless services in the city centre, as individuals who become homeless are drawn there for reasons of anonymity, the lack of service provision in other city-wide locations exacerbates this problem. This goes against a key principle of national homeless policy that seeks to maximise localisation of services. Although Dun Laoghaire-Rathdown County Council has invested in local services, the absence of such provision in South Dublin and Fingal County Council areas is a weakness and one which any future homeless strategy should seek to address. Each of the four Dublin local authorities has an individual homeless forum and the forum must take on a more prominent role in driving forward much needed activity targeted at homelessness within their local area.

#### 3.2.3 Statutory Responsibility

**ACTION 5** - The responsibilities of the local authorities and health boards will be regarded as jointly covering the range of needs of the homeless. Local authorities will have responsibility for the provision of accommodation for homeless persons including hostel accommodation as part of their overall housing responsibility. Health boards will be responsible for the health and in-house care needs of homeless persons. It is essential that each homeless person seeking accommodation is assessed not just for accommodation needs but also for other aspects relating to health and welfare and should be referred to appropriate services.

### Progress

The Integrated Strategy, as noted above, provided clarification for the first time on the division of responsibility between local authorities and health boards. It explicitly stated that local authorities were responsible for the funding of accommodation related costs while health boards were responsible for care related costs. The level of understanding

of respective responsibilities is perceived to have improved since this was stipulated within the strategy, but, nonetheless, there is still ambiguity about who should fund specific elements of interventions to combat homelessness. There is also some confusion with regard to funding activity addressing homelessness that lies outside, or is perceived to lie outside, the traditional remits of local authorities or the HSE. It has been noted, for instance, that there exists a lack of clarity on the extent to which dedicated funding for homeless persons in particular target groups, such as ex-offenders or young people leaving care and reaching adult age, is available.

### **Continued Relevance**

One common complaint of local service deliverers, particularly those based outside of Dublin, was a perceived lack of consistency in funding for specific projects between the Department of Health and Children/HSE and the Department of the Environment, Heritage and Local Government. While the two departments have formally agreed on the breakdown of funding responsibilities, there still exists confusion at local level. There was concern, for example, about the difficulty in securing both capital and revenue funding for initiatives, and in establishing which funding body was responsible for specific support services. This has led to people in similar roles – social workers, outreach/resettlement workers, tenancy sustainment workers, for instance - being funded via different sources in different situations. The need to clarify areas of responsibility between the Departments and other funders therefore remains valid and further work on greater coordination of funding is essential if the homeless strategy is to progress effectively in the future.

### **Further Development Required**

One of the main priorities identified during the regional workshop exercise was the need for better guidelines on the support that can be provided and the agency responsible for funding specific interventions. The concerns of service providers in this regard have been acknowledged during discussions with the individual departments involved in funding for the homeless sector, and it is accepted that more work is required on the joint assessment of accommodation and care needs of homeless persons. Further consideration should also be given to clarifying the appropriate funding streams for specific homeless target groups such as ex-offenders and young people leaving care. One key challenge in improving coordination of funding will be overcoming the limitations arising from the shortage of dedicated funding from the Department of Health and Children (and now the HSE) for the provision of homeless interventions. This makes the ring fencing of associated care costs for initiatives to address homelessness more difficult to plan in a coordinated manner. It is essential that steps are now taken in order to secure an adequate funding package for such care costs in order to effectively drive forward the homeless strategy in the future.

**ACTION 6** - Local homeless persons centres will be established jointly by local authorities and health boards, in consultation with the voluntary bodies, throughout the country and the service provided will be enlarged to involve a full assessment of homeless persons needs and to refer persons to other health and welfare services.

### Progress

This proposed action has provoked a positive and successful response in a number of areas throughout the country and the priority now should be to ensure that homeless people in all areas have reasonable access to the valuable services that can be provided by homeless persons centres. Specific analysis of local activity has revealed that homeless persons centres in some form have been set up within the following areas: Dublin, Limerick, Cork, Clare, North Tipperary, Kerry, Meath and Carlow. Progress has also been made in seven other counties. In urban centres they have proved to be a valuable asset, with individuals able to access support and services on a walk-in basis. In some instances, they have also helped to develop a more case management focused approach, with staff in the centres accessing other services on an individual's behalf and keeping records of service provision.

### Continued Relevance

The comparing and contrasting of experiences across local authority areas provided an invaluable insight into the importance of homeless persons centres in ensuring effective service provision for homeless people. They remain a critical piece of local infrastructure in urban centres if effective access to services by homeless people is to be facilitated. Although it may not be practical for a centre to be developed in every local authority area, there should, at least, be a commitment to ensure that homeless persons have access to services similar to those provided by such centres and that there is a mechanism to link into these services from a location in which no such centre exists.

### Further Development Required

Further development should therefore focus on the introduction of additional centres in areas where a need has been identified and on guaranteeing access to the services required in areas where this physical resource is absent. Some form of coordination or sharing of resources between different areas may be worthy of consideration as a means of ensuring access to such facilities for all homeless people without putting a single administrative burden on one specific authority. It is also important that homeless persons centres have a lead agency responsible for delivery and a clearly defined annual budget for the care costs associated with each homeless persons centre. Given our consideration of the centres that are currently in operation, it would seem that the relevant local authority would be best placed to deliver such a function.

**ACTION 7** - A single outreach service will be established to target the needs of rough sleepers. This will be implemented by the local authority and the health board in co-operation with voluntary bodies operating outreach services to people sleeping rough in the streets

### **Progress**

A series of responses has been developed in line with this proposal in various parts of the country, with local authorities employing outreach workers and establishing outreach services. Dedicated outreach services have been provided in Dublin, Cork, Limerick, Tralee and Dundalk thus far. Progress has also been achieved in allocating responsibility to individual local authority staff to provide outreach services as part of a wider remit in Donegal, Wicklow, and Clare. It is evident that the need for outreach services is now reducing as a result of increased emergency accommodation provision. For example, in Limerick, outreach with regard to rough sleepers was carried out on a full-time basis before a wet hostel was established, with such services now delivered on a periodic basis, as the hostel has resulted in lower numbers requiring the service. Disparities in approach do, however, exist in similar local authority areas, and more detailed evidence of the delivery patterns of outreach interventions across Ireland will be examined in Section 6.

### **Continued Relevance**

Some local authorities have elected not to adopt the approach of recruiting outreach workers, or of establishing such service provision via a third party, including some representing major urban areas. Although some locations may not have problems of rough sleeping on a sufficient scale to justify this intervention, there are areas where our analysis suggests that provision could be justified. This reinforces a key review finding of inconsistent service delivery and lack of equality in treatment of homeless persons in different areas. This action therefore continues to be relevant in the context that access to outreach services should be available in all parts of the country.

### **Further Development Required**

Where outreach services were established, there is evidence that their operation has been largely successful in eliminating the need for homeless individuals to sleep rough. One notable success of the Integrated Strategy is the reduction of levels of rough sleeping around the country, attributed to the provision of dedicated outreach services in tandem with an increased base of emergency accommodation. The action remains relevant as the homeless strategy progresses, although with falling trends in the numbers of rough sleepers the need for intervention on such a scale will reduce.

### 3.2.4 Accommodation

**ACTION 8** - Each local authority will assess the homeless situation in its area and prepare an action plan to provide accommodation for those assessed within three years. They should also provide a certain proportion of their lettings of suitable new or existing housing units to allow hostel residents to move into either a sheltered or independent housing environment. In this regard, the need for sheltered housing facilities and the extent to which they may be required will need to be examined by each local authority in the context of preparing their action plan

#### Progress

Significant progress has been made with regard to accommodation provision for homeless people, particularly emergency accommodation. The homeless action plans have generally planned for provision of specific short-term accommodation requirements in order to address the immediate needs of homeless persons in the area. These moves have combined with outreach services as noted above to significantly address the rough sleeping problem that previously blighted many towns and cities in Ireland.

The extent to which provision has been based on formal assessments of the homeless situation within an area has varied substantially. A number of action plans have provided detailed local homelessness profiles in order to inform the planning of interventions. However, in some areas provision was based on the subjective judgement of members of the homeless forum, drawing on their direct experience in working with homeless people locally.

Provision has been more limited in the provision of a certain proportion of local authority lettings for homeless people. Dublin City Council has gone as far as ensuring that 30% of lettings have been set aside for this purpose, while the other local authorities in Dublin are also ring-fencing lettings. Cork City Council are working on introducing a similar plan that would ensure a fixed percentage of local authority housing offers were directed at homeless people. Other local authorities have more informal arrangements in place, whereby homeless people will be given priority with regard to housing, but are not allocated a predetermined share of the housing stock. It was noted that a significant proportion of homeless people were single men and that local authority housing stock was not generally available to meet their needs. Other accommodation options are therefore critically important if long-term solutions to the problems of homelessness are to be found.

#### Continued Relevance

There was broad agreement by many national and local stakeholders that providing a certain proportion of local authority lettings for homeless people represents a valid

approach and would be a worthwhile objective for any future homeless strategy. However it was emphasised that local authority housing must be only one of several long-term accommodation options aimed at homeless people. In order to secure adequate levels of move-on provision, there will be important roles for the private rented sector, voluntary housing associations and the health sector in delivering and supporting long-term accommodation initiatives. A recently published study commissioned by the Simon Community, 'Settlement First', found that the cost of keeping someone in emergency accommodation amounted to €30,000 per annum, compared to only €12,000 to sustain the same person in independent, private accommodation. The study also noted that there had been an over-reliance on provision of emergency shelters in the past. These findings reinforce the need to focus future provision on longer-term housing solutions.

The Rental Accommodation Scheme (RAS) that is being introduced by the Department of Environment, Heritage and Local Government may help in this regard. RAS will place the onus on local authorities to find accommodation solutions, either from within their own housing stock or elsewhere, for those who have been receiving rent supplement for a period of 18 months. Meanwhile action to stimulate private sector provision can draw on existing experience, with the Access Housing Unit, run by Threshold in Dublin on behalf of the Homeless Agency, established to deliver sustainable private rented accommodation solutions for homeless people. This is a model that could be adapted across the rest of the country in line with the scale of local needs. It proactively seeks to build up a database of private landlords with accommodation of appropriate quality that are willing to house homeless persons, matches individual needs to the units available, and then provides ongoing tenancy sustainment support to secure individuals in a long-term independent living environment.

### **Further Development Required**

There is a need to base the planning of accommodation provision and associated support services on a more rational, consistent basis. The establishment of an information gathering system across the country that could log information regarding the nature, causes and extent of homelessness at local level would be extremely beneficial in the planning of activity on the basis of greatest need. Such an undertaking was viewed as one of the ten most important priorities for the homeless strategy in the future by the attendees of the four regional workshops.

The role of local authority Housing Action Plans has been identified as critically important in ensuring that sufficient accommodation is provided for homeless persons. Local authorities were asked in February 2004 to prepare five-year (2004-2008) multi-annual programmes for social and affordable housing at city/county level. The main objective of introducing the action plan approach was to ensure that the significant investment available for these programmes is focused on tackling real need and breaking cycles of

disadvantage and dependency. From the homeless services perspective, the plans offer the opportunity to match provision of services to actual need within the sector. Initially a number of the plans continued to focus mainly on emergency solutions to homelessness, however, in view of the progress that has been made in emergency provision, and the need for longer-term solutions, the Department of the Environment, Heritage and Local Government asked many authorities to review their proposals made for the accommodation of homeless persons, with a rebalancing towards medium and long-term provision.

**ACTION 9** - The statutory and voluntary agencies will also have to respond to the needs of homeless women, couples, families and persons with substance addictions. In view of the lack of hostel accommodation for homeless families, local authorities in general, and Dublin Corporation (now Dublin City Council) in particular, will examine in conjunction with the voluntary bodies, whether and how existing hostel accommodation for single people can be made suitable for families.

### Progress

During the research process, it was consistently acknowledged that the supply, range and quality of emergency accommodation available, both in general and for the specific target groups referred to in this action, have increased significantly over the last five years. Although specific gaps in provision in individual local areas were identified during consultations, there was a general acceptance that the Integrated Strategy had stimulated activity to the extent that the base of emergency accommodation in Ireland was largely sufficient.

### Continued Relevance

Although significant progress with regard to this action was identified, further intervention remains relevant where specific local problems still need to be addressed. It will also be important to ensure that any specific gaps in emergency accommodation emerging as a result of the changing socio-economic environment continue to be identified and subsequently met. Concern was also expressed about inconsistent provision of refuges and support services across the country for women who are victims of domestic violence.

### Further Development Required

The extent of involvement by voluntary agencies working to combat problems of domestic violence in local homeless fora varied from none whatsoever to acting as proactive partners in the delivery of local homeless action plans. There is a need for a more consistent approach with regard to victims of domestic violence, with differences in interpretation apparent in local authorities in terms of whether they perceived women



living in refuges as being homeless. Where such women are seeking permanent long-term accommodation from these refuges, steps should be taken to ensure that they are given levels of support similar to individuals experiencing homelessness. One proposal to address such inconsistency was the convening of an expert working group by the National Steering Committee on Violence against Women to look at refuge provision and occupancy.

It is important that provision of emergency accommodation continues to be facilitated wherever a local need arises and can be demonstrated. However there is general agreement that the homeless strategy should move on from its previous focus on emergency accommodation provision and concentrate more on long-term accommodation solutions. This should be done in tandem with the establishment of appropriate short and long term care mechanisms that prevent institutionalisation in 'emergency' accommodation and limit the recycling of homelessness.

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**ACTION 10** - The action plan for the Dublin area will prioritise the elimination of the use of bed and breakfast accommodation for families other than for emergencies and only for very short-term use.

### Progress

The success of the responses brought forward with regard to the above action must be viewed in the context of the alternative accommodation available. Certainly it is widely acknowledged that at the absolute level the extent to which private bed and breakfast accommodation is used for emergency provision has reduced significantly over the years since the Integrated Strategy was produced. The Homeless Agency and Dublin City Council have worked extensively on addressing this issue, and in ensuring other options exist for families that become homeless. Indeed much of the existing accommodation classified as 'bed and breakfast' takes the form of self-contained apartments, somewhat blurring some of the progress that has been achieved.

An ongoing review of the use of bed and breakfast accommodation is being conducted by Dublin City Council and the Homeless Agency and this has already led to increased monitoring, improved co-ordination and better management practice within the Dublin area. This includes increased inspections by local authority staff to maximise bed usage and rationalise the number of properties in use. Further rationalisation is needed and the Council is continuing to improve services on offer to those whose needs dictate that it is the most suitable type of accommodation for them for a short period at a particular point in time.



In addition, charges have been recently introduced for this type of accommodation to bring it into line with other types of homeless accommodation. It is expected that these new charges will lead to a reduction in the number of people using bed and breakfast accommodation, as it will provide an incentive for them to move to alternative, longer-term accommodation options available.

### **Continued Relevance**

Although significant progress has been made, elimination of bed and breakfast accommodation as envisaged within this action has not as yet been achieved, and remains a valid objective of any homeless strategy in the future. However it is important to note that the use of bed and breakfast accommodation is still essential in some cases due to the specific needs of individuals and families and a lack of longer-term options.

### **Further Development Required**

As noted above, in order to further reduce the use of bed and breakfast facilities for homeless people, other longer-term alternative housing options will have to be generated. This places further emphasis on the refocusing of resources on long-term accommodation and necessary accompanying supports.

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**ACTION 11** - While the emphasis will be focused on improving the capacity of existing hostels to deal with persons with substance addictions and psychiatric problems in order to minimise harm to themselves and to provide a suitable platform for access to essential treatment, special high support hostel accommodation for homeless people with addictions or with psychiatric problems needs to be established. Funding has been allocated by the Government for the provision of two such hostels in the Dublin area. Both Dublin Corporation and the Eastern Regional Health Authority will take lead roles in the development and operation of these facilities.

### **Progress**

This proposal has succeeded in stimulating the introduction of dedicated hostels addressing issues of addiction. This provision has been concentrated in the Dublin area thus far, with night shelters dealing with individuals suffering alcohol addiction problems. These represent critical, but only short-term, solutions. Evidence gathered from service providers suggests a danger exists of such short-term accommodation turning into long-term provision as a consequence of the lack of appropriate move-on options with sufficient ongoing care support. This is also a pertinent issue with regard to provision of special high support hostel accommodation for homeless people with psychiatric problems, with little activity apparent thus far.

### **Continued Relevance**

The provision of supported accommodation for those individuals suffering from problems of addition or severe psychiatric difficulties remains highly relevant to the progress of any future homeless strategy. However it is essential that this accommodation is long-term in nature, and that it is delivered in tandem with appropriate ongoing healthcare services. There are signs that such moves are beginning to take place, with construction about to begin on a long-term supported accommodation facility at James Street in Dublin for those with alcohol related problems. However there remains a need for other long-term facilities providing ongoing specialist care. There are individuals with severe psychiatric problems, who have difficulties with an independent living environment, currently residing in emergency accommodation on a long-term basis. Therefore until permanent long-term solutions with appropriate health supports can be provided, they will remain in their current residences with little prospect of moving on, causing a severe blockage in the system.

It is acknowledged that there are homeless people with psychiatric problems that do not require such dedicated long-term accommodation, and who can, with appropriate treatment and support from mental health services, live in the community in an independent environment. In identifying a need for specialist dedicated accommodation, this should not lead to the effect of stigmatising mental illness, and such accommodation is only intended for those experiencing severe mental illness that have difficulties living in independent housing even given specialist supports. Wherever those individuals with mental illnesses can be accommodated in regular accommodation with the relevant supports, this represents the optimal solution and local authorities should plan for this scenario more explicitly in the allocation of their housing stock.

### **Further Development Required**

Evidence gathered from local service providers has indicated that there is a group of people with severe psychiatric problems that are becoming institutionalised in emergency accommodation as a consequence of there being no alternative accommodation options. Hostels feel obliged to take such individuals in for this reason, despite not having the appropriate care skills available to meet their very specific needs, often leading to the disruption of other invaluable hostel service provision. Feedback from homeless persons themselves has also identified this problem, pinpointing the negative impact of individuals with severe psychiatric problems in hostels, making them a very difficult environment in which to live, and hindering their progression to longer-term accommodation. There is an urgent need for provision of long-term supported accommodation for those with psychiatric problems that have difficulties with an independent living environment. This type of provision will necessitate the commitment of appropriate long-term investment in health care support, but it is critical if a significant blockage in the progression system for homeless people is to be removed. The joint

commitment of the Department of the Environment, Heritage and Local Government in providing capital funding for such accommodation, and of the HSE in providing revenue funding for the ongoing specific health care support required to run such services, must be secured as a short-term priority. The voluntary sector can also play an important role in providing long-term supported accommodation with the assistance of these two funding bodies.

**ACTION 12** - Action plans will consider the need for additional sheltered, transitional and move-on accommodation and the extent to which they may be required in particular areas

### Progress

The action plans developed by homeless fora have, as stated previously, varied considerably in nature, style and the extent to which they have been delivered. In a number of areas significant progress has been achieved with regard to the provision of emergency accommodation, mirroring the developments in Dublin. In other areas, however, little attention has been paid to addressing any deficits in emergency accommodation provision, with a tendency instead to rely on services available in more urban areas. Undoubtedly the action plans have made an improvement to local authority planning of sheltered, transitional and move-on accommodation, but it was still found that a detailed understanding of the accommodation needs of homeless people was lacking in the development of a number of plans. The requirement for local authorities to produce five-year multi-annual programmes for social and affordable housing, discussed under Action 8, should focus attention on more effective planning to meet the accommodation needs of homeless people. However it is clear that not all local authorities have given priority to provision of housing for homeless people within these five-year programmes, and where this has occurred it will be important to ensure that their needs are not overlooked.

### Continued Relevance

There is of course an obvious and ongoing need for homeless action plans to consider the accommodation needs of homeless people within the local area. Where local authorities have elected to rely on accommodation and services provided in neighbouring council areas, there must be explicit planning for this scenario within their individual action plans. It was emphasised by members of fora in the main cities that homelessness was being 'passed on' by some local authorities, leaving them to deal with the problem, and that such a scenario prevented effective planning and allowed other areas to avoid responsibility. Suggestions put forward included the pooling of resources between local authority areas in order to provide accommodation or services for homeless people, or the introduction of a cost transfer system that would mean local authorities would be

responsible for the ongoing service delivery costs of any individual originally presenting to them but availing of services in another location. It is considered that such approaches would incentivise greater intervention at local level and limit the capacity to transfer problems and their costs to other areas.

The continued relevance of transitional accommodation has attracted much debate during the research process. Some stakeholders perceived that such provision offered invaluable interventions to help individuals become capable of independent living, while others felt that it was merely providing another layer of short-term accommodation that afforded similar potential for institutionalisation and blockages in the system as emergency accommodation. Having examined the nature and extent of such accommodation provision, considered the views of policy makers and service deliverers, and considered evidence from overseas, it is considered that if adequate transitional 'floating' care support can be provided, there is no reason why individuals in transitional accommodation could not enter long-term accommodation directly and be supported within that environment. It would be our finding that transitional accommodation provision should not be a priority for any future homeless strategy, but that transitional care support is a critical intervention for those entering long-term accommodation.

### **Further Development Required**

Central to the process of identifying accommodation needs in an area and delivering appropriate accommodation solutions is the need to ensure that all areas have a carefully considered, well structured action plan. This plan must be related to local needs, with specific actions, costs, projected outcomes and delivery timescales in place to drive them forward, and be supported by a committed homeless forum to progress implementation. This was not the case across the board in the production and delivery of the initial round of action plans, but it is critical that steps are taken to ensure that no individual area can shirk responsibility for addressing the problems of homelessness. Inconsistency of approach around the country was an ongoing issue during our consultations, and placing the action plans on a statutory footing and producing guidelines and minimum standards for their development were viewed as potential solutions.

Homeless fora have, quite rightly, concentrated much of their activity thus far on the provision of adequate emergency accommodation within their catchment area. Plans have therefore targeted the most urgent needs and good progress has been made towards the elimination of rough sleeping on Ireland's streets. As emphasised previously, attention must now switch to ensuring that more accommodation options are available as long-term solutions for people within every area, and put in place the necessary temporary and ongoing care supports. These options should include social housing provided by both local authorities and the voluntary sector, with supports in place wherever appropriate, and private rented accommodation, again in tandem with relevant supports to ensure that the individual can be sustained in an independent living environment.

The NESC report, 'Housing in Ireland: Performance and Policy', acknowledged the need for more social housing, recommending that 73,000 additional permanent social housing units be provided between 2005 and 2012. This would significantly help the drive to provide effective long-term accommodation solutions for homeless people, providing that such provision overcomes the key problem of accommodating the single status of a significant proportion of homeless people. At present local authority housing stock is dominated by dwellings more suited to family residence, while the voluntary housing sector caters for a wide range of target groups with varying needs and has developed only a limited supply of housing for single homeless people. Therefore meeting the accommodation needs of single people must be one of the most important priorities in the planning of additional social housing units.

Social housing provision should also incorporate long-term supported accommodation for those with psychiatric or addiction problems who have difficulties with an independent living environment and require long-term care support on an ongoing basis. This will require the proactive involvement of the health sector in providing appropriate ongoing specialist support. The NESC report also identified the need to "create a defined revenue stream for housing bodies providing on-site and care supports", reflecting the need to make such provision a priority in the future. Where it has been agreed by the HSE and the local authority that an individual is in need of such accommodation the only effective solution in this regard will be the provision of dedicated long-term accommodation in a community setting offering high levels of ongoing support and specialist care provided by the health sector.

The development of new social housing by local authorities and the voluntary sector with support by the HSE will not meet all the needs of homeless people in the long-term. Private rented accommodation can offer a viable outlet for long-term settlement of homeless individuals, assuming it is accompanied by appropriate interim settlement care. Evidence from existing projects facilitating use of private rented accommodation suggests that there is scope to increase its use for the purpose of housing single people.

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**ACTION 13** - An additional night-service centre, similar to that operated by Crosscare, will be established in Dublin City and the need for additional centres in other parts of Dublin will be examined.

### Progress

An additional night shelter has opened in Dublin City Centre in response to this proposal. Demand for such a facility was also identified in Dun Laoghaire, and this has also now been established. However there has been no such activity in the South Dublin and Fingal County Council areas of Dublin, reflecting a general lack of homeless service provision in this regard.

### Continued Relevance

The supply of emergency accommodation within Dublin City Centre appears to be largely sufficient at present, although it is important that any additional need for such accommodation in the future is identified and appropriate action progressed. Outside of the city centre the situation is unclear, with limited emergency provision by South Dublin and Fingal County Councils as noted above, despite the presence of substantial urban centres such as Clondalkin and Blanchardstown within their administrative boundaries. It is important that more work is undertaken on understanding the needs of local homeless people in these areas, and that targeted provision is developed in response to any gaps in service that can be identified. As noted above this has been done in Dun Laoghaire, with a new night service centre introduced, and it appears that a closer understanding of local emergency needs exists in this area. Although it was consistently reiterated during the wide-ranging consultations undertaken that national focus should shift towards providing longer-term accommodation solutions, there remains a need to fully assess the adequacy of provision of emergency homeless services in Dublin outside of the city centre.

### Further Development Required

Monitoring of the situation should continue on an ongoing basis in order to identify any gaps in provision throughout Dublin and meet any future need that arises in any location for additional provision of this kind. It should remain unacceptable for rough sleeping to result due to a lack of night-centre services, and it should also be unacceptable that major urban areas do not provide such services but rely on other authorities for their supply. It is important that both South Dublin and Fingal County Councils become more proactive in future in identifying and meeting local needs with regard to service provision. The areas served by these councils both have a local homeless forum and therefore a mechanism exists to plan such intervention immediately.

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**ACTION 14** - Settlement programmes will be established by local authorities, or on their behalf by voluntary bodies, to encourage and support hostel residents to move from hostels and other emergency accommodation such as bed and breakfasts to other appropriate accommodation, whether sheltered, transitional or independent, thereby freeing up spaces in emergency hostels.

### Progress

Since the launch of the Integrated Strategy, settlement services have been introduced in many areas of the country, including the largest urban areas. Approval and funding has been given to Dublin City Council, Cork City Council, Limerick City Council, Clare County Council, Limerick County Council, North Tipperary County Council, Dun Laoghaire Rathdown County Council, Kildare County Council, Meath County Council, Offaly County Council and Wicklow County Council to employ settlement workers. In addition,

settlement services are being provided by voluntary bodies and funded by local authorities, in Dublin, Waterford, Galway, Dundalk and Drogheda.

### **Continued Relevance**

Discussions with settlement workers and with other key local stakeholders within the homeless sector, have suggested that these dedicated resources are helping to make a significant difference in facilitating the move of homeless people into longer-term housing. They provide a critical support mechanism for the individual from which the appropriate accommodation, care and support can be accessed from sources as required. They should continue to serve as a crucial delivery mechanism for addressing homelessness throughout Ireland.

### **Further Development Required**

The success in this regard indicates that dedicated settlement workers should form part of the minimum core service provision in any area, linking into a range of more specialist care based services. Although the initial deployment of settlement services was justified on the basis of most urgent need, access should be extended to all other areas, as they should be accessible from any part of the country. This may mean that services are coordinated or shared across 2 or 3 local authority areas, or that areas without settlement services tap into existing provision in neighbouring areas, ensuring a more consistent level of local support.

Services focusing on outreach (see Action 7) and settlement have proved effective in many areas around the country. Community Welfare Officers have also taken on a proactive role in providing core services in some counties, while tenancy sustainment services have been established in a number of locations. Tenancy sustainment has developed from a need for intervention that stretches beyond the remit of settlement workers and focuses exclusively on support for those housed in independent accommodation for a period of time after they are housed. Consultation with service providers revealed that individuals presenting as homeless have often previously progressed through the system, but found it impossible to sustain themselves in the long-term accommodation provided. The need for dedicated workers providing general assistance with regard to life skills such as communication, budgeting, food and hygiene, health and safety, etc, that can access more specialist care support if required, emerged as a key finding of the review, endorsed centrally by departments and agencies, locally by the homeless fora and service deliverers, and by homeless and formerly homeless people themselves. There is also evidence that where such dedicated workers have been introduced, they have proved effective, such as in the Access Housing Unit model in Dublin. Other tenancy sustainment activity for former residents who have moved on from housing projects has been introduced on an ad hoc basis elsewhere by other voluntary agencies, but this is undertaken by the staff already employed in housing projects and is

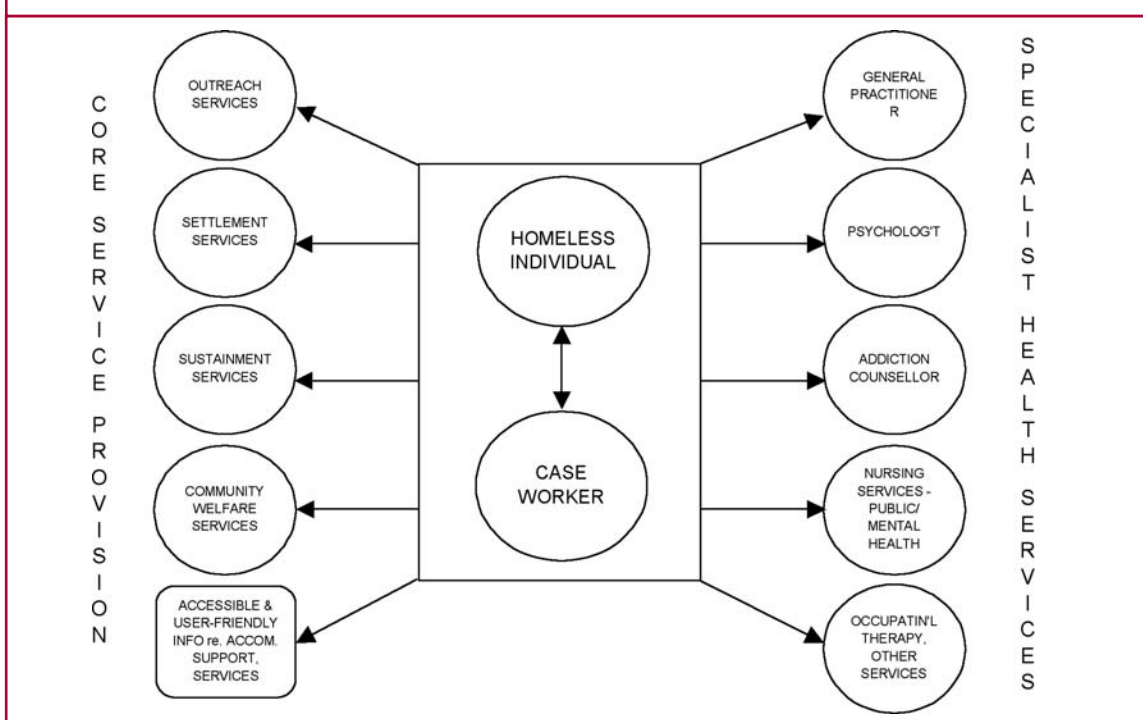


not felt to be sustainable. Overseas experience, particularly in the UK, suggests that a coordinated approach to delivering this type of service is essential if the problem of recycling of homelessness is to be addressed. It is concluded therefore that the provision of tenancy support or sustainment services that can be accessed in all parts of the country must be a main priority of any future homeless strategy.

While outreach, settlement, sustainment and community welfare services have been shown to be successful in addressing issues of homelessness in parts of the country, it is critical to ensure that access to these core services can be facilitated regardless of the location of the homeless individual. Provision must be less sporadic in nature, with common core services available in all areas. Central to this concept will be the adoption of a case management approach, where dedicated staff are directly responsible for assessing the homeless individual's immediate and on-going needs. This assessment would comprise their accommodation requirements in terms of size, type and location of dwelling unit and also their health, social and vocational needs in the short, medium and long-term. The Homeless Agency and the voluntary sector have been actively developing outline models for such a case management system, with one drawn up by the Simon Agency provided as an example in Annex 10.

Figure 3.1 provides an indicative illustration of the principles that lie behind a case management approach, with one initial point of contact providing the link to the core and health services required by an individual. The health services that are necessary in this regard are discussed further in section 3.2.5.

**FIGURE 3.1: INDICATIVE ILLUSTRATION OF A CASE MANAGEMENT APPROACH**





When an individual presents himself/herself to the 'case worker', a care plan would be drawn up detailing the appropriate service provider to meet these needs, with funding of these services then agreed, communicated to the client and subsequently delivered. Other rights, such as the use of an advocacy service by those with the need for such assistance, and a formal appeals mechanism, have also been proposed as important components of any case management system. An appropriate approach should now be agreed as a priority and piloted in order to test its effectiveness, with a view to its subsequent phased implementation across the homeless sector. It is important to note however that while the importance of introducing a case management approach cannot be over-emphasised, this must not be seen as a substitute for care. Instead it must act as a mechanism by which it can be ensured that every individual has access to the specialist care services required.

**ACTION 15** - Prison management and the Probation and Welfare Service (PWS) will, through sentence management and a pre-release review process, ensure that appropriate accommodation is available to prisoners on release. Where a situation does arise where a prisoner is being released but is without accommodation, prior arrangements will be made to ensure that appropriate emergency accommodation is accessed.

### Progress

The PWS and Irish Prisons Service have made significant progress in the development of positive sentence management systems. Protocols have been developed that entitle individuals to ask the PWS to contact a local authority 9 months in advance of release with regard to their future housing needs, and their addition to the housing waiting list from this time. There should also be regular contact with appropriate local authority representatives in the immediate lead-up to the release of the individual to ensure that emergency accommodation (as an absolute minimum) is available. Evidence gathered at local level suggests that for the most part this protocol is being followed, with positive feedback regarding the extent of interaction between the PWS, the local authority and service providers. Only isolated examples were cited when there was no early warning of housing needs, and these appear to be exceptional. A short sentencing initiative has been developed, where individuals held in custody for up to 13 weeks will continue to be entitled to their rent supplement allowance and have their local authority house held vacant until release. Dedicated accommodation projects have also been established in Dublin, Sligo and Cork providing 34 places for ex-offenders. However there has been a change in policy with respect to such dedicated housing provision, with a focus on meeting the specific housing and care support needs of the ex-offender rather than isolating them in concentrated housing initiatives.

### Continued Relevance

The housing of ex-offenders is an ongoing problem and will continue to be a relevant issue requiring targeted intervention into the long-term. The Homeless Offenders Strategy Team (HOST) has stimulated considerable progress with regard to improving housing options for ex-prisoners and this initiative should be sustained in the future. In many ways the housing issues facing ex-offenders are those facing homeless individuals in general and intervention should continue to be about facilitating access to the mainstream services available. For example, research commissioned by the Department of Justice, Equality and Law Reform identified that 90% of prisoners who stated that they were homeless had experienced problems related to substance addiction, and the provision of facilities in this regard is of paramount importance in effective settlement of ex-offenders.

### Further Development Required

HOST has recognised the need to refocus from provision of crisis centres to developing a range of accommodation options for ex-offenders upon release with adequate supports, and greater emphasis is already being placed on securing local authority and private rented housing. It is currently co-ordinating an initiative involving the PWS, Irish Prisons Service and Access Housing Unit to source private rented accommodation for homeless prisoners in Dublin. Such efforts should continue and be extended to include sourcing of accommodation outside the city.

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#### 3.2.5 Health and Welfare Needs

**ACTION 16** - The proposed service actions by the Eastern Regional Health Authority will be integrated into the action plan for homelessness in Dublin and implemented as part of the overall strategy of responses to homelessness. The general manager appointed by the Eastern Regional Health Authority to the new Homeless Unit will have overall responsibility for the co-ordination of all health services.

### Progress

Within Dublin progress has been made in the funding of health and welfare needs for homeless projects as a consequence of the partnership established via the Homeless Agency. The formal co-ordinated project approval system put in place via the Homeless Agency has meant that capital and revenue funding for projects can be provisionally committed in tandem at the outset and include both accommodation and ongoing care costs. As noted in the action, the former Eastern Regional Health Authority did appoint a Director of Homelessness to deal with adult and youth homelessness. This dedicated role has improved the planning and coordination of health services for homeless people and previously homeless people in Dublin. A multi-disciplinary team has been set up to

perform a range of specialist care functions directly to homeless people. Dedicated health services are available in Cedar House and Faltiu Day Centre and the multi disciplinary team provide a number of sessional services in accommodation and day centres. The Community Welfare Service has also been improved with new separate dedicated services provided for men and women.

### **Continued Relevance**

If real solutions to the problems of homelessness are to be found, health service interventions are as critical as the provision of appropriate accommodation. It is considered that many individuals presenting as homeless have passed through the 'system' more than once and it is essential that individual care plans are developed and delivered in order to ensure that when long-term accommodation is found for a person, they receive the support that allows them to sustain themselves within that environment. The importance of a joint-approach between the Department of the Environment, Heritage and Local Government, the HSE and local authorities in providing necessary healthcare and other supports to individuals in appropriate independent living environments, and in establishing long-term supported accommodation for persons with ongoing specialist care needs, cannot be over-emphasised.

### **Further Development Required**

The system seems to be working more efficiently with regard to health service provision in Dublin in light of the progress described above. However it is important that once a project has been approved by the Homeless Agency, there is effective planning of resource deployment in order to ensure that interventions that have been identified as appropriate to meet key needs are financed in a timely and efficient manner. There is a growing recognition that the most effective means of addressing homelessness in the future is by adopting a needs assessment system for homeless persons and subsequently developing individual care plans to ensure access to the appropriate health and support services. The HSE should focus on delivering the necessary dedicated services to support such a system in the future. There is also a pressing need for the provision of long-term supported accommodation for individuals with specific specialist care needs, and the HSE should work in partnership with the Department of Environment, Heritage and Local Government and the local authorities to develop this type of provision and commit to funding the necessary on-going health services required to operate such facilities.

**ACTION 17** - Each health board will consider its range of responses to the health and social well being of homeless persons in its area along the lines of the way in which the Eastern Regional Health Authority examined all of the issues involved and will devise an appropriate response to the needs of the homeless in each area.

### **Progress**

There has been useful and positive progress made with regard to responses to homelessness outside of Dublin. It is considered that the extent and range of service provision has improved significantly since the launch of the Integrated Strategy, with new protocols developed and new working arrangements put in place. Consultations with senior managers from the HSE, involved in addressing homelessness at a regional level, revealed a perception that key agencies and organisations are now working more closely in terms of planning and delivering local services. It was, however, acknowledged that the extent to which appropriate responses to the needs of homeless people have been developed varies dramatically across the country. This was confirmed during the research phases focusing on local delivery, where substantial progress was evident in some areas while in other areas targeted intervention has been virtually non-existent. Specific examples of good practice in certain areas include the excellent planning of services, development of multi-disciplinary teams, and implementation of discharge policies. In Cork, for example, a multi-disciplinary team has been successfully established to meet the needs of homeless individuals. However even in areas where progress has been made there remains a concern that funding cannot be planned in the same coordinated manner as is the case in Dublin.

### **Continued Relevance**

The need to plan and deliver effective responses with regard to health and care services for homeless people in specific areas will always be relevant for as long as homelessness exists. Good progress has been made in many areas, but development has been inconsistent across the country. It is important that where an example of best practice has resulted in the development of a health-related initiative for homeless people, learning can be spread to other locations and similar interventions progressed.

### **Further Development Required**

The areas of improvement identified with regard to action 16 also apply to future intervention outside Dublin. There is a need to move to a care plan approach to address the needs of homeless individuals throughout the country. The Department of Health and Children and the HSE will clearly have a critical role in terms of focusing policy and funding on this regard, as will the local authorities in ensuring that an individual's accommodation and settlement needs are met. There is also a need for specialist care support for long-term accommodation. One area where there is a notable difference of approach outside Dublin is in coordination of funding for homeless initiatives, where the absence of a Homeless Agency mechanism to plan accommodation and care provision on

a joint basis was cited as a comparative weakness. The introduction of such a mechanism was often identified during the research process as an important action to drive any future homeless strategy forward in the future.

### 3.2.6 Work, Education and Training

**ACTION 18** - FÁS will undertake an assessment of skills and training needs of homeless persons and will appoint a person to work with homeless services in Dublin.

**ACTION 19** - Literacy skills will be integrated into forms of vocational training provided by FÁS or any other service including in particular by the Vocational Education Committees.

### Progress

As Actions 18 and 19 are both concerned with the role of FÁS in addressing the needs of homeless persons, progress is reviewed across both actions.

A total of 30 FÁS community-based projects are either fully or partially engaged in providing services and supports for homeless people in Ireland, with literacy skills development a prime focus of activity. At policy level, FÁS is represented on the Cross Department Team and the Homeless Agency Board and Consultative Forum. At operational level, 2 Employment Services Officers have been employed to actively engage, in an outreach as well as referral capacity, with homeless service providers in central Dublin in order to provide appropriate services for homeless clients. These officers represent the 'point of first contact' for homeless clients, having been referred to FÁS by service providers or presenting independently to its offices in Dublin City Centre. They have access to High Support Process funding, a significant new development that entitles each participant to €2,600 to finance access to FÁS training. Places are also reserved by FÁS for homeless persons to participate in their Community Training Workshops. FÁS has also become involved in housing foyer projects, which combine housing, training and leisure facilities for homeless people on one site.

Outside of Dublin, the research undertaken for this review indicated that there was little involvement of FÁS or the Vocational Education Committees in local homeless fora and therefore in the subsequent delivery of targeted interventions. As such this action was not progressed to any great extent outside of the capital.

### Continued Relevance

There is a need for any future homeless strategy to continue to focus on the issue of education and training for homeless people. It is important that any new actions do not only concentrate activity in Dublin, but that they also involve interventions around the country.

### Further Development Required

Detailed discussions with FÁS, an examination of the specific homelessness initiatives it has launched, and consideration of other generic community-based activity undertaken, suggests that the agency does have a prominent role to play in addressing homelessness. The ability of FÁS to interact with homeless people at a community level and facilitate access to training in both core and vocational skills, and future employment opportunities, affords it the potential to contribute to sustainable solutions for homeless individuals. The key element in their approach is the delivery of localised services, and there is evidence that their interventions are helping to limit the extent to which homeless people are being drawn into city centres. It is therefore judged that FÁS could take on a more prominent role within each local homeless forum, given their knowledge of specific aspects of homelessness and locally-based delivery models. This should facilitate the establishment of more specific tailored training services for homeless people where this need is identified.

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**ACTION 20** - Action plans will include provision of outreach tutors. For the Dublin area the Vocational Education Committee will appoint a person to work exclusively with the homeless services.

### Progress

As set down in the proposed action, the City of Dublin Vocational Education Committee has employed a full time person to work with homeless services, both statutory and voluntary, to co-ordinate the provision of education services. While this is a welcome development from a Dublin context, only limited involvement has been identified by the Vocational Education Committees in local homeless fora around the country. There is also minimal evidence of local homeless action plans giving any focus to addressing education and training issues, or to the establishment of outreach tutors.

### Continued Relevance

As noted previously, there should continue to be targeted interventions with regard to education and training in any future homeless strategy. Actions must however focus on all areas of the country and should not over-concentrate on Dublin-based solutions.

### Further Development Required

The action as it was drawn up in the Integrated Strategy remains valid. However more focus must now be given to its implementation around the country. It may also be worth considering issuing guidelines regarding the membership of local homeless fora in order to ensure that Vocational Education Committees, and indeed FÁS, play an active part. This might stimulate the education and training interventions required by homeless persons at local level.

### 3.2.7 Funding

**ACTION 21** - Guidelines will be issued by the Department of the Environment and Local Government to local authorities regarding the level of the Section 10 contribution rate and what services are covered by it. Funding will be on the basis of available accommodation and will be committed for a three year period.

#### Progress

Guidelines with regard to Section 10 funding were issued by the Department of Environment, Heritage and Local Government to all local authorities in May 2000. Funding for accommodation was provided on the basis of the available accommodation rather than the occupancy of that accommodation. The levels of funding have typically been determined using a bed-nights system drawing on historical cost information, although the Department is currently moving away from this system. Commitment to funding for a three-year period has not, as yet, come to fruition, although there has recently been agreement to introduce commitments of multi-annual funding for projects approved by the Homeless Agency. Despite the production of guidelines for Section 10 funding, it was still apparent during consultations with the voluntary sector that there remains a perception that inconsistency exists in the allocations of this form of assistance.

#### Continued Relevance

It is certainly critical that clear guidance continues to be given with regard to criteria for funding projects. The Department of Environment, Heritage and Environment should take a lead role in ensuring funding procedures remain as transparent as possible. The commitment of funding on a multi-annual basis also remains a relevant action. Indeed the need to agree multi-annual funding by both local authorities and health services, with a clear and explicit funding mechanism in place, was considered to be the most important issue by attendees at the regional workshops, and this has been reinforced throughout the consultation process.

#### Further Development Required

Of all the themes in the Integrated Strategy around which specific actions were devised, funding was identified as the one where further action is most critical in any future homeless strategy. It is widely considered that there should be a concerted effort to move to funding on a multi-annual basis for all projects aimed at addressing homelessness in Ireland. It was proposed that this should be done in tandem with more formal and structured procedures with regard to funding projects. This would entail the development of detailed national criteria for the funding of projects drawn up in partnership by the Department of the Environment, Heritage and Local Government and the HSE. It should



also involve the formulation of common application forms to ensure that consistent and objective decisions can be made about the appropriateness of a project regardless of where it is located.

Funding applications and assessments should also cover capital and revenue components of the proposed project, meaning that a formal partnership structure would need to be initiated involving the Department of the Environment, Heritage and Local Government and the HSE in order to ensure effective coordination of project funding. It was felt that multi-annual funding should be based around the natural shelf-life of a project, with projects and initiatives seeking to make themselves obsolete in order to move towards the eventual elimination of long-term homelessness in Ireland. A key objective must be to move away from a funding approach based on continuation of service in order to focus service providers on delivering activity that can be justified on an ongoing basis in terms of meeting critical needs.

One final issue worthy of consideration, particularly if funding procedures can be made more transparent and formal, is the introduction of a costing system based on greater itemisation of cost components, relating these components to the number of individuals expected to benefit from the service. Aspect One are currently undertaking a project for the Homeless Agency examining whether a system of unit costing along these lines might be feasible for the homeless sector in the future. A means by which costs can be related back to the individual on whom services directly impact can only be beneficial to the planning of efficient future interventions. There was also support from service providers for a different costing method for projects to be implemented, with continued use of the bed-nights system generally discouraged due to its supply rather than demand led focus.

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**ACTION 22** - The Department of the Environment, Heritage and Local Government, through the local authorities, will fund the cost of settlement workers.

### Progress

As noted when progress with regard to action 14 was reviewed, settlement workers have been appointed in a number of local authorities and are funded by Department of the Environment, Heritage and Local Government.

### Continued Relevance

The action remains relevant as the settlement workers have provided an invaluable resource for addressing homelessness at a local level. They should continue to be funded as the need for such services still exists at present.

### Further Development Required

The successful deployment of settlement workers in specific locations suggests that all individuals presenting as homeless should have access to these services regardless of where they are in the country. The shared and coordinated approach to service provision that was suggested under the action 14 review should be evaluated. Should such an approach prove feasible, further settlement workers could be funded that would be responsible for areas perhaps stretching across more than one local authority boundary.

**ACTION 23** - With regard to accommodation, the Department of the Environment and Local Government will fund the cost of providing additional accommodation and the Department of Health and Children, through the health boards, will fund the cost of providing care, including in-house care. This funding will be provided on a three-year basis to allow the services to be properly established and managed.

### Progress

The division of funding between local authorities and health boards was clarified and agreed following the launch of the Integrated Strategy in 2000. Section 10 funding of accommodation and related services, through local authorities, has increased significantly over the period, with €12.6mn provided in 2000, €32mn in 2001, €43mn in 2002, €50mn in 2003 and €45.736mn in 2004, amounting to €183.3mn in total over the five-year period. This represents 90% of total funding in this regard, with local authorities responsible for the remaining 10%. The Department of Health and Children has allocated an additional €30.2mn of base funding per annum to health boards for health services to homeless adults since 2000, with a cumulative effect of over €105mn of extra investment.

The practical application of this action was one of the more contentious issues arising during the research process. There remains confusion about which funding agency is responsible for certain ongoing revenue funding elements, and this has resulted in disparities in funding across different service providers and across different areas of the country. A common complaint from service providers was the difficulty in ensuring both capital and revenue funding was in place for projects due to the different approval mechanisms in the Department of the Environment, Heritage and Local Government, the local authorities and the HSE. The proposal for multi-annual funding, as noted previously, was not implemented, and this has been cited as having an impact on the development of quality service provision.

### Continued Relevance

This action remains relevant as it has been consistently emphasised that the precise roles and responsibilities of respective funding agencies still needs further clarification. Some

means of ensuring greater coordination of funding between the Department of the Environment, Heritage and Local Government and the HSE remains a key objective of service providers. The need for more joined-up working between departments and agencies responsible for funding was a key priority for stakeholders. This should be accompanied by clearer guidelines on what provision can be funded and who provides this funding given the nature of the provision. It should be stressed that the review did not find that additional funding was required in absolute terms. The substantial increases in resources deployed to address homelessness since 2000 have generated a number of successful developments, and there should now exist ample funding to address the complex range of issues effectively moving forward. The secret of future success will lie in the refocusing of the existing resources available into the areas of highest priority identified by this review.

### **Further Development Required**

A nationally coordinated system focused on the division of funding of care and non-care costs between the Department of the Environment, Heritage and Local Government, local authorities and HSE was consistently reiterated as a priority by service providers. It was suggested that this could involve some form of national coordinating structure with responsibility for the setting, for each project type, of an overall care/non-care ratio with funding then allocated between the two relevant departments accordingly. Regardless of the specifics of any new system developed, it is critical that coordination of funding between the Department of the Environment, Heritage and Local Government, the Department of Health and Children, local authorities and the HSE improves. The two Departments have recognised this need, and are currently working together to develop a framework in this regard.

There was also considered to be scope to develop more formal local coordinating structures in major urban areas in order to ensure more targeted and rational responses to deal with the issues of homelessness. In places such as Galway and Cork, scope was identified for the development of a partnership structure based on the Homeless Agency model in Dublin in order to ensure more effective provision of services to homeless people in these city locations. This would help to focus attention on moving towards the elimination of long-term homelessness as it has done in Dublin. It might also facilitate a move away from the culture of funding based on continuation of service towards fixed-life multi-annual project funding focused on the areas of most critical need.

A number of other areas requiring focused attention with regard to future funding that were identified during the review included the following:

- formal national funding mechanisms for dedicated tenancy sustainment services.
- the provision of and ongoing care support costs for long-term supported accommodation.

- the funding of core response teams to ensure access to services from all parts of the country.
- the introduction of a base of specialist health services for homeless people that again can be accessed from any specific area.

The merits of such interventions have been discussed under other actions, and there is certainly a case for redirecting funding towards these areas.

**ACTION 24** - An additional £20 million will be made available, on top of the existing capital provision of £4 million annually to provide for the provision of additional sheltered and transitional accommodation. Increased current funding will also be made available under Section 10 for the additional running costs of providing such accommodation and health boards will provide funding for care requirements. This funding will be committed for three years.

### Progress

As a result of this action, additional accommodation was provided by Dublin City, Galway City and Limerick City Councils, and also by Dun Laoghaire-Rathdown County Council. In 2001, capital expenditure by local authorities on accommodation for homeless persons was €5.04mn, rising to €11.90mn in 2002, with spend of €2.45m in 2003 and €0.5mn in 2004. This expenditure is in addition to funding provided by the Capital Assistance Scheme. In most cases, the accommodation has been managed by voluntary bodies and running costs have been funded through Section 10, with care costs met by health boards.

### Continued Relevance

This action provoked highly essential investment in necessary sheltered and transitional accommodation. Now, however, there is a need to focus on longer-term accommodation solutions. The difficulties in allocating responsibilities between accommodation and care related costs have been identified and remain an outstanding issue to be addressed, as does the need to put in place a system of multi-annual funding. Despite the agreement between the Department of the Environment, Heritage and Local Government and the Department of Health and Children on division of funding responsibility, there is still confusion in this regard at local level from service providers and a desire to see a more coordinated approach to funding. It is essential that the formulation of any future homeless strategy is based on a detailed understanding of the actual deployment of services and resources around the country. In order to maximise understanding in this respect, securing the input of local service providers in the planning of national strategy would be a positive step worthy of consideration. There is also an impending need to examine funding of all cost components across the homeless sector as a whole, in order

to identify gaps in provision and duplication of service. This will help to ensure that the most appropriate interventions for moving towards the elimination of long-term homelessness nationally can be determined and delivered.

### **Further Development Required**

If the homeless strategy is to drive forward real progress in future, it has been emphasised that there needs to be somewhat of a culture change among all stakeholders working within the homeless sector at both national and local level, comprising government departments, local government, HSE regional staff and those in the community and voluntary sector. The review found that progress was being stagnated to some extent by the concentration on continuation of funding of existing services, rather than continual assessment of what interventions would address the current areas of greatest need. Part of the process in overcoming this difficulty will lie in the establishment of the more formal national and local funding mechanisms identified as requirements in this report.

However as the next wave of homeless strategy is put in place, an understanding of exactly what resources are being deployed in terms of existing service provision would be invaluable at this stage. This review has carefully considered the findings of the Simon Brooke study, 'A Portrait of Homeless Services in Ireland' commissioned by the South Western Area Health Board on behalf of the Department of Health and Children. This examined in detail the care staff employed in homeless services around the country. It identified a wide range of relationships between nature and levels of staff and client needs in most areas of service provision. Indeed it was found that the correlation between staff/client ratios and overall client needs was low. This meant that many highly staffed projects were typically not catering for clients with greater needs than equivalent lowly staffed initiatives. There was also inconsistency in terms of job titles and descriptions, employment conditions and levels of training received.

One suggestion arising from a number of stakeholder consultations was to take such a review further, and to examine the nature and deployment of staff throughout the entire homeless sector. This would help to identify areas where there is over-concentration of provision or potential gaps in provision and facilitate planning of the deployment of resources effectively. This would, of course, require the support of community and voluntary agencies to undertake such an exercise comprehensively. However it is important that such agencies understand that, while change in the public sector approach to homelessness is essential, the voluntary sector must also change and adapt to the changing environment and needs of their clients.

### 3.3 Other Priority Issues

#### 3.3.1 Information

There is a need to improve understanding of the causes, nature and extent of homelessness throughout Ireland. The Housing Needs Assessment, undertaken every three years with results released up to one year later, was not viewed by local stakeholders as being sufficiently timely to inform decision-making. It was also noted that the definition of homelessness in the 1988 Housing Act that framed the assessment was open to differences in interpretation and hence resulted in varying measurement approaches by local authorities. More regular assessments were suggested, with a move towards bi-annual and annual exercises put forward. However the most consistently expressed view was that data gathering activity should move from the 'snap-shot' approach provided by the Housing Needs Assessment to the operation of a dynamic real time information system where information is gathered about homelessness and can be accessed in a timely manner from a central source.

A nationwide database measuring and monitoring trends in homelessness would make a significant contribution to assisting policy formulation and efficient targeting of resources at both national and local level. It would have to be based on an agreed methodology across local authorities for measuring homelessness in order to address existing data gaps and deliver a more reliable understanding of the experience of homelessness. It should be noted that the setting up of a working group is currently being considered by the Department of Health and Children to examine the issue of information gathering, and constructive proposals may result from this initiative.

The establishment of an agreed methodology for measuring homelessness might be helped by a revisiting of the 1988 Housing Act definition of homelessness itself. It was noted that homelessness could take many distinct forms, such as rough sleeping, dependence on emergency or transitional accommodation, or dependence on third party accommodation, and that measurement must take account of these differing circumstances. Some work in this regard has been undertaken by FEANTSA, the European Federation of National Organisations Working with the Homeless, who have developed more precise definitions, and their conclusions with regard to the categorisation of different types of homelessness are shown in Figure 3.2. Progress towards the adoption of a measurement approach based on a range of more rigid definitions would go some way to helping to improve understanding of the existing situation.

The current definition of homelessness allows room for subjective judgement, including a qualifying statement that the classification of an individual is based on "the opinion of the local authority". This judgement is used to identify that there is no accommodation

available in which an individual and dependents can reasonably occupy on a sustainable basis. However in some areas it might be judged that this should include those that are living temporarily with friends or relatives, those who have been resident in some type of supported accommodation for a long period of time, or those who are living in temporary accommodation or housing unfit for ongoing occupation, while others might not categorise homelessness in this manner. By allowing such broad interpretations of the homeless problem from local authority to local authority, there is scope for the problem to be hidden in certain areas, and responsibility to be shirked to some degree. A clearer, more objective series of definitions, relating to a whole variation of circumstances, would help to address this issue.

CONCEPTUAL CATEGORY		OPERATIONAL CATEGORY	SUB CAT	DESCRIPTION
ROOFLESS	1	Living in a public space (no abode)	1.1 1.2	Sleeping Rough Contacted by outreach services
	2	Stay in a night shelter and/or forced to spend several hours a day in a public space	2.1 2.2 2.3	Low-threshold / direct access shelter Arranged (e.g. low budget hotel) Short-stay hostel
HOUSELESS	3	Homeless hostel / temporary accommodation	3.1 3.2 3.3 3.4	Short-stay homeless hostel Temporary housing (no defined time) Temporary housing (transitional defined) Temporary housing (longer stay)
	4	Women's shelter / refuge	4.1 4.2	Shelter accommodation Supported accommodation
	5	Accommodation for asylum seekers and immigrants	5.1 5.2 5.3	Reception centres (asylum) Repatriate accommodation Migrant workers hostels
	6	Institutional Release	6.1 6.2	Penal institutions (period defined nationally)
	7	Specialist Supported Accommodation (for homeless people)	7.1 7.2 7.3 7.4	Institutions (care and hospital) Supported accommodation (group) Supported accommodation (individual) Foyers Teenage parent accommodation
INSECURE HOUSING	8	No tenancy Eviction Order Violence	8.1 8.2	Living temporarily with family or friends (not through choice) (Housing /Social Service records) Living in dwelling without a standard legal (sub)tenancy (excludes squatting)
	9		9.1 9.2	Legal orders enforced (rented housing) Re-possession orders (owned housing)
	10		10.1	Living under threat of violence from partner or family (police recorded incidents)
INADEQUATE HOUSING	11	Temporary structure Unfit Housing Extreme Overcrowding	11.1 11.2 11.3	Mobile home / caravan (which is not holiday accommodation) Illegal occupation of a site (e.g. Roma / Traveller / Gypsy) Illegal occupation of a building (squatting)
	12		12.1	Dwellings unfit for habitation under national legislation (occupied)
	13		13.1	Highest national norm of overcrowding

SOURCE: FEANTSA



There is also a need for an information system to take account of the complex factors leading to homelessness such as multiple incidences of homelessness and the length of time that individuals have been homeless. This would tie in with a move, supported strongly throughout the homeless sector, to an intervention system that focuses on the distinct needs of the individual. The recommended introduction of a case management and care plan system in this regard was discussed earlier in this section. The development of a dynamic information system in tandem will also facilitate the development of meaningful targets against which overall progress can be tracked and policy can be directed towards the eventual elimination of long-term homelessness.

Improvements with regard to information provision, however, should not only concern measurement of homelessness and of the individual's needs. Intervention should also focus on ensuring that best practice in the delivery of homeless services can be identified and that initiatives that have proved successful can then be mainstreamed around the country. This review has found a significant number of examples of successful and innovative interventions and approaches to addressing homelessness in different areas of the country. The success of the regional workshops, where fora were given the opportunity to discuss respective practices in their area, suggest that substantial improvements in delivery could be achieved by sharing learning between fora. The provision of best practice guidelines with regard to local activity, and regular opportunities for appropriate local stakeholders from different parts of the country to meet and share ideas with regard to progressing the homeless strategy, are perceived as key developments that would lead to more effective service provision.

Finally, it is important that sufficient, accessible and user-friendly information exists for homeless people themselves, in order that they can understand the supports and services that can be availed of and also their rights and entitlements in this respect. Consultations with homeless individuals revealed a perceived lack of information on available services and this was reaffirmed by many local and national stakeholders. Initiatives like the Directory of Homeless Services in Dublin have proved successful in raising awareness of the range of services within the city, and other areas might consider adopting a similar approach to information dissemination.

### *3.3.2 Targets, Timescales and Monitoring*

Structures have been put in place to oversee the overall monitoring of the Integrated Strategy, and the party charged with responsibility for monitoring, the Department of the Environment, Heritage and Local Government, has a close understanding of how individual actions within the strategy have been progressing. The Cross-Department Team on Homelessness has provided a useful mechanism in this regard. At their meetings updates on progress across actions are shared between all departments and agencies with a stake in the delivery of the strategy, and ideas for the development of future interventions can be discussed in a representative forum.

While this success can be acknowledged, one major obstacle to ensuring future progress has been the lack of a more formal ongoing evaluation process to track development of the strategy, a legacy of the way in which it was originally formulated. A number of weaknesses have been identified preventing more formal monitoring mechanisms from being developed. These include:

- the absence of formal costing of the individual activities.
- the lack of specific projected outcomes or service levels that the proposals were anticipated to produce.
- no specified timescales for delivery.
- little consideration of how progress with regard to each action might be measured or monitored.

These issues must be addressed in the future in order to provide a more controlled delivery environment where progress can be understood in a clear, measurable and timely manner and ongoing interventions can be targeted on the areas of greatest need. This would focus the strategies on realisation of practical progress. Central to this will be the establishment of an overall definable vision that seeks to eliminate long-term homelessness in Ireland by an explicit date in the future.

The need to develop strategies where actions or areas of intervention are costed, outcomes are projected, timescales are specified and monitoring systems are put in place, applies not only in a national context, but also with regard to the local homeless action plans. The terms of reference of the forum must be extended to designate greater responsibility for monitoring the implementation of these plans. Reporting structures need to be established to ensure that each forum is carrying out its remit. The lack of monitoring of outcomes and the achievement of the action plans has proved a serious drawback to their effectiveness.

### *3.3.3 Legislative and Wider Government Policy Issues*

A number of proposals were put forward during the course of the review that, although impacting upon the extent to which the homeless strategy can achieve success, nevertheless lie outside the remits of the departments, agencies, local authorities and service providers responsible for the planning and delivery of interventions. In the main these refer to wider government policy issues, and they are recorded in the context in which they were raised in the following paragraphs.

A need was identified for wider government policy to work closer in tandem with any homeless strategy in the future. Homelessness is a symptom of a number of other socio-economic influences and there must be closer integration of all social policy to adequately address the roots of the problem. This means that other relevant government strategies,

such as the National Drugs Strategy or the Health strategy, 'Quality and Fairness', must be taken into account when future homeless strategy is being formulated, and also that any other new government policy or strategy takes account of existing homeless strategy when it is being drawn up. A need was also highlighted to 'proof' other government policy in order to establish whether or not it has any implications with regard to the problems of homelessness. The Habitual Residence Act, which limited the statutory entitlement to services by new residents from outside the European Union, and the 'ceiling' imposed by the Department of Finance on the overall staff numbers in government services were steps in policy that were identified as having an effect on homeless service provision. It was acknowledged that poverty proofing currently takes place in respect of government policy, but this does not provide sufficient focus with regard to the issue of homelessness.

A final point made with regard to wider government policy was related to the changes announced in Budget 2004 relating to rent supplement eligibility. A number of key service providers were concerned that the housing safety net for many individuals and families experiencing severe housing deprivation has effectively been removed, despite the fact that the Government has made provisions to ensure that this was not the case. In this regard, under new social welfare regulations introduced in January 2005, the six-month rule, that was perceived as a possible barrier to entry into the rent supplement scheme, was discontinued and replaced with new criteria. These additional criteria removed the previous 'period of renting' time restriction. They also provide that, in addition to other eligible groups, rent supplement may now be paid to bona fide existing tenants that have become unable to afford the rent (or mortgage interest) from within their own resources due to some significant event such as redundancy or serious illness. The scheme is now available to anyone who is unable to meet their immediate accommodation needs from their own resources.

It was suggested that rent caps should be increased to reflect the real cost of renting, although counter views were expressed that this would merely artificially increase the premium received by private landlords. No definitive judgements in this regard could be made based on the qualitative and anecdotal evidence submitted during the course of the review, and therefore this issue may require a further dedicated exercise into determining the sufficiency of the existing levels of rent supplement.

#### *3.3.4 Ongoing Funding Reviews*

A final priority issue worthy of further examination is the commitment within the Integrated Strategy that "the Government will keep the adequacy of the level of capital support available for the provision by voluntary housing organisations of accommodation for homeless persons under continuous review." The last review of this kind, however, occurred in 2002.

This presents a serious problem for voluntary housing organisations, particularly as they are responsible for raising 5% of the costs of such projects independently. It also makes the planning of budgets more difficult as, although the Department have taken positive steps in ensuring that allocations reflect current circumstances, this is still not based on any formal review exercise, and it is hard to predict the level of allocation that might be received. It was stressed that this has limited the number of homeless voluntary sector housing projects that have been progressed since this time. Now, with a pressing need for significant involvement by the voluntary sector in contributing to the development of sufficient long-term accommodation options for homeless people, this situation must be addressed. It is therefore highly important that the original commitment made within the Integrated Strategy is now revisited as a matter of urgency to ensure appropriate continuous monitoring of the adequacy of this capital funding provision.















### **3.4 Overview of the Integrated Strategy's Impact**

While the exhaustive methodology deployed in the course of this review facilitated the emergence of views on existing flaws impeding the development of homeless strategy, and recommendations as to how it should move forward in the future, there was nonetheless a general consensus that the Integrated Strategy had provoked a major change in the way in which homelessness was perceived and tackled throughout Ireland. For the first time a comprehensive review of the issues surrounding homelessness had been undertaken, with specific responsibility designated to individual departments or agencies for direct delivery of actions.















The analysis in this section has highlighted the significant success achieved in implementation of the strategy since 2000, particularly in areas of emergency accommodation provision, coordinating local responses, funding dedicated settlement expertise in urban areas and clarifying areas of statutory responsibility. The introduction of the Homeless Agency in Dublin has stimulated significant progress with regard to addressing the capital's problems of homelessness. Lessons can now be learned from its development in the rest of the country with respect to the coordination of funding and subsequent interventions, the development of formal and transparent funding criteria, and the creation of an information system that facilitates more timely and accurate consideration of the needs of homeless individuals. Significant achievements have likewise been realised in the provision of health services for homeless people, with a major increase in dedicated investment for this purpose from the Department of Health and Children and the health boards, and now by the HSE. Multi-disciplinary teams have been established in major urban areas to cater for the multiplicity of healthcare needs of homeless persons, while the HSE has become actively involved in a number of joint initiatives to provide cohesive responses to homelessness, with services provided to the St Catherine's Foyer and Cedar House initiatives, for example.

However there are a number of areas that were targeted for attention in the Integrated Strategy where progress has been more limited, such as in the assessment of needs and the coordination of funding, while new areas requiring focus have been identified including longer-term accommodation solutions, information provision, and monitoring of actions. Figure 3.3 provides a broad overview as to the success of Homelessness: An Integrated Strategy, based on our assessment of progress for each individual action detailed in Section 3.2. Each action is rated in terms of progress, on whether it is still considered to be relevant, on whether the appropriate agency is responsible for delivery, and whether activity needs to be refocused in order to move the homeless strategy forward in the future. A single tick or a single cross provides the review's conclusion in answer to these questions across the actions, and in instances where the answer is perceived to be ambiguous, both a tick and a cross are inserted. This could refer to the fact that although the existing delivery organisation should continue to be partly responsible for delivery of the action, a partnership approach should be adopted with another party. It might also refer to the fact that part of the action is no longer relevant, while another part does remain a relevant intervention for future strategy. In all cases justification of this judgement should be clear from the individual action assessments provided in Section 3.2.

**FIGURE 3.2 PROGRESS OF ACTIONS IN HOMELESSNESS:  
AN INTEGRATED STRATEGY**

	Action Progress	Still Relevant?	Correct Agency?	Refocus Activity?
1. Prevention strategies, targeting at risk groups, will be developed and implemented to target prevention of homelessness amongst these groups		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. The L.A.s & health boards will draw up action plans for the delivery of services to homeless persons, by both statutory and voluntary agencies, on a county by county basis.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>
3. A homeless forum, consisting of representative from local authorities, the health board and the voluntary sector will be established in every county.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. A director of homeless services will be appointed by Dublin City Council. A new joint executive homeless services centre will be established to manage and co-ordinate the delivery of all services to the homeless in Dublin.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. The responsibilities of the local authorities and health boards will be regarded as jointly covering the range of needs of the homeless. Each homeless person seeking accommodation must be assessed for accommodation needs and for other aspects relating to health and welfare and should be referred to appropriate services.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Local homeless persons centres will be established jointly by L.A.s and health boards, in consultation with the voluntary bodies, throughout the country and the service provided will involve a full assessment of homeless persons needs and refer persons to other health and welfare services.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. A single outreach service will be established to target the needs of rough sleepers. This will be implemented by the L.A.s & the health board in co-operation with voluntary bodies.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Each LA to assess homeless situation & prepare plan to provide accom. for those assessed within 3 yrs. Provide proportion of lettings of new/existing units to allow hostel residents to move into sheltered/indept housing environment.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. The statutory and voluntary agencies will have to respond to the needs of homeless women, couples, families and persons with substance addictions.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Fully progressed  Significantly progressed  Partly progressed  Little progress  No progress				

**FIGURE 3.2 PROGRESS OF ACTIONS IN HOMELESSNESS:  
AN INTEGRATED STRATEGY**

	Action Progress	Still Relevant?	Correct Agency?	Refocus Activity?
10. The action plan for the Dublin area will prioritise the elimination of the use of B&B accommodation for families other than for emergencies and only for very short-term use.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Special high support hostel accommodation for homeless people with addictions or with psychiatric problems needs to be established. Funding has been allocated by the Government for the provision of two such hostels in Dublin.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Action plans will consider the need for additional sheltered, transitional and move-on accommodation and the extent to which they may be required in particular areas.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. An additional night-service centre, similar to that operated by Crosscare, will be established in Dublin City and the need for additional centres elsewhere in Dublin will be examined.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Settlement programmes will be established by L.A.s, or on their behalf by voluntary bodies, to encourage and support hostel residents to move from hostels and other emergency accommodation to other appropriate accommodation.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Prison management and the probation and welfare service will, through sentence management and a pre-release review process, ensure that appropriate accommodation is available to prisoners on release.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. The proposed service actions by the Eastern Regional Health Authority will be integrated into the action plan for homelessness in Dublin and implemented as part of the overall strategy of responses to homelessness.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Each health board will consider its range of responses to the health and social well being of homeless persons in its area similar to the ERHA model.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. FÁS will undertake an assessment of skills and training needs of homeless persons and will appoint a person to work with homeless services in Dublin.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 Fully progressed  Significantly progressed  Partly progressed  Little progress  No progress				



**FIGURE 3.2 PROGRESS OF ACTIONS IN HOMELESSNESS:  
AN INTEGRATED STRATEGY**

	Action Progress	Still Relevant?	Correct Agency?	Refocus Activity?
19. Literacy skills will be integrated into forms of vocational training provided by FÁS or any other service including, in particular, the Vocational Education Committees.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20. Action plans will include provision of outreach tutors. For the Dublin area the VEC will appoint a person to work exclusively with the homeless services.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Guidelines will be issued by the Department of the Environment and Local Government to L.A.s regarding the level of the Section 10 contribution rate and services covered by it. Funding will be on the basis of available accommodation and will be committed for a three year period.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22. The Department of the Environment and Local Government, through the local authorities, will fund the cost of settlement workers.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. DoEHLG will fund the cost of providing additional accommodation and the DoHC, through the health boards, will fund the cost of providing care, including in-house care. This funding will be provided on a three-year basis to allow the services to be properly established and managed.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Additional funding made available, on top of existing capital provision to provide additional sheltered & transitional accom. Increased current funding under Sect 10 for running costs of providing accommodation & HEBs to provide funding for care requirements. Funding to be committed for 3 yrs.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fully progressed     Significantly progressed     Partly progressed     Little progress     No progress				

## 4. Homeless Preventative Strategy

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### 4.1 Introduction

The Homeless Preventative Strategy was launched in 2002 as a follow-on to the Integrated Strategy in order to provide a direct response to the problems of homelessness resulting from individuals leaving prisons, mental health institutions, acute hospitals, and young people leaving state care. The Preventative Strategy proposed 14 actions across 7 themes, each dealing with a different aspect of homelessness prevention.

The strategy is, by nature, longer-term in its outlook than the Integrated Strategy, and work is still ongoing with regard to its implementation. In many ways the outputs envisaged in the strategy are less tangible, involving the development of systems, protocols, good working relationships and fundamentally, the prevention of homelessness among key target groups most at risk. Nevertheless some good progress has been evident, and significantly more development is anticipated in the short and medium-term.

Particular successes that have been identified include the establishment and subsequent work of HOST in reducing the risk of homelessness among ex-offenders and the development of protocols by the HSE for those being discharged from acute and psychiatric hospitals. More generally, the establishment of the Preventative Strategy has played a critical role in raising awareness of the need to focus action on the prevention of homelessness.

The same approach to the review of each action has been adopted as was applied to the Integrated Strategy actions in Section 3. This means that for each action, progress is examined, its continued relevance is evaluated and any further development required is identified. We then go on to consider a number of priority issues with regard to prevention of homelessness that were not a focus of the Preventative Strategy. This includes those issues that relate to individuals at risk of becoming homeless that are not in state care. The section concludes with an overview of progress with regard to the Preventative Strategy, summarising progress across all of the 14 individual actions.

## 4.2 Review of Individual Actions

### 4.2.1 Adult Offenders

**ACTION 1** - A specialist unit will be established by the Probation and Welfare Service to assist with offenders who are homeless and additional staff will be provided to assist offenders who are homeless.

#### Progress

As envisaged by this action, a specialist unit, the Homeless Offenders Strategy Team (HOST), was established in 2002, with dedicated members of staff from the Probation and Welfare Service and an officer from Dublin City Council. The role of HOST is to promote measures to prevent offender homelessness and to ensure that offenders, including those on supervision in the community and those leaving custody, have access to appropriate accommodation and services. Its overall objective is to ensure that there is ongoing and effective inter-agency co-operation between the statutory and voluntary bodies working in the homeless sector and with other services as they affect homeless offenders.

HOST has developed both a strategic plan and an accommodation strategy that have been circulated to all local authorities. The primary objectives of the strategic plan are to prevent and minimise homelessness among offenders and to improve access to accommodation for homeless offenders. Commitments established by this plan include the development of policies and procedures to ensure that sentence management and discharges from prison are planned in such a way as to prevent homelessness, and the devising of structures and enhancing of partnerships to facilitate access by offenders to accommodation in the community.

The Irish Prisons Service has also established other initiatives in order to reduce the risk of homelessness for ex-offenders including the entitlement of prisoners to be put on housing lists 9 months prior to release, and to receive rent supplement allowance and have their local authority dwelling held for them if undergoing a short sentence of 13 weeks or less.

Evidence gathered during the review process suggests that, in all but a few isolated instances, discharge policies developed are being implemented around the country. It has also been confirmed that the advent of HOST has facilitated the development of very good working relationships between those in the Probation and Welfare Service, local authorities, the HSE and community and voluntary sector.

**Continued Relevance**

The Probation and Welfare Service and the Department of Justice, Equality and Law Reform commissioned the Centre for Social and Educational Research at Dublin Institute of Technology in 2003 to undertake research into homelessness among offenders. This study, published in 2005, found that around 10% of offenders referred to them by the courts in Dublin were classified as 'homeless'. A quarter of those in custody in Dublin prisons were actually homeless on committal. Furthermore it was found that 54% of those in custody had experienced homelessness at some point in their life. Given this intrinsic link between adult offenders and a high risk of homelessness, the continued relevance of this action cannot be in doubt. The risk of homelessness among ex-offenders will remain a critical issue in the future and the establishment of HOST has, in the opinion of most local stakeholders, represented a highly positive intervention in helping to reduce the risk of homelessness among this target group.

**Further Development Required**

It was confirmed that implementation of discharge policies for offenders has improved since the launch of the Preventative Strategy, with Probation and Welfare officers typically contacting the relevant housing officer or homeless coordinator a number of weeks in advance of release. Monitoring should be undertaken to ensure that this remains the case, and that discharge policies are implemented effectively in all areas of the country, particularly outside of Dublin.

The entitlement of offenders serving long sentences to go on the housing waiting list nine months in advance of release and of those serving short sentences to have rent supplement allowances sustained and local authority housing held for them are further actions that appear to have been implemented effectively. However it must be acknowledged that these initiatives only tackle part of the problem with regard to homelessness, focusing purely on local authority housing stock. The Centre for Social and Educational Research study confirmed that homeless offenders were most likely to be single, male and under 30 years of age, which means they will face the same difficulty of sourcing local authority housing experienced by all single people. The pressing need for other long-term accommodation solutions for single people, emphasised throughout the review of the Integrated Strategy in Section 3, is highly relevant if effective prevention of homelessness among adult offenders is to be achieved in the future.

**ACTION2** - The Prison Service will build and operate transitional housing units as part of their overall strategy of preparing offenders for release.

### **Progress**

Accommodation projects have been developed in Blanchardstown and on the North Circular Road in Dublin, in Sligo, and in Cork, housing 34 ex-offenders in total. The proposed building of transitional hostel facilities in Limerick and Cork did not proceed initially because of adjustments in the public finances and also as a consequence of the alternative approaches to settlement that are now being considered. Discussions are ongoing between Cork City Council and the HSE regarding provision of a range of alternative accommodation options for offenders leaving Cork prisons. The involvement of voluntary housing associations in providing such accommodation is also currently being explored. A needs analysis with regard to accommodation is being carried out for the Limerick prison population. It should be noted, however, that there has been a shift in emphasis away from providing specific accommodation for homeless ex-offenders, with the preferred approach now being to ensure access to wider homeless accommodation services.

### **Continued Relevance**

Consultation with the Probation and Welfare Service and the Irish Prisons Service identified the need to change the focus of interventions addressing homelessness and its prevention among ex-offenders. As noted above, the provision of dedicated and concentrated accommodation units is generally no longer viewed as an appropriate intervention due to the dangers of stigmatisation involved in housing groups of offenders together. Reducing the risk of homelessness among ex-offenders will be dependent on the provision of adequate long-term accommodation with appropriate specialist care supports if required, be they related to alcoholism, drug addiction, psychiatric illness or other problems.

### **Further Development Required**

In the future ex-offenders should be treated on the basis of their needs and should have access to the same range of accommodation options available to other homeless individuals. As a matter of principle, dedicated ex-offender accommodation should not generally be provided, unless in exceptional circumstances where issues over and above homelessness (such as risk of harm, re-offending and public safety consequences) are involved. Rather, HOST should proactively seek to secure the appropriate accommodation and care services required by the individual in each instance from the existing portfolio of services. One sub-group within the base of adult offenders that has been identified as posing particular problems for service providers in sourcing appropriate accommodation is that of sex offenders. No obvious solution to the most appropriate environment in which to treat these individuals upon release has been apparent during the research

process, but it is clear that this issue is worthy of significant attention in the future, and should be identified as a priority intervention in the homeless strategy. More generally, offenders' needs must continue to be taken into account at all levels via the planning and delivery of services by local homeless fora, housing strategies and national policy. The involvement of representatives from the Probation and Welfare Service in local homeless fora should therefore be encouraged.

**ACTION3** - The Probation and Welfare Service and the VECs will ensure that all prisoners who are pursuing educational courses will be able to continue them following their release.

### Progress

This action has been progressed with ongoing education and training for offenders leaving prison encouraged and facilitated on a case-by-case basis at present. Programmes for ex-offenders and their families are among the priorities of the Back to Education Initiative under which 6,000 places are being provided this year (2005). The Vocational Education Committees are currently funding a range of relevant initiatives including Pathways and Dillon's Cross, while they are also involved in Bridge, a scheme primarily funded by the Irish Prisons Service/Department of Justice, Equality and Law Reform. The commitment to education and training in prisons as a contribution to reducing the risk of homelessness upon release was formalised with the allocation of 209.22 whole-time teacher equivalents (WTE) to prison education for 2004-2005, with a similar level of resources deployed in the previous period. This entails annual investment of around €12mn. This evidence of education delivery while in custody and of programmes targeted as ex-offenders upon release is encouraging. However the relationship between the undertaking of courses within prison and completion of these courses upon release is unclear. There do not appear to be any details of such completion rates, and as Action 3 relates directly to the building of this relationship, no definitive statement as to its realisation can be provided.

### Continued Relevance

Education and training interventions as a means of reducing the risk of homelessness remain highly relevant actions and should be continued as any future homeless strategy develops. Although a theme within both the Integrated and Preventative Strategies, there is a general perception amongst stakeholders that education and training for homeless people and those at risk of becoming homeless has not received the attention it deserves over the last 5 years, and further attention should now be devoted to the matter. It is also important that monitoring systems for ex-offenders leaving prison are improved, as this is the only means by which performance can be judged with respect to continuation of courses commencing while in custody.

### **Further Development Required**

Examination of the membership of local homeless fora, further detailed in Section 5, highlights the very limited involvement of both FÁS and the Vocational Education Committees in this respect. Partnership working between FÁS and the VECs, the Probation and Welfare Services and other bodies within the homeless sector would be better facilitated if there was commitment by all these stakeholders to the local processes. This would allow better planning of education delivery to prisoners upon release and would also facilitate accurate tracking of ex-offenders to ensure that courses that commence while in custody are being completed post-release.

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#### *4.2.2 Young Offenders*

**ACTION 4** - The satisfactory recruitment of staff by Trinity House and Oberstown Girls Centres to enable the pre-release/step down units becoming operational as a matter of priority will be supported.

### **Progress**

Two pre-release units were established in 2002 at Trinity House and Oberstown Girls Centre. These units provide programmes of preparation for independent living for up to 6 children at any one time. They also provide an outreach service, tracking system and a work placement programme for young people leaving the centres. The Department of Health and Children is examining proposals to extend this facility within the sector.

### **Continued Relevance**

The action has been fully progressed and as such there is no need for any further activity in relation to these specific centres. However the need for such interventions may be apparent elsewhere in the future and, if this proves to be the case, a similar type of action should be brought forward.

### **Further Development Required**

The Department of Justice, Equality and Law Reform has endeavoured to examine proposals to extend such services within the rest of the sector and if the need is identified this will represent the only further development required. The success of such initiatives is of course ultimately determined by the availability of long-term accommodation solutions upon leaving the pre-release units, and this must be a dominant theme in any future homeless strategy.



### 4.2.3 Mental Health Residential Facilities

**ACTION 5** - All psychiatric hospitals will have a formal and written discharge policy, which will be communicated to all staff involved in the discharge of patients and will be provided to patients and next-of-kin.

#### Progress

Significant progress has been made by HSE regional management (and formerly via the health boards) in relation to the development and implementation of protocols for the discharge of people from psychiatric hospitals. The findings suggest that there is a formal discharge policy at least in the process of being adopted in all areas of the country. In certain locations this discharge policy seems to be implemented effectively, and good working relationships have been developed between staff in mental health facilities and local authorities or service providers. However evidence gathered during consultations at local level suggests that the implementation of discharge protocols varies around the country. Good procedures have been established in some areas, with consistent reminders and appropriate information provided to front-line staff in order to ensure that protocols are being followed. Yet in other areas local service deliverers have indicated that problems do exist with regard to discharges without adequate prior notice. Concern has been expressed at national stakeholder level that discharge policies as they stand do not go far enough, in that they merely concentrate on the immediate need for the patient to find emergency shelter rather than longer-term accommodation requirements. It was noted that discharge policies can only be successful if the local housing authority is willing to make accommodation available for individuals capable of being discharged, and that such provision has not been evident in many areas of the country.

#### Continued Relevance

This action remains highly relevant given that, despite discharge protocols being developed, concern remains that they are not being rigidly followed in some areas. Discharge policies should continue to remain in place and should be applied consistently throughout the country. Furthermore there is scope for developing the existing discharge policies to adopt a more holistic approach to assessing all the needs of the patient, and not only immediate accommodation requirements.

#### Further Development Required

With discharge protocols now in place around the country, emphasis must shift to improved information about the protocols for front-line staff, and to the monitoring of application of discharge protocols in mental health residential facilities around the country. Discharge protocols are considered to represent an invaluable mechanism to reduce the risk of homelessness but they must be more effectively implemented in the future.

Further development is also considered to be required in the nature of the discharge policies themselves. It was perceived that insufficient attention is being paid to examining potential longer-term solutions that could be accessed directly upon leaving a facility, or to the ongoing care requirements within any living environment. Given that an important finding with regard to the review of the Integrated Strategy is the need to move towards a case management approach, it is important that actions under the Preventative Strategy reinforce this development. This means that a holistic assessment of the individual's accommodation, health, care and social development needs in the short, medium and long-term is undertaken prior to discharge from any state facility. It is only in this way that discharge policies can truly act as preventative mechanisms, rather than 'creating' homelessness by focusing solely on the emergency shelter needs of patients.

Discharge protocols are only effective if there is a supply of appropriate accommodation that can be accessed by those capable of being discharged. Long-stay residents of psychiatric hospitals qualify as homeless within the statutory definition of the Housing Act. If an individual has been clinically assessed as capable of independent living in the community, there is a statutory obligation on the local authority to provide housing for them. In spite of this, cases have been cited of long-stay patients in psychiatric hospitals remaining on local authority housing lists for considerable periods of time. This suggests that stigmatisation may be an issue with regard to securing appropriate accommodation in some areas and where this is the case the situation must be addressed. It is therefore important that the requirement on mental health services to operate discharge policies is matched by the effective commitment of local authorities to meeting their statutory obligations in relation to the provision of housing for this particular client group.

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**ACTION 6** - Psychiatric teams will have a nominated professional to act as discharge officer and ensure that discharge policy is followed.

### Progress

The nomination of a professional to act as discharge officer is included as part of the protocols that have been developed, although to what extent this action has been realised in practical terms is unclear. There is a perception by many local homeless service providers that implementation of discharge protocols still needs to be improved in some areas of the country. If discharge officers have been appointed, the level of proactive involvement in ensuring appropriate aftercare upon the patient leaving the facility tends to vary depending on the individual in that role, and on the development of good working partnerships with other relevant local stakeholders.

### Continued Relevance

While this action has been progressed in the manner indicated above, steps must be taken to ensure that the discharge officers are supplying adequate information to frontline staff and monitoring the application of discharge protocols in individual mental health facilities. Making individuals responsible for ensuring that appropriate needs assessments are undertaken of individuals prior to discharge will continue to form an important part of preventative strategy in the future.

### Further Development Required

If discharge officers have not as yet been appointed to all psychiatric teams in mental health residential facilities and other relevant institutions around the country, this action must now be progressed as a matter of highest priority. They should also be central to the implementation of more holistic discharge policies, examining all of the needs, including housing and health care, of individuals leaving mental health institutions.

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**ACTION 7** - Records will be kept of the number of patients being discharged and the type of accommodation into which they are being discharged.

### Progress

The Department of Health and Children confirmed that record-keeping procedures have been developed in line with the discharge policies. This is a promising development, although as the review has stated, local service providers did feel that discharge protocols had been inconsistently applied in different areas and that record-keeping was not always standard practice in some hospitals.

### Continued Relevance

The action continues to be relevant, as record keeping introduces an important control mechanism in ensuring that patients leaving mental health residential facilities have access to the necessary supports with regard to accommodation and ongoing care via the operation of discharge protocols. The development of a case management approach to both integrated and preventative actions would increase the need for detailed record-keeping and an information system that can keep track of progression of each individual upon leaving the facilities.

### Further Development Required

As with the previous actions, the key to future development will be in ensuring that record-keeping remains a central element of discharge practice, and that monitoring systems are put in place in order to better ensure the action's effective implementation. Developing an information system, as raised above, that can monitor the progress of an individual and record their needs and the subsequent accommodation and support

services received, will be an important priority relevant not only to those leaving mental health residential facilities, but any form of state care, and for those availing of homeless services in general.

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#### 4.2.4 Acute Hospitals

**ACTION 8** - All hospitals will have formal admission and discharge policies in place to identify homeless persons on their admission to hospital and to ensure that arrangements are made to ensure that accommodation is provided for the homeless person after their discharge.

#### Progress

Protocols have been developed and agreed in all health board areas in relation to the admission and discharge of homeless people in acute hospital settings. In the areas formerly served by the Midlands Health Board and the North Western Health Board, formal admission and discharge policies are in place, but there is no specific reference to homeless people. This is, however, the case in the remaining areas. Despite this progress the implementation of discharge protocols in some areas was a concern for many local service providers. While in some acute hospitals it was felt that protocols had been implemented very effectively and that good working relationships had been developed between frontline hospital staff and homeless service providers, in other areas there appeared to be a lack of knowledge on the ground about the protocols that should be applied upon patients being released from hospitals. One important factor in determining the proactive implementation of discharge protocols appeared to be the presence of a strong local homeless forum within the area, where good working partnerships could be formed between the HSE, local authorities and the community and voluntary agencies.

#### Continued Relevance

As with the actions related to mental health facilities, the focus of activity at this point must be on ensuring that discharge protocols are adequately communicated to frontline staff working in acute hospitals. It must also be ensured that individuals leaving hospitals are provided with the same levels of support and assistance upon being discharged, regardless of the location of the hospital from which they are leaving. As discussed earlier, there is a need for discharge policies to include the undertaking of comprehensive needs assessments of individuals, bringing forward care plans to ensure their long-term rehabilitation in a permanent independent or supported living environment.

#### Further Development Required

It is considered that one cross-cutting area where preventative actions can be more effective in reducing the risk of homelessness lies in the closer monitoring of discharge protocols. This should include not only discharge protocols in acute hospitals, but also in

mental health residential facilities, and with regard to young people leaving care. It was suggested that some form of quality control mechanism is put in place with regard to discharge policy across all types of state care. This might comprise ad hoc visits and the establishment of more formal recording procedures in order to ensure effective implementation.

**ACTION 9** - These policies will be communicated to all staff involved in the admission and discharge of patients and all patients and next-of-kin will be provided with a copy of the policies.

### Progress

Feedback from local service providers suggested that while discharge protocols have been developed, effective communication of them to all relevant frontline staff varies from area to area. The extent to which all patients and next-of-kin have been provided with a copy of the discharge policies is also unclear. It is apparent that there are examples of good practice where there exists a high level of awareness among frontline staff of the discharge protocols. The commitment of HSE regional managers has been the critical factor in facilitating such progress, ensuring that there is a regular information flow to those charged with implementation.

### Continued Relevance

This clearly remains as a highly relevant action if the progress that was envisaged has not been achieved in all parts of the country. The need for improved information provision to frontline staff will be of further importance if more extensive protocols are adopted in the future looking at a wider range of patient needs upon release.

### Further Development Required

The successful progression of this action will be dependent upon improved information provision to frontline staff in acute hospitals accompanied by the introduction of some type of formal monitoring system to ensure that protocols are being followed and the needs of those at risk of becoming homeless are being met prior to release. It should not merely be the goal of discharge policies to facilitate access to immediate emergency shelter. Consideration of any long-term solutions that might be available should also form part of the process. In this regard it is essential that such long-term accommodation options are further developed, particularly those linked to ongoing care support in the medium or long-term, as this has been identified as a significant gap in provision that should be filled.

**ACTION 10** - Every hospital will have a nominated officer to act as Discharge Officer and ensure that the discharge policy is followed.

### **Progress**

As is the case with regard to mental health residential facilities, it is unclear to what extent this action has actually been progressed in practice, with some hospitals perceived as not giving discharge protocols sufficient attention. Instances have been cited by local service providers whereby individuals are presenting as homeless upon discharge from acute hospitals without any advance warning system from a nominated Discharge Officer at the facility. Other examples have been given of Discharge Officers being very proactive in ensuring that patients leaving acute hospitals can access appropriate accommodation and receive the ongoing care support that can sustain them in their new environment. Consistency across the country in terms of the role of Discharge Officers would seem to be the primary issue to resolve in this regard.

### **Continued Relevance**

Further clarification of the extent to which the role of the Discharge Officer varies from hospital to hospital and from area to area should be sought. The action remains relevant as it is not yet clear if the Discharge Officer title is merely a nominal position in some cases or whether they are all effective in ensuring the delivery of discharge protocols within acute hospitals. Examples of good practice gathered suggest that Discharge Officers can play a very prominent role in securing practical solutions, in terms of both accommodation and care needs, for patients leaving hospitals. The position can therefore contribute to reducing the risks of homelessness among this target group if it is performed in an effective, proactive manner.

### **Further Development Required**

As noted above, further development is required in order to ensure that the Discharge Officers are proactively implementing discharge protocols within their respective acute hospitals. Monitoring mechanisms should be introduced in this regard to ensure consistency across the country. The involvement of Discharge Officers in the local homeless fora will also be important in order to develop good working relationships between the relevant stakeholders, and should be encouraged wherever possible.

#### 4.2.5 Young People Leaving Care

**ACTION 11** - Health boards will develop and implement aftercare protocols for all young persons leaving care

#### Progress

Aftercare protocols are being developed by health boards in the context of the implementation of the Youth Homelessness Strategy. Guidelines were drafted by a sub-group of the Youth Homelessness Strategy Monitoring Committee entitled 'Developing a Leaving and Aftercare Policy – Guidelines for Health Boards' in order to assist in this process. The majority of areas (those previously covered by Mid West Health Board, South Eastern Health Board, Western Health Board, Southern Health Boards, North Eastern Health Boards) have a formal policy in relation to aftercare protocols. Other areas (those formerly covered by the Eastern Region Health Authority, Midlands Health Board and the North Western Health Board) have aftercare support plans in place for individuals leaving care and are developing regional policies in this regard. The aftercare services provided for in the protocols include the following:

- Monitoring service
- Aftercare accommodation service
- Youth homelessness and aftercare service
- Budgeting service
- Mutual support group

In general, our research revealed that where young people leaving care were in need of housing, good working relationships had developed in order to ensure that the provision of appropriate accommodation and any necessary care support was delivered to the individual. However, there were instances cited where young people leaving care were presenting as homeless with very little notice, although these did seem to be isolated cases. Nevertheless, local stakeholders did see scope for greater cooperation between relevant staff concerned with issues of youth homelessness and those concerned with adult homelessness.

#### Continued Relevance

It is essential that aftercare protocols are developed and implemented in all areas of the country, and that there are appropriate monitoring systems in place in order to track the effectiveness of delivery in this regard. There is potential to link aftercare protocols more closely to interventions targeting adult homelessness to ensure a progression route that is as seamless as possible. The protocols must also focus on securing long-term rather than emergency accommodation solutions with appropriate temporary and ongoing supports if necessary.



### **Further Development Required**

During the consultations undertaken for this review it was indicated that there was scope for the Adult Homeless Forum and Youth Homelessness Forum in each area to develop closer working relationships in order to improve coordination of services for young people leaving care. It was also felt that there should be greater integration between the actions in the Youth Homelessness Strategy and those in the Preventative and Integrated Strategies, and that closer links in this regard should be an objective of any future homeless strategy.

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**ACTION 12** - All necessary arrangements to ensure that the actions required are carried out will be in place as soon as possible and not later than six months from the publication of the strategy.

### **Progress**

As noted above protocols are being developed and our research would suggest that, with the exception of isolated instances, there are good working relationships between key personnel linking young people leaving care to the appropriate services for adults seeking housing and health services.

### **Continued Relevance**

This action remains relevant and more formal monitoring is essential in the future in order to ensure that aftercare protocols have been, and continue to be, implemented.

### **Further Development Required**

The most pressing need arising from the review of the Preventative Strategy is to ensure that appropriate monitoring procedures are implemented for all discharge and aftercare protocols. This will provide a formal check that aftercare protocols are being followed for all those young people leaving state care. Aftercare interventions can however only ultimately be successful if the homeless strategy stimulates longer-term accommodation provision based on local needs that can be accessed by young people leaving care.

#### 4.2.6 Education and Homeless Adults

**ACTION 13** - Education services for homeless adults will be extended across the country, building on the experience of the City of Dublin VEC initiative. The 6,000 extra places coming on stream under the Back to Education Initiative in 2002 will provide an important opportunity to cater for this priority group.

##### Progress

The Back to Education Initiative was launched in October 2002 to provide for an expansion of flexible part time options across Further Education. It focuses on those adults without any upper secondary level education. Under this initiative, 6,000 places have been made available, of which 10% were set aside exclusively for use by the community sector. Further to this development, the Community Education programme was established in 2004. This programme put in place a network of 35 community education facilitators, employed via the Vocational Education Committees, to network with community education providers, support the quality of service delivery, help them access funds, and encourage partnerships with the statutory sector. A national co-ordinator has been recruited to provide in-service training and support and monitor the initiative. In all, 4 projects are currently directly catering for 66 homeless students, with 1 in Dublin, 2 in Galway and 1 in Kildare. An additional 5 projects in Dublin targeting 94 students, involving both early school leavers and homeless people as participants, have also been progressed under the Community strand of this programme.

##### Continued Relevance

Intervention by the education sector can play an important role in helping to improve awareness of the services that are available to groups at risk of homelessness. The sector can also provide valuable interventions to develop the life skills that individuals will need to survive in an independent living environment in the future. It can also, of course, provide technical and vocational skills that will help individuals to secure further training opportunities and employment, thereby significantly reducing the future risk of homelessness. The involvement of education and training providers in the implementation of future homeless strategy, in both a preventative sense and via direct service provision to homeless persons, should be retained and built upon.

##### Further Development Required

The review has already identified a lack of involvement in local homeless fora by agencies within the education and training sector. If more focused preventative and integrated actions are to be developed in the future, the proactive involvement of agencies such as FAS and the Vocational Education Committees in the development of local homeless action plans is considered to be a major objective. Education and training for homeless

adults is essential in securing long-term accommodation solutions for individuals, as it can equip them with the life skills that will allow them to sustain themselves in an independent living environment, and with the vocational skills that can lead to further opportunities of education, training and subsequent employment.

### 4.2.7 Monitoring

**ACTION 14** - The relevant Government Departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness and will report regularly, through the Cross Department Team on Homelessness, to the Cabinet Committee on Social Inclusion.

### Progress

The Cross-Department Team on Homelessness is overseeing the overall monitoring of the Preventative Strategy while each Department is responsible for monitoring the measures to which they have been allocated delivery responsibility. The Team reports regularly to the Cabinet Committee on Social Inclusion. The Department of Health and Children, responsible for the majority of actions under the Preventative Strategy, holds quarterly meetings with the health boards and receives verbal updates on the implementation of the strategy. The Department of Health and Children also requests updates from the health boards in response to such requests from the Department of the Environment, Heritage and Local Government, who chair the Cross Department Team. The Homeless Offenders Strategy Team is monitoring progress in relation to the Probation and Welfare Service. The HOST Business Strategy 2004-2007 commits itself to evaluation and review on a planned and ongoing basis, and performance indicators have been established in order to review progress on all targets.

### Continued Relevance

The overall monitoring of preventative actions will continue to play a critical role in any future homeless strategy. This section has identified the need for more formal monitoring of implementation of specific actions, and development in this regard should form the main focus of strategic development in the short-term. It is important that informal monitoring procedures, such as verbal updates, are supplemented by more formal reporting procedures where progress is tracked against projected outcomes and timescales for delivery.

### Further Development Required

There is significant scope for improvement of the monitoring systems for preventative actions as alluded to above. It has been noted that discharge and aftercare protocols

have been successfully developed in some instances around the country, but it was also found that such protocols have not been fully implemented in other areas. Success in this regard would seem to be a product of proactive management and intervention by key HSE staff, but some further form of monitoring control needs to be introduced to ensure that those at risk of becoming homeless can access the same support services regardless of where they are located. The establishment of a quality control system, where information provision, reporting procedures, and direct monitoring of implementation of protocols would be undertaken, is worthy of consideration as the homeless strategy progresses.

### 4.3 Other Priority Issues

#### 4.3.1 Early Intervention

During the course of the national and local stakeholder consultations and the regional workshops that took place as part of the review process, discussions were facilitated with regard to the most effective preventative actions that could be progressed to reduce the risk of homelessness among specific target groups. It was consistently emphasised that the majority of individuals presenting as homeless has reached that situation as a result of some form of family breakdown. In Waterford City, three of the five most cited reasons for becoming homeless from 2000-2002 were related to family breakdown<sup>4</sup>. In Limerick City, 38% of individuals presenting as homeless prior to the drawing up of their action plan in 2001<sup>5</sup> cited family breakdown as the primary cause. Therefore, while it was acknowledged that specific interventions for those leaving state care remained highly valid, it was noted that more focus must be given to early intervention strategies targeting the prevention of family breakdown, and in ensuring that individuals have access to the appropriate services should such a scenario be imminent.

A great deal of constructive discussion was generated on the links between family breakdown and homelessness. It is considered that a central component in any early intervention actions lies in forging an understanding of the indicators that typically precede family breakdown and that therefore might potentially act as a precursor to homelessness. Encouragingly, there was broad agreement as to what those indicators might be, suggesting that there may be scope for early intervention systems conducted on a rational basis. Indicators such as low school attendance, early school leaving, rent arrears, criminal convictions, the occurrence of mental health problems among members of the family, alcohol addiction problems in the family, and evidence of domestic violence were all cited as prime indicators of future problems of family breakdown and subsequent homelessness.

<sup>4</sup> Five main sources of new homeless cases detailed in 'Waterford City Homeless Action Plan 2002-2004'. Waterford City Council, 2002.

<sup>5</sup> Figures sourced from the Homeless Persons Unit in Limerick City Council and provided in 'Strategy & Action Plan for Service Delivery to the Homeless in Limerick City 2001-2004'. Limerick City Council, April 2001.

During the course of the Review, discussions were held with Dr Jane Pillinger, an independent researcher charged with producing a major strategic document for the Homeless Agency, 'Preventing Homelessness: A Comprehensive Strategy to Prevent Homelessness in Dublin 2005-2010.' This study is currently in the process of being finalised, but a number of findings have arisen that are highly relevant with regard to the Review of Homeless Strategies in general. Examples of good practice were identified with regard to early intervention strategies. The initiative 'Safe in the City' was pinpointed, focusing activity on improving family relationships, increasing capacity to cope with problems at home, anger management, self-confidence, and improving attitudes towards education and employment, all with a view to reducing the overall risk of homelessness. The Springboard Projects in Ireland were also noted and these represent an excellent example of how early intervention initiatives can prove effective. These projects were established by the Department of Health and Children in 1998 as community-based early intervention initiatives to support families. They focus on strengths within families and work at the family's pace to find solutions to their problems. A range of interventions is provided including individual, group and family work, peer support, advocacy and practical help. There are currently 22 projects in operation nationally, with the HSE funding an additional 5 projects in 2005.

The report also identifies a particular gap in Ireland with regard to the provision of support and mediation services for young people, particularly those in the 16-17 year age group. It cites UK research into the treatment of young people via targeted interventions that suggests age-related policies are not as appropriate as ensuring that joined-up and inter-agency approaches are in place. This helps to ensure that there is a more effective blurring of the boundaries between services that can support young people who are at risk of homelessness. These findings add weight to the argument that there is a need to develop greater integration between the Youth Homelessness Strategy and any new adult homeless strategy that is to be developed in the future, while acknowledging that both have distinct and separate issues on which to focus.

Significant attention should now be devoted to bringing forward early intervention initiatives with regard to family breakdown. It would seem as if indicators exist that could be used to determine when family breakdown might occur and intervention might be appropriate, and there are examples of good practice both in Ireland and overseas that might be followed in this regard. The further investigation of how appropriate early intervention strategies can be developed should be an important consideration of any future homeless strategy. It is important that the appropriate agencies work together in partnership to bring forward such strategies, as the Department of Health and Children, the Department of Social and Family Affairs and the Department of Education and Science will all have key roles if early intervention actions are to prove effective. Recognition should also be given to the existing strategies already in place that will help to frame development, such as the National Children's Strategy, launched in November 2000.

#### *4.3.2 New Immigrants*

One growing area of concern expressed by stakeholders throughout this review was the need for preventative actions and guidance in relation to new immigrants. The introduction of the Habitual Residence Condition that limits the access to government support and services from those new immigrants from outside the European Union, if they have been living in Ireland for less than two years, was identified as an area where further guidance was required. Providers of homeless services were unclear as to whether they were supposed to be offering support to these individuals should they present as homeless, and that clarification was necessary. It was also emphasised that this will be a growing problem in future years, and that attention should be given to addressing the needs of this particular target group when formulating future homeless strategy.

#### *4.3.3 Victims of Domestic Violence*

One issue identified as requiring attention was the need to develop a more coordinated and targeted approach with regard to victims of domestic violence. Analysis of local delivery of the homeless strategies found very different approaches to the issue around the country. Groups such as Sonas and Women's Aid, and local operators of refuge services, are very proactive in some local homeless fora and help to drive forward targeted developments within local homeless action plans. However, in other areas there is no representation by such bodies on the fora, and the provision of refuges seems to be perceived as something that is outside the realm of homelessness. This is perhaps a consequence of the fact that neither the Integrated nor Preventative Strategy identified victims of domestic violence as a particular target group or proposed interventions to address specific issues and gaps in provision. This has resulted in a lack of planning on a country-wide basis on refuge provision and other appropriate services. There is, however, strong support for more focused interventions for victims of domestic violence in the future. The local homeless forum should have a role to play in considering whether existing accommodation and service provision is sufficient. It must also work with relevant local representative organisations in order to bring forward appropriate plans for development. Voluntary housing organisations should also be consulted to ascertain whether potential exists to develop supported transitional housing for women out of home due to domestic violence. Over and above this, however, there is a need for nationwide intervention to ensure appropriate support is available at local level. The National Steering Committee on Violence against Women provides a potential mechanism to do this, and could convene an expert working group to examine refuge provision and occupancy around the country.

#### **4.4 Overview of Strategy Progress**

The Preventative Strategy was intended as a highly focused programme of interventions aimed at reducing the risk of homelessness within very specific target groups who were all leaving some form of state care. These target groups were, and remain, highly vulnerable, and targeted action to prevent homelessness will continue to be essential for each of them. However, there are other at-risk groups that do not originate from state care, such as victims of domestic violence or of other types of family breakdown, or new immigrants, and these groups were not considered within the strategy. If appropriate and comprehensive preventative interventions are to be implemented that will effectively address the needs of all individuals that are at risk of experiencing homelessness, actions to help these other groups will be critical.

















The Preventative Strategy has achieved notable success in certain areas since its launch in 2002. This section has recorded how significant progress has been made in the development of discharge protocols for those leaving prisons, mental health residential facilities and acute hospitals. Aftercare protocols have also been developed with regard to young people leaving care. This has provided an important foundation from which the problems of those at risk of homelessness can be effectively tackled in the future.

However, there is some need to focus on ensuring that all of these protocols are fully implemented by front-line staff within these facilities. Feedback from providers of local homeless services has indicated that discharge protocols are not always applied at local level, with some areas apparently more successful than others in this respect. The most effective means of addressing this issue in the future is to develop information and monitoring systems focusing on information provision to front-line staff, record-keeping controls and on-site monitoring procedures as part of an overall quality control initiative.









These findings are borne out by an overview of progress across each of the 14 actions in the Preventative Strategy. Figure 4.1 summarises our conclusions with regard to each action in terms of progress made, continued relevance, appropriateness of the delivery organisation and whether a refocusing of activity is required. As with the Integrated Strategy, the allocation of a tick or a cross in response to each of these questions is based on subjective judgement given the comprehensive research process undertaken. Where a tick and a cross are shown together, this highlights some ambiguity with regard to our conclusion. This might mean, for example, that while part of the action remains relevant, there is a need for refocusing of activity to some extent, or that a partnership approach to implementation should be considered to build on the work of the current single delivery organisation. In each case the explanation for the allocation of each rating should be clear from the action-by-action review provided in Section 4.2.



**FIGURE 4.1: PROGRESS OF ACTIONS IN THE HOMELESSNESS PREVENTATIVE STRATEGY**

	Action Progress	Still Relevant?	Correct Agency?	Refocus Activity?
1. A specialist unit established by the PWS to assist with offenders who are homeless and additional staff will be provided to assist offenders who are homeless.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. The Prison Service will build and operate transitional housing units as part of their overall strategy of preparing offenders for release.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. The Probation and Welfare Service and the VECs will ensure that all prisoners who are pursuing educational courses will be able to continue them following their release.		<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The satisfactory recruitment of staff by Trinity House and Oberstown Girls Centres to enable the pre-release/step down units becoming operational will be supported.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. All psychiatric hospitals to have formal & written discharge policy, communicated to all staff involved in the discharge of patients and will be provided to patients and next-of-kin.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Psychiatric teams will have a nominated professional to act as Discharge Officer and ensure that discharge policy is followed.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Records will be kept of the number of patients being discharged and the type of accommodation into which they are being discharged.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. All hospitals to have formal admission & discharge policies in place to identify homeless persons on admission to hospital & ensure arrangements made to ensure that accommodation is provided for the homeless person after their discharge.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. These policies will be communicated to all staff involved in the admission and discharge of patients and all patients and next-of-kin will be provided with a copy of the policies.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Every hospital will have a nominated officer to act as Discharge Officer and ensure that the discharge policy is followed.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Health boards will develop and implement aftercare protocols for all young persons leaving care.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Fully progressed  Significantly progressed  Partly progressed  Little progress  No progress				

**FIGURE 4.1: PROGRESS OF ACTIONS IN THE HOMELESSNESS PREVENTATIVE STRATEGY**

	Action Progress	Still Relevant?	Correct Agency?	Refocus Activity?
12. All necessary arrangements to ensure that actions required will be in place as soon as possible and not later than six months from the publication of the strategy.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Education services for homeless adults extended across the country, building on experience of CDVEC initiative. 6,000 extra places under Back to Education Initiative in 2002.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. The relevant Departments will put monitoring systems in place to ensure that the measures in this strategy that are relevant to them are implemented and that they contribute to the overall aim of preventing homelessness & report regularly.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Fully progressed  Significantly progressed  Partly progressed  Little progress  No progress				

## 5. Homeless Strategy at Local Level

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### 5.1 Introduction

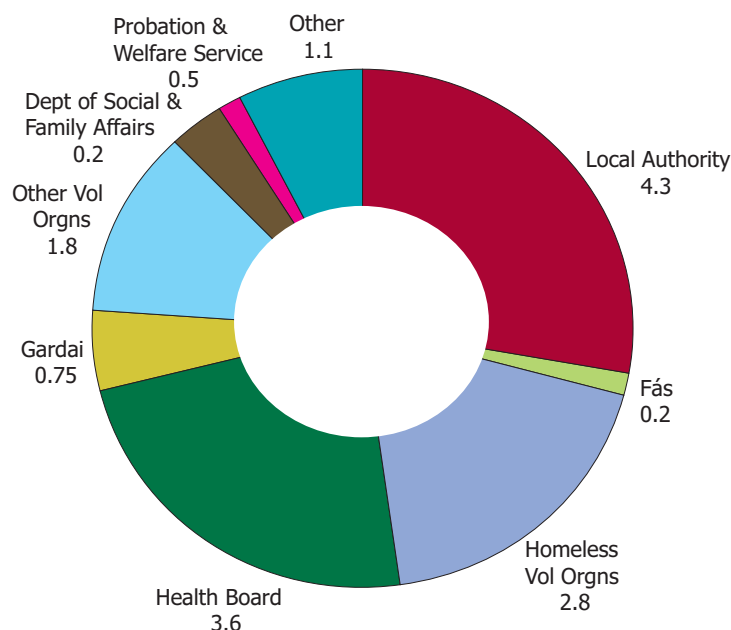
In the previous sections we have considered the implementation of the Integrated and Preventative Strategies on an action-by-action basis, judging effectiveness and appropriateness of future interventions, based on consultation with both local and national stakeholders and other documented evidence. The key to success of any future homeless strategy will be the capacity of local delivery mechanisms to implement the specific actions in all parts of the country. This section therefore considers the mechanisms that are in place in this regard, examining the nature of the homeless forum that has been established in every city and county council area, the homeless action plans that have been developed, and the delivery of local interventions to address homelessness. We also consider local perspectives on the homeless strategies in general, given the unique insight of local stakeholders on the effectiveness and practicality of actions in addressing the real issues affecting homeless persons and those individuals at risk of becoming homeless.

This analysis is drawn from a combination of sources, including a detailed survey of homeless fora, a review of homeless action plans, 7 local case studies examining how issues of homelessness are addressed in different areas, and 4 regional workshops involving representatives from local government, the HSE and the community and voluntary sector from all but one of the local authority areas in Ireland. Further details with regard to this research were provided in Section 2.

### 5.2 Local Homeless Fora

Thirty-four local authority homeless fora were established in Ireland in 2001 and 2002 in response to the recommendations in the Integrated Strategy. Membership of each of the fora varied from area to area, but all shared a general premise that they should involve a cross-section of local stakeholders coming together to plan activity to address homelessness in the area. On average there were 15 members serving on each forum around the country, from a variety of backgrounds.

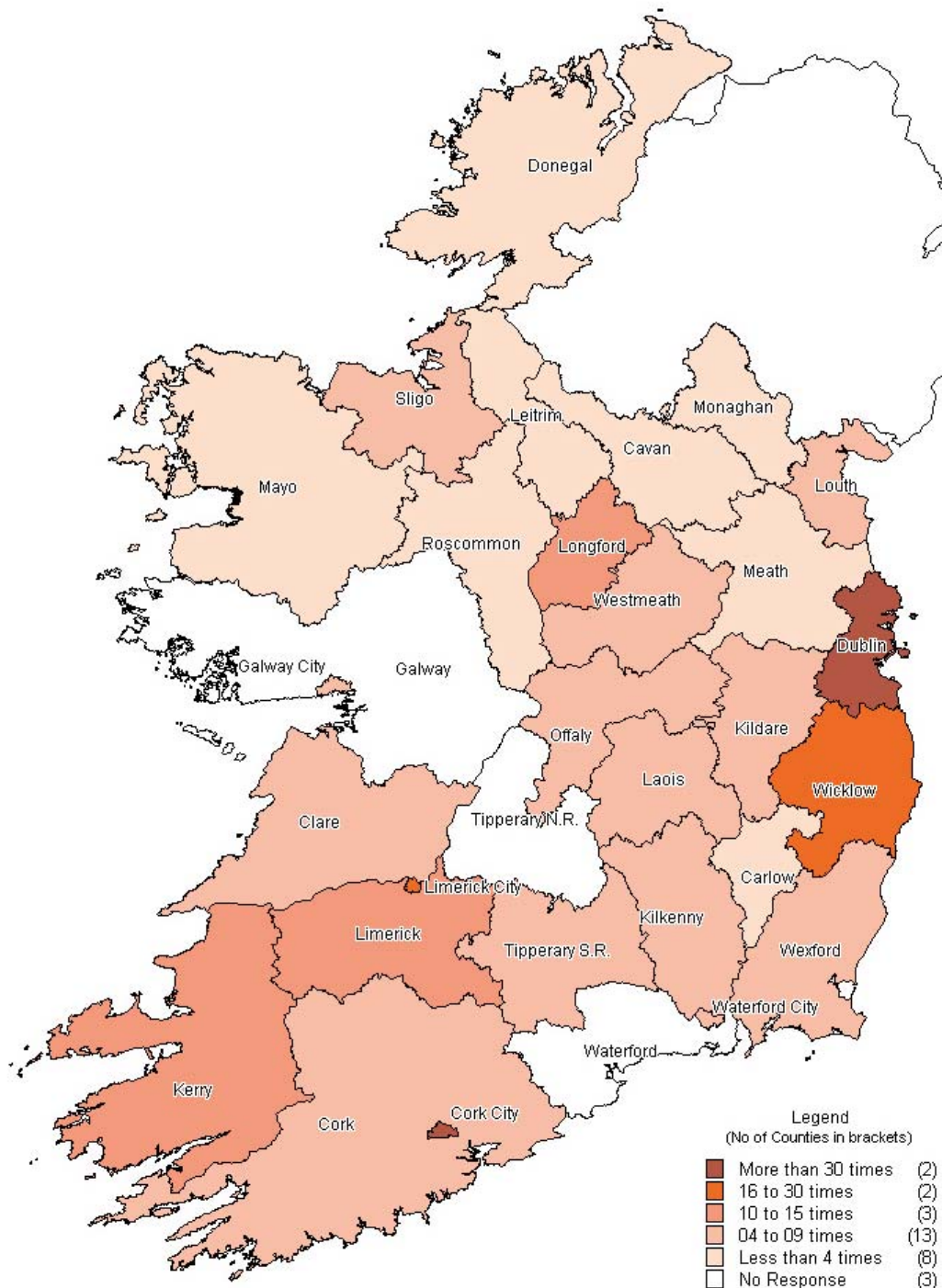
Concern was expressed during the consultation phases of the review that membership of the forum was in some cases dominated by local authority representatives, Survey analysis, however, actually confirmed that, in general, there was a relatively even balance between local government, HSE and voluntary sector representation, with around four members from each group on average. The involvement of other agencies, such as FÁS and the Gardaí, is more sporadic across the country, but there is evidence that where they are actively involved, they can make an important contribution to the forum's work. Figure 5.1 provides analysis of the average membership structure of the homeless forum across the 29 who responded to the survey.

**FIGURE 5.1: AVERAGE MEMBERSHIP OF THE HOMELESS FORA****SOURCE: SURVEY OF LOCAL HOMELESS FORA 2005**

The homeless forum model is considered to be working effectively in most areas, with all but one of the fora responding to the survey agreeing that the forum represents the most effective mechanism for addressing issues of homelessness within the local area. The inter-agency partnership between the statutory and the voluntary sectors is predominantly cited as being the greatest strength of the homeless forum as representatives from individual areas of work have the opportunity to exchange views within a structured framework. However, in some cases the high number of representatives from various agencies led to a lack of cohesion due to diverging opinions, and a need for greater co-ordination in forming a long-term vision was identified. In consultations with voluntary sector representatives it was suggested that the role of the local authorities in the forum needs to be more clearly defined with a greater emphasis on partnership. There is a perception from some such forum members that the input of the voluntary sector has not been adequately reflected in the final policies adopted.

The fora have met on average just under 3 times a year between 2002 and 2004 with 2003 generating the highest number of meetings. The regularity of forum meetings in 2004 tailed off somewhat, falling from an average of 2.96 to 2.79 per annum. It was indicated on a few occasions during the consultation process that momentum had recently been lost to some degree in certain areas, and that there was a need for a new or revised strategy to start driving forward local action once more. The review found substantial variations in the regularity of meetings in different areas, with some fora meeting monthly and a few having not met at all since 2002. It is worthwhile highlighting

the different approaches in this regard on a geographical basis, illustrating the 'hot spots' of forum activity on a map. Figure 5.2 shows the regularity of forum meetings over the period 2002 to 2004.



Unsurprisingly, the urban areas with the greatest concentration of homeless persons are shown to devote the greatest energy towards the forum's activities, some having met more than 30 times over the three year period. This does not explain the disparities in approach elsewhere, however, with some less urbanised areas devoting time to addressing homeless issues via the forum and others seemingly paying them scant attention. If equality of access to homeless services for individuals in all parts of the country is to be achieved, this imbalance will have to be addressed.

### **DEVELOPMENT OF NEW WORKING RELATIONSHIPS IN GALWAY CITY**

The establishment of Galway City Homeless Forum has led to the development of new and more formalised relationships between the various statutory agencies and voluntary organisations that are working with, and providing services to, homeless people in Galway City. Before the establishment of the homeless forum many of the organisational and structural relationships were informal and ad hoc. The formation of the homeless forum created opportunities for relevant agencies and organisations to come together on a regular basis, to share information and to discuss issues of common concern.

In addition, the homeless forum in Galway City initiated Annual Conferences to facilitate information dissemination and networking between frontline staff and decision makers. The forum also has a significant role in endorsing homelessness projects before they are formally submitted to the Department of Environment, Heritage and Local Government and the Department of Health and Children. Whilst there are some issues about the overall role of the homeless forum and relationships between statutory agencies and voluntary organisations represented on the forum, it is considered that the establishment of the forum has created a new momentum and a new dynamic in relation to homelessness within Galway City.

On this theme, the irregularity of meetings in some areas was cited by a number of forum representatives as being a major weakness as it hindered implementation of decisions. Furthermore, the lack of participation from key agencies and the low attendance at meetings in certain cases were identified as added difficulties hindering forum effectiveness. The poor response from some members, particularly from the voluntary sector, was partly attributed by many such representatives to the need for statutory powers to be given to the local forum. There was particular support for making the production of homeless action plans devised by the fora a statutory requirement in order to facilitate their implementation.

The main asset that the forum is perceived to bring to local areas is the building of dynamic relationships between local authorities, the HSE, voluntary and other agencies, that can stimulate positive action to address homelessness. This partnership approach is

acknowledged as the only means by which homelessness can be effectively tackled in the future. There was also evidence that the performance of the fora can be strengthened by the establishment of sub-groups examining specific issues or potential interventions. Such sub-groups would consist of those organisations with the most direct involvement in the particular matter. This provided greater focus and understanding than could be achieved in a wider forum grouping where the cross-section of interests prevents high level, focused discussion and planning.

#### **HOMELESS FORUM MONITORING PROCEDURES IN LIMERICK COUNTY**

County Limerick Homeless Forum discusses and puts together general targets and performance indicators each year. These are monitored and referred to on an ongoing basis during the course of forum meetings. Progress reports are presented at all forum meetings demonstrating the activity undertaken and progress achieved since the previous meeting. The reports are prepared by the Community Welfare Officer and the Outreach/Resettlement Worker attached to the Homeless Persons Unit. Minutes of each forum meeting are circulated about 2 weeks prior to the next meeting accompanied by the agenda. Proposals regarding homeless accommodation and service provision are also included in the Housing Action Plan.

One area of improvement identified during the course of the review was the lack of monitoring and reporting systems in place to track the activities of the homeless forum. Although 96% of the fora responding to the survey circulated the minutes to their meetings, only one-half produced regular progress reports, and only one-quarter had established and monitored targets or performance indicators. Some 32% of respondents indicated that they had other reporting procedures in place, although these typically involved informal verbal reporting at other meetings and committees.

### **5.3 Local Homeless Action Plans**

The review included a comprehensive examination of all local homeless action plans developed as a consequence of Action 4 of the Integrated Strategy. It was found that major differences exist in terms of the nature, structure, scope and extent of individual action plans around the country.

A number of different influences were cited by homeless fora as reasons for determining the format for their action plan. The majority of action plans were influenced primarily by the objectives of the Integrated Strategy (89.2%) and the individual needs of the local area (78.6%). A significant proportion of fora surveyed (42.9%) had proactively contacted other fora for advice in putting together their plan. The circular produced by the Department of the Environment, Heritage and Local Government was considered to



be a main influence in 60.7% of cases, and 9 fora followed this up by contacting the Department for additional advice. Only two fora sought external assistance in producing their action plan.

Following discussion of the issue during stakeholder consultations, the survey considered whether scope existed for fora to work in partnership in order to address homelessness issues, particularly in those areas where the base of homeless persons was relatively small. The results reveal that some consideration has been given at local level to the feasibility of adopting a more regional approach to delivery in some circumstances. Just under a third (27.3%), had examined the possibility of working in partnership with other local homeless fora to produce a wider regional plan when formulating their action plan. However almost two-thirds (65.0%) of those who responded to the appropriate question in the survey now saw the need for a wider plan or forum extending beyond their immediate council boundary. Among the reasons cited as to why such an approach would be useful were facilitating the sharing of information, providing comparative analysis, adopting a uniform approach to homelessness across the region, and better co-ordination of service provision.

The level of support for a more regional focus in some areas could offer a potential solution to one of the problems identified in this report, the lack of consistency of access to homeless services around the country, particularly in areas with a smaller base of homeless persons. Some regional or partnership approach in this respect could stimulate more effective provision.

### **POTENTIAL FOR COORDINATED APPROACH FROM A MONAGHAN PERSPECTIVE**

The County Monaghan Homeless Forum has given considerable thought to the issue of whether delivery of services could be improved by working in partnership with other areas. Developing a regional dimension to existing homeless services in the north east is being examined, particularly with regard to emergency accommodation for families made homeless as a result of domestic violence, and the development of services to support the transition and settlement of homeless individuals into independent living environments. Potential partnership arrangements in this regard could be contemplated with areas including Louth, Meath and Cavan. The forum has looked at where existing models can be built upon, such as via the Tearmann Domestic Violence Service that provides support services to the Cavan/Monaghan area and where scope has been identified for developing transitional units in both counties. This would also operate as a co-terminus with the local health community care area. Potential has also been identified to link with Louth and Meath to make best use of emergency facilities in the North East Region that are funded by the HSE. Steps taken to move towards such arrangements would, in the opinion of the forum, maximise opportunities for those needing emergency accommodation. It would make better use of available services and link agencies effectively. This could then be backed up with transitional supported housing provision in Cavan and Monaghan.

In our examination of the individual action plans themselves, variation of approach was a consistently emerging issue. A number of the action plans clearly listed detailed actions, indicating that considerable thought had been given to their implementation, with the key responsible agencies explicitly stated. However, in many of the plans the actions were not set against a timeline for achievement and were mainly qualitative and aspirational in nature, with broad statements of intent and little specific detail. Just 15 out of a total of 30 Action Plans included a mission statement and of these only 7 outlined specific dates by which to implement the aims described in the mission statement. In many of the plans there was little evidence that much thought had been given to the realisation of their broad qualitative aims. Nine out of the thirty Action Plans didn't list any strategic aims and the majority of the plans had failed to set performance indicators.

### **HOMELESS ACTION PLANNING IN CORK**

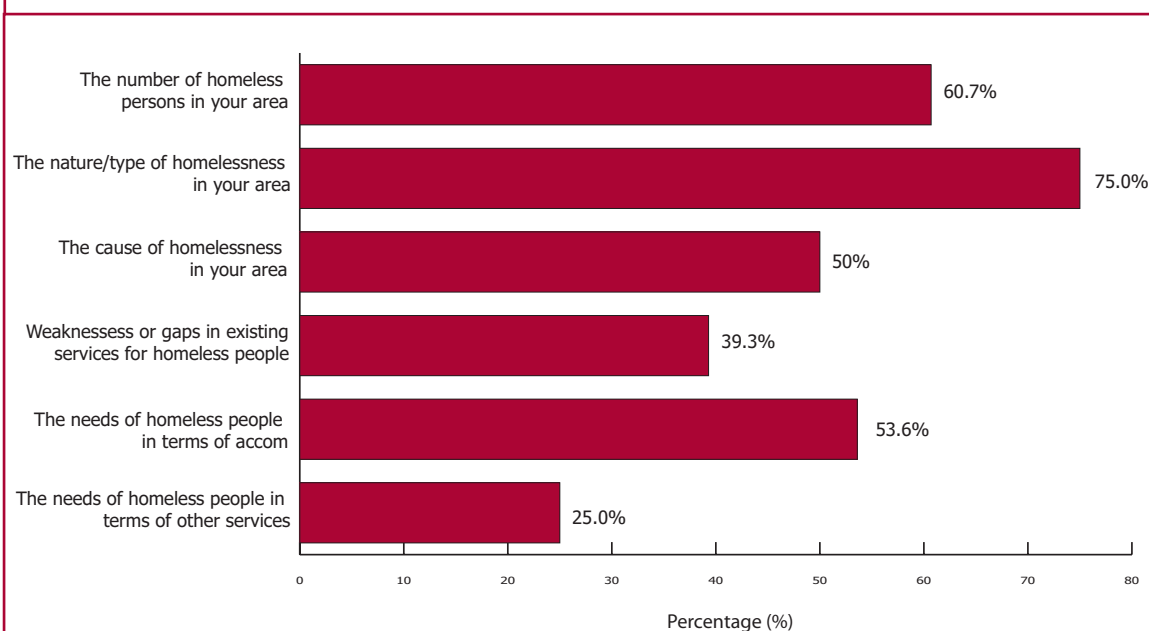
Cork City's Homeless Forum was established long before the requirement to set up such an entity in all local authority areas was included within the Integrated Strategy, having been in operation since 1991. A significant base of expertise had therefore been developed by the time the strategy was launched in 2000, and the subsequent action plan that was produced highlighted an intricate understanding of local homelessness issues. 'Homelessness An Integrated Strategy for Cork 2001-2003' was founded on a detailed consultation process with key local stakeholders, and drew up an overall mission statement, vision and core values to drive the plan forward. Under each of its six objectives, specific actions were documented, lead responsibility was allocated to the relevant organisations, and a timescale for delivery was stipulated. The current strategy, covering the period 2005-2007, is structured along similar lines, and also provides common themes for 2001-2007, identifies progress made since the launch of the prior action plan, and specifies mechanisms to evaluate and review actions undertaken in future. The approach to action planning in Cork City serves as an example of good practice that all local homeless fora could follow, regardless of the nature of the specific problems within their areas.

The average number of actions listed in the plans for City Council areas was 77, while for County Council areas this figure was 23. Generally these were divided into different objectives regarding various categories for intervention. Accommodation was unsurprisingly a central theme, with twenty-five out of the thirty plans committing to providing emergency accommodation. However, only seven of these plans indicated the number of units and the date of completion. Similarly, twenty out of thirty plans gave details on additional accommodation provision targeted at wider households, for example couples and those with children, but only thirteen set targets for the implementation of this aim. Many plans set objectives relating to transitional accommodation, but again there was little evidence of any definable targets. The provision of outreach and settlement services was given prominence in most plans, with twenty out of thirty outlining the planned deployment of settlement or outreach workers.

The homeless action plans provided varying levels of baseline/target data against which progress could be measured. With the exception of Dublin and a few other examples, including Limerick City and Kerry, the extent of statistical baseline information was generally very low. The analysis that was provided was often based on previous submissions to Councils, Health Boards and Voluntary Bodies, often accompanying applications for housing assistance, or originated from feedback from specific forum members.

The survey analysis confirmed that a range of ad hoc attempts had been made to conduct research into the nature, causes and extent of homelessness in their local area, with 71.4% having undertaken some sort of exercise. Typically this drew on consultation with the relevant local voluntary agencies, or a stand-alone research exercise conducted or commissioned to an external consultant by the local authority. Figure 5.3 considers the extent to which information had been gathered across a number of issues prior to the development of the action plans.

**FIGURE 5.3: EXTENT OF INFORMATION GATHERED ABOUT HOMELESSNESS ISSUES**



**SOURCE: SURVEY OF LOCAL HOMELESS FORA 2005**

The findings above show that there is an inconsistent level of information about certain homeless issues contained in the plans. Knowledge on the absolute numbers of homeless persons in the area is relatively strong, yet information on individuals' needs for non-accommodation services appears to be much weaker. This reinforces the need for a comprehensive and consistent information gathering system across local authorities against which a rational set of actions can be based. It also highlights that an

understanding of the needs of the homeless individual must be an important emphasis in future planning of local activity.

The above analysis of the nature of the homeless action plans suggests a number of obvious areas of improvement when new plans are produced in the future. This was confirmed via responses to the survey when it was explicitly asked how the action plans should be improved. There was consistent support for changes including:

- a greater focus on practical rather than aspirational actions;
- the introduction of specific targets and performance indicators and appropriate monitoring mechanisms;
- a more clearly defined terms of reference for both the forum and the drawing up of action plans;
- the need to establish the actions within the plan based on a comprehensive assessment of local needs;
- making the production of action plans a statutory requirement.

A more regional focus for the action plans was also proposed in a number of cases. There was also a feeling, expressed during the local case studies and regional workshops, that in some cases, action plans have lost their relevance as living documents and no longer serve even as a reference point for the homeless forum's agenda and activities. The improvements to the plans suggested above, with tighter control mechanisms in place to ensure that all plans are of a minimum standard, stimulated by the launch of a new national strategy to drive forward activity, would generate new impetus at local level.

## **5.4 Delivery of Action Plans**

### *5.4.1 Facilitation of Local Projects*

One of the most important roles foreseen for the local homeless fora and the homeless action plans was the facilitation of local projects that were based on meeting gaps in local service provision and the needs of homeless individuals and those at risk of becoming homeless. During the consultations with national stakeholders, concern was expressed that the fora were not performing this role to the extent envisaged, and that in many cases the group's role in local project facilitation merely involved the 'rubber stamping' of proposals, which were then passed up the line for Department consideration. A need was identified for improved local procedures for assessing local need and a more formal mechanism for determining the appropriateness of local projects.

### **DEVELOPMENT OF LOCAL HOMELESS PROJECTS IN OFFALY**

Prior to the establishment of the County Offaly Homeless Forum there were only limited services available for homeless people in Offaly. Little statistical information existed about the scale and scope of homelessness within the county. The development of the homeless forum in Offaly and the employment of an Outreach Worker by Offaly County Council have both contributed to a greater awareness and understanding about the nature of homelessness in the area. In particular these initiatives have helped to identify the extent of homelessness within the towns of Tullamore and Edenderry and in more rural communities within Offaly. This has, in turn, created a more significant demand (from statutory and voluntary organisations) for homelessness services to be located directly within Offaly. This represents a positive reversal of a trend which has seen homeless people from Offaly migrate and move to large urban centres in order to access homeless services.

This is largely borne out by a consideration of the survey results. The majority of fora (78.6%) did carry out some form of housing or service need assessment as one of the objectives of the action plan or as part of the preparation for the plan. Building on the findings of such exercises, 64.3% of fora then provided guidance to local community and voluntary agencies with regard to the types of project needed locally. Over two-thirds (67.9%) further examined the ability to find the appropriate capital and revenue funding to finance individual proposals. However our findings from the case study analysis and regional workshops suggest that in many cases this assessment merely involved getting direction from the Department of Environment, Heritage and Local Government or from the Health Service Executive. It is doubtful if formal local needs assessments were undertaken to any great extent on a project-by-project basis. In terms of formalising the local project facilitation process there is only limited evidence of any activity. Only a quarter of fora issued any formal criteria for the assessment of local projects aimed at addressing homelessness, while only 21.5% of fora have introduced a formal application process for the approval of local projects. Consultations with fora representatives did, however, suggest that there was no objection to the establishment of such systems, and that any national guidance that could be provided in this regard would be helpful.

### **FUNDING MECHANISMS IN DUBLIN**

The Homeless Agency facilitates the drawing down of funding for homelessness projects from the Department of Environment, Heritage and Local Government, through local authorities, and the Department of Health and Children through the health authorities. The process includes an annual review of funding to be allocated to organisations on the basis of 3-year applications. Funding allocations are monitored to improve accountability and to evaluate the quality and cost-effectiveness of services and projects. Quarterly and annual reporting procedures form part of this process as do service agreements which provide the framework through which services and projects are agreed and monitored. One-off pilots and innovative projects for research and standards improvement are also funded. A common application form has been developed for the funding of all projects, structured in order to assess proposals against stated criteria. The application form incorporates a number of elements including the following:

- Organisation information (staffing; activities; target groups; projected income & expenditure)
- Type of service and Target Groups (start date; target groups; definition of homeless; need for service/project; type of service, accommodation – no & type; projected service or project use over next 3 years; status, age & gender of beneficiaries; access & referral details; raising awareness of service/project; level of support)
- Aims, Objectives, Activities and Outcomes (overall aims; objectives; inputs; benefits & outcomes)
- Standards, Managing and Monitoring (quality standards; policies and procedures; dates for review; continuous improvement plans; management and training of staff; monitoring systems; specific output & outcome performance indicators; key milestones)
- Action Plan on Homelessness in Dublin (fit with action plan; continuum of care; integration with other services; meeting homeless needs; information management on service users)
- People Working for Service or Project (paid staff; job descriptions; volunteers)
- Financial Information for Service or Project (detailed forms on elements of income/expenditure)

Applications are assessed by the Homeless Agency, in conjunction with a panel of representatives from relevant local and health authorities, based on 8 criteria directly relating to the information required above. Recommendations on funding are then made to the appropriate government department where necessary.

#### *5.4.2 Local Progress of National Strategic Actions*

While Sections 3 and 4 drew generic conclusions as to progress with regard to the individual actions in the Integrated and Preventative Strategies and the continued relevance of these actions, it is also worthwhile examining those that required specific local interventions to bring them to fruition. The homeless fora survey tested the extent to which relevant actions were being implemented at local level, and in the paragraphs below we highlight performance in this regard and the differences in approach from area to area. Figure 5.4 provides an overview on the meeting of the main local requirements established in the strategies, and below the areas in which local intervention has been most successful are discussed, giving examples of local good practice where appropriate.



**FIGURE 5.4: PROGRESS BY LOCAL HOMELESS FOR A WITH REGARD TO LOCAL REQUIREMENTS STIPULATED WITHIN HOMELESSNESS: AN INTEGRATED STRATEGY**

Local Requirement	Fully met this requirement	Significant progress re. requirement	Some progress re. requirement	No progress re. requirement
"Prevention strategies, targeting at risk groups, is an essential requirement for those leaving custodial or health related care and procedures will be developed and implemented to target prevention of homelessness amongst these groups."		35.7%	64.3%	
"Action plans will consider the need for additional sheltered, transitional and move-on accommodation and the extent to which they may be required in particular areas."	3.6%	32.1%	46.4%	17.8%
"The statutory and voluntary agencies will also have to respond to the needs of homeless women, couples, families and persons with substance addictions."		46.4%	42.8%	10.7%
"Settlement programmes will be established by local authorities, or on their behalf by voluntary bodies, to encourage and support hostel residents to move from hostels and other emergency accommodation such as B&Bs to other appropriate accommodation, whether sheltered, transitional or independent, thereby freeing up spaces in emergency hostels."	3.6%	35.7%	32.1%	28.6%
"Local homeless persons centres will be established jointly by local authorities and health boards, in consultation with the voluntary bodies, throughout the country"	17.9%	10.7%	28.6%	42.9%
"The service provided will be enlarged to involve a full assessment of homeless persons needs and to refer persons to other health and welfare services."	14.3%	35.7%	39.3%	10.7%
"A single outreach service will be established to target the needs of rough sleepers. This will be implemented by the local authority and the health board in co-operation with voluntary bodies operating outreach services to people sleeping rough in the streets."	7.1%	21.4%	25.0%	42.8%

**SOURCE: SURVEY OF LOCAL HOMELESS FORA 2005**

The findings in Figure 5.4 illustrate the inconsistency across different areas of the country with regard to implementing the homeless strategies. Across each of the local requirements stipulated within the Integrated Strategy there are very different patterns regarding progress, with no progress at all identified in some areas for all but one requirement. On a more positive note, there is evidence that some local homeless fora have fully met all but two of the local requirements. The most successful area of intervention evident in the survey lies in the assessment of homeless persons' needs, with one-half of respondents having made significant progress in this regard.

Other encouraging signs include the fact that all 29 fora responding at least made some progress with regard to preventative strategies. Evidence gathered during the undertaking of the case studies suggested that some areas had been very proactive in bringing forward preventative actions, with activity including:

- providing information about discharge protocols to front-line staff in health care facilities.
- developing good working relationships with such staff and other relevant representatives such as Probation and Welfare Officers and Social Workers.
- monitoring implementation of the protocols directly during on-site visits and follow-ups after discharged homeless individuals had presented.

### **A YOUTH HOMELESSNESS PREVENTATIVE ACTION IN WICKLOW**

A good example identified during the review of an effective preventative action that aimed to limit the extent to which young people might become homeless as a result of family breakdown was the 'Look Before you Leave' initiative in Wicklow. This involved the publication of a guide in November 2003 for young people considering leaving home or who are out of home in the County Wicklow area. The aim of the guide was to provide the most timely and practical information for those young people who may be thinking of leaving home for the first time, or for those who may have to leave because they have no other choice, and to point people who might need help in the right direction. It also emphasises the need for young people to think twice before making the decision to leave home, and that such a decision should be seen as the last resort. The provision of such information has seemed to perform a valuable role in maximising access to the services currently available in the Wicklow area.

The survey findings also confirm that outreach or social workers have been put in place in some areas to provide care for those targeted at-risk groups. Discharge policies have been established with local mental health services, hospitals and probation services. Furthermore, there have been links established between foster care and aftercare services with regard to young people leaving care. The fora also identified areas where

additional progress is needed particularly with regard to vulnerable young people, ex-offenders and drug-users.

#### **IMPLEMENTATION OF DISCHARGE POLICIES IN LOUTH**

A good example of how discharge policies appear to be working effectively was found during the case study visit to Louth. A formal discharge protocol was developed at an early stage and the HSE regional manager has been highly proactive in ensuring that information is provided on a regular basis to frontline staff charged with implementing such protocols. In this way, and helped by a strong and varied local homeless fora, good working relationships have developed between the discharge officers in the local hospitals and the local authority and community and voluntary agencies. Regular interaction is also facilitated by monthly meetings chaired by the HSE.

The progress with regard to settlement programmes and the establishment of a single outreach service has perhaps been more stilted because of funding allocations and the local need for the service. In our review of Action 14 of the Integrated Strategy we identified the specific areas that had been funded to employ settlement workers, largely comprising the main urban areas. Outreach services are only required in areas where there is an identifiable rough sleeping problem, which is not always the case. The fact that just under 40% of fora have made significant progress with regard to provision of settlement services, with just under 30% making similar progress with regard to outreach services, is more of an encouraging indicator than it might first appear. The main difficulty cited by the fora in meeting these requirements was finding funding to supply trained and specialised staff necessary to facilitate the services. Of particular concern was sourcing appropriate skills for dealing with persons who have additional or multiple needs, for example, those with mental health problems or a history of substance addiction.

In a majority of fora, the reliance on bed & breakfast facilities for long-term accommodation has been significantly reduced and there has been some success in the use of private rented accommodation. However, there remains a need to develop outreach services and staffing with specific targets established in the action plans.

One area where it was found that further focus might be required, particularly given the complimentary local research to the survey undertaken during case studies and the regional workshops, was in the establishment of homeless persons centres throughout the country. Only 28.6% of fora had made significant progress in this regard, perhaps because of the perception in some areas that this is only an appropriate intervention in the larger urban areas. Our findings would suggest that this is not in fact the case, and examples have been located where such centres are operating very effectively outside the traditional larger urban areas.

Some areas have adopted an amended approach to homeless information centres, introducing the one-stop shop idea but providing these services via emergency hostels. Community Welfare Officers, social workers and resettlement workers have been employed in many of the hostels to give access to information and a needs assessment process. Introducing centres to other parts of the country, even if this is done on a cross-local authority boundary basis, was widely agreed to represent an effective future intervention. It would then facilitate access to the same homeless services for all individuals, regardless of the location at which they present.

#### **ESTABLISHMENT OF THE HOMELESS PERSONS INFORMATION CENTRE IN KERRY**

The Homeless Information Centre was established in Tralee at the end of 2003 to serve as a 'one stop shop' for homeless people in the area. The Centre has four staff seconded to it in its town centre location consisting of the Centre Manager, an outreach worker, a Community Welfare Officer, and an administration worker. The Centre has overseen the additional supply of much needed emergency accommodation in Tralee since its establishment, and is now focusing on meeting the specific needs of Killarney in this regard. The Centre appears to have achieved considerable success in its short life thus far in securing valuable accommodation, health and other supports for homeless people locally. Particular success was identified on local implementation of discharge protocols, with the Centre building very good relationships with relevant staff in the PWS and local hospitals, providing information at regular intervals, and even conducting its own monitoring with regard to discharges. The Centre is attempting to move to a case management approach in dealing with its clients, recording information electronically on each individual as they present. This allows trends to be tracked such as repeat homelessness or previous care needs and will help to ensure that the individual has access to the appropriate services.

There was good evidence of progress at local level on identification of the need for additional sheltered, transitional and move-on accommodation in the area, and responding to the needs of homeless women, couples, families and persons with substance addictions. The vast majority of fora have made some progress regarding these requirements, with over one-third in both cases confirming at least significant progress. There is, however, still perceived to be much more action required in the future, reflecting the scale of the issues more than any lack of commitment thus far. Move-on accommodation in particular was cited as being particularly problematic to obtain for homeless people, particularly those that are single. This issue of accommodation provision will be assessed in more detail in Section 5.4.3 below.

### 5.4.3 Accommodation Provision

Despite the perception that in the main urban centres sufficient emergency accommodation now exists to satisfy demand from homeless people, evidence from the survey results suggest that there are still gaps in provision evident around the country. Just 39.3% of the fora surveyed claimed to now have sufficient emergency accommodation in place to meet demand within their area. The Capital Assistance Scheme was noted as being of benefit for funding new accommodation. It was also highlighted in a number of cases that further assessment of need would be necessary to establish the current position.

In some rural areas specific cases have been referred to the cities due to the lack of accommodation, with particular regard to families, those persons suffering from mental health problems, victims of domestic violence and homeless or transient women. Furthermore, some fora that claimed to have sufficient emergency accommodation expressed concerns over future ability to continue this provision. The dependence on rent allowance payments also led to fears being expressed over the future stability of rental payments. In some areas emergency accommodation was also at 100% capacity due to lack of sufficient move-on resources.

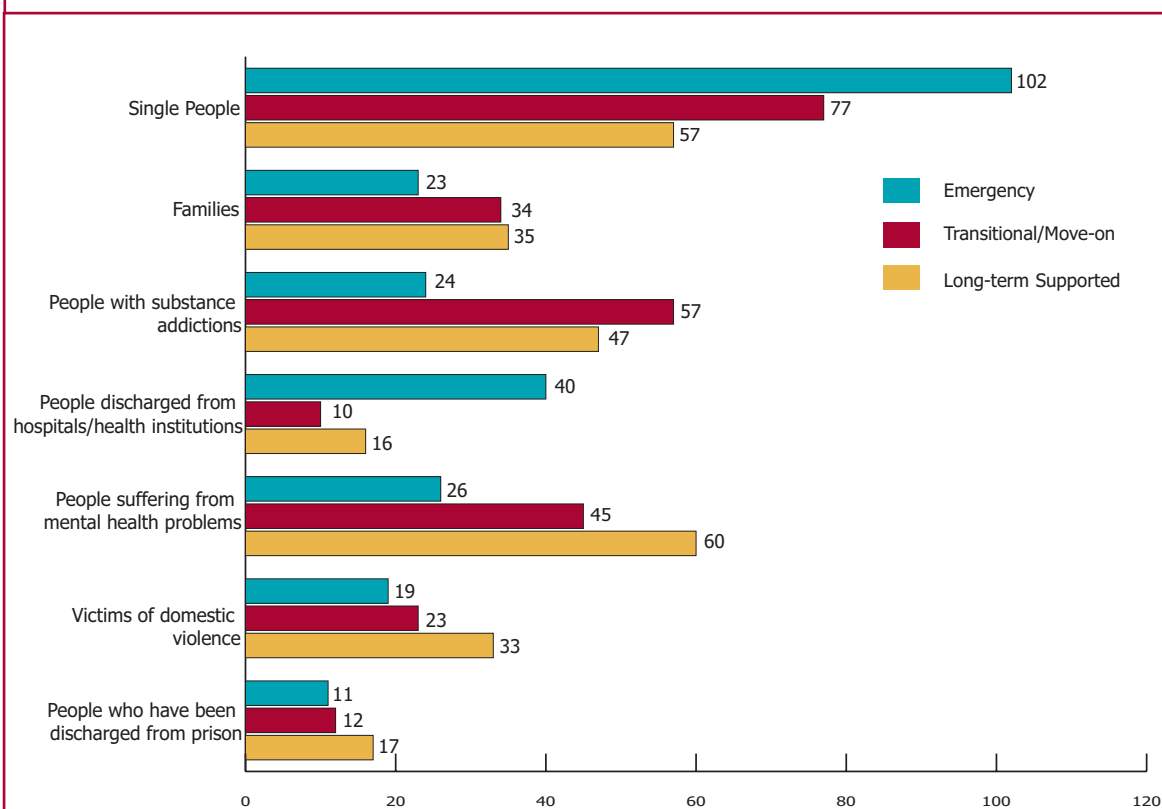
This evidence suggests that gaps in emergency accommodation provision are still prevalent in certain specific areas, although a consistent theme arising during the review was the need to refocus on longer-term accommodation solutions. However it is important that further emergency provision should not be ignored if a clear local need can be demonstrated.

#### **ST CATHERINE'S FOYER PROJECT IN DUBLIN**

St Catherine's Foyer in Marrowbone Lane was launched as the first foyer project in the Republic of Ireland. Managed by Cara Housing Association in partnership with Dublin City Council, the foyer serves as a short-stay housing, training and support centre for young homeless people aged 18 to 25 to assist them in the transition from dependent to independent living. The foyer has 50 units of accommodation, training rooms, a lecture hall, laundry facilities, an office, communal kitchen/lounge/dining area and a café. The foyer will build the capacity of young people to sustain themselves in an independent living environment within a timeframe of 6-12 months. In this regard Dublin City Council has undertaken to provide local authority housing for all individuals ready to move-on from the foyer into such an environment. The establishment of the foyer has involved capital investment of €15mn and is supported by Cara Housing Association, Dublin City Council, the Eastern Regional Health Authority, the Department of the Environment, Heritage and Local Government, FÁS and the St Catherine's Combined Communities Group.

The survey asked fora to provide a quantitative assessment of the additional number of units that are required within their respective areas in order to ensure sufficient supply of emergency, move-on and long-term supported accommodation. Clearly this is dependent on the subjective judgement of respondents to the survey and should not be assumed to be an accurate definition of current need. Analysis does nonetheless provide a useful indication as to what local stakeholders see as the most important areas of intervention with regard to future accommodation provision. The findings are summarised in the chart in Figure 5.5.

**FIGURE 5.5: FUTURE ACCOMMODATION NEEDS BY TYPE OF PROVISION**



**SOURCE: SURVEY OF LOCAL HOMELESS FORA 2005**

Figure 5.5 confirms that the single greatest gap in accommodation provision, be it emergency or longer term in nature, lies in the availability of suitable outlets for single people. There was a general balance across all types of accommodation, with 258 emergency units identified as being needed around the country, 258 transitional or move-on units required, and 265 long-term supported units desired to meet local needs. Long-term supported accommodation was seen as particularly essential for those people suffering from mental health issues, with emergency accommodation not perceived as being as relevant for this target group. There was also a need identified for more

transitional, move-on or long-term supported units for those with substance addiction problems in preference to emergency provision in this regard. This further emphasises the need, identified earlier in this report, to provide such accommodation with specialist support in order to cater for these specific target groups that have difficulties with independent living.

One of the significant successes of the Integrated Strategy has been the reduction in the extent of rough sleeping as a result of the actions it set in motion. Across the fora responding to the survey a 50% decrease in the numbers of rough sleepers has been identified since the implementation of the local action plans. Indeed the lack of sufficient data prior to the implementation of the plans means that it is likely that this percentage is in fact higher. All of the fora surveyed agree that since the Integrated Strategy came into effect there has been a significant reduction in the number of rough sleepers. In the cities, this reduction has been somewhat facilitated by the development of better transitional and move-on accommodation which is freeing up emergency services. For example, the Dun Laoghaire/Rathdown area has seen a drop from twenty-three rough sleepers at the start of the plan to the present number of two. In some cases anti-social behaviour, personality disorders and mental health problems inhibit homeless people from availing of services such as emergency accommodation, which are not equipped or staffed to provide appropriate services for particular needs. For others, it is a choice to remain on the streets and not use services available to them. There are, for instance, seasonal rough sleepers who choose to sleep rough during the summer months but return to hostel accommodation in the Autumn.



### **ROUGH SLEEPERS INITIATIVE - UK**

The Rough Sleepers Initiative (RSI) in the UK was prepared by the Rough Sleepers Unit (RSU) in 1998 to mark a change in the way the Government tackled the issue of rough sleepers. It established an objective of reducing the number of rough sleepers in the UK by two thirds by 2002. The RSU produced a joined up integrated proposal which was based on six key principles:

- Tackle the root causes of rough sleeping.
- Pursue approaches which help people off the streets and reject those which sustain a street lifestyle.
- Focus on those most in need.
- Never give up on the most vulnerable.
- Help rough sleepers to become active members of the community.
- Be realistic about what we can offer to those who are capable of helping themselves.

The strategy incorporated targets with regard to creating more bed spaces, tenancy sustainment and specialist workers and services. It was proposed that in order to create more flexible options in terms of accommodation an assessment of needs should be carried out. The strategy also suggested that a night centre be established in London with the aim of providing services to rough sleepers when they need them. In order to promote a continuum of care and create a route from the street to a settled lifestyle the RSI put forward the idea of establishing six tenancy sustainment teams working in partnership with other organisations, which would be responsible for different areas of Central London. The RSI acknowledged that in the vast majority of local authority areas numbers of rough sleepers were relatively low and therefore the focus here should be more preventative rather than interventionist. The strategy identifies vulnerable groups to whom preventative actions should be targeted. A key proposal of the RSI was concerned with the creation of opportunities for meaningful occupation and training in life skills and self esteem in order to sustain life away from the streets. The strategy also called for a review of existing services in order to ascertain whether some arrangements serve to sustain rough sleeping rather than encouraging rough sleepers to come inside and take advantage of the services available to them. In particular the strategy mentioned soup and clothing runs that need to be efficiently co-ordinated to focus on areas of real need.









## **5.5 Local Perspectives on Homeless Strategy**

### *5.5.1 The Homeless Workshops*

Concluding research was carried out in four regional workshops around the country that invited representatives of each local homeless forum from local government, the HSE and community and voluntary sector. A number of shared concerns and priority actions

emerged from these workshops. In order to formalise the consensus regarding most important priorities in order to drive forward any homeless strategy in the future, workshop attendees, representing all but one local authority area in Ireland, were asked to stipulate their top 5 priorities for action in this regard. Their responses were scored in terms of order of importance, and the findings in respect of the top 10 most important priorities from this cross-section of local stakeholders are provided in Figure 5.6 below.

**FIGURE 5.6: TEN MOST CRITICAL PRIORITIES FOR ACTION ESTABLISHED BY CROSS-SECTION OF LOCAL STAKEHOLDERS AT REGIONAL WORKSHOPS**

Priority	Action	Score
	Agree multi-annual system of funding and payment via both the local authority and health services, with more explicit and transparent funding mechanisms in place.	85
	Some form of statutory basis for Fora and Action Plans with firm protocols, timescales for delivery and monitoring mechanisms required to strengthen local response.	78
	Greater coordination between health services and local authority services at local level and Department of Environment, Heritage and Local Government and Department of Health and Children at national level.	76
	Data gathering system into the extent, causes and numbers of homelessness based on agreed definition and on the more practical issue of types of services required	59
	The provision of an adequately funded care support structure for homeless people who are housed in either emergency, transitional or long-term housing	57
	Clear guidelines for Homeless Fora and their membership including information about best practice in order that such models can be replicated	49
	Additional medical and counselling services available for access by those living in emergency accommodation	43
	Focus on provision of longer term accommodation, including supported accommodation, accompanied by support for independent living through outreach workers, tenancy sustainment workers, social workers, health workers etc	40
	Provision of the basic facilities required for homeless profile in every area, e.g emergency wet house and drop in centres, especially emergency accommodation needs	34
	Voluntary and public services co-operation to prevent homelessness through action plan, including early intervention supports for families	33

**SOURCE: SURVEY OF LOCAL HOMELESS FORA 2005**

The primary priority of stakeholders related to making funding mechanisms more explicit with agreed multi-annual funding from the local authority and the health services. Some 33% of participants listed improvements in funding in their top five priority actions. Another key action that emerged from the consultation was some form of statutory basis for fora and the production of action plans with firm protocols and time limits established. It was suggested that in order to strengthen response and encourage the fora to be more active and focussed, annual reviews and a system of monitoring should be in place. 29% of the participants listed this action within their top five priorities, and over half of this group considered it as their first priority. Around a quarter of the workshop attendees called for clear terms of reference for the homeless forum, with many suggesting the use of best practice models. Efficient data collection and analysis on the extent, causes and numbers of homelessness also emerged as a key priority for 29% of the participants. Many also argued for this analysis to be carried out under a new agreed definition of homelessness, and that it should cover practical issues such as types of services.

### *5.5.2 General Feedback from the Survey of Homeless Fora*

The findings from the regional workshops, and the earlier consultation phases, were largely borne out by responses to the survey with regard to general feedback on the future direction of homeless strategy. One of the main obstacles that was identified in terms of tackling issues of homelessness centred around the lack of more focused and dedicated health services for homeless people on a short, medium and, if necessary, long-term basis. Other impediments cited were the lack of long-term accommodation options and the absence of accurate information with regard to the needs of homeless individuals. The lack of coordination between accommodation and health related funding was also identified by a number of fora as limiting their ability to tackle local homelessness.

The themes arising from the survey with regard to the main priorities in the future reaffirmed the findings from the workshops. The main recurring priorities revolved around the supply of more long-term accommodation, a more focused and dedicated health service for homeless people, greater integration between the respective funding departments and between homeless services, and a lack of accurate information about the extent, nature and causes of homelessness. It is reassuring that consultations with local and national stakeholders, the survey of fora, individual case studies and regional workshops consistently raised the same issues that should be addressed in any future homeless strategy. It also facilitates the development of targeted, practical solutions across the main priorities identified.

It should also be acknowledged that local stakeholders are largely positive about the changes that have taken place since the launch of the Integrated Strategy. In fact 42.9% of fora responding felt that resources devoted to addressing homelessness were being targeted in an efficient and thorough manner, while a further half felt that this was happening to some degree. This suggests that with some refocusing of resources on emerging priorities, significant further progress could be achieved.

## 6. Perspectives of Service Users

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### 6.1 Introduction

This section of the report details the views and comments expressed by service users interviewed during the course of the review. These interviews focused on people's own experiences of homelessness and the ways in which they have been supported, or indeed not supported, by various service providers within the statutory and voluntary sectors.

A total of 33 service users were interviewed in the period from March to May 2005 – 27 service users living in Dublin and 6 service users living in Galway. The interviews covered a balance of people living in emergency accommodation, transitional accommodation and long-term accommodation. It is also important to note that the 33 interviewees had used an accumulated total of 98 accommodation services. In addition to their existing accommodation base they were also in a position to comment upon many other accommodation services they had used and about the times they may have slept rough without any accommodation. The interviewees ranged in age from young people in their early 20s to older people in their early 60s.

It is important to note that, although the service user interviews encompassed individuals encompassing a range of different circumstances and experiences, this exercise was not intended to be a comprehensive survey of service users that would provide definitive findings with regard to interventions intended to address homelessness. Rather its purpose is to provide a qualitative description of how services have been accessed in individual cases, and the gaps in provision that have been identified by individuals. The information provided in this section should therefore complement the preceding analysis by providing a user's perspective on activity within the homeless sector. It is based on self-reporting by the individuals consulted and cannot therefore be formally verified, drawing on a relatively small sample size, and caution must be exercised when taking the feedback into account.

The comments and views obtained from the consultations with service users are framed around a number of issues related to the homeless strategy and each issue is considered individually in turn. The remainder of the section is therefore structured under the following headings:

- Causes of homelessness;
- Accommodation issues;
- Support services;
- Localisation of services;
- Information provision; and
- Progression routes.

## **6.2 Causes of Homelessness**

### *6.2.1 Family Breakdown*

The primary reason cited by those interviewed for finding themselves homeless related to family break-up and difficulties within the family home. Some of these difficulties concerned a breakdown in relationships between adult partners and between parents and children, whilst in other circumstances it involved abuse and physical violence within the home. In this regard a number of the interviewees felt that family support interventions at an early stage might have improved the situation and might have prevented them becoming homeless. In other circumstances, where it was inevitable that somebody had to leave the family home (primarily on account of abusive and violent behaviour), there was a view that the relevant support services (e.g. social workers, counsellors, accommodation providers) should have been activated and put in place at the earliest possible opportunity – in the experience of a number of interviewees, this did not happen.

Whilst family breakdown was a significant factor for the majority of interviewees, it was also often accompanied by other problems relating to alcohol abuse, drug abuse, mental and psychological illnesses. However a number of interviewees did feel that these problems were partly a consequence of family breakdown and relationship issues and would not have become as severe had earlier remedial action taken place in relation to the difficulties within the home/family environment. It should also be recognised, however, that a number of other interviewees clearly stated that their alcohol habit or drug taking habit was the primary reason why they had to leave the family home in the first instance and why they ended up homeless.

### *6.2.2 Other Factors*

A number of interviewees who have become homeless in the last five-year period identified the increase in rents being charged by the private rented sector as a notable contributory factor. These interviewees said that prior to the hikes in these rental costs they were able to survive within the private rented sector and did not need to use homeless services. However, sudden and arbitrary rent increases of up to 25% to 30% meant that that they were no longer able to afford the rents being charged by landlords and were forced to seek out emergency accommodation. Although feedback in this regard is largely dependent on self-reporting from a small sample, it is important to note that such market effects, perhaps driven by the significant economic growth that has occurred in Ireland, are having a direct impact on the propensity of individuals to end up homeless.

This had a devastating impact on many people and especially on couples (some with children and some without children) who had to live in separate accommodation units and subsequently make a whole host of new arrangements and adjustments (e.g. in relation to social welfare payments, education of children, accessing education and training, continually changing addresses as people moved from one accommodation provider to another). Interviewees commented about how the uncertainty, demoralisation, vulnerability and fears about the future that can arise from homelessness placed further strain and pressure on family relationships that had already been affected by issues relating to low income, poverty, and unemployment.

## **6.3 Accommodation Issues**

### *6.3.1 Emergency Accommodation*

The earlier finding in this report that the provision of emergency accommodation is largely sufficient in urban areas is confirmed by the consultations with those experienced in trying to access such accommodation. Virtually all of the interviewees stated that it is possible to get accommodation if you are homeless and that the quantity of provision and number of bed spaces has increased significantly over the last five years. Whilst there are significant concerns about the quality of some of the accommodation which is currently available, and about some of the rules and procedures which apply within particular accommodation units, there is also a fairly strong belief that you can 'get a roof over your head' if you are homeless and in need of somewhere to stay.

For those interviewees who have slept rough at certain times during the last few years, the decision to sleep in the streets has not primarily been on account of the lack of hostel or bed-and-breakfast accommodation. Rather, it has sometimes related to people not feeling safe or secure in hostel accommodation, to not being able to make it to emergency/hostel accommodation, or to not being prepared to accept the rules and regulations which have been put in place within various accommodation centres.

A need was identified during the interviews for a greater diversity of accommodation for homeless people, particularly with regard to emergency provision. Interviewees referred to the absence of suitable emergency accommodation for couples, including those with and without children. Most of the emergency hostel accommodation is organised on a gender specific basis and, as mentioned earlier, this places particular pressure on holding together cohesive relationships within the family unit.

In addition, there were a number of comments about the undesirability of grouping together a large number of single homeless people with a variety of problems and difficulties within one single facility. Interviewees said that drug addicts, those suffering from alcoholism, and those who abused neither drugs nor alcohol needed to be

separated to a certain extent. It was emphasised that for all of these groups to come together on a nightly basis within a homeless hostel tended to create a tinder-box, volatile and dangerous type of environment.

Furthermore, interviewees who were recovering from drug abuse or alcohol abuse felt that being placed in a hostel with active drug users and active drinkers was not the most conducive place within which to continue their road to recovery. Indeed many of the interviewees stated that they had relapses when being accommodated in homeless hostels after having been drug or alcohol free for a reasonable period of time.

### *6.3.2 Transitional and Long-term Accommodation*

In relation to transitional accommodation and long-term accommodation, there was general satisfaction with the quality of accommodation and services being provided by voluntary homelessness organisations and housing associations. The accommodation tended to be tidy and clean, the various accommodation units and centres were maintained to a high standard and these units and centres were safe and secure (this is particularly important for people who might feel under threat from an abusive and/or violent partner).

Whilst some interviewees expressed some frustration at the rules, regulations and security which exist within some of the accommodation centres, these views were counterbalanced by others who really appreciated, and were re-assured by, the ways in which the organisations managing these facilities took every step to ensure the personal safety and well-being of service users.

As a further indication of the support and endorsement that has been given to the new transitional and long-term accommodation centres and units that have been developed in recent years, a large number of interviewees felt that there was an urgent need to significantly increase existing provision. This would facilitate the move-on of people from emergency accommodation more rapidly into transitional and long-term accommodation appropriate to their needs that, for many, will hasten their path to rehabilitation and recovery.

The issue of move-on accommodation and the progression to independent living was a recurring theme throughout the course of the interviews. Whilst there is a certain level of relief and satisfaction that more emergency accommodation is now available in the main urban centres, there is concern about the length of time that people are spending in emergency accommodation. Some of the interviewees have been in emergency accommodation for between 6 and 18 months and these people are concerned that there is no plan or strategy in place to move them on to transitional accommodation and long-term, independent accommodation solutions.



In the view of many interviewees there are blockages at a number of different levels – from emergency to transitional, from transitional to long-term supported and from long-term supported to completely independent living. One of the repercussions of these blockages is that the supply line does not move as quickly as it should, that people remain in certain types of accommodation for longer than they should and that spaces and opportunities in accommodation centres or units are not being turned around and replenished as quickly as they should be.

A particular need was identified to consider the play and developmental requirements of children within homeless families. Out of the 33 interviewees, 7 involved families (one parent and two parent) with children. Feedback from these families suggested that accommodation centres or units needed to look at ways in which they could improve the facilities and services that exist for children. Whilst the various rules and regulations were considered to be necessary for the safety, security and well-being of residents, they sometimes resulted in situations where it restricted the capacity and freedom of children to play and to interact with other children. For example, children were not allowed to go beyond their own accommodation centre and to play with other children in the area where the accommodation centre is located. Some interviewees suggested that it would be useful to look at ways in which more child-centred accommodation centres could be constructed, centres which would provide more play opportunities and social interaction for children whilst also maintaining the necessarily high levels of safety and personal security for residents and service users.

## **6.4 Support Services**

### *6.4.1 Key Workers*

An integral part of the accommodation and support services offered by a number of service providers is employment of key workers. The views of people interviewed during the evaluation would suggest that there has been a wide diversity of experiences in relation to key workers.

For some interviewees the key workers have been an essential and critical element in the process of positive progress, rehabilitation and re-integration into mainstream society. For these interviewees there has been clear evidence of commitment from key workers who have done everything in their power to ensure that the service user is made aware of the available options and is supported to achieve whatever goals they might set for themselves (e.g. in relation to accommodation, employment, becoming drug free).

On the other hand, there are interviewees who were not aware of the existence of key workers within the accommodation centres where they were staying, and hence they were trying to work things out without any guidance or advice in this regard. In these

instances, key workers seemed to adopt a reactive and responsive approach, rather than pro-actively trying to put together a care management plan for the service users, for whom they had some responsibility. Interviewees felt that it was important to have more consistency in relation to the role and function of key workers, particularly in the formulation and implementation of care and support plans for service users.

The importance of key workers was consistently highlighted by interviewees who felt that these workers had a critical role in providing ongoing encouragement, advice, guidance and practical assistance to service users. It was suggested that the key worker system should be more flexible and person-centred with the key worker being able to remain with the service user even if the service user moves from one accommodation centre to another (e.g. from emergency accommodation to transitional accommodation). Some interviewees said that they felt a bit isolated and vulnerable when a well-functioning and positive key worker relationship was terminated because the service user had moved on to another accommodation centre being run by another service provider (with a new team of key workers).

A further suggestion in relation to key workers is to limit the ratio of key workers to service users to about 1:6 or 1:8. There is concern that if the ratio is too high, i.e. 1:10 and above, it will not be possible for the key worker to give due care and attention to each of his/her clients. This reinforces the findings of the Simon Brooke study, discussed earlier in Section 3, which highlighted the inconsistency in terms of staff/client ratios across the homeless sector.

A final proposal arising from the consultations with service users related to the importance of attaching key workers to all homeless people. Some who have experienced rough sleeping, bed and breakfast accommodation and transitional or long-term accommodation commented upon the fact that the key worker system is often only in place within accommodation centres being run by voluntary homeless organisations. There was a view that the vast majority of homeless people require advice, guidance and support and that the key worker system should be extended to all homeless people, regardless of whether they are staying in accommodation centres or bed and breakfasts or on the streets.

### *6.4.2 Other Specialist Services*

The experiences of many of the interviewees indicate that difficulties exist in accessing support services such as social workers, mental health services, counsellors, and drug addiction services. Whilst many were grateful for the increases and improvements in accommodation provision for homeless people, they also clearly identified the need for measures to be put in place to deal with some of the other problems or difficulties which had either precipitated homelessness or had been caused by homelessness. These problems included alcohol addiction, drug addiction and mental illness.

For example, a number of interviewees referred to the fact that they had to wait for 6 to 9 months to join a methadone maintenance programme in order to tackle their drug problem. One of the issues raised in this regard was the fact that some of the interviewees come from outside of Drug Task Force areas (e.g. from places like Lucan or Carlow) and were therefore not prioritised by drug treatment centres or projects within the Drug Task Force areas.

There was a general consensus among the interviewees that in order to effectively tackle their own particular homelessness related problems, the issue of providing accommodation has to be complemented by addressing other underlying and pervasive problems (in relation to drugs, alcohol, abuse, violence, psychological disorders, mental illness etc.).

A number of interviewees stated that these problems had not been addressed in any significant way over the last number of years. They did not get any strong sense that they were being prioritised in terms of access to specialist health services on account of the fact that they were homeless. Furthermore, they felt that it was likely that they would drift in and out of homelessness for as long a period of time that they were not able to access the types of specialist support services that they required.

It was suggested that the opening hours operated by support services (such as counsellors, drug treatment centres, psychiatrists etc.) should be more flexible and more focused on those times when homeless people were most likely to be vulnerable, isolated and in need of support. Interviewees talked about experiencing loneliness and isolation during the evening times, at weekends and at bank holidays – when many of the services are closed.

A further perception was the need for more communication and work sharing between relevant statutory agencies and voluntary organisations with the aim of ensuring that there is an around-the-clock, 365 days-a-year on-call service in relation to the key support needs of homeless people. Interviewees pointed out that it is not possible to compartmentalise or discipline their needs, their feelings and their emotions into the hours when the various services are open and available. Feedback from homeless persons about their individual requirements suggests there would be benefit from developing closer working relationships between support agencies and organisations to provide a more flexible and person centred approach to the needs of homeless people.

There were varying comments about the extent to which service providers delivered a co-ordinated series of supports and services to homeless people. Where co-ordination did take place, positive references were often made to the active role of key workers who helped to ensure that the relevant services (e.g. social welfare services, drugs services, psychiatric services, HIV services) kicked in at the appropriate times - the key workers made the introductory phone calls, helped to make the appointments, came along to meetings if required, and advocated on behalf of the service user.

In situations where homeless people were left to sort things out by themselves, without the assistance of a key worker, it was much more difficult, with little evidence of co-ordination or joined-up services. Interviewees talked about being 'led on wild goose chases' by service providers, about being fed 'misleading and inaccurate information' concerning other service providers and about 'never being clear how different organisations worked with each other or what to expect from them'.

Many interviewees did not feel that there was any type of long-term care plan being put in place for them. It was foreseen that such a plan should systematically address the various issues negatively impacting upon their quality of life, and could involve a number of co-ordinated actions and interventions over perhaps a 2 to 3 year period. In other cases, however, it is evident that plans were put in place and that the implementation and progression of these plans was being reviewed on a regular basis. Many interviewees felt that this type of process of ongoing planning and review should become normal, standard practice when working with homeless people.

## **6.5 Localisation of Services**

### *6.5.1 General Findings*

Over half of the interviewees who had accessed accommodation services in Dublin City and Galway City did not live in either Dublin City or Galway City at the time when they originally became homeless. In relation to Dublin City, many had originally lived in County Dublin and in other Leinster counties, whilst a number of the Galway City interviewees had originally lived in either County Galway or in other Connaught counties.

The decision to move into the city centres of Dublin and Galway to seek out appropriate homeless supports was not always motivated by a desire to migrate to either Dublin or Galway. Rather, it often resulted from an absence of homeless services in the towns and communities where they had originally lived. The clear preference of the people interviewed would have been to remain within their own place, where they still had family members, friends, social networks, providing them with some chance of sorting out the problem which had rendered them homeless.

The move to the city centres of Dublin and Galway distanced them from their natural and organic support structures and exposed them to an environment which was often unfamiliar, uncomfortable, unwelcoming and threatening. Most individuals would have preferred to have stayed within their own towns and communities if local homeless services existed and they now feel that their route out of homelessness would have been greatly eased if they were able to access emergency accommodation, transitional accommodation, long-term accommodation and relevant support services within their own county. A key objective of the homeless people that we interviewed with regard to any future homeless strategy would be a focus on localisation of services to avoid, as far as possible, such scenarios re-occurring.

#### *6.5.2 Specific Locations*

With regard to specific locations, a number of interviewees identified a need to increase the range of accommodation and support services for homeless people in Tallaght, Clondalkin and Blanchardstown. All of these areas have large and growing populations and all are very accessible to the city centre of Dublin (thereby making it fairly easy for homeless people to link into homeless services in the city centre). Interviewees from Tallaght, Clondalkin and Blanchardstown (many of whom were young, male and single) expressed a clear desire to be able to connect with services in their own place and be able to maintain regular contact with relatives and friends.

Whilst some do access drugs services in their local area they often have to travel back into the city centre of Dublin for accommodation in the evening. In the opinion of the young people who were interviewed, this physical dislocation between the city centre and the place or town where they originally lived makes it less likely that they will continue their drug treatment programme and more likely that they will succumb to new temptations in the city centre. As one interviewee said 'it is only a matter of time before I give up on Clondalkin for good and spend all my time in the city centre trying to get money together for gear'. This young person said it would be far better for him to be able to continue to live in Clondalkin (perhaps in emergency or transitional accommodation), to be able to access a local drug treatment programme and to have a network of relatives and friends within the Clondalkin area. Comments from interviewees would therefore suggest that there is a pressing and urgent need to develop new accommodation centres and units for homeless people in the burgeoning new towns in west Dublin – Blanchardstown, Clondalkin and Tallaght.

## **6.6 Information Provision**

There was evidence from a significant base of interviewees that they were unaware of the various services and supports that were available to homeless people. For example, some service users of a hostel for homeless people in Dublin said that they had only

limited knowledge of the range of activities and services targeted at homeless people that had been established. On the basis of the comments expressed it is evident that there is some type of information gap or deficit. This is the result of either information not being produced in an accessible, readable and straightforward form or not being distributed in an effective manner.

It is disappointing and unfortunate that if services do exist (e.g. drop-in services, medical and health services, facilities where homeless people can have a wash or shower each morning, meal services etc.), a significant proportion of homeless people are not aware or informed of the existence and/or the details of these services, and this represents an area that should be targeted for improvement.

Interviewees suggested that it would be useful to produce an information card or sheet on homeless services within each main urban centre in Ireland. These information cards or sheets could contain basic information about the name of the service; contact details (address, telephone number); the activities and facilities being delivered by the service; the opening hours of the service; costs involved in accessing the service; and any rules or regulations which apply to the service. It would be necessary to update this information card/sheet on a regular basis so as to include new or revised information. The information cards or sheets however must be made widely and freely available to homeless people in the main urban centres.

## **6.7 Progression Routes**

The issue of progression was a constant and recurring theme throughout the interviews that took place with homeless people. Progression was mentioned at a number of levels – progression onto independent living (and out of emergency accommodation and transitional accommodation); progression in relation to alcohol, drugs, domestic violence, abuse and family breakdown; progression in relation to accessing education, training and employment; and progression to becoming financially more self-sufficient and independent. For many of the interviewees there was a feeling that some progress had been made in recent years – in some instances they had moved into transitional housing, while in others they had been drug free for a certain period of time.

Whilst recognising their own personal achievements, there was also an acceptance amongst the large majority of interviewees that there was some distance to go before they could say that they were content, satisfied, happy, or fulfilled. They stated their desire for a number of services to work together on their behalf in a co-ordinated and integrated manner. In addition to securing accommodation, it was seen as important that issues relating to addiction and mental illness are effectively addressed, and that service users are provided with opportunities to access education or training and paid work (out of the 33 interviewees, only 3 were involved in education, training or paid employment).

Many of the interviewees were of the opinion that if the proper types of co-ordinated services and supports are put in place for them over a fairly sustained period of time, they will make a successful progression out of homelessness and into a more independent, content and less hassled phase of their lives. As one interviewee said 'I wasn't born homeless and I don't want to die homeless'



# 7. Conclusions & Recommendations

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## 7.1 Overview

This review has highlighted many issues regarding the implementation of the Integrated and Preventative Homeless Strategies over the past five years. There can be no doubt, however, that substantial progress has been made across all aspects of homelessness, from provision of housing to health services and reducing rough sleeping, since the launch of *Homelessness: An Integrated Strategy* in 2000. This was consistently confirmed by a cross-section of stakeholders at both local and national level from a variety of backgrounds. Significant success has been continually acknowledged in a number of areas, with particular improvement pinpointed as follows:

- There has been a major change in the way in which people around the country perceive homelessness and a much closer understanding of the causes of, and issues arising from, homelessness at national and local policy level.
- Previous gaps in emergency accommodation provision in the major urban centres have now been addressed.
- The numbers of rough sleepers around the country have been significantly reduced.
- Strong working partnerships between key local stakeholders from local authorities, the HSE and community and voluntary agencies have been facilitated with a series of important initiatives addressing homelessness emerging from these partnerships.
- The establishment of dedicated multi-disciplinary teams in a number of areas providing a range of health services to homeless individuals.
- The development of discharge protocols for those at risk of homelessness leaving psychiatric or acute hospitals.
- Critical local interventions to address issues of homelessness have been stimulated via the requirement for local homeless action plans.
- Dedicated settlement services have been provided in areas around the country that are helping to place and sustain homeless individuals in longer-term accommodation solutions;
- The range and quality of services for homeless people have increased substantially.
- The establishment of the Homeless Agency in Dublin has led to greater coordination of funding for homeless services and projects; development of improved funding and monitoring systems; skills development within the homeless sector; extension of the range and availability of longer-term accommodation options; enhancement of homeless services; good partnership working and ultimately the reduction of the scale of homelessness within the city.

While such progress since 2000 has been impressive, it has been emphasised that further work is now essential in order to drive the homeless strategy forward and move as far as possible towards the elimination of long-term homelessness in Ireland. In this section we draw the main conclusions from our research across a number of broad themes that

framed the outputs arising from the review. Within each theme, we also propose a series of recommendations that relate specifically to the individual findings contained in this report. We believe that the conclusions and recommendations have a sound analytical basis, drawing on an extremely comprehensive and intensive research process, during which every party who wished to input into the Review of Homeless Strategies was given the opportunity to do so.

## 7.2 Strategic Development

### 7.2.1 Nature of the Strategy

**Recommendation 1** – The Integrated and Preventative Homeless Strategies should be amalgamated and revised. The resultant revised strategy should have an overarching goal to eliminate long-term homelessness in Ireland by a defined date in the future, and include clearly defined objectives, actions, projected outcomes, timescales for delivery and an appropriate monitoring mechanism to track progress.

One of the major successes to be realised from the implementation of the Integrated Strategy has been the facilitation of greater integration between policy makers, funding agencies and service deliverers at both national and local level. The delegation of direct responsibility to deliver specific actions within the Integrated and Preventative Strategies to individual departments and agencies under the guidance of the Cross-Department Team on Homelessness has improved focus and made significant in-roads in areas such as emergency accommodation provision, dedicated settlement interventions and quality and range of homeless services. Such development should now provide the foundations from which the homeless strategy can drive forward and seek to make significant in-roads towards the eventual elimination of long-term homelessness. The Homeless Agency has already defined an overarching goal with regard to long-term homelessness and the need to sleep rough in Dublin – its elimination by 2010. Any new homeless strategy should follow suit and explicitly state an overarching target to frame all activity as it develops.

One issue of concern arising from the consultation process was that while there had been significant progress with regard to the objectives of the Integrated Strategy, the Preventative Strategy had been less successful in impact terms. To some extent this is understandable due to the longer life of the former strategy and the immediate need to focus resources on emergency accommodation, an approach that achieved notable success. The Preventative Strategy is also, by nature, longer-term in its outlook and involves less tangible outputs such as development of systems, protocols and working relationships in order to reduce the risks of homelessness among target groups. It has generated positive results including the drawing up of protocols for hospital discharges,

but there are concerns that its strictly defined target groups perhaps neglect important areas where prevention initiatives should be brought forward.

Similarly the Youth Homelessness Strategy was consistently identified as a critical influencing factor on adult homelessness, and there was general agreement that the three strategies benefited little from being treated in isolation, particularly given the efforts to generate an integrated approach to homelessness. Although the emergence of distinct strategies is a natural product of areas of statutory responsibility, and of the commitment of other departments and agencies that do not have such statutory duty, attempts should be made to closer integrate the actions in the future. Indeed there would appear to be no benefit in isolating preventative actions from those targeted at individuals who are already homeless in any homeless strategy in the future, with a single, more cohesive strategy recommended.

There should also be a more structured approach to the formulation of a new national homeless strategy. Homelessness: An Integrated Strategy can claim a number of achievements, but now there is a need for a more detailed, resources-driven strategy that can realise clearly definable outcomes within given timescales. As a minimum, the new national homeless strategy must have clearly defined objectives, projected outcomes, timescales for the delivery of each action and an appropriate monitoring mechanism to accurately gauge the achievement of each projected outcome.

### *7.2.2 Funding of the Strategy*

**Recommendation 2** – The revised homeless strategy should establish a coordinated funding mechanism for the disbursement of capital and current accommodation and care related costs.

In addition to developing a more rigid structure for the homeless strategy in the future, it is also important that any new strategy avoids aspirational objectives and actions that cannot be delivered due to a lack of resources. To achieve this, partnership-funding agreements should be put in place during the formulation of the strategy with resources allocated to each proposed strand of activity or where appropriate, to each individual action. The need for such agreements was continually identified as a priority by both local and national stakeholders during the review, and the introduction of a new approach to funding of homelessness initiatives in Ireland was pinpointed as one of the most pressing requirements.

The first step in this regard must be to improve the integration of funding between the two principal sources of finance for the homeless sector, the Department of the Environment, Heritage and Local Government and the Health Service Executive. The

need for greater coordination between these two organisations in the planning of capital and revenue funding was continually cited throughout the research process as a critical development to drive forward any future homeless strategy. They have recognised a need to work together in closer partnership and are undertaking detailed discussions with regard to the coordination of future funding across the homeless sector. This work should continue to develop, as far as possible, a single dedicated funding stream for addressing homelessness issues in the future. This should also include consideration of funding approaches for the voluntary sector, because the requirement to source 5% of capital costs for a homeless housing initiative was identified as impeding the development of sufficient accommodation stock by voluntary housing associations.

**Recommendation 3** – A more formal funding procedure should be developed in order to prioritise projects for funding, involving;

- Clear national criteria for project approval.
- A transparent funding assessment and approval process that relates all proposed projects against local homeless action plan targets.
- The setting of formal targets or service level agreements for each project, with an appropriate monitoring system put in place.

While better coordination of national funding for interventions to address homelessness is important, it is equally essential that projects continue to be based on local needs and that the local authorities and HSE take on responsibility at this level for identifying appropriate projects and approving their funding. From an examination of local project development procedures, many homeless fora have had only a passive role in the development and approval of local projects, merely rubber stamping proposals and passing them on to the relevant Government Department. However it is absolutely critical that a much more formalised, partnership-based, transparent and output-focused method of funding appropriate interventions is developed at local as well as national level, and that all projects are processed through the local homeless forum in an objective manner.

The first objective in the development of an improved funding mechanism will be the establishment of a much more formal and structured funding application, assessment, approval and monitoring procedure. This will ensure that projects with potential to exert the most significant impact in terms of addressing homelessness at local level can be targeted with resources. It will be equally important in ensuring that projects or services that are no longer generating the impacts of the past are not given further funding on the basis purely of continuation of service. The Homeless Agency has successfully established more formal funding procedures for homeless initiatives in Dublin, and this experience should be used to build equivalent national procedures.

**Recommendation 4** – A National Homeless Consultative Committee, feeding into the Housing Forum which was set up under the partnership process, including representatives from the providers of local homeless services, should be established. This would provide input into the development of the revised homeless strategy and ongoing government policy on addressing homelessness, including the development of improved funding mechanisms and the integrated planning and delivery of interventions.

In addition to a desire for greater coordination between the Department of the Environment, Heritage and Local Government and the HSE in planning and funding homeless initiatives, there was also support throughout the consultation process for a more coordinated planning and funding mechanism involving all relevant stakeholders at national level. The Cross-Department Team on Homelessness has made a notable impact with regard to improving coordination of activity between departments and agencies, and the Team should continue to function in its vital role enabling the relevant Government Departments and Agencies to address issues as they arise. However it was also found that cohesive planning of funding across the homeless sector remained a weakness, particularly with regard to sourcing the required capital and revenue funding in tandem that is necessary to bring projects forward. There was widespread support, particularly at local delivery level, for a more formal mechanism to advise on the coordination and planning of interventions to address homelessness and their subsequent funding at national level.

Detailed discussions were held in order to establish an appropriate means of facilitating the involvement of national and local stakeholders in the integrated planning of future funding and activity, and it was agreed that the establishment of a National Homeless Consultative Committee could represent such a solution. Other such groupings exist to assist national policy making, with the National Traveller Accommodation Consultative Committee (NTACC) identified as a relevant model from which any such Committee could draw on in terms of its formulation. It is proposed that the Committee would be established based around the following suggested broad terms of reference:

**PROPOSED NATIONAL HOMELESS CONSULTATIVE COMMITTEE –  
BROAD TERMS OF REFERENCE**

- To participate in the development of new national Homeless Strategy in an integrated manner, with individual actions identified, costed, partnership funding provisionally agreed, timescales set for delivery, and monitoring and evaluation systems in place.
- To participate in the development of a common funding mechanism for projects, with clear criteria for funding approval developed and conveyed to all potential service deliverers, a common application form developed that ensures potential

projects are consistent with Local Homeless Action Plans and National Homeless Strategy and indicates potential outputs and monitoring mechanisms, a common assessment and approval procedure that relates applications to Homeless Strategy actions and can identify the funding streams available, and a monitoring and evaluation system that controls the release of future funding via service level agreements and stipulated output targets.

- To participate in the development of a sufficient national information system on homelessness that can facilitate the most efficient planning, funding, delivery and co-ordination of services to people who are homeless in Ireland and help to move towards a more case management based approach that is individually centred.
- To be effective in its role in order that it becomes redundant.

The membership of such a National Homeless Consultative Committee should be such that it involves all those agencies and departments that are responsible for funding homelessness interventions at a national level (The Department of Environment, Heritage and Local Government; Department of Health and Children; Department of Education and Science; Department of Social and Family Affairs; Probation and Welfare Service; the Irish Prisons Service, FÁS and HSE), representatives from the national community and voluntary sector agencies, representatives from local authorities (including housing practitioners with responsibility for addressing homelessness), regional Health Service Executive staff, and local service deliverers within the community and voluntary sector. The combination of national policy making and local delivery experience is essential if effective integrated planning is to occur.

## 7.3 Local Delivery Issues

### 7.3.1 Local Structures and Approaches

**Recommendation 5** – Homeless fora in major urban centres should have regard to the Homeless Agency partnership model in developing local strategy, actions and funding schemes from shared sources, and consideration should be given to the administrative requirements necessary to achieve this. Local Authorities and HSE representatives for areas with a small base of homeless persons should consider whether a partnership approach to the provision of certain specialist services might be adopted with other areas to improve local access to services by homeless individuals.

It is not the intention of this review to suggest that every local authority area should provide an extensive range of accommodation, services and support, alongside preventative interventions, for homeless and potentially homeless people independently of the rest of the country. Such an approach would be counter-productive and unnecessary given the differing extents to which homelessness is an issue around the

country. However there is a need to ensure that in the major urban areas, sufficient resources are provided in order to identify local needs and bring forward proposals to address these needs. Concern was expressed by fora representatives from the major urban centres that they lacked the capacity to address the issues of homelessness locally with maximum effectiveness and that further dedicated support was required for this to be facilitated. In this regard it would seem that lessons could be learned from the experience of the Homeless Agency, where a successful partnership model has been developed to formulate local strategy, actions and funding arrangements. The Department of the Environment, Heritage and Local Government should consider strengthening the administrative support structures of the relevant local authorities to assist in this task.

Outside of the major urban centres, it is essential that approaches develop ensuring that a person presenting as homeless in any part of the country will be given access to the same support mechanisms as an individual elsewhere. The review found significant inconsistency in approach across different local authority areas. Part, although not all, of the explanation for such disparity is that some such areas are so small, and have such a small base of homeless persons, that direct provision of homeless services is perceived as not representing value for money. Such a position is understandable but it has resulted in problems of homelessness being 'passed on' to other areas, and runs counter to the strategic ethos of localisation of service provision.

One potential solution to this inconsistency of approach is via pooling of resources across local authority areas. This may mean, for example, that city and county councils combine to establish a coordinated partnership approach to delivering homelessness interventions. It might also involve local authority or HSE representatives on fora in neighbouring counties to the major urban centres such as Kerry, Clare or Wicklow reaching agreement with their counterparts in Cork, Limerick or Dublin to access specific services such as specialist healthcare for a dedicated portion of time. It might also involve local authorities working in partnership to ensure that certain homeless services are available to homeless persons within in all their respective areas. For instance, councils in the Midlands might agree to examine the possibility of providing joint tenancy sustainment services if a single authority feels it cannot justify the outlay for a single dedicated service within its own boundaries. A regional approach to service provision across local authorities was muted during the consultation process, but there was a very mixed reaction to this proposal, and the review therefore concludes that this would not represent an efficient deployment of resources. However, where a sound case can be made for the pooling of resources for the delivery of specific services, this should be considered by local authorities and HSE regional managers.



Concern was expressed, particularly during consultations with representatives from larger urban areas, about the ease of which local authorities were able to “pass on” the problems of homelessness, facilitating the movement of homeless individuals into those urban areas. The justification for this action has been the lack of available services locally, allowing local authorities to avoid the costs of provision incurred elsewhere. While such an attitude prevails, there is little initiative for such areas to establish such services, and some mechanism should if possible be provided to discourage the potential to avoid this responsibility. The introduction of a cost transfer system, triggered when a person presents in one area and is then sent to another due to the availability of services, where the costs of service provision to that individual elsewhere can be reimbursed by the service provider from the original authority, could be considered in order to discourage transferring the problem of homelessness and to incentivise localisation of services.

### 7.3.2 Nature of Local Homeless Action Plans

**Recommendation 6** – The production of homeless action plans should be a statutory requirement. Homeless action plans should, as a minimum, contain an overall vision, objectives, actions, output targets, timescales for achievement, indicative costs, and proposed funding arrangements, and should be formally reviewed by the homeless forum on an annual basis.

The differences in approach at local level were strongly reflected in the nature of the local homeless action plans produced. It is important to find some means to ensure that action plans are more consistent, and that they receive appropriate commitments in terms of resources from local authorities and the HSE. To achieve this, a consistent priority of local stakeholders, particularly service providers, was making the production of homeless action plans by each local homeless forum a statutory requirement to guard against future non-participation by local authorities and the HSE in particular areas.

The real benefits of taking this step are not fully apparent to key national stakeholders, but it could restore confidence in the local homeless strategy process among some key voluntary agencies and should be worthy of consideration. In particular, concern has been expressed that no one single body is seen as the sole dominating force in any forum, and that it, and the action plan it produces, is the product of a real working partnership between the local authority, HSE, the voluntary sector and other agencies, with full commitment from all sides. Making the action plan a statutory commitment for local authorities, and, if possible, for the HSE is perceived as helping to secure such commitment from these parties. In addition to taking this step, it is also essential that the action plans are an integral part of local authorities’ housing strategies and that they are integrated into existing HSE strategic plans.

Making the production of action plans a statutory requirement must also occur in tandem with the development of rigid guidelines on the formulation of action plans to ensure that they are all of a minimum standard. In order to develop action plans of sufficient quality, the local authority and the HSE should work together with the local homeless forum to develop a vision, strategic objectives, costed actions with timescales for delivery, targets or projected outcomes in place for each, and an appropriate monitoring system that should ensure that achievement of targets can be accurately measured. Guidelines in this regard should be formulated jointly by the Department of Environment, Heritage and Local Government, the Department of Health and Children and the HSE and circulated to all appropriate forum representatives.

### *7.3.3 Core Local Service Delivery*

**Recommendation 7** – A case management approach, based on individual needs assessment with provision for access to multiple services, should be developed and piloted. Arrangements should be put in place to ensure the availability of the full range of services which might be required to ensure that the needs of the homeless person are met in a holistic manner. In this context the appointment of key workers, responsible for facilitating access to all services needed by the homeless person, should be an integral part of the approach.

The key to addressing homelessness at local level lies in the provision of core services that focus on each individual's needs. Local service providers have continually emphasised that somebody has to be responsible for ensuring that each individual can access support in terms of securing short and subsequently long-term accommodation, immediate healthcare and ongoing care needs, and capacity building that provides a long-term practical solution to that individual's unique set of circumstances. The only way of doing this is by moving to a case management approach, linked to better coordination between health and local authority services. Under our review of Action 14 of the Integrated Strategy, we identified the broad principles behind such an approach, and it is recommended that an appropriate model is agreed and adopted on a pilot basis for provision of core services to homeless people in a number of areas, and rolled out to the rest of the country should it prove effective.

A number of core services have been highlighted in this report as being highly influential in addressing homelessness in specific areas. The review has established the benefits of dedicated settlement, outreach staff and proactive Community Welfare Officers, the importance of a homeless information centre acting as a 'one-stop shop', and the need for dedicated tenancy sustainment services that focus on prevention of repeat homelessness by ensuring individuals receive the support that they deserve in independent living environments. Tenancy sustainment initiatives have been found to

provide long-term solutions to the problems of homelessness and were considered to be a critical delivery mechanism in order to ultimately reduce the numbers of individuals presenting as homeless. In this regard, the Department of the Environment, Heritage and Local Government should produce national guidelines on the exact components that should comprise tenancy sustainment provision, as a number of alternative approaches have been adopted thus far.

Combining these services in a core 'team' that would cover one local authority area or be accessible from an area without such a team would ensure that every homeless individual has access to dedicated support focused on progression, settlement and sustainment. It would move away from the seemingly ad hoc delivery patterns with regard to these services, and ensure greater consistency of approach.

Core services and a case management approach can only be successful if the core workers can then meet the needs of the homeless individual by accessing other specialist services. The areas that have experienced the most successful outcomes over the life of the strategies have ensured that dedicated, specialist resources are devoted to addressing the problems of homelessness. It was found that the development of a multi-disciplinary health services team for homelessness had proved effective. This does not mean that health professionals would be expected to devote their entire job to homeless services, but just that such a role becomes an explicit part of their remit and some time is set aside for its undertaking. Membership of such a team need not necessarily be confined to health personnel if additional local needs are identified and it should work in tandem with the team of core workers delivering the non-health related services described above.

## 7.4 Targeting of Resources

### 7.4.1 Need to Refocus

**Recommendation 8** – There needs to be a refocusing of resources available to address homelessness. Resources previously focused on the provision of emergency accommodation should be redeployed to the provision of long-term accommodation. The continued relevance of all other interventions targeting homelessness should also be kept under review at local level to ensure that resources continue to be directed effectively towards areas of greatest need. Commitment to ongoing evaluation of existing resources targeting homelessness issues, in order to identify gaps in service provision or duplication of service, should be a condition of funding in all cases.

The launch of the Integrated Strategy heralded a period of concentrated policy development with regard to homelessness and led to a significant increase in the level of resources supporting interventions to address homelessness. This review has identified significant successes as a consequence of such interventions and has raised a number of issues that require further attention. The need for further action, however, should not be taken as a recommendation that further funding is necessary to drive the homeless strategy forward. The existing levels of funding should be adequate to ensure effective provision of accommodation and services in the future, if funding is redirected into the areas of greatest need.

The success of the Integrated Strategy in addressing the gaps in emergency accommodation should now be reflected in a concentration of resources on the provision of long-term accommodation solutions. This has been recognised by the Department of the Environment, Heritage and Local Government, which will play an important role in encouraging and facilitating development of this kind. Local authorities will have a critical role in ensuring that adequate appropriate long-term accommodation exists, with supports if necessary, that can be accessed by homeless persons in the area. The voluntary housing sector will also have a key role in ensuring that the long-term housing needs of homeless individuals are being met, and should proactively seek to fill any gaps in accommodation provision where such needs are identified. The focus on long-term accommodation solutions, however, should not only be viewed as an issue for these three groups involved in capital funding, for equally important will be the participation of the HSE. The HSE must work to ensure that sufficient revenue funding can be provided for healthcare supports in long-term accommodation, wherever these are necessary, and this will involve the development of proactive partnerships in planning interventions with the appropriate authorities.

The need to refocus resources should not only be confined to the type of accommodation provided, as there is a need for continual evaluation of priorities and nature of interventions throughout the homeless sector. One of the most interesting pieces of research considered during the undertaking of this review has been the report produced by Simon Brooke examining the deployment of HSE funded staff working in homeless services. This report revealed limited evidence of linkages between levels of staff and client needs and distinct differences in skill levels across the sector. If real progress is to be achieved with regard to moving homeless strategy forward, an understanding of the deployment of resources across the entire homeless sector, including health and non-health related workers, in the community and voluntary agencies and in the local authorities, is highly important. A similar exercise for all homelessness interventions would require the complete commitment of these latter agencies, but should be an essential step in refocusing the entire sector on making itself largely obsolete, which should, after all, be its overarching goal. The planning of resources on a rational basis,

and the replacement of a system funding services on the basis of continuation, rather than on ability to meet the needs of homeless people, is essential in the future. An exercise such as this could provide the foundations for such progress.

## 7.5 Accommodation Issues

### 7.5.1 Emergency and Transitional Accommodation

**Recommendation 9** – Emergency accommodation, although largely sufficient in the major urban centres, should continue to be provided to address outstanding requirements in other areas. It is considered, in general, that provision of long-term accommodation with the support necessary to maintain occupancy of that accommodation is more appropriate than the provision of transitional accommodation. The provision of a floating support system in tandem with this long-term accommodation offers a more practical solution to building the capacity of homeless people for independent or supported living, provided the care and other support needs of the tenant are also addressed.

This review has noted the significant progress that has been made in the provision of emergency accommodation. It is acknowledged that for the most part, sufficient emergency accommodation exists in the main urban centres of Ireland, although there are outstanding issues to be addressed in particular areas. Ongoing assessment of local needs also remains essential in order to adequately address new issues arising. One outstanding issue identified in this review with regard to emergency accommodation was the dissatisfaction with the bed-nights system of funding accommodation provision. The system provides no incentive to focus on demand for services from homeless people as funding is based purely on supply. The Department of the Environment, Heritage and Local Government is already moving away from such an approach, and there is a need to try to develop systems to ensure a more unit cost-based method of funding projects is introduced. This would mean that discrete cost elements could be related to the number of homeless people benefiting from the service, a demand-led costing system, and facilitate greater comparison of delivery across the sector.

There is evidence that transitional accommodation has helped to find long-term accommodation solutions for homeless people, although a danger has also been identified of transitional accommodation becoming long-term in nature due to limited availability of longer-term options. In this instance it can institutionalise inhabitants by keeping them in transitional accommodation over the medium and long-term. The most important aspect of transitional accommodation lies in the support offered in preparing the client for independent living, and there is strong support for a transitional

accommodation model with a floating system of support provided to individuals in permanent accommodation. This concentrates on direct provision of the final, long-term solution, rather than a further intermediary layer of accommodation and avoids the concentration of homeless people in one identifiable location. If adequately resourced it should allow the appropriate supports required to meet individual needs to be delivered in a longer-term setting.

### *7.5.2 Long-Term Accommodation*

**Recommendation 10** – Consideration should be given to the replication of successful existing initiatives that secure long-term housing options for homeless people within the private rented sector. A system combining a portfolio of landlords willing to partake in such a scheme with tenancy support for tenants that require it facilitates the use of private rented accommodation as a long-term option for homeless people.

As noted above, the main focus of activity should now be on developing long-term accommodation options with appropriate supports that can ensure progression routes out of homelessness are available to all types of homeless person. Such accommodation will be sourced from private landlords, from local authorities and from the voluntary housing sector, and it is important that interventions are progressed in order to ensure that these sources generate a sufficient stock of housing for homeless people.

Considering firstly private rented accommodation, the success of initiatives such as the Access Housing Unit in Dublin has suggested that there is considerable potential for expanding the use of the private rented housing sector around the country. Success will depend on a concerted effort at local level to proactively source landlords willing to house homeless people, and the provision of ongoing support services to ensure that individuals can sustain themselves in an independent living environment. The Rental Accommodation Scheme should help to focus minds with regard to such tasks, as very often this is considered to be the most feasible option for housing single people, and the onus will soon be on local authorities to find such accommodation solutions.

**Recommendation 11** – Local authority and voluntary sector housing for homelessness, should, as far as possible, avoid concentration in one specific area, particularly in disadvantaged areas, and should be scattered throughout the local authority's and voluntary sector's housing stock portfolio. Local authorities should ensure that a sufficient proportion of their own and the voluntary sector's housing stock is appropriate to the needs of their homeless population and that due account is taken of the needs of this sector in the operation of their housing allocation process.

A commonly cited issue throughout the consultation phase has been the adequacy of local authority housing solutions to meet the needs of homeless people. The placing of individuals in units in problematic housing estates can expose them to the specific temptations (e.g. drugs, alcohol) that triggered off their path into homelessness in the first instance, and may generate problems of stigmatisation if concentrated in one area and viewed as the “homeless houses”. Care must be taken in this regard when examining local authority housing options. It is further acknowledged that those areas that have been most successful in securing long-term accommodation solutions from within local authority housing stock are those that formally commit to providing a proportion of their stock for homeless people. Of course such a proviso is dependent on sufficient demand existing in the area from homeless people for this share of housing stock, but it does represent a practical mechanism for provision of long-term housing options that has been shown to be of benefit in the specific areas in which it has been introduced.

It is equally essential that the voluntary housing sector commits to provision of long-term social housing. Voluntary agencies will have a key role in ensuring that a sufficient range of accommodation options are put in place to meet the needs of homeless persons. These agencies have significant expertise in delivering social housing solutions and an in-depth knowledge of the types of housing required and associated supports necessary to sustain individuals in a long-term living environment. It is essential, therefore, that they take on responsibility for delivering these long-term solutions, and it is considered that, where appropriate, voluntary organisations should also commit to allocating a proportion of all social housing for homeless people as they plan their future activities.

**Recommendation 12** – Dedicated long-term supported accommodation staffed on an ongoing basis by health workers must be provided to cater for the very specific needs of those individuals experiencing severe psychiatric problems that have difficulties with an independent living environment, where it has been agreed by the HSE and local authority that they are in need of such accommodation.

Throughout discussions with service providers, there was often reference to the fact that there were certain individuals for whom there were no suitable types of accommodation available, particularly those with significant psychiatric problems, regardless of the available supply of accommodation. The presence of such persons was identified as having a destructive influence on other clients accessing the same accommodation or other services, yet providers are extremely reluctant to turn them away if they have nowhere else to go. The need for more long-term accommodation with specialist support provided on an ongoing basis was widely acknowledged, and should be progressed as a matter of priority. This should be planned and delivered by the Department of Health and Children and the HSE in view of the specific healthcare needs that would sustain such



accommodation, although the voluntary housing sector could also be involved on a contracted basis in view of their expertise in social housing provision. The Department of the Environment, Heritage and Local Government should also give consideration to the capital funding of such initiatives, in view of their role as a critical response to addressing the needs of a particular group of homeless persons.

## **7.6 Progression of the Preventative Strategy**

The Preventative Strategy was launched in 2002 and progress has been mixed with regard to its implementation. The strategy is, however, longer-term in its outlook than the Integrated Strategy, and work is still ongoing with regard to its successful progression. In many ways the outputs envisaged in the strategy are less tangible, involving the development of systems, protocols, good working relationships and, fundamentally, the prevention of homelessness among key target groups most at risk. Nevertheless some good progress has been evident, with successful interventions developed by the Probation and Welfare Service and the HSE, and significantly more development is anticipated in the short and medium-term. The review of the Preventative Strategy in this report considered not only progress with regard to the distinct target groups that were the focus of the original strategy, but also on any other preventative actions that are required in order to reduce the risk of homelessness for individuals.

### *7.7.1 Monitoring of Discharge Policies*

**Recommendation 13** – Consideration should be given to the establishment of a dedicated system to ensure that discharge policies for homeless people are adequate and are being implemented effectively in mental health facilities and acute hospitals.

A key finding of the review of the Preventative Strategy was that, while there has been considerable success in developing protocols with regard to discharge from mental health residential facilities and acute hospitals, and aftercare for young people, the extent of implementation of such services varied from area to area. There is a need to ensure that sufficient information is provided to front-line staff, that formal record-keeping practices are being followed as a control mechanism, and that monitoring visits are undertaken to ensure compliance with the protocols. It may be worthwhile considering the establishment of a formal quality control service in this regard, perhaps deploying a Discharge Policy ombudsman to check that policies are being properly applied.

### 7.7.2 Adult Offenders

**Recommendation 14** – Ex-offenders should, in general, not be housed in dedicated accommodation, and should be treated for their individual housing and other support needs rather than as ex-offenders per se, but must remain a key focus of future homeless strategy as an especially at-risk group.

The review revealed support for more specifically focused action with regard to ex-offenders. The original strategies planned the development of dedicated accommodation for ex-offenders, but there has now been a move away from this policy and this should be recognised in any future homeless strategy. Ex-offenders need to be treated as any other homeless individual, with a formal assessment of their individual accommodation and support needs, and the appropriate services then accessed. The provision of dedicated accommodation units was identified as having potential for reinforcing the problems faced by ex-offenders in reintegrating into society, creating the risk of transitional accommodation becoming long-term in nature. It will still be important to tailor other services to meet the needs of ex-offenders, and they should remain a key focus of future homeless strategy as they remain a particularly at-risk group.

### 7.7.3 Young People Leaving Care

**Recommendation 15** – Closer links should be developed between the Youth Homeless Forum and the Adult Homeless Forum in each area to improve and monitor the effectiveness of systems at local level and ensure continuum of care for the individual upon reaching 18 years of age.

The transition of young people leaving care into an environment when they need to access adult services has been facilitated via the development of aftercare protocols. However there were instances around the country where planning could have been improved with regard to sourcing accommodation and services upon leaving care, and it was emphasised that there should be closer links between Youth and Adult Homelessness Forums in order to improve the operation of systems at local level. These links may take the form of representation at meetings, the establishment of a joint local working group to look at the relevant issues, or more formal information sharing procedures.

### 7.7.4 Victims of Domestic Violence

**Recommendation 16** – Victims of domestic violence should be recognised as an at-risk target group, and in this regard the National Steering Committee on Violence against Women should consider convening an expert working group to examine refuge provision and occupancy around the country.

The specific focus of the Preventative Strategy did raise some concern among service providers that, although direct action for those leaving care facilities was important, equally critical was the need to prioritise other target groups significantly exposed to the risks of homelessness. It was considered that an opportunity existed to tackle the particular needs of other at-risk groups in addition to those covered in the Preventative Strategy. One key issue in this regard was the lack of specific attention towards victims of domestic violence. The review noted that domestic violence was a key factor in the homelessness of women and children and should be recognised as such. There was no consistent planning with regard to planning of refuges and accompanying support for victims throughout the country, and some fora seemed to perceive the problem as being outside the realms of homelessness and hence their remit. Future homeless strategy should ensure that it focuses on the needs of this particular target group. The National Steering Committee on Violence against Women should also consider convening an expert working group to examine refuge provision and occupancy around the country.

#### *7.7.5 Early Intervention Strategies*

**Recommendation 17** – There is a need for development of early intervention preventative actions by wider social welfare agencies, including the establishment of indicators that act as an early warning system and ensure that supports are offered while the potentially homeless individual remains in the family home.

Early intervention strategies were a central theme in discussions about the prevention of future homelessness. Although the nature of such interventions means they lie outside the remits of the key stakeholders involved in implementation of homeless strategy, the direct impact that they can potentially exert on future levels of homelessness requires that this issue is not overlooked in any future homeless strategy. It was identified that the majority of people presenting themselves as homeless had experienced some type of family breakdown, regardless of the other specific target groups to which they might belong. There needs to be a greater acknowledgement within the homeless strategy of this problem and interventions proposed to prevent or limit the extent to which they result in homelessness. The discussions identified a number of indicators that might precede family breakdown, facilitating the extent to which early intervention strategies could be formulated, and learning can also be drawn from good practice overseas. Further consideration should be given to this issue via the establishment of dedicated family breakdown early intervention preventative actions in future homeless strategy.

## 7.8 Information Gathering and Dissemination

### 7.8.1 Homelessness Definitions and Measurement

**Recommendation 18** – The definition of homelessness should be revisited in order to produce a clearer, unambiguous understanding of what homelessness means for measurement and funding purposes. This should be used as the basis for a common information gathering system establishing the causes, extent and nature of homelessness and rolled out to all areas of the country.

The review found that one major impediment to the effective planning of interventions to address homelessness has been a lack of available and consistent information about both the needs of homeless people and the nature and extent of homelessness around the country. A key information gap exists, with the Housing Needs Assessment every three years too irregular and of questionable accuracy due to different measurement methodologies adopted in different areas, although it should be noted that the Department of the Environment, Heritage and Local Government have taken steps to address this in the 2005 assessment.

The definition of homelessness in the 1988 Housing Act (Section 1.3) that frames the measurement of the extent of the problem via this assessment is too ambiguous and open to individual interpretations as it currently stands. A new, more rigid definition of homelessness should be established, perhaps even offering different definitions of homelessness depending on its nature. The approach taken by FEANTSA in this regard has been outlined in the report, and the adoption of this type of working definition would prove beneficial.

Although an improved system of data collection across different local authority areas has been apparent in the 2005 assessment of housing need, a common information gathering system is still required establishing the causes, extent and nature of homelessness. This is essential if a comprehensive approach to information gathering is to be adopted and the existing information gaps that hinder policy development are to be addressed. Inroads have been made in Dublin via the establishment of the LINK information system, developing an integrated approach to the measurement of the nature, extent and causes of homelessness and the needs of individuals. Homeless fora in other areas of Ireland are also attempting to develop similar data gathering mechanisms. A common information gathering approach is essential to improve the effectiveness of future interventions at both local and national level, and the Department of the Environment, Heritage and Local Government should work towards its establishment.

### *7.8.2 Sharing of Good Practice*

**Recommendation 19** – Regular homeless fora conferences should be held in order to facilitate the sharing and development of ideas and improvements of interventions throughout the country. Examples of best practice for the delivery of local interventions to address homelessness should be circulated to all homeless fora.

This review has found a significant number of examples of successful and innovative interventions and approaches to addressing homelessness in different areas of the country. The success of the regional workshops, where fora were given the opportunity to discuss respective practices in their area, suggest that substantial improvements in delivery could be achieved by sharing learning between fora. Networks should be established in order to facilitate this shared learning, and the Department of the Environment, Heritage and Local Government should assist by organising regular homeless fora conferences. Alongside this, a more formal means of sharing information with regard to best practice around the country, and perhaps even overseas, would be the production of best practice guidelines with regard to local interventions to address homelessness. This was identified by local stakeholders as having the potential to ensure that fora worked more effectively throughout Ireland, and the Department should consider producing a guide on best practice in the future.

## **7.9 Other Relevant Issues**

### *7.9.1 Other National Policy Implications*

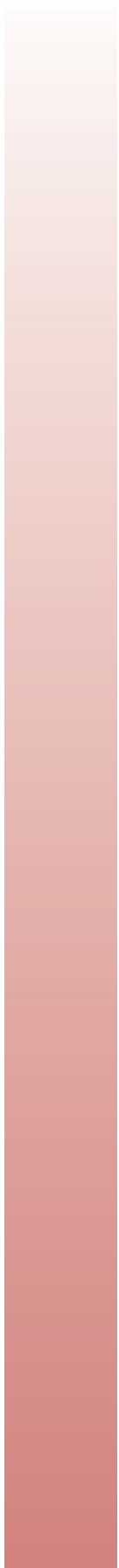
**Recommendation 20** – All government policy should be proofed for any potential impact it may have on homelessness or interventions targeted at addressing homelessness.

It is important that future homeless strategy is reinforced by other government policy, and that synergy is developed with other relevant strategies such as NAPS, Quality and Fairness and the Youth Homelessness Strategy. In formulating new Homeless Strategy the wider policy context in which it sits must be explicitly stated, and the links with other strategies made clear. Examples were provided during the consultation process of how recent policy decisions, such as the introduction of Habitual Residence Condition on social welfare payments or the 'ceiling' imposed by the Department of Finance on the overall staff numbers across departments, have impacted upon homelessness issues. There has been recent policy discussion nationally with regard to the poverty proofing of national policy, and our findings suggest that a similar requirement with regard to homelessness proofing would be beneficial if the objective of eliminating long-term homelessness nationally is to be achieved.

### *7.9.2 Education and Training*

**Recommendation 21** – FÁS and the Vocational Education Committees should become more actively involved in the activities of local homeless fora in the future.

The review found that progress with regard to education and training had not been achieved to the extent envisaged in the Integrated Strategy, and that there was little evidence of proactive involvement of FÁS or the Vocational Education Committees in local homeless fora. It was considered by most stakeholders that there was scope to develop education and training interventions for homeless people, both with regard to capacity building and life skills, and in relation to more vocational training that will help them to acquire further educational opportunities or employment. FÁS and the VECs are in the best position to take on local involvement in this respect, and they should participate fully in local homeless fora around the country.





# *Annexes*



# Annex 1: Submissions Received

1. **CentreCare** - Creating Crises - The Impact of Rent Supplement Restrictions
2. **CentreCare** - Submission to the Review of the Homeless Strategy
3. **Clinical Specialist Occupational Therapist**, Phil O'Riordan - Submission from Occupational Therapists Working in Homelessness
4. **Combat Poverty Agency** – Submission to the Department of the Environment, Heritage and Local Government – Review of Government's Homeless Strategy
5. **Community Welfare Officers** – Group - Review of Homeless Strategy
6. **Cope**. Martin O'Connor - Review of Homeless Strategy
7. **Crises Pregnancy Agency**, Stephanie O'Keeffe - Review of the Government's Homeless Strategy Submission
8. **Cuan Mhuire**, Michael Mc.Cauley - Review of Government Homeless Strategy
9. **Focus Ireland** - Review of National Policy on Homelessness: Homelessness - An Integrated Strategy & Homeless Preventative Strategy
10. **Focus Ireland** - Submission on the Homeless Agency Operational Plan 2004-2006
11. **Focus Ireland, Irish Traveller Movement, Simon Communities of Ireland, Society of St Vincent de Paul, Threshold** - National Action Plan Against Poverty and Social Inclusion 2003/2005 Submission on Housing and Accommodation
12. **Focus Ireland, Simon Communities of Ireland, Society of St Vincent de Paul, Threshold** - Housing Access For All? An analysis of Housing Strategies and Homeless Action Plans
13. **Homeless Adults (Health) Implementation Group** - Submission under the Review of Homelessness - An Integrated Strategy
14. **Homeless Agency – Submission for Government Review of Homelessness an Integrated Strategy and Homeless Preventative Strategy**
15. **Irish Council for Social Housing** – Submission for the Government's Review of Homeless Strategy.
16. **ISPCC**, Heilean Rosenstock - Review of the Government's Homeless Strategy
17. **Mayo Women's Support Services**, Bernadette Byrne – Submission to Review of Homelessness - an Integrated Strategy
18. **Mental Health Ireland** - Submission to Review of Government's Homeless Strategy
19. **National Advisory Committee on Drugs (NACD)** – Submission to the Review of the National Homeless Strategy
20. **National Advisory Committee on Drugs (NACD)** Summary of Key Findings in "Drug Use Among the Homeless Population in Ireland"
21. **National Network of Women's Refuges and Support Services** - Review of the Homeless Strategy Submission

22. **OPEN** – Submission to the Review of the Government's Homeless Strategy
23. **Paul O'Toole** - Submission to Review of Homelessness - an Integrated Strategy
24. **Peter McVerry** - Homelessness - submission to Review Group
25. **Probation and Welfare Service** - Review of: Homelessness – An Integrated Strategy and Homeless Preventative Strategy -Submission from the Probation & Welfare Service
26. **Rehabilitation Team St. Loman's**, Victoria Somers - Submission to the Review of the Homeless Strategy
27. **Simon Communities of Ireland**, - Submission to Review of Government's Homeless Strategy.
28. **Simon, Galway**, Marlene O'Connor - Submission to Review of Homelessness - an Integrated Strategy
29. **Society of St. Vincent de Paul**, John-Mark McCafferty - Social Justice and Policy
30. **Sonas** Housing Association Ltd, Muireann Morris - Submission to The Department of Environment, Heritage & Local Government on The Governments Homeless Strategy
31. **Threshold** - National Housing Organisation - Submission to Review of Homelessness - an Integrated Strategy
32. **Trust** - Review of Government's Homeless Strategy - Review of Homeless Strategy
33. **Voluntary Homeless Services** – Galway - The Review of the Government's Homeless Strategy
34. **Women's Aid**, Theresa Sweeney

# Annex 2: Pro Forma for Key Stakeholder Consultation

CONSULTEE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

1. What is the exact role of the department/agency/NGO in addressing homelessness and funding/delivering homeless services? (for Departments this may be more about clarifying any role beyond the specific actions detailed in the Integrated and Preventative Strategies)
2. What resources does the department/agency/NGO devote to addressing homelessness? (by nature of activity, staff resources if possible)
3. Establish the degree of interaction with other departments/agencies/NGOs in addressing homeless issues.
4. What would you view as the main obstacles to addressing homelessness issues prior to and during the implementation of the Integrated and Preventative strategies?
5. What would you see as the main priorities for the development of homeless strategy in the future?
6. Do you think there is, or indeed needs to be, a common approach to addressing homelessness throughout Ireland or common services and support available to all homeless people throughout Ireland regardless of location?
7. Are resources currently devoted to addressing homelessness being targeted in an efficient and effective manner? If not, why not? Are there any areas of improvement that could be made in this regard?
8. Is the existing structure framing homeless strategy appropriate in order to achieve maximum progress in the future? (Issues worth examining here would be the need for distinction between integrated/preventative/youth strategies; devolvement of responsibilities between departments and agencies; lack of involvement in voluntary sector in implementation of strategy)
9. Examination of individual strategic actions – Please see separate template. Are there any other appropriate contacts that should be consulted with regard to implementation of these actions?
10. Any other comments?

## Annex 3: Pro Forma for Voluntary Agency Consultation

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1. **Background to the Review** – Tasks undertaken thus far, actions planned to complete the review.
2. **The nature of voluntary agency's activities** – its purpose, relevant initiatives, degree of involvement at regional and local level.
3. **The appropriateness of existing mechanisms to address homelessness issues** – role of the Homeless Fora and Homeless Action Plans; any problems with regard to coordination of activity at local level; funding arrangements in place for local initiatives; improvements that could be made.
4. **The main obstacles to addressing homelessness issues at present** – for example, is there a cohesive arrangement in terms of delivering accommodation, health services, welfare benefits, education and training, etc to homeless people – need for 'key workers' dedicated to addressing all needs of homeless people? Housing rights as mentioned in submission
5. **The main priorities for the development of homeless strategy in the future** – have priorities changed? – emergency accommodation problem largely addressed? – should focus now be more on prevention, ensuring access to accommodation and services that will provide a longer-term solution?
6. **The need for a common approach to addressing homelessness throughout Ireland** - are common services and support available to all homeless people throughout Ireland regardless of location? Should there be a common approach given the different scales of homelessness around the country?
7. **The targeting of resources in an efficient and effective manner** - are resources currently devoted to addressing homelessness being targeted correctly? If not, why not? Are there any areas of improvement that could be made in this regard? Need for clearer criteria in allocating funding?
8. **The existing structure of homeless strategy and its implementation** - is it appropriate in order to achieve maximum progress in the future? Is there a need for clearer targets? Is there a need for the distinction between integrated/preventative/youth strategies; closer links with other social policy? devolvment of responsibilities between departments and agencies; more involvement in voluntary sector in implementation of strategy)

## Annex 4: Pro Forma for Key Stakeholder Workshops

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1. **Background to members attending workshop** – their organisations, role, etc..
2. **The appropriateness of existing mechanisms to address homelessness issues** – role of the Homeless Fora and Homeless Action Plans; any problems with regard to coordination of activity at local level; funding arrangements in place for local initiatives; improvements that could be made.
3. **The main obstacles to addressing homelessness issues at present** – for example, is there a cohesive arrangement in terms of delivering accommodation, health services, welfare benefits, education and training, etc to homeless people
4. **The main priorities for the development of homeless strategy in the future** – have priorities changed? – emergency accommodation problem largely addressed? – should focus now be more on prevention, ensuring access to accommodation and services that will provide a longer-term solution?
5. **The need for a common approach to addressing homelessness throughout Ireland** - are common services and support available to all homeless people throughout Ireland regardless of location? Should there be a common approach given the different scales of homelessness around the country?
6. **The targeting of resources in an efficient and effective manner** - are resources currently devoted to addressing homelessness being targeted correctly? If not, why not? Are there any areas of improvement that could be made in this regard?
7. **Is the existing structure framing homeless strategy appropriate** in order to achieve maximum progress in the future? (Issues worth examining here would be the need for distinction between integrated/preventative/youth strategies; devolvment of responsibilities between departments and agencies; lack of involvement in voluntary sector in implementation of strategy)



# Annex 5: Questionnaire for Survey of Local Homeless Fora



## Survey of Local Homeless Fora for Review of Homeless Strategy



To be completed by the Chair of the Homeless Forum on behalf of all members  
Please note that comments may be continued on a separate page if necessary

Local Authority/Forum	<input type="text"/>		
Person Completing Survey	<input type="text"/>		
Position	<input type="text"/>	Contact No	<input type="text"/>

### A. Your Local Homeless Forum

1) Date your Local Homeless Forum was established?

2) Please detail the membership structure of the forum by source organisation below? (by no of members)

Local authority	<input type="text"/>	Health Board	<input type="text"/>	Probation & Welfare Service	<input type="text"/>
Fás	<input type="text"/>	Gardai	<input type="text"/>	Dept of Social & Family Affairs	<input type="text"/>
Homeless Voluntary Orgns	<input type="text"/>	Other Voluntary Orgns	<input type="text"/>	Other	<input type="text"/>

3) What are the main functions of your Local Homeless Forum?

4) Is there a monitoring mechanism in place with regard to the Forum's activities? Yes ☐ No ☐

If yes, please give details

5) How often did your Local Homeless Forum meet in 2002, 2003, and 2004?

2002	2003	2004
<input type="text"/>	<input type="text"/>	<input type="text"/>

6) Does your Local Homeless Forum adopt any of the following reporting procedures?

(1) Targets/Performance Indicators Set	<input type="checkbox"/>	(2) Regular Progress Reports Produced	<input type="checkbox"/>
(3) Performance Indicators Monitored	<input type="checkbox"/>	(4) Circulation of Minutes of Forum Meetings	<input type="checkbox"/>
(5) Other Reporting Procedures	<input type="checkbox"/>		

Please give details

- 7) What would you see as being the 3 main strengths of your Local Homeless Forum?

- 8) What would you see as being the 3 main weaknesses of your Local Homeless Forum?

- 9) Is it considered that the Forum represents the most effective mechanism of addressing homelessness issues within your area?

Yes

☐

No

☐

If yes, please suggest any ways in which the effectiveness of the Forum could be improved in the future

If no, please suggest an alternative mechanism & indicate how this might improve effectiveness in the future

## B. Your Local Homeless Action Plan

- 10) How did your Forum decide on the most appropriate format for the Local Homeless Action Plan?

Based on another example (e.g. Homeless Agency Strategy, Other LA strategy, Overseas example)

Based on objectives and actions in Homelessness: An Integrated Strategy and Preventative Strategy

Based on consultation with other Fora/Local Authorities

Based on consultation with Department of Environment, Heritage & Local Government

Based on Department's Circular

Based on the individual needs of the local area

External expertise or technical assistance

Other

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

If other please give details

- 11) What would you see as being the 3 main strengths of your Local Homeless Action Plan?

- 12) What would you see as being the 3 main weaknesses of your Local Homeless Action Plan?

--

- 13) When preparing your Action Plan, did you consider working in partnership with other local homelessness fora to produce a wider regional action plan?

Yes

☐

No

☐

If yes, please explain why you elected not to pursue this course of action

--

If no, do you at this stage see a need for such a wider plan/ forum?

Yes

☐

No

☐

Please give details

--

If yes, what would represent the most appropriate 'region' for the targeting of your Action Plan in the future?

--

If yes, how do you think that this 'regional' approach would be more effective?

--

- 14) Can you suggest any ways in which the effectiveness of the Local Homeless Action Plan could be improved in the future?

--

- 15) Prior to developing your Action Plan, had any research into the nature, causes and extent of homelessness in your area been undertaken?

Yes

☐

No

☐

Please give details

--

- 16) Prior to developing your Action Plan, were you satisfied that you had sufficient data and information on:

The number of homeless persons in your area?

The nature/type of homelessness in your area?

The cause of homelessness in your area?

Weaknesses or gaps in the existing services for homeless people?

The needs of homeless people in terms of accommodation?

The needs of homeless people in terms of other services?

Yes


No


Partly


**C. Facilitation of Local Homeless Services Projects**

- 17) Has the Forum undertaken any assessment of the need for accommodation, support and services for homeless people? Yes ☐ No ☐

Please give details

- 18) Does the forum have formal criteria for assessing local projects aimed at addressing homelessness issues within the local area? Yes ☐ No ☐

Please give details

- 19) Does the forum provide guidance with regard to the types of projects that are necessary in order to address identified local homelessness issues? Yes ☐ No ☐

Please give details

- 20) Does the forum have a formal application process in place for local funding applications for homelessness initiatives? Yes ☐ No ☐

Please give details

- 21) Are there arrangements in place at local level to allow for assessment of both capital and revenue funding availability for homelessness schemes? Yes ☐ No ☐

Please give details

## D. Progress of Actions Required by the National Strategies

- 22) **Requirement.** "Prevention strategies, targeting at risk groups, is an essential requirement for those leaving custodial or health related care and procedures will be developed and implemented to target prevention of homelessness amongst these groups."

To what degree have actions in your Plan progressed towards meeting this requirement at local level?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 23) **Requirement.** "Action plans will consider the need for additional sheltered, transitional and move-on accommodation and the extent to which they may be required in particular areas."

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 24) **Requirement.** "The statutory and voluntary agencies will also have to respond to the needs of homeless women, couples, families and persons with substance addictions."

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 25) **Requirement.** "Settlement programmes will be established by local authorities, or on their behalf by voluntary bodies, to encourage and support hostel residents to move from hostels and other emergency accommodation such as bed and breakfasts to other appropriate accommodation, whether sheltered, transitional or independent, thereby freeing up spaces in emergency hostels."

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details



- 26) **Requirement.** "Local homeless persons centres will be established jointly by local authorities and health boards, in consultation with the voluntary bodies, throughout the country"

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 27) **Requirement.** "The service provided will be enlarged to involve a full assessment of homeless persons needs and to refer persons to other health and welfare services."

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 28) **Requirement.** "A single outreach service will be established to target the needs of rough sleepers. This will be implemented by the local authority and the health board in co-operation with voluntary bodies operating outreach services to people sleeping rough in the streets."

To what degree have actions in your Plan progressed towards meeting this requirement?

Fully met this requirement

☐

Made some progress with regard to this requirement

☐

Made significant progress with regard to this requirement

☐

Made no progress with regard to this requirement

☐

Please give details

- 29) Are the responsibilities of each organisation clearly defined with regard to progressing each action?

Yes

☐

No

☐

Please give details

- 30) Has the Forum undertaken any other activity not covered under any of the above requirements?

Yes

☐

No

☐

Please give details

**E. Impact of the Strategies at Local Level**

- 31) Do you have a sufficient supply of emergency accommodation to meet demand within your area?

Yes

☐

No

☐

Please explain/  
quantify

- 32) In relation to the following categories please state the number of accommodation units in your area and the additional number that in your opinion is required

Category	Available	Additional	Total
<b>Emergency</b>			
Of which is specifically for the following categories			
Single People			
Families			
People with substance addictions			
People discharged from hospitals/health institutions			
People suffering from mental health problems			
Victims of domestic violence			
People who have been discharged from prison			
<b>Transitional/Move-on</b>			
Of which is specifically for the following categories			
Single People			
Families			
People with substance addictions			
People discharged from hospitals/health institutions			
People suffering from mental health problems			
Victims of domestic violence			
People who have been discharged from prison			
<b>Long-term supported</b>			
Of which is specifically for the following categories			
Single People			
Families			
People with substance addictions			
People discharged from hospitals/health institutions			
People suffering from mental health problems			
Victims of domestic violence			
People who have been discharged from prison			

- 33) Has the number of rough sleepers decreased since the implementation of your Action Plan?

No. of rough sleepers at start of plan

☐

No. of rough sleepers at present

☐

Don't Know

☐

Please Explain



- 34) Can you give an indication as to the impact of any preventative actions you have put in place (e.g. numbers presenting themselves to homeless organisations before and after the implementation of a preventative action)?

## F. General Feedback with Regard to Homeless Strategy

- 35) What would you view as the main obstacles to tackling homelessness issues prior to and during the implementation of the Integrated and Preventative strategies and the local Homelessness Action Plans?

- 36) What would you see as the main priorities for tackling homelessness in the future?

- 37) Do you think there is, or indeed needs to be, a common approach to addressing homelessness throughout Ireland or common services and support available to all homeless people throughout Ireland regardless of location?

Yes ☐ No ☐ In part ☐

Please explain

- 38) Are resources currently devoted to addressing homelessness being targeted in an efficient and effective manner?

Yes ☐ No ☐ To some degree ☐

Please explain

- 39) Do you have any further comments with regard to the development of Homelessness Strategy in the future?

THANK YOU FOR YOUR HELP

# Annex 6: Pro Forma for Case Study Consultations

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1. **Background to the Review of Homeless Strategy** – methodology, progress thus far, steps to completion.
2. **Brief outline of the Activities of Homeless Forum** – different organisations involved, activities, impacts.
3. **The appropriateness of existing mechanisms to address homelessness issues** – role of the Homeless Fora and Homeless Action Plans; any problems with regard to coordination of activity at local level; funding arrangements in place for local initiatives; improvements that could be made.
4. **The main obstacles to addressing homelessness issues at present** – for example, is there a cohesive arrangement in terms of delivering accommodation, health services, welfare benefits, education and training, etc to homeless people - need for 'key workers' dedicated to addressing all needs of homeless people?
5. **The main priorities for the development of homeless strategy in the future** – have priorities changed? – emergency accommodation problem largely addressed? – should focus now be more on prevention, ensuring access to accommodation and services that will provide a longer-term solution?
6. **The need for a common approach to addressing homelessness throughout Ireland** - are common services and support available to all homeless people throughout Ireland regardless of location? Should there be a common approach given the different scales of homelessness around the country? Could local authorities work in partnership to deliver interventions?
7. **The targeting of resources in an efficient and effective manner** - are resources currently devoted to addressing homelessness being targeted correctly? If not, why not? Are there any areas of improvement that could be made in this regard?
8. **The existing structure framing homeless strategy** - Is the existing structure framing homeless strategy appropriate in order to achieve maximum progress in the future? (Issues worth examining here would be the need for distinction between integrated/preventative/youth strategies; devolvment of responsibilities between departments and agencies)

# Annex 7: Regional Workshop Agenda

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## **REVIEW OF HOMELESS STRATEGY**

### **REGIONAL WORKSHOP ON XXth MAY 2005**

#### **AGENDA**

- 11.00 a.m. • Introduction
  - Evaluation process
  - Purpose of regional workshops
- 11.15 a.m. • Consideration of first three key issues:
  - Implementation of strategies
  - Definitions of homelessness
  - Co-ordination of services
- 12.15 p.m. • Tea/coffee
- 12.30 p.m. • Consideration of final three key issues:
  - Consistency of approaches
  - Preventive strategies
  - Progression routes
- 1.15 p.m. • Priority Actions
  - Next stages
- 1.30 p.m. • Finish

# Annex 8: Issues Paper for Regional Workshops

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## REGIONAL WORKSHOPS, MAY 2005 –

### KEY ISSUES AND QUESTIONS

#### (i) IMPLEMENTATION OF STRATEGIES

- To what extent do you think that the actions set out in the Integrated Strategy and the Preventive Strategy have been progressed and implemented in an effective manner?
- Have there been any particular obstacles or barriers which have hindered the implementation of the homelessness strategies?
- What is your assessment of the progress which has been made in tackling homelessness since the formulation of the two strategies (Integrated Strategy in May 2000, Preventive Strategy in February 2002)?

#### (ii) DEFINITIONS OF HOMELESSNESS

- What would be your definition of homelessness and of people who are affected by homelessness – is it about not being in safe, secure and stable accommodation or should the definition be broader or narrower?
- How important is it to have a common, agreed understanding of homelessness and is a common understanding of homelessness being applied by local authorities and the Health Service Executive across the country?
- Are there new or improved mechanisms which need to be put in place when counting or determining the number of homeless people who are living within local authority areas?

#### (iii) CO-ORDINATION OF SERVICES

- How much co-ordination is taking place in relation to tackling homelessness between local authorities, the Health Service Executive, other statutory agencies, and organisations working within the community and voluntary sector?
- Has the development of local structures (e.g. Homeless Fora) and local responses (e.g. Homeless Action Plans) led to a more co-ordinated approach to overcoming homelessness at the local level?
- Are there further ways in which co-ordination between key agencies and organisations could be improved in the best interests of homeless people?

**(iv) CONSISTENCY OF LOCAL APPROACHES AND STRATEGIES**

- How much consistency is there in addressing the problem of homelessness across the various local authorities and Health Service Executive regions?
- Are some areas more progressive and more productive than others in relation to homelessness and, if so, what can be done to ensure that all areas are doing what they can to tackle homelessness?
- Are there regional factors or variations in relation to addressing homelessness and/or differences between cities, large towns and more rural communities? What are these variations and differences?

**(v) PREVENTIVE STRATEGIES AND ACTIONS**

- What, in your opinion, are the main causes of homelessness and the reasons why people find themselves homeless?
- In more specific terms what types of actions and interventions should take place within the area in which the actual or potential homeless person lives (before that person might perhaps move into a larger town or city where there are more services for homeless people)?

**(vi) PROGRESSION ROUTES**

- What improvements have taken place in the last five years in relation to meeting the accommodation needs, healthcare needs and other needs of homeless people?
- Is there a sufficient balance between emergency accommodation, transitional housing and long term supported housing? Is there an adequate range and diversity of accommodation options for homeless people?
- To what extent has a person centred and multidimensional approach been put in place for homeless people (a number of recent research reports have clearly identified the links between homelessness and mental health, homelessness and drug addiction)?

# Annex 9: Pro Forma for Consultations with Homeless People

## INTERVIEW PRO FORMA FOR HOMELESS AND EX-HOMELESS PEOPLE

CONSULTEE\_\_\_\_\_ DATE\_\_\_\_\_

GENDER \_\_\_\_\_

1. For how long have you been homeless?
2. How did you find yourself homeless?
3. How would you define being homeless?
4. What types of actions or interventions might have prevented you from being homeless?
5. To what extent have you been supported and assisted by the following agencies and organisations:
  - Local authorities
  - Health Boards/Health Services Executive
  - Voluntary Organisations
  - Other groups/organisations
6. What are the main types of supports and forms of assistance which you require?
7. What do you think are the things that need to happen in order to reduce or eliminate the current levels of homelessness?
8. How hopeful are you that the current levels of homelessness will be reduced over the next five year period?
9. Any other comments?

# Annex 10: Simon Community Case Management Model

## PROPOSED CASE MANAGEMENT MODEL DEVELOPED BY SIMON COMMUNITY

The assessment of the housing needs of individuals and families on rent supplement and in the triennial count should be strengthened to ensure a comprehensive assessment of housing needs that indicates the appropriate types of accommodation and supporting services for each applicant. At present the triennial assessments fail to capture the extent of housing need, particularly in the case of single persons, older persons and people with disabilities.

Key elements of the housing assessment should be a thorough evaluation of the size, type, location of dwelling unit that would be appropriate; at applicants request, an advocate of their choice can be present during the assessment process; an independent appeals process; and, an assessment of 'additional' needs, be they medical, social or vocational in conjunction with the relevant voluntary or statutory provider.

The assessment of additional need should have the following core elements:

- Where an applicant presents & has needs additional to housing, an assessment of those needs should be carried out with the client, and with relevant statutory/voluntary service providers.
- A care plan, detailing the needs identified, the appropriate service provider and the funding of those services should then be agreed, communicated to the client and acted on.
- The outcome of this needs assessment should be subject to the appeals mechanism.

**Advocates** - When the housing needs assessment process is triggered, the client should be advised verbally and in writing that they can nominate an advocate, be it a family member, friend or care giver who is copied all written material in relation to the assessment and subsequent housing arrangements, and is entitled to attend any meetings between the local authority and the SWA recipient, if the recipient so wishes. This procedure for a named advocate should be mainstreamed into the housing needs assessment process.

**Appeals mechanism for individuals** - The appeals process should apply to situations where the service user disagrees with the decision made by the Local Authority in relation to: the assessment of long term housing need; the suitability of accommodation offered post assessment; the outcome of an 'additional need' assessment. Key elements of an appeals mechanism should include: the right of the applicant to have a named advocate throughout the assessment process; the right of independent redress; speedy resolution of appeals (the appeals process should be resolved within six weeks of being launched); the housing status of the client should not alter during the appeals process; need, as identified above.