

Contents

CHAPTER 1	Introduction	3
1.1	Background	3
1.2	Establishment of Team	3
1.3	Terms of Reference	3
1.4	Scope of the Strategy	3
1.5	Content of Report	4
1.6	Key Recommendations	5
CHAPTER 2	Strategy for the Prevention of Homelessness	7
2.1	General	7
2.2	Institutional Care	7
2.3	Other Groups	7
CHAPTER 3	Extent of Homelessness	8
3.1	Definition of Homelessness	8
3.2	Extent of Homelessness	8
3.3	Dublin, Kildare, Wicklow Assessment	9
3.4	Rough Sleeping	10
CHAPTER 4	Existing services for Homeless Persons	12
4.1	Housing Act 1998	12
4.2	Traditional response to Homelessness	12
4.3	Homelessness Fora	13
4.4	Accommodation Referral Services	13
4.5	Range of available accommodation	14
4.6	Section 10 Funding	18
4.7	Health and Welfare Services	19
CHAPTER 5	Consultation	22
5.1	General	22
5.2	Voluntary Bodies	22
5.3	Health Boards	24
5.4	Local Authorities	25
5.5	Future arrangements for dealing with Homelessness	26

CHAPTER 6	Statutory Responsibility	30
6.1	Clarification of Statutory Responsibility	30
6.2	Sharing of Responsibilities	30
CHAPTER 7	Accommodation Needs	33
7.1	Shortages	33
7.2	Settlement Programmes	35
7.3	Sheltered Housing	36
7.4	Emergency and Temporary Accommodation	36
7.5	Ex-Offenders	38
7.6	Night-Service Facilities	39
7.7	Recommendations	40
CHAPTER 8	Health and Welfare Services	41
8.1	General	41
8.2	Eastern Regional Health Authority's submission	41
CHAPTER 9	Work, Education and Training	44
9.1	General	44
9.2	Provision of Services by FAS	44
9.3	Advice and Information	46
9.4	Education	46
9.5	Ex-Offenders	48
CHAPTER 10	Funding	49
10.1	Current funding by the Department of the Environment and Local Government	49
10.2	Capital Funding	51
10.3	Additional Funding Needs	52
10.4	Funding Implications of proposals	55
CHAPTER 11	Summary of Proposals	56
Appendix 1	Membership of Cross Departmental Team	60
Appendix 2	Submissions Received	61
Appendix 3	Summary of Eastern Regional Health Authority's Submissions - Recommendations of the Multi-Disciplinary Group	62

Chapter 1 Introduction

1.1 Background

The Government recognises that homelessness is a serious issue which needs to be urgently tackled. With this in mind, the Government established the Cross Department Team on Homelessness to formulate a strategy and develop a comprehensive Government response to this issue incorporating all matters relating to homelessness including accommodation, health and welfare, education and preventative measures.

1.2 Establishment of Team

The Cross-Department Team, under the aegis of the Department of the Environment and Local Government, was established under the auspices of the Cabinet Committee on Social Inclusion. The Departments of Finance, Health and Children, Social, Community and Family Affairs, Justice, Equality and Law Reform, Education and Science, Tourism, Sport and Recreation as well as FÁS and the Probation and Welfare Service were represented on the Team.

Further details of the membership of the Team are set out at Appendix One.

1.3 Terms of Reference

The terms of reference for the Team were: -

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.

1.4 Scope of the Strategy

The Strategy involves the development of a holistic approach in every county. However, many of the recommendations deal with the Dublin (City and County), Cork City, Limerick City and Galway City areas due to the high incidence of homelessness in these areas, and particularly so in the Dublin area.

1.4.1 Homeless Young People

There has been a growing concern in recent years regarding the rise in youth homelessness. While youth homelessness is connected to the issue of adult homelessness, it is recognised that it is a unique problem and therefore services for

this group were not considered in depth in the context of this report. In recognition of this, a Government Strategy on Youth Homelessness is being developed on behalf of the by the Minister for State for Children, Ms. Mary Hanafin, T.D.

The objectives of the strategy will be:

- To ensure adequate emergency responses for those who become homelessness
- To ensure reintegration back to the family and/or community of those who have been homeless

The key elements of the strategy will involve:

- (i) Identification of those at risk of becoming homeless
- (ii) Prevention strategies and actions
- (iii) Assessment of current service responses and their relationship to need
- (iv) Developing provision of adequate responses to ensure no young person is without a place to stay
- (v) Provision of services to reintegrate young people back into their communities
- (vi) An assessment of resources required

The Government will publish the National Strategy document shortly which will detail the measures to be taken. The Strategy will ensure a more co-ordinated and targeted approach at national level to solving the problem of youth homelessness. Over £2 million has been made available to the health boards to address the issue of youth homelessness this year. More than £1.5 million of this has allowed the North Area Health Board on behalf of the three area boards in the Eastern Regional Health Authority to draw up an action plan in response to the Forum on Youth Homelessness. This action plan includes the provision of a crash pad facility for substance abusers, the establishment of a multi-disciplinary team to target services to young homeless and the development of interlinked residential units, family placements and ancillary services on a pilot basis.

1.5 Contents of Report

Strategies to prevent homelessness are examined in Chapter 2. The extent of homelessness is described in Chapter 3. The existing services for homeless persons and the consultation process

undertaken by the Team are described in Chapter 4. The main issues raised in the submissions received are outlined in Chapter 5. The matter of statutory responsibility is covered in Chapter 6. Accommodation needs are considered in Chapter 7. Health and welfare service needs are considered in Chapter 8. Chapter 9 examines Work, Education and Training matters. Funding matters are considered in Chapter 10. A summary of the recommendations of the report is contained in Chapter 11.

1.6 Key Proposals

The key proposals in this report are: -

- Local authorities and health boards, in full partnership with the voluntary bodies, will draw up action plans for the delivery of services to homeless persons on a county basis to provide a more coherent and integrated delivery of services to homeless persons by all agencies dealing with homelessness.
- Homeless fora, with representatives of the local authority, health board and the voluntary sector, will be established in every county.
- Local authorities will be responsible for ensuring the provision of accommodation including emergency hostel accommodation for homeless persons and health boards will be responsible for the provision of in-house care and health needs of homeless persons.
- A Director for homeless services in the Dublin area will be appointed by Dublin Corporation and a homeless services centre will be established for the delivery of services within the Dublin area.
- Additional accommodation will be made available to enable persons residing in hostels to move on to sheltered or independent housing as appropriate, thereby freeing up spaces in emergency hostel accommodation.
- A greater variety of accommodation will be required for a wider range of homeless households which includes couples and individuals with children.
- Settlement and outreach worker positions will be established to facilitate and encourage persons to move out of emergency hostel accommodation.
- An additional £12 million current funding per annum and £20 million capital funding over a

five year period will be required in the first instance to enable these improved services to be introduced and additional move on accommodation to be provided. Funding mechanisms will be reviewed in the light of the action plans.

- 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 prevent homelessness amongst these groups
- In order to monitor the implementation of recommended measures to tackle homelessness, it is intended that the Cross Department Team will continue to meet to report periodically on progress being achieved.
- The National Strategy on Youth Homelessness, which will be published shortly, will ensure adequate emergency responses for young people who become homeless and will ensure reintegration back to the family and/or community.

Chapter 2

Strategies for the Prevention of Homelessness

2.1 Definition of Homelessness

The basic thrust of the policies outlined in this strategy is that there must be a move away from the limited ways in which services for the homeless have been traditionally planned, funded and provided. Central to this is an understanding that the dynamics of homelessness involve a complex interrelationship of social and economic factors. The issues addressed in the bulk of this strategy relate to a new approach to working towards an objective of ensuring a range of sustainable appropriate housing for individuals and families as well as addressing much needed health and welfare needs.

In addition to addressing the issue of homelessness for those who are homeless, it is essential that action be taken to identify and assist those at risk of becoming homeless. Research on those at risk of homelessness and the triggers for homelessness is not as comprehensive in Ireland as it is in other countries, though key groups and events, or crisis points, have been identified.

In moving forward, it is proposed to immediately address issues relating to those leaving institutional care and to prepare, following direct consultation at a national and local level, preventative strategies across identified relevant agencies.

2.2 Institutional Care

Those leaving institutional care, be it custodial or health related, are one of the principal groups identified as at risk of becoming homeless. The Departments of Health and Children, Education and Science and Justice, Equality and Law Reform each have institutions under their aegis and each will develop and publish strategies to prevent homelessness amongst those at risk leaving institutional care. These strategies will build upon the considerable development work underway in the quality of institutions and step-down/reintegration services and will be published within six months.

2.3 Other Groups

Following consultations, and as part of the consideration of action plans, the Cross Department Team will make recommendations to the Cabinet Committee on Social Inclusion for permanent procedures for the ongoing identification and understanding of risk factors and triggers. Where relevant gaps are identified, the responsible agency will be required to prepare and publish a targeted prevention strategy.

Chapter 3 Extent of Homelessness

3.1 Definition of Homelessness

Homelessness is defined in Section 2 of the Housing Act, 1988 as follows: -

"A person shall be regarded by a housing authority as being homeless for the purposes of this 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 institution, and is so living because he has no accommodation of the kind referred to in paragraph (a)".

This definition includes: -

- people living in temporary unsecure accommodation,
- people living in emergency bed and breakfast accommodation and hostels/health board accommodation because they have nowhere else available to them,
- rough sleepers,
- victims of family violence.

3.2 Extent of homelessness

Since the Housing Act came into operation in 1989, local authorities have carried out four assessments of the numbers of homeless persons in 1991, 1993, 1996 and 1999.

The 1996 assessment, which was based on a traditional format with the count taking place on one single night, indicated that there were 2,501 homeless persons. The 1999 assessment, which was much broader to ensure that all elements of homelessness as indicated in Section 3.1 were recorded, indicated that there were 5,234 homeless persons. The numbers of homeless persons in the five County Borough areas were as follows: -

	1999
Cork	335
Dublin	3640
Galway	144
Limerick	123
Waterford	69
Total	4301
National Total	5234

The total of 5,234 homeless people consists of 3,743 households comprising 3,992 adults (2,593 males and 1,399 females) and 1,242 dependent children.

3.3 Dublin, Kildare, Wicklow Assessment

The 1999 assessment in the Dublin, Kildare, Wicklow area consisted of a comprehensive assessment carried out by the Dublin Homeless Initiative in conjunction with the ESRI over a week long period. The results of the assessment were included in an ESRI report, Counted In, published in August 1999. The assessment found that there were a total of 3,890 homeless people in the Dublin, Kildare and Wicklow area of whom 2,900 were adults (1,850 males and 1,050 females) with 990 dependent children.

The family status of the 2,900 homeless adults was estimated as follows: -

- 70 per cent had no dependants;
- 7 per cent had a partner only;
- 8 per cent had a partner and children; and
- 15 per cent had children only.

These 2,900 homeless adults constituted a total of 2,690 households (where a person with no dependants is interpreted as a separate household). The figures below summarise the age structure of homeless adults in the study area.

Age	% of total	Number of people
20 years or less	12%	340
21 – 25 years	17%	490
26 – 35 years	26%	750
36 – 45 years	19%	550
46 – 64 years	21%	610
65 years +	6%	160

The distribution of homeless persons in the ESRI report according to duration of homelessness in the preceding 5 years is as follows: -

Length of time	% of total homeless persons
Less than 6 months	29%
6 – under 12 months	22%
1 – under 3 years	25%
3 – under 5 years	9%
5 years	14%

3.4 Rough Sleeping

A comprehensive survey of homeless persons on the streets of Dublin was undertaken over a week long period in June 1998 by the Dublin Simon Soup Run Outreach Workers and Dublin Corporation staff. The survey found that there were 208 confirmed cases of people sleeping out in the streets (177 males and 31 females). Of these, 37% were aged 25 or under and 12% were aged under 18. In excess of 60% had been homeless for periods totalling up to one year in the previous five years and 14% had been homeless for the whole five year period. The ESRI report on the

Dublin, Kildare, Wicklow 1999 Assessment indicated that the number of people sleeping rough in the Dublin, Kildare, Wicklow area in March 1999 was 275, with the majority of these in Dublin City.

The extent of people sleeping out in other parts of the country is much less than is the situation in Dublin. However, figures for individual areas are not available although rough sleeping occurs in Cork, Galway and Limerick.

Figures for the numbers of rough sleepers in previous assessments are not available. However, from the results of the Simon survey in June 1998 and the ESRI survey in March 1999, it appears that the number of people sleeping rough has increased in the Dublin area.

Chapter 4

Existing Services for Homeless People

A range of statutory and voluntary bodies provides accommodation and other services for homeless people.

4.1 Housing Act, 1988

The Housing Act, 1988, marked a major development in responding to homelessness. Section 2 of the Act defined homelessness, with the local authority being responsible for determining whether a person was homeless. Section 10 of the Act, while not putting a statutory obligation on local authorities, conferred additional powers on them to respond to homelessness by directly arranging and funding emergency accommodation, making arrangements with a health board or voluntary body for the provision of emergency accommodation and/or making contributions to voluntary bodies towards the running costs of accommodation provided by them. The Department of the Environment was empowered to recoup local authorities in respect of their expenditure under Section 10. The level of recoupment was originally set at 80%; this was increased to 90% with effect from April 1993.

In October 1988, the Department of the Environment issued guidelines to local authorities on the accommodation of homeless people. It drew their attention to the powers available to them in the Housing Act, 1988, and requested them to make the necessary arrangements to ensure an effective response was available to homeless cases arising in their areas. Section 10 of the Act came into operation at the beginning of January 1989.

In May 1991, following the publication of the Plan for Social Housing, the Department of the Environment issued revised guidelines to local authorities. These guidelines again drew their attention to their responsibilities and powers under the Act and stressed the need for co-ordination between statutory authorities and voluntary bodies.

4.2 Traditional Response to Homelessness

Local authorities' traditional response to homelessness was to allocate tenancies in their housing stock to homeless people applying for local authority housing. Typically, local authorities allocate between 500 – 600 housing tenancies annually to homeless people and most of these would be in the Dublin Corporation area. The high level of demand for local authority housing, together with the interests of good estate management and preventing vandalism, mean that local authorities cannot retain a stock of vacant houses to be available for letting at short notice.

4.3 Homeless Fora

Following the issue of the revised guidelines in 1991, homeless fora, comprising the local authorities, the local health board and the voluntary bodies, were established in the five County Borough areas to provide a co-ordinated and effective response to the needs of homeless persons in their areas. These fora meet regularly to consider the situation in their own areas. In other areas, consultative arrangements are more informal i.e., contacts between the local authority, health boards and the voluntary bodies are arranged as required.

4.3.1 Dublin Homeless Initiative

In the greater Dublin area, the homeless forum was replaced by the Homeless Initiative in late 1996. This was established to improve the co-ordination of service provision for homeless people. The area, which covers Kildare and Wicklow as well as Dublin, has by far the largest number of homeless people in the country and a considerable number of local authorities and voluntary bodies are also involved. Unlike homeless fora in other areas, which are based in and serviced by the local authority, the Dublin Homeless Initiative has a separate administrative structure and funding.

The Initiative was originally established for the three year period 1997-1999 but has been extended for a further year to facilitate the establishment of a single central facility for the provision of co-ordinated services in Dublin comprising the Dublin Corporation Homeless Policy Unit, the Eastern Regional Health Authority Homeless Persons Services and personnel from the Homeless Initiative. This facility will be established by the end of 2000.

The Team considered it important to note that the Homeless Initiative has made considerable progress in integrating services for homeless persons and in securing a greater level of co-operation and collaboration between the agencies providing homeless services. The Initiative has also produced and facilitated much valuable research on issues surrounding homelessness. The achievements of the Initiative are acknowledged in this report.

4.4 Accommodation Referral Services

Accommodation referral services are operated by local authorities and by health boards or, on their behalf, by voluntary bodies. In Dublin, Cork and Limerick Cities the referral service is provided

by the health board, while in Galway and Waterford the local authority and a voluntary body operate a joint service. Outside of these areas, the local authorities operate the referral services, except in areas such as Sligo and Dundalk where arrangements have been made between the local authority and the voluntary bodies.

4.4.1 Dublin area

Under an agreement with the Dublin local authorities, the Eastern Health Board (now the Eastern Regional Health Authority) established the Homeless Persons Unit in the late 1980s to arrange emergency accommodation and to provide rent supplements for homeless people. The Eastern Regional Health Authority recoups the administration costs from the Department of Social, Community and Family Affairs and the local authorities while the cost of emergency accommodation is met by the local authorities who, in turn, recoup 90% of the cost from the Department of the Environment and Local Government. In late 1993, an after-hours referral service was introduced to supplement the day-time referral service which operates up to 1.00 a.m. on week-days and weekends.

Apart from the Homeless Persons Unit, homeless people seeking accommodation may go directly to a local authority or to a voluntary body (e.g. to a hostel) who operate separate advice and referral services usually in conjunction with the Homeless Persons Unit.

4.4.2 Cork, Galway and Limerick Cities

The local health boards (Southern and Mid-Western) operate day-time referral services on behalf of Cork and Limerick Corporation, which meet the running costs of the referral services as well as costs of emergency accommodation arranged by the referral services. Galway Corporation operate a joint referral service with the Galway Voluntary Social Services who operate an after hours service on behalf of the Corporation.

In other areas, either the local authority, the health board or a local voluntary body assess homeless applicants and arrange accommodation where required.

4.5 Range of available accommodation

The accommodation available and used by homeless persons consists of the following: -

- Local authority housing

Local authorities allocate tenancies in 500 – 600 houses/flats to homeless households annually as part of their normal housing function. The majority of these lettings would have been made by Dublin Corporation.

- Hostel accommodation

This is a generic term used to describe accommodation provided by voluntary or statutory bodies. In the Dublin area, the voluntary bodies and, to a lesser extent, Dublin Corporation and the Eastern Regional Health Authority, provide approximately 900 beds in hostel type accommodation. In Cork, the voluntary bodies provide hostel accommodation consisting of about 200 beds while voluntary bodies in Galway, Limerick, Waterford and other areas provide a substantial number of bed spaces in hostel accommodation.

- Bed and breakfast accommodation

Local authorities, health boards and voluntary bodies use bed and breakfast accommodation when hostel or other accommodation is not available. Bed and breakfast accommodation is intended to be used only as emergency or short-term but in the absence of hostel or other longer term accommodation, the local authorities and particularly the Eastern Regional Health Authority, are forced to use more of this type of accommodation and to keep people there for longer periods. Bed and breakfast accommodation is unsuitable for long-term use, particularly by families.

4.5.1 Local Authority Housing

While the local authority housing programme has increased substantially in recent years, the waiting lists of households who have been assessed to be in need of local authority housing have increased from 27,000 households in 1996 to 39,176 in 1999. The result is that local authorities do not, except in individual cases, have houses constantly available to them which are ready to be occupied to respond to emergency cases of homelessness and that the most likely response is to offer hostel accommodation or bed and breakfast accommodation.

Under the Local Authority Housing Programme for the period 2000-2003, a total of 22,000 houses will be built or acquired by local authorities. This will assist local authorities in meeting the needs of homeless people by increasing the availability of local authority housing.

4.5.2 Private Rented Accommodation

The development in recent years of rent supplements, paid by the health boards on behalf of the Department of Social, Community and Family Affairs, has resulted in private rented accommodation being available to families on low incomes as an alternative to local authority housing. In certain cases, depending on the circumstances such as household composition, nature and duration of needs, private rented accommodation can provide an appropriate means of meeting housing need. In some cases, where basic income is not sufficient to meet housing costs, rent supplements may be available (generally to unemployed persons) under the Supplementary Welfare Allowance scheme. While this can help in preventing the occurrence of homelessness, in the majority of cases where homelessness has arisen the extent and nature of needs and care requirements other than accommodation are such that private rented accommodation would not be an appropriate response. However, some homeless people move on from emergency accommodation into private rented accommodation or directly access this type of accommodation. Some of these people may have previously been registered with the local authority as homeless and would also be on the local authority housing list.

Moreover, prevailing conditions in the housing market considerably restrict the degree to which private rented accommodation is, in practice, available as a means of meeting social housing needs. In recent years, the demand and pressure on private rented accommodation has increased along with the pressures on local authority housing and other housing. The demand is highest in the large towns and cities and, particularly, in the Dublin area.

The increasing number of asylum seekers and refugees, the majority of whom are living in the Dublin area, and particularly in the Dublin City area, in a mix of private rented and bed and breakfast accommodation, has contributed to this increased pressure on the private rented sector, particularly at the lower ends of the market. There were approximately 4,000 such families in private rented accommodation and a further 2,800 in bed and breakfast accommodation at the end of February 2000.

4.5.3 Hostel Accommodation

Most of the hostel accommodation facilities have been newly built or completely redeveloped within the past ten years with funding under the Voluntary Housing Capital Assistance Scheme provided by the Department of the Environment and Local Government through the local authorities, or through the special £4 million

capital allocation available to local authorities annually from the Department of the Environment and Local Government. Apart from providing capital funding, local authorities also provide current funding under Section 10 of the Housing Act, 1988, towards the costs of providing hostel accommodation.

Accommodation in many hostels consists of single units of accommodation with communal areas to combine privacy with the facility to meet people. Some of the facilities providing accommodation for homeless persons allow residents to remain on the premises in the day-time with, in some cases, food provided or with access to self-catering facilities. A relatively small portion of the accommodation available in some hostels consists of older type dormitory accommodation which is of a lower standard.

Voluntary bodies have, for many years, provided emergency hostel and long-term accommodation for homeless people. In recent years, this has been extended to include transitional accommodation.

4.5.4 Developments in the Dublin area

In 1997, Dublin Corporation set up a Homeless Policy Unit within its Housing Department to respond to the growing problem of homelessness. It has comprehensively achieved a number of tasks such as the refurbishment of existing hostels and the development of new hostel facilities under its management. The former Model Hostel in Benburb Street was completely refurbished and additional hostels were purchased in North Circular Road, Blessington Street and Marlborough Street. A significant number of units have been sourced in the private sector for emergency and transitional accommodation. An outreach worker and two settlement workers have been assigned to work directly with homeless people and the Corporation proposes to recruit additional settlement workers in the near future. In addition, regular inspections of hostels, both in the voluntary sector and those being provided on contract by the private sector, are being undertaken to ensure proper standards of quality and management.

While much has been achieved, Dublin Corporation accepts that much more needs to be done but considers that it now has a structure that is capable of addressing the problem and responding to a need for various actions over the whole spectrum of homelessness. The commitment of the Corporation to respond to the needs of

homeless persons is acknowledged and underpinned by their activities in this area in recent years.

4.5.5 Bed and Breakfast Accommodation

The increasing demand for emergency accommodation, combined with pressure on hostel and other accommodation, has resulted in the accommodation referral services having to make increasing use of bed and breakfast accommodation. Such accommodation, apart from being relatively expensive, is not regarded as suitable in the long-term, particularly for families. The pressure on accommodation, particularly in Dublin, is such that the incidence and period of providing accommodation in bed and breakfasts has increased.

The principal disadvantages of this accommodation is that people may have to vacate the premises during the day-time and that self-catering or washing/laundry facilities might not be available. There are major disadvantages where families with children are concerned. In practice, many bed and breakfast operations allow people to remain on the premises in the day-time and allow the use of cooking and washing facilities. The absence of hostel accommodation for homeless families with children has resulted in bed and breakfast accommodation being used to accommodate such families, increasingly for lengthy periods. The increased usage of this accommodation, particularly in the Dublin area, is shown by the Eastern Regional Health Authority's expenditure on such accommodation increasing from £0.6 million in 1997 to £2.2 million in 1998 and £4.7 million in 1999.

4.6 Section 10 funding

Section 10 of the Housing Act, 1988, has given local authorities flexibility in providing or arranging for the provision of accommodation for homeless persons by enabling them

- (i) to enter into financial arrangements with voluntary bodies providing accommodation for homeless persons,
- (ii) to contribute towards the cost of rented accommodation or lodgings for homeless persons, or
- (iii) to provide other appropriate financial assistance.

The Department of the Environment and Local Government recoups 90% of expenditure by local authorities for this purpose. The level of funding of voluntary bodies by local authorities varies from one authority to another and is usually related to the number of actual bednights in a period or to the number of bed units available.

Funding is currently being provided for a range of services including: -

- hostel accommodation
- emergency bed and breakfast accommodation
- referral services and settlement officers
- Dublin Homeless Initiative

4.7 Health and Welfare Services

4.7.1 Mainstream Health Services

Homeless people have the same rights as other members of society to avail of mainstream health services, but for various reasons their needs are not being met in far too many cases. The Eastern Regional Health Authority has accepted that health services are not being adequately and appropriately accessed by homeless persons.

Some special services are being provided. For instance, there are a number of GP practices that have provided services on a "special type consultation" or ad-hoc basis for homeless people in certain hostels in Dublin inner city. In addition, one community care area in Dublin, which has a high number of homeless persons, has a public health nurse and a clinic which provides services for the homeless within the area.

4.7.2 Mental Health Services

Planning for the Future, published by the Department of Health and Children in 1984, recommended that psychiatric care should be primarily community oriented and that there should be a shift from the psychiatric hospital being the focal point of the mental health services. Successive Governments have pursued this policy and the shift from an institutional setting to a community-based setting has resulted in many improvements in our mental health services. It does mean however that many people, some of them homeless, with mental health problems are now living in the community who might in the past have been in institutional care.

The discharge of any patient from a psychiatric hospital is a clinical decision and patients are only discharged when their clinical condition warrants it. Care is required to be taken to ensure that homeless patients are not discharged from a psychiatric hospital without appropriate alternative accommodation being available to them. However, a proportion of such patients drop out of aftercare services and may end up without accommodation.

The Eastern Regional Health Authority established a programme for the provision of services for the homeless including mental health at St. Brendan's Hospital in 1979 to cater for individuals living in direct access hostels and night shelters or sleeping rough in catchment areas in the immediate vicinity of the hospital. The programme, which provides a mental health service for homeless persons with mental illness, is led by a consultant psychiatrist and provides a support, consultation and liaison service to the inner city hostels and other agencies who are in contact with homeless persons.

Elements of the service are: -

- support in-patient beds – there are presently sixteen dedicated beds for homeless persons at St. Brendan's Hospital,
- a day centre at Usher's Island - there are approximately 100 persons registered with the day services with a daily attendance of around 50,
- support housing in the community – there are three community residences with 47 places dedicated to the homeless mentally ill.

Funding has been provided to the Eastern Regional Health Authority this year to enable an additional consultant-led team to be established to provide a service to homeless persons with mental illness.

As indicated in the chapter on the development of a preventative strategy, a fully comprehensive strategy for those at risk of homelessness because of mental health problems will be put in place.

4.7.3 Advice Drop-in, Settlement, Home-Making and Outreach Services

Voluntary bodies operate a range of these services to assist homeless people to access accommodation and health and welfare services, to have somewhere to go in the day-time, to help them move on to long-term accommodation and to assist those sleeping rough.

Apart from this, voluntary bodies operate a variety of services either specially for homeless people (e.g., training, projects, drop-in centres, meals, creches) or which cater for homeless people as part of the general population such as the meal services provided by Crosscare and other bodies, the financial support, clothing etc., provided by the St. Vincent de Paul Society etc.

Chapter 5 Consultation

5.1 General

This chapter outlines the consultation process undertaken by the Cross Department Team and provides a brief general overview of the main issues that emerged.

The Team invited submissions from a representative selection of statutory and voluntary bodies who deal with homelessness and who cater for the needs of homeless persons on a constant basis. These included local authorities, health boards, VECs and a wide range of voluntary bodies.

The consultation process provided a wide range of information, insights, views and suggestions which were very valuable in assisting the Team in its deliberations. Submissions were received from a broadly representative range of statutory agencies (local authorities and health boards) and voluntary agencies. A total of 27 submissions were received. These are listed at Appendix 2.

In addition to receiving written submissions from the principal voluntary bodies, consultation meetings were also held by the Team with these bodies to explore issues more deeply. It is evident from all of these submissions that there is a greater recognition of the nature and extent of homelessness, and a deep commitment to putting in place a comprehensive and cohesive response involving shelter, health care and re-socialisation.

The Team is very grateful to all those who took the time and trouble to contribute in this way to its work.

5.2 Voluntary Bodies

The general thrust of many of the submissions the Team received from the voluntary bodies was that the incidence of homelessness is growing and has become more complex and, while there are many bodies and agencies involved in providing services to the homeless, there is a lack of synchronised framework that brings together all of what is needed in a co-ordinated way. This was particularly so in relation to the services provided by statutory agencies where there was criticism of the lack of services and support in some instances. There was a view among voluntary bodies that there has been a failure by policy makers to make the connection between homelessness and the wider issues of social policy, poverty and social exclusion. As a consequence, it was felt by voluntary bodies that responses to homelessness tend to be specific and separate rather than integrated into and across mainstream responses.

It was also evident from the voluntary bodies that they are finding it increasingly difficult to cater for homeless persons due to the growing shortage of voluntary workers making themselves available to their organisations and the increasingly more varied and complex incidence of homelessness, which is significantly different from the stereotypical adult male of the past. It is now much more common for homeless persons to consist of young people, both male and female, couples and families as well as adult single persons allied to a wider range of health and behavioural difficulties.

The key needs identified by the voluntary bodies were the provision of local authority housing accommodation for a significant number of homeless persons who would be capable of resuming independent living with some outreach support, and the considerable need for long-term sheltered housing for homeless persons who need continuing support. The provision of this type of accommodation would free up emergency hostel accommodation. Voluntary bodies also identified a need for health services, in particular, to outreach to homeless persons, many of whom have acute and chronic medical needs which are not being met. This is supported by the findings published, in March 2000, in the report *The Health of Hostel-Dwelling Men in Dublin* following a study undertaken by the Royal College of Surgeons in Ireland and the Eastern Regional Health Authority.

Another key need identified was the general lack of in-house care for the hostel population generally. While basic accommodation needs were being met for those persons residing in hostels, there is an insufficient level of care support for their general welfare needs apart altogether from the need to address their medical needs. One of the conclusions of the Eastern Regional Health Authority report was:

"Alongside significant health problems, men reported low levels of social support and poor quality of life by community standards."

In addition to identifying these key needs, some voluntary bodies identified the need for a long-term plan that would address both emergency and long-term homelessness and would include the following: -

- Ensure that services for homeless people work effectively in a co-ordinated manner,
- Tackle street homelessness,
- Develop settlement services,

- Deal with acute and chronic health problems suffered by a significant number of homeless people,
- Ensure an adequate supply of appropriate housing, and
- Provide support services to homeless people who have been resettled to prevent re-occurrence of homelessness .

Practically all of the voluntary bodies highlighted a key need to urgently address current funding requirements, particularly for care and support services. At present voluntary bodies receive funding from a variety of sources. Health boards provide some funding towards the operation of accommodation centres and local authorities provide current funding which is directly related to the amount of overnight accommodation provided. However, there is no funding available towards the cost of care provision and administration to run these voluntary services and to provide additional services such as outreach and settlement services.

While the voluntary bodies recognise the availability of capital funding for the provision of hostel accommodation and sheltered housing accommodation, they suggested that the upper threshold limits should be raised further in line with building costs which have increased sharply. Since then, the Minister for State with responsibility for Housing and Urban Renewal announced significant increases in the level of capital available under the Voluntary Housing Capital Assistance Scheme in November 1999 in order to bring the threshold limits more in line with building costs. The rate for ordinary level assistance for one and two person units increased from £37,000 to £53,000 and from £47,000 to £63,000 for a family type house. The rates for the higher level of assistance for the Dublin area and Cork, Limerick, Galway and Waterford County Boroughs increased from £44,000 to £75,000 for one and two person units and from £55,000 to £90,000 for family type housing. This is the third revision of these limits in the past three years.

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.

5.3 Health Boards

The submissions received from the health boards provided information on the extent of services being provided in their areas and the extent of their involvement in these services. It was evident that health boards recognise that there are gaps in the provision of services and efforts are

increasingly being made to establish improved co-operation with local authorities and voluntary bodies. They did, however, point to there being a lack of clarity in the respective statutory responsibilities of housing authorities and health boards. The Housing Act, 1988 empowers local authorities, as housing authorities, to provide accommodation for homeless persons. At the same time, there is a responsibility on health boards under the Health Act, 1953 to provide shelter and maintenance for any person as appears to be necessary and proper. The health boards felt that having two parallel statutory provisions creates uncertainty as to which agency should have primary responsibility for the provision of accommodation for homeless persons. They recommended that local authorities alone should have the statutory responsibility for the provision of accommodation. This is discussed later in Chapter 6.

The Eastern Regional Health Authority (formerly the Eastern Health Board) made a comprehensive submission following a major review of its services for homeless persons. It recognised that there are many services provided by many service providers in the region but it was concerned that some homeless persons were slipping through the net. A multidisciplinary group was established to examine and make recommendations in relation to the needs of homeless people, the present services provided and the services required to meet needs.

The findings of the review group were comprehensive in terms of examining the way services are provided and in identifying gaps in service provision and included an extensive range of recommendations to improve service delivery. One of the key recommendations was for the introduction of two multidisciplinary primary care teams in the North and South inner city of Dublin to improve the health and social gain of homeless persons through the provision of integrated care which links people into mainstream services.

The Team considered that the Eastern Regional Health Authority had, through the review undertaken, charted a clear path to improved health service delivery to homeless persons in the Dublin region that is to be highly commended for its understanding of the issues involved and its commitment to improving services for the homeless. The Team notes that the Minister for Health and Children has allocated £700,000 to the Eastern Regional Health Authority this year to enable it to begin to implement its plan for the homeless. The full revenue cost is estimated at £3 million. A summary of the recommendations of this report is included at Appendix 3. (Full details of the report are available on the Department of the Environment and Local Government's web-site at www.environ.ie or on the Eastern Regional Health Authority's web-site.)

5.4 Local Authorities

The submissions received from local authorities provided information on services and facilities

provided for homeless persons and their involvement in those services. In common with the picture outlined by health boards, local authorities also identified shortcomings in service provision. The five County Boroughs have taken steps to establish homeless fora in conjunction with health boards and voluntary bodies to provide a more co-ordinated response to homelessness. Difficulties were highlighted in relation to the provision of additional hostel accommodation where there is almost always resistance from local communities to the siting of such accommodation in their localities.

5.5 Future arrangements for dealing with homelessness

The Team noted that a recurring theme in many of the submissions from both the statutory and voluntary bodies pointed to a need for greater co-operation between all of the agencies involved with homelessness. The Team accepted that there is a need for much greater co-operation and was impressed with the extent of information and research among the agencies involved on all of the issues surrounding homelessness. There has been improved information and research into homelessness in recent years and the Team is of the view that it is now time for attention to be focussed on the delivery of services to the homeless in a more coherent and effective manner than exists at present. However, there will continue to be a need for research into homelessness and this will be maintained, particularly by the new joint executive homelessness services centre which will be established for the Dublin area.

While homelessness is a greater problem in urban areas, it is still a problem in rural areas and this issue needs to be addressed. For this reason, a homeless forum should be established in every county, not just in the larger urban areas or areas where homelessness is currently a problem.

A homeless forum will be established for the delivery of homeless services in each county on a joint basis consisting of representatives from the local authorities within the county, the health board and the voluntary bodies operating in the county. The establishment of a forum will be initiated by the relevant county council.

The establishment of these homeless fora will be along the lines of the existing fora in the five county borough areas. The size of a homeless forum may vary from place to place but the recommendation is designed to bring local authorities and health boards together to front the leadership of all responses to homelessness in their areas. It is apparent that there has been, and still is in some cases, a practice of leaving the response to homelessness to the voluntary agencies. This must change and it is necessary for all of the statutory agencies to be involved. This is not to say that the huge contribution by voluntary agencies is being diminished in any way. On the contrary, the direct involvement of local authorities and health boards in a more collaborative

manner will strengthen the response of voluntary bodies to homelessness and will secure the appropriate responses which voluntary bodies have identified are not being made or are deficient at present.

In the case of Dublin, where there is by far the largest concentration of homelessness in the country, new arrangements should be formulated and implemented on the following basis: -

A Director for homeless services in the greater Dublin area will be appointed by Dublin Corporation. A new joint executive homeless services centre at one location will be established to manage and co-ordinate the delivery of all services by both the statutory and voluntary agencies to the homeless in Dublin. This service will have dedicated staffing support, located in the centre itself, from both Dublin Corporation and the Eastern Regional Health Authority together with involvement of dedicated officials from both FÁS and the Vocational Education Services with appropriate linkages to the Probation Services.

While it is not expected that there will be a need for a dedicated official from both FÁS and the VEC to be located permanently in the homeless centre proposed, there is a clear need for an intense involvement of at least an initial two year period. The officials from the VEC and from FÁS will be intensely involved which may involve being located in the new centre for periods of time. The level of this involvement will be agreed between the VEC, FÁS and the management of the centre.

A board of management will be established to give high level support and policy direction to the unit. It will have a strategic rather than a day-to-day executive focus. The committee will consist of the Assistant City Manager in Dublin Corporation with responsibility for Housing and Homelessness, the Assistant County Manager with responsibility for Housing and Homelessness in the three other Dublin local authorities, the Assistant Chief Executive of the relevant health board with direct responsibility for homelessness, a senior representative of the Probation and Welfare Service, a senior representative from both FÁS and the VEC, and three representatives of the voluntary sector. At least one of the representatives of the voluntary sector should be from the accommodation services sector and at least one from the day services sector and should be at senior management level within their own organisations.

A partnership forum will also be established, consisting of representatives of each of the voluntary and statutory agencies, to allow all of the agencies involved in homelessness to have an input into how services are provided and to formulate further responses that may be required on a strategic basis.

A dedicated management unit is essential for the Dublin area whereas in other areas of the country the establishment of a homeless forum jointly between a local authority, a health board and voluntary agencies can be operated at an appropriate level as part of the responsibilities of housing and community care departments in those organisations respectively.

In order to formulate a coherent, comprehensive and effective response to homelessness in each homeless forum area a three year action plan for the delivery of all services to the homeless will be drawn up within three months for the Dublin area and in each of the Cork, Limerick, Waterford and Galway county borough areas. The Dublin area will consist of the areas of Dublin Corporation, Fingal, South Dublin and Dun Laoghaire Rathdown County Councils. For the rest of the country, the county council and the health board in each county will be required to draw up a three year action plan within six months for the delivery of all services to the homeless by both the statutory and voluntary agencies operating in that area.

The action plan should set out all of the services to be provided and identify in each case which body provides a particular service. The preparation of a plan will therefore require full consultation and involvement with voluntary bodies on a two way basis where the statutory agencies will outline the services they will undertake to provide and in this way all participants in the action plan will be involved in a partnership structure. Each plan should be guided by the following principles: -

- There should be a continuum of care for homeless persons from the time a person becomes homeless, with sheltered and supportive accommodation, and where appropriate, assistance back into independent living in the community,
- Emergency accommodation should be short term,
- Settlement into the community should be an over-riding priority through the provision of housing for independent living or through sheltered housing accommodation,
- Long-term accommodation with in-house care support should be available to those who need it, and
- Support services and welfare services in particular should outreach as required.
- The development of preventative strategies for at-risk groups.

The plan should outline what services exist at the present time and which agency provides these services. Service gaps or deficiencies should be identified as should the ways in which appropriate responses are to be formulated and implemented in an agreed manner. While the preparation of an action plan should be the prime joint responsibility in the first instance of the local authority and the health board, the forum structure will ensure that it is an agreed response by all agencies and bodies involved. It may, however, be more appropriate in some instances to have a plan prepared by a voluntary body on an agency basis for consideration by the forum.

When an action plan has been completed in consultation with all participants, it should be formally adopted by both the members of the constituent local authorities and the health board to approve its implementation and to signal the backing of these bodies at the highest levels for the planned delivery of homeless services.

In recommending the establishment of a Central Services Unit in the Dublin area incorporating the four Dublin local authority areas, it will be essential that services, and particularly hostel and housing accommodation, for homeless persons be provided in each of the three county council areas as there is very little accommodation for homeless persons available or currently being provided in these areas.

Chapter 6 Statutory Responsibility

6.1 Clarification of statutory responsibility

It is recognised that the needs of individual homeless persons cross a number of organisational boundaries. Many of the voluntary bodies and some of the statutory bodies who made submissions to the Cross Department Team raised, as a critical concern, the need to clarify statutory responsibility for providing accommodation to homeless persons as between the local authorities and health boards under the Housing Act, 1988 and Health Act, 1953. It was submitted by the health boards that statutory responsibility should be placed on local authorities exclusively and the provision in the Health Act, 1953 be repealed. Some of the submissions from the voluntary bodies also suggested that local authorities should have sole statutory responsibility as the existing lack of clarity of responsibility has created both confusion and frustration in the voluntary sector.

The Team considered the matter and recommended that in a structure where services were adequately resourced the existence of overlap of statutory responsibility would not be regarded as a problem. The Team did not accept, in the context of an SMI environment and the need to have collaboration among agencies, that statutory responsibility should fall on only one statutory body. Rather than placing statutory responsibility exclusively on either the local authorities or the health boards, there is a justifiable case for both local authorities and health boards each having a statutory obligation for homelessness. *What is required is a clarification of responsibilities of both statutory agencies and the provision of services to discharge these responsibilities in an appropriate manner.*

It is recognised that local authorities and health boards have key central roles in meeting the needs of the homeless and their involvement in this area should be on a joint basis along with the voluntary bodies. Too much emphasis is being placed on the need to clarify which sector should have sole statutory responsibility in circumstances where there is, in fact, shared responsibility to meet the range of needs of the homeless which includes accommodation, care, health and welfare needs. It is accepted that in the past local authorities and health boards may have pointed to each others statutory responsibility with the result that the responses from both agencies were inadequate for the needs of the homeless or in understanding the needs of different groupings of homeless persons.

6.2 Sharing of Responsibilities

The responsibilities of the two sets of agencies will jointly cover the range of main needs of the homeless. Local authorities will have responsibility for the provision of emergency hostel and temporary accommodation for homeless persons 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 be referred to appropriate services.

Any necessity to amend statutory provisions to reflect this agreed sharing of responsibilities can be considered by Government at a later date.

This clarification of responsibilities for local authorities and health boards does not impinge on or alter the existing involvement of the voluntary bodies or the way they operate. Voluntary bodies will continue to provide accommodation for homeless persons and they should be more comprehensively supported in doing so.

The existing situation in Dublin whereby the Homeless Persons Unit staffed by health board officials deals with homeless persons can be the right approach, although the way in which it provides its services should to be reviewed. It is clearly not appropriate to have everyone who presents as being homeless in any part of Dublin City and County being referred to one location in the centre of Dublin.

Localised homeless persons centres will be established, in consultation with the voluntary bodies, and jointly staffed by the local authority and health board and the service provided will be enlarged, beyond simply finding emergency accommodation, to involve full assessment of homeless persons needs and to refer persons to other health and welfare services.

Outside of the Dublin area, localised arrangements should be agreed between local authorities, health boards and the voluntary agencies as to the specific arrangements to be put in place, where such arrangements do not already exist, for the placement of homeless persons in emergency accommodation.

While this report, later on, considers the deficit in the types of accommodation available for different categories of homeless persons, the Cross Department Team considered that there is an urgent need to target homeless persons sleeping rough to offer them the opportunity of being taken off the streets into emergency accommodation if at all possible. It is noted that some of the voluntary bodies are already engaged in providing outreach services to homeless persons sleeping rough.

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 boards in co-operation with voluntary bodies operating existing outreach services to people sleeping rough in the streets.

While the provision of emergency accommodation is the responsibility of the local authority, localised arrangements should be made where appropriate whereby health boards undertake the placement of homeless persons in emergency accommodation. This is particularly appropriate where such arrangements are already in place.

However, as a homeless person is placed in emergency accommodation, his or her housing needs will be assessed and he/she should be considered for local authority housing or more supportive accommodation, such as long-term sheltered housing, if appropriate. This recommendation is formed on the basis that a significant number of homeless persons have not in the past made applications for housing to local authorities.

Chapter 7 *Accommodation Needs*

7.1 Shortages

One of the basic premises of the strategy targeting homelessness is that more accommodation and a greater variety of different types of accommodation to cater for the varying needs of homeless persons is needed.

The increasing number of rough sleepers is a factor both of the lack of suitable accommodation and the special needs of some homeless people. Reports indicate that many rough sleepers have addiction, whether alcohol or drug, problems and existing standard hostels and other accommodation do not cater for such people nor could they be expected to do so. Such people need special accommodation.

Another critical shortage already referred to is suitable short-term hostel accommodation for families who must either go into bed and breakfast accommodation or be split up. Homeless family households in this context also include the victims of domestic violence.

7.1.1 Move-on accommodation

There is a critical shortage of move-on accommodation, whether long-term or medium-term. The effect is that many residents of hostels, particularly longer-term residents, could move to other suitable accommodation if it was available, thereby freeing up hostel accommodation to be available for emergency purposes. With homeless persons being forced to stay longer in emergency accommodation, new cases of homelessness have to be accommodated in bed and breakfast accommodation. This point was commonly made in the submissions to the Cross Department Team from the voluntary bodies.

Many homeless people living in hostel accommodation could move on to long-term accommodation with little or no support. Others could make this transition with assistance, while some would have to move to long-term sheltered accommodation with in-house care as they would not be capable of independent living. A considerable number of people living in what is really emergency hostel accommodation probably come into this category.

The provision of more hostel accommodation is necessary but should only be seen as one element of a system which should aim to move people through to a sustainable position of permanent housing. Hostel accommodation may lead to people becoming institutionalised and losing their capacity for independent living. What is required is

a policy of early intervention to deal with new cases of homelessness combined with a policy to deal with the existing cycle of homelessness.

There are currently difficulties in accessing emergency accommodation for homeless persons. This is because there is a shortage of move on housing and as a result hostels that should be used as emergency accommodation become what is in fact unsuitable long-term housing for people. In addition to the shortage of emergency accommodation, there is a critical need to identify and understand the different needs of different groupings of homeless people.

The key difficulty in tackling homelessness is the scarcity of more appropriate housing. Local authorities, where there are homeless persons residing in hostel accommodation for long periods, should both provide a certain proportion of their lettings of existing or new suitable housing units to allow hostel residents to move on into either a sheltered or independent housing environment and support specific schemes for this purpose. Local authorities will specify how this is to be achieved in their action plans.

There are currently an estimated 900 homeless persons residing in emergency hostel accommodation in Dublin and it is estimated by the Dublin Homeless Initiative that a significant number of these people would be capable of moving immediately back into independent living if suitable housing units were available with accommodation for single persons.

The four Dublin authorities will prioritise the settlement of homeless persons on a planned basis over a three year period in the context of their Action Plan.

This will entail the provision of suitable accommodation in an integrated manner in all four local authority areas, as it will be essential to avoid large concentrations of resettled homeless persons being confined to particular areas and to ensure that homeless persons can be facilitated in their successful integration back into the community.

7.1.2 Bed and Breakfast Accommodation

The needs of homeless families require urgent attention. At present, there are over 200 families in the Dublin area living in emergency bed and breakfast accommodation

for long periods. Some of these have been living in bed and breakfasts for period of up to two years or more.

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 of not more than one month.

There is considerable concern over the care being given to children in such circumstances where accommodation must be vacated during the day time. In line with the earlier recommendation on responsibilities, the four Dublin authorities should share the burden of providing local authority housing units for these families where it is established that they are unable to provide housing from their own resources or with the benefit of SWA rent supplementation.

7.2 Settlement Programmes

It is recognised that significant numbers of homeless persons are capable of moving into independent living if suitable housing accommodation were available in either the private or social housing sectors. There is a need to allow such homeless persons access to settlement programmes where they are being moved on from hostel living into permanent accommodation. This would be supported by the provision of training and assistance in the basic life skills of coping with independent living in the wider community.

There is a more general recognition among the statutory agencies and the voluntary bodies that settlement programmes are urgently needed and are already being provided in some limited instances by voluntary bodies.

Local authorities and voluntary bodies should urgently identify the accommodation needs for settlement programmes with a view to establishing settlement programmes on a priority basis. Such programmes will require support from dedicated settlement workers who may be required to give live-in support to a facility incorporating a number of settlement units.

More extensive settlement programmes will be established and they will be accompanied by an increase in the volume and range of accommodation available for homeless persons.

Such settlement programmes could be provided by local authorities, health boards or by voluntary bodies. The aim of settlement programmes should be to encourage and support movement to

appropriate accommodation, whether sheltered, transitional or independent housing accommodation with targeted supports included.

7.3 Sheltered Housing

Sheltered housing should be made available for those homeless persons who need it and are not able to live independently. People who are assessed as being in need of accommodation with in-house care support are likely to be elderly persons who are long-term residents of hostels or those with mild handicap.

Action plans will consider the need for sheltered housing facilities and the extent to which they may be required in particular areas. A sheltered housing facility should cater for up to 20 persons to avoid creating what might be perceived to be an institutional facility.

Sheltered housing facilities, provided by either the voluntary or statutory agencies, will require care staff on a permanent basis. It should be possible to establish sheltered housing facilities on a collaborative basis between the voluntary and statutory bodies. However, as stated earlier, the funding of care provision will be the responsibility of the health board.

It is estimated that there are about 300 people in the Dublin area alone who could move from hostel accommodation into long-term sheltered accommodation and a further 150 could move into transitional accommodation, thereby freeing up spaces in emergency accommodation.

Some existing hostels could be re-classified as sheltered housing and refurbished accordingly. However, it is recognised that additional accommodation will be required. If existing hostels are re-classified as sheltered housing it will probably lead to a reduction in the number of bed spaces in the unit and so additional emergency bed spaces will need to be provided.

7.4 Emergency and Temporary Accommodation

As indicated earlier, the demand for emergency accommodation exceeds supply because many emergency beds are occupied on a long-term basis. Proposals outlined earlier for the provision of settlement programmes and for the provision of housing for homeless persons will free up places in emergency accommodation. Action plans should aim to establish a modest surfeit of emergency accommodation so that homeless persons who would wish to access emergency accommodation can do so and not have to sleep rough on the streets. Equally, action plans should clearly establish that emergency accommodation is for short term purposes only.

Apart from the shortage of emergency accommodation, there are variations of homelessness which are not adequately recognised or responded to and consequently there are a number of gaps in service provision that need to be addressed in the preparation of actions plans. Action plans must include the provision of emergency and temporary accommodation to remove the following deficiencies and is particularly relevant to the Dublin area where there is the greatest incidence of homelessness.

7.4.1 Provision for women

At present, the provision for women is inadequate. There are fewer than 100 hostel places available for women in Dublin and an estimated one third of these are occupied on a long-term basis. In addition, hostels for homeless women are generally in poor condition. This may be a contributory factor to the relatively high levels of young women rough sleepers.

7.4.2 Provision for couples

Apart from bed and breakfast accommodation, there are no emergency accommodation places for couples. This results either in placement in bed and breakfast, or the couple being split up and placed separately into male and female hostels. The lack of facilities for couples may also contribute in some instances to people sleeping rough.

7.4.3 Provision for men with families

While there is some provision for women and children there are no hostels for men with families. As with couples, this results in either bed and breakfast placement or the family being split up.

7.4.4 Homeless Persons with substance addictions

There is an urgent need for wet hostels that would allow heavy drinkers to drink in a more controlled manner with a view to minimising harm. There are a large number of heavy drinkers among the homeless population. They pose particular problems because their behaviour can be difficult and challenging. While hostels will provide accommodation for them, they are not allowed to drink on the premises and they are inevitably subject to periods of being barred from services. These people will, as a result, often sleep rough with the attendant risks to life and health.

The incidence of homelessness among drug users has increased in recent years. Yet the majority of hostels have a policy against accepting active drug users. This is

because hostels are not equipped to deal with drug users but it is also connected to difficulties in mixing active drug users with other hostel dwellers.

The statutory and voluntary agencies must respond to the needs of these groups and high support specialist hostels must be established. Funding has been provided by the Government for the establishment two high support specialist hostels for homeless persons with drug and alcohol addictions to minimise harm to themselves and to provide a suitable platform for access to essential treatment.

Responses required from the health services to deal with different categories of homeless persons are considered in the chapter dealing with health and welfare matters. It should however be emphasised that the proposals made in this chapter on accommodation needs must be implemented in a co-ordinated manner with the provision of health, outreach and other services. This is crucial to there being an effective co-ordinated response to the needs of homeless persons. It may well be that in many cases voluntary organisations will be the lead providers for different categories of homeless persons, but they will require the active and integrated participation of other agencies in providing comprehensively for the whole spectrum of needs.

7.5 Ex-Offenders

The situation arising from ex-offenders presenting themselves for emergency accommodation was referred to in submissions and in discussions with the statutory and voluntary agencies. The situation is that some ex-offenders leaving prison present themselves to the referral agencies or to the voluntary bodies for emergency accommodation on the day of release. It was represented to the Team that this occurs because some prisoners do not declare the fact that they are homeless because they feel it may block their chances of temporary release. The consequence is that offenders do not declare themselves to be without accommodation. Prisoners serving long sentences will usually be involved in a pre-release review process where Probation and Welfare Staff and other services will offer assistance to the offender in developing a support programme in preparation for release. However, this pre-release review process is not available in a systematic way to those prisoners serving shorter prison sentences.

Prison management and the probation and welfare service will, through sentence management and a pre-release review process, ensure that prisoners are released with appropriate accommodation being available for them. 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.

As there is some evidence that ex-offenders present themselves for emergency accommodation on their release from prison, the Probation and Welfare Service will examine the need for half-way and other sheltered accommodation for ex-offenders to ensure their re-integration into society.

7.6 Night-Service Facilities

The provision of wet hostels for people with drinking problems has been recommended. While the Team recommended the emphasis should be on improving the capacity of existing hostels for this purpose, it recognised that this might not be practicable in some cases and that separate wet shelters may have to be provided.

A Night-Service Centre at Whitefriar Street, Dublin was operated by Crosscare on behalf of Dublin Corporation on a pilot basis for three months in early 1999 as part of the Corporation's Cold Weather Strategy. The centre was re-opened towards the end of 1999 and remained open up to April 2000. It provided a drop-in service with seating accommodation, soup and tea etc and has been recognised as having been very successful by the Corporation, Crosscare and its users.

The Team endorsed the views expressed in an Evaluation Report on the Centre by the Homeless Initiative on the need to improve the service and extend it to other areas of Dublin, as appropriate. While the Team favoured bed/sleeping accommodation for homeless people, it recognised this might not be possible in all cases and that some people might, for whatever reason, not wish to use bed/sleeping accommodation.

Dublin Corporation will invite offers from voluntary bodies to operate a Centre, preferably on the north side of the city. This would result in one centre on the northside and one on the southside. Dublin Corporation, in association with the Eastern Regional Health Authority and the voluntary bodies, will assess the need for similar centres in other parts of Dublin.

Apart from providing drop-in services such Centres provide the opportunity for care providers to meet and establish contact with homeless people, discuss their problems and initiate referral to other services as appropriate.

7.7 Recommendations

The Team recommended the following measures and these have been accepted by the Government: -

Special high support hostel accommodation is necessary for homeless people with addictions or with psychiatric problems. Funding has been provided by the Government for the provision of two high support hostels for homeless persons with drug or alcohol addictions. In view of the number of such people in Dublin City, Dublin Corporation and the Eastern Regional Health Authority will take the lead role in drawing up and implementing suitable proposals and in agreeing on the running costs involved. Ideally voluntary bodies should, given their flexibility, be involved in the operation of the hostels but, if necessary, this will be undertaken by the Corporation jointly with the health board.

Local authorities will continue to use the special £4 million capital allocation available annually from the Department of the Environment and Local Government to fund the purchase of suitable premises for use as move-on accommodation, whether medium-term or long-term, for homeless people who are long-term residents in hostels. An additional £20 million funding will be provided for this purpose and local authorities will be encouraged to undertake the development of additional accommodation as quickly as possible.

In view of the lack of hostel accommodation for homeless families, local authorities in general, and Dublin Corporation in particular, will examine in conjunction with the voluntary bodies whether and how existing hostel accommodation for single people could be made suitable for families. This could arise from the freeing up of places in hostels arising from the measures recommended.

Chapter 8 Health and Welfare Service Needs

8.1 General

Homeless people have a variety of health problems and, as a group, tend to neglect their health to a significant extent. The available evidence suggests that most of the physical and mental health problems that arise are common, acute, self-limiting or chronic diseases. As access to health services is elective, this presents challenges to health service providers. If the health problems of homeless persons are to be addressed in an effective manner an expanded targeted outreach programme is required.

A recent study of over five hundred homeless adults in the Dublin area found that the population had many behavioural risk factors. Most spent much of their time outdoors irrespective of their health status or the fact that they might have young children. Almost 80% were smokers, 30% drank alcohol beyond recommended limits and a further 30% said that they had used illegal drugs. At least one physical or psychiatric problem was experienced by 66%, and at least one of specific chronic diseases was reported by 41% of people. Almost half (45%) did not have a medical card, with rough sleepers having a particularly low medical card ownership (19%). There was evidence that some of the services were not used appropriately in that those with various chronic diseases were more likely to attend accident and emergency departments. Some groups, such as rough sleepers, used all services at low levels.

Written submissions were invited and received by the Cross Department Team from several health boards including the Eastern, South-Eastern, Southern and Western. The Eastern Regional Health Authority (formerly the Eastern Health Board) established a Multidisciplinary Group to prepare its submission and the range of expertise involved is reflected in the wide-ranging nature of this submission which has formed an important input to the Team's recommendations.

8.2 Eastern Regional Health Authority's Submission

The submission referred to the many common chronic illnesses, particularly mental health, suffered by homeless people and to their generally poor lifestyle including drug abuse, alcohol consumption, poor diet etc. A study in early 1999 of 500 homeless adults in the Dublin area showed a very high level of alcohol consumption and drug taking. Many felt their health was poor and getting worse. Many, particularly rough sleepers, did not have medical cards and accordingly, used the mainstream health services very little. In general, their health care needs were not being met by the existing mainstream services.

A summary of the main recommendations in the submission is set out in Appendix 3 and full details are available on the Department of the Environment and Local Government's website or on the Eastern Regional Health Authority's website.

The principal recommendation is that two Multidisciplinary Primary Care Teams be established in the Dublin Inner City area (because of the high concentration of homelessness in this area), one in the North Inner City and one in the South Inner City. The Teams will be small and integrated with the other primary care services provided within the city centre and their aim will be to provide integrated care linking homeless people into the mainstream service and thus improving homeless people's health. The Eastern Regional Health Authority considers that the teams should be co-ordinated and managed by a named member with input of nurses, doctors, social workers, community welfare officers, care attendants, community psychiatric nurses, outreach drug workers and administrators and will be overseen by an appropriate steering committee.

The Eastern Regional Health Authority also recommends the introduction of arrangements to provide homeless people with access to 24 Hour General Practitioner services e.g. via the current freephone helpline which will be extended to 24 hour coverage.

Other recommendations in the submission were: -

- The provision of an after-hours skeleton team service.
- Nominated individuals from each of the professional groups to be given responsibility for the homeless in each community care area.
- The recommendations in the Report of the Committee on Services for Homeless People with Mental Health Problems to be implemented.
- The drug services to provide a special waiting list initiative for homeless people.
- The methadone mobile clinic to be made available to all hostels and day care services on a systematic basis.
- The views of the voluntary service providers to be considered in the formulation and implementation of health and social service strategy by the Eastern Regional Health Authority.

The submission made a number of recommendations in relation to the provision of day-care services and the development of information services accessible to homeless people and those at risk of homelessness or just out of homelessness. The plan outlined in the submission has been adopted by the Eastern Regional Health Authority as policy.

The blueprint of proposed service actions by the Eastern Regional Health Authority will be integrated into the action plan for homelessness and implemented as part of the overall strategy of responses to homelessness. The senior official appointed by the Eastern Regional Health Authority to the new Homeless Unit will have overall responsibility for the co-ordination of all health services for homeless persons for the three new health boards of the Eastern Regional Health Authority region.

Each health board will examine its range of responses to the health and personal social service needs of homeless persons in its functional area in consultation with the homeless forum in the area and draw up an action plan for meeting such needs. The Department of Health and Children will issue comprehensive guidelines to health boards to assist them in this process.

Chapter 9 *Work, Education and Training*

9.1 General

Homeless people suffer severe disadvantages in the labour market and the majority are unemployed. In addition to the obvious lack of a stable home which militates against their accessing and sustaining employment, there are also a number of other contributory factors including a lack of work skills, lack of active job searching, inadequate access to information about job and training opportunities and employer discrimination. Many homeless people have poor levels of education and qualifications, low self-esteem and mental ill health or substance abuse problems. These problems are exacerbated by the nature of homeless services which generally offer no opportunity for productive activity of any kind and by some hostels which operate a "no work" rule.

The Team recommends that hostels should, where necessary, review their "no work" rule as this can lead to a copper fastening of homeless persons remaining homeless when they might otherwise be able to break the cycle and gain employment.

Any attempt to tackle these problems must deal with the immediate needs of people who are currently homeless but it must also focus on developing strategies to address the general issue of educational disadvantage which contributes to the "no job no home no job" cycle.

9.2 Provision of services by FÁS

FÁS provides a wide range of services for unemployed persons and other disadvantaged groups. There are exemptions for entry onto many programmes for specific disadvantaged groups who may be prone to the problems of homelessness. There are also several Community Employment Projects that are aimed at providing supports for homeless persons. It is evident, however, that the primary aim of many of these projects is to support the operation of homeless services by voluntary groups rather than providing employment training opportunities for homeless persons. Among the services that FÁS provides which assist homeless persons are:

- Exemptions on entry requirements
- Community Employment Projects
- Local Employment Services
- Community Employment

- Employment Subsidies
- Development Training
- Industry Training for the Unemployed

A FÁS Local Employment Service (LES) has been established on foot of a Government initiative with the aim to provide a gateway for long-term unemployed persons within areas of high disadvantage to have access to the full range of guidance, training and educational and employment support opportunities to help them obtain employment. In 1998 several hundred places were set aside for drug related rehabilitation/service projects for persons who are undergoing a course of recuperation. A main feature of such projects is the range of supports provided by voluntary and State bodies to support this recuperation. It is evident, therefore, that FÁS schemes can be tailored to particular needs and the Team considered that FÁS should become more closely involved in pilot projects with services to target people who are homeless.

FÁS will appoint a person to liaise and work with homeless services in Dublin. While it is not expected that there will be a need for a dedicated official from FÁS to be located permanently in the homeless centre there is a clear need for an intensive involvement, the level of which will be agreed between FÁS and the management of the centre.

In developing tailored responses to the homeless, FÁS will undertake an assessment of skills and training needs. It is likely that for most homeless people initial training schemes would involve "bridging" to prepare them to access mainstream services. It is likely that there will also be a need for self-development courses with a focus on moving towards work or training.

However, it is recognised that such responses can only be delivered as part of a locally integrated response to the problem of homelessness by statutory and voluntary bodies. Information on labour market supports can be provided through these statutory and voluntary bodies which deal with homeless people. Given that there may be literacy and numeracy problems, suitable means of communication may need to be developed. Literacy, numeracy and self-development supports may need to be provided with the support of the VECs and voluntary sector as a basis for persons to progress onto more mainstream services.

For FÁS courses to be attractive and effective they will need to be flexible, perhaps operating on a drop-in basis. They will need to be based in hostels or other centres that homeless people are used

to rather than in more formalised training centres. It was by the Team recognised that moving some people who are homeless into employment will require intensive support and consideration should be given to resourcing a mentoring scheme to provide one to one support, perhaps by someone who was formerly homeless.

For people who may be newly homeless or who may not have a need for the kind of training and input described above, there should be a specific LES mediator to assist them in accessing mainstream services. The mediation service should also work with homeless service providers on an ongoing basis.

It is essential that all homeless services actively encourage education, training and working among the people they come in contact with. This may require some centres to review and change policies and practice. This should be specifically examined in the preparation of Action Plans, as training and support may have to be provided to services to enable them to respond in this manner.

9.3 Advice and Information

There is a significant deficit in the information on training, education and working through homeless services. Posters and information leaflets should be made available and training on the provision of information giving be made available to staff who are running centres. Information should also be made available on an outreach basis to ensure that all homeless people are more aware of opportunities for training that is tailored to their needs. This should be urgently addressed by FÁS to encourage services to provide information on training and work opportunities for the people using their services.

It is also essential that information aimed at homeless people is made widely available in the form of posters and leaflets on the range of social welfare benefits and training allowances.

9.4 Education

Literacy difficulties are likely to be much greater for homeless people and those categories of people who are vulnerable to homelessness. These deficiencies act as a barrier to the taking up of education/training opportunities and ultimately jobs. There is a significant need for literacy/numeracy supports and it is essential that these supports are included in action plans in a tailored manner suitable to meet the needs of homeless people.

In an overall hierarchy of needs, homeless people are unlikely to prioritise access to education and training over more fundamental needs for food and shelter, emotional stability and help with addiction or health and welfare problems. Therefore, an integrated approach is needed where accommodation, welfare and health needs are addressed as a priority, supported by opportunities to access further learning.

Initially education and training options can best be pursued through the deployment of outreach workers to link with community and voluntary groups, to liaise with homeless people, to report on learning needs to FÁS and the VECs, and to facilitate and co-ordinate the provision of appropriate community or basic education programmes in line with the needs identified. It is envisaged that such provision could include literacy, personal development, cooking, household budgeting, communication skills, general education and/or vocational options.

Provision should span a spectrum ranging from initial tuition and guidance located in hostels to progression to specific programmes for the homeless in education and training centres, and from there to mainstream options. It must be stressed that back-up welfare, health services and guidance and counselling services are a pre-requisite if this approach is to be viable.

In 1998, the City of Dublin VEC, in association with St Vincent de Paul and the Eastern Health Board, ran a course for residents of the Back Lane Hostel in Dublin. The course was held in Liberties College and was initially scheduled to run for 15 weeks but was extended for a further 15 weeks. The course included English, Maths, Drama, Lifeskills, Photography and the operation of a mini company. A second programme has commenced with 10 participants from 7/8 hostels in Dublin and there are long-term plans to run a similar course for homeless women.

The need for similar training courses will be examined by the Department of Education and Science in conjunction with the VECs and other relevant organisations. A number of pilot courses will be established in the Dublin area as soon as possible with a view to establishing further courses in other locations in the future.

As training and educational programmes for homeless persons will need to be flexible, it is unlikely that such courses would run on a full time basis and they would need to be based in appropriate locations, such as hostels rather than colleges or schools. Given the individual needs of homeless persons the ratio of participants to tutor should be quite low at 5:1 and not more than 10:1.

Expansion of provision in both FÁS and the VEC system is envisaged under proposals submitted under the National Development Plan in the context of promoting lifelong learning opportunities. In relation to education, the Plan envisages an expansion of part-time options under the Back to Education Initiative proposed in the Green Paper: Adult Education in an Era of Lifelong Learning, allied with an expansion of literacy and guidance and counselling supports. Under existing provision, adults over 21 who are at least six months unemployed are entitled to access education and retain an allowance in lieu of social welfare entitlements. The key challenge in catering for the homeless will be to engage successfully with participants and encourage them to return to a programme which will be relevant to their needs.

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.

It should be possible to provide for the building up of literacy skills to be included in self development courses aimed at homeless persons or included as part of composite courses dealing with home-making.

Action plans will include provision of outreach tutors to provide for these needs. In the Dublin area, the VEC will appoint a person to work exclusively with the homeless services. While it is not expected that there will be a need for a dedicated official from the VEC to be located permanently in the homeless centre proposed there is a clear need for an intensive involvement, the level of which will be agreed between the VEC and the management of the centre.

9.5 Ex-Offenders

Youthreach and VTOS programmes, together with programmes such as Pathways, cater for offenders, some of whom come within the category of being homeless. The Probation and Welfare Service, with the Department of Education and Science, the Vocational Education Committees and FÁS, provide a range of training facilities targeted at offenders on supervision in the community. The question of expansion of such initiatives is one that needs to be considered by these bodies in the light of the assessment of the numbers likely to require this type of support.

The Back to Education Initiative could provide for expansion of the education dimension of programmes. The key issue here is what kind of supports are needed. This cannot be divorced from the work in relation to the Drugs Courts, given that many ex-offenders have drug problems, and that a combined health, welfare, probation and education/training input is needed.

Chapter 10 Funding

10.1 Current Funding by the Department of the Environment and Local Government

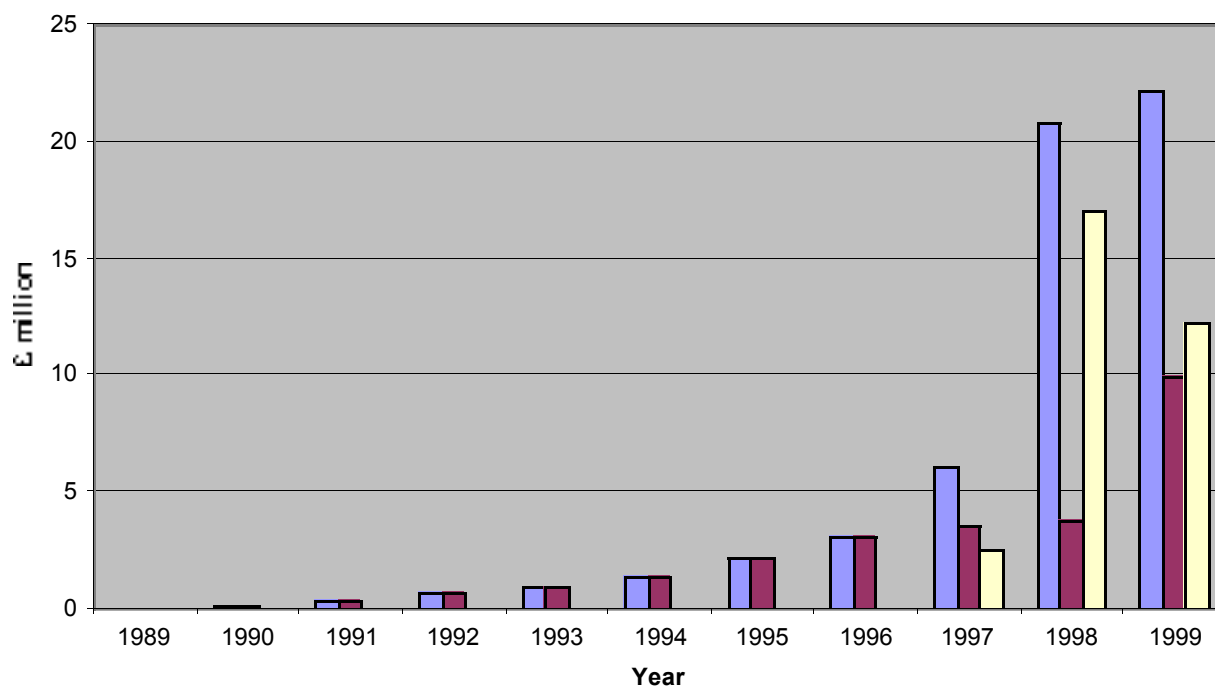
Local authorities are empowered under Section 10 of the Housing Act, 1988 to provide funding towards the cost of accommodation for homeless people. The Department of the Environment and Local Government currently recoups 90% of local authorities' expenditure under this provision.

The increasing level of expenditure by local authorities is reflected in the following table showing recoupment by the Department since the provision commenced in 1989¹. The expenditure from 1997 includes very substantial recoupment paid in respect of emergency accommodation for asylum seekers, which is 100% recouped by the Department.

Year	Total Recoupment £m	Recoupment on Homelessness £m	Recoupment on Asylum Seekers £m
1999	22.195	9.956	12.239
1998	20.820	3.820	17.000
1997	6.000	3.500	2.500
1996	3.090	3.090	-
1995	2.214	2.214	-
1994	1.359	1.359	-
1993	0.902	0.902	-
1992	0.676	0.676	-
1991	0.377	0.377	-
1990	0.115	0.115	-
1989	0.007	0.007	-

¹ The level of recoupment was 80% up to April 1993 and has been 90% since then.

Expenditure on Homelessness and Asylum Seekers



Funding under Section 10 covers a range of accommodation services as follows: -

- Contributions to voluntary bodies towards the current cost of providing accommodation for homeless people (usually in hostels). The actual level of contribution is a matter for the local authority. The one significant variation is the level of contribution as can be seen from the funding arrangements for 1999 by the principal local authorities providing contributions:-

Local Authority	Contributions to Voluntary Bodies
Dublin Corporation	£2,400 per bed year
Cork Corporation	£6.50 per bednight
Galway Corporation	£10 per bednight
Limerick Corporation	£1,200 per bed year
Waterford Corporation	£2,000 per bed year
Dundalk U.D.C.	£10 per bednight
Drogheda Corporation	£4 per bednight
Sligo Corporation	£8 per bednight
Kilkenny County Council	£8 per bednight
Carlow County Council	£12 per bednight

- The cost of operating referral services by the health boards in Dublin, Cork, and Limerick and by voluntary bodies in Galway and Sligo on behalf of the local authorities.
- Recoupment of actual expenditure by the referral services on the provision of emergency bed and breakfast accommodation for homeless people. This expenditure has increased very substantially in recent years. The Eastern Regional Health Authority's expenditure on such accommodation was over £2 million in 1998 and increased to £4.7 million in 1999.
- The local authorities' expenditure in providing emergency accommodation directly for homeless people. This is generally for bed and breakfast accommodation but also includes the payment of rent deposits to enable the homeless persons to access private rented accommodation as in some areas the health boards do not pay rent deposits.

10.2 Capital Funding

Funding has been provided under the Voluntary Housing Capital Assistance Scheme to provide or redevelop hostels and this has been availed of by hostels. While this has substantially improved the standard of the accommodation it has, in some cases, reduced the number of people who can be accommodated due to the provision of separate units rather than dormitory accommodation. Details of the level of funding and the number of projects since 1988 are detailed below: -

Year	No. of Projects	No. of Units	Amount Approved £m	Amount Paid £m
1988	10	559	1.89	0.91
1989	12	500	2.41	1.78
1990	20	455	3.74	3.30
1991	15	700	2.74	4.37
1992	14	749	3.63	2.43
1993	19	658	5.48	5.23
1994	14	388	5.44	4.47
1995	23	602	5.59	6.65
1996	12	124	2.34	4.04
1997	17	165	1.78	3.51
1998	19	153	3.52	2.80
1999	18	163	7.84	4.48
Total	175	5,053	41.56	39.46

Under the public capital programme, £4 million is available annually for the provision of hostel accommodation by local authorities. It is generally used to fund the purchase of move-on

accommodation for long-term residents of hostels. It has been used fairly extensively by Dublin Corporation to acquire and develop several premises as transitional accommodation.

10.3 Additional Funding Needs

While the level of expenditure by the Department of the Environment and Local Government has increased in recent years, there remain a number of concerns.

In the past, hostels were run almost exclusively by voluntary personnel who were unable to be there during the day-time. As a consequence, hostels closed and residents had to vacate them during the day-time. This has changed in recent years and in some hostels residents can remain on the premises in the day-time. This results in higher operating costs for in-house care and overheads.

In addition to providing accommodation, many voluntary bodies provide additional services such as outreach and settlement services. This development needs to be supported with funding provided by the Exchequer.

10.3.1 Differences in levels of Funding

At the present time, there is a large difference in the level of rate paid by different local authorities towards the cost of providing accommodation, which ranges from £4 per bed night to £12 per bed night. While it is reasonable that costs will differ between areas and local authorities, it was represented to the Cross Department Team that, in some areas, the Section 10 contribution is not realistic and does not reflect the cost of operating accommodation or in providing care. The cost of emergency bed and breakfast accommodation is approximately £20 per person per night and, in some cases, because of lack of accommodation or because bed and breakfast operators are reluctant to take homeless people, the costs can be substantially higher. While it is not suggested that the bed and breakfast rate should be used as the basis for the Section 10 contribution, the contribution should be such as to cover voluntary bodies' reasonable running costs for the provision of accommodation and the Department of Health and Children should cover the care costs, thus enabling the voluntary bodies to concentrate on service provision.

The decision on whether or not to make a Section 10 contribution is for the discretion of the local authority. It was represented to the Team that some local authorities have refused or are refusing to make Section 10 contributions. It has also been represented

that Section 10 contributions should be on the basis of accommodation available and not that which is actually used, because the costs are incurred irrespective of the occupancy rate. While hostels are generally full, there may be vacancies on occasions and voluntary bodies should not be penalised for this.

In the interest of consistency, the level of the Section 10 contribution rate will be increased in the context of the action plans being prepared. The Department of the Environment and Local Government will issue guidelines to local authorities on the level of the contribution rate and what services are covered by it. Funding should be provided on the basis of the accommodation available and committed for a three year period. In this context, evaluation procedures will be agreed.

It is normal practice in most instances for health boards to pay rent deposits. However, in some areas health boards do not pay these deposits, thus effectively preventing people from accessing private rented accommodation and that, in such cases, the practice is for the local authority to pay the rent deposit. As the health boards are responsible for the payment of rent supplements they should also be responsible for the payment of rent deposits where these are required.

10.3.2 Funding of additional services

Many voluntary bodies are now providing additional services rather than just concentrating on the provision of accommodation. This development is to be welcomed and needs to be supported, particularly with regard to earlier recommendations regarding the need for outreach and settlement services and development of alternative accommodation such as sheltered housing. These services involve an increased level of expenditure by the voluntary bodies as many of the services are full-time rather than voluntary, therefore requiring funding for staff and administration costs.

It is important that additional services are developed and supported. Accordingly, the Department of the Environment and Local Government, through the local authorities, will fund the cost of settlement and outreach workers. 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.

At the end of every three year period it will be essential however to have an evaluation of the service undertaken by the service provider prior to the renewal of the funding. Consideration will also be given to further reform of the funding procedures to ensure that they are more simplified, accountable and transparent.

10.3.3 Funding for additional accommodation

The need for additional accommodation, such as sheltered housing and move-on accommodation has been referred to in earlier proposals. Additional capital funding will be needed for the building or acquiring of this accommodation and additional current funding will be needed for the running costs. As stated earlier, it is estimated that there are approximately 450 people in hostels in Dublin who could move to sheltered or transitional accommodation. These units will need to be smaller than traditional hostels with up to 20 residents. It is estimated that the average cost of providing such accommodation will be about £1 million and that at least 20 such units would be required in the Dublin area alone at a cost of approximately £20 million. It will also be necessary to provide sheltered and transitional accommodation in the other four county borough areas and it is likely that the cost of the accommodation per unit will be about the same as in the Dublin area.

This need for additional sheltered and transitional accommodation will also lead to an increase in current funding. The cost of providing such accommodation will be higher in sheltered accommodation rather than in emergency accommodation as they would be open 24 hours a day and would need full-time care and catering staff.

An additional £20 million will be provided over a five year period on top of the existing capital provision of £4 million annually to provide for the provision of additional sheltered accommodation for the permanent accommodation needs of long-term homeless persons who are able to live semi-independently.

Increased current funding will 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 should be committed for three years in line with the principles outlined above.

10.4 Funding Implications of Proposals

Department/Agency	Current Funding	Capital Funding
Department of the Environment and Local Government/Local Authorities	Additional £6 million per annum	Additional £20 million over 5 years
Department of Health and Children/Health Boards	Additional £6 million per annum.	N/A
Department of Education and Science/VECs	£200,000 per annum	N/A
FÁS	Can be met from existing funding	N/A
Total	£12.2 million p.a.	£20 million

For the current year additional current funding of £2.5 million is required by the Department of the Environment and Local Government and £1 million is required by the Department of Health and Children.

Chapter 11

Summary of Proposals

Strategies for the Prevention of Homelessness

- 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

Delivery of Services to Homeless Persons

- 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 basis to provide a more coherent and integrated delivery of services by all agencies dealing with homelessness.
- A homeless forum, consisting of representatives from local authorities, the health board and the voluntary sector will be established in every county.
- A Director for homeless services in the greater Dublin area will be appointed by Dublin Corporation. A new joint executive homeless services centre will be established to manage and co-ordinate the delivery of all services by both the statutory and voluntary agencies to the homeless in Dublin. This have staffing from Dublin Corporation, the Eastern Regional Health Authority and other agencies.

Statutory Responsibility

- 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.
- 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.

- 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.

Accommodation

- 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.
- 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 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.
- 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.
- While the emphasis will be focussed 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.
- 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.
- 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.

- 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.
- 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. 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.

Health and Welfare Needs

- 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.
- 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.

Work, Education and Training

- 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. It is likely that for most homeless people initial training schemes will involve "bridging" to prepare them to access mainstream services and there will probably be need for self-development courses with a focus on moving towards work or training.
- 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.

- 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.

Funding

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

Appendix 1 Membership of Cross Departmental Team

The current members of the Team include:

Peter McCann, Department of the Environment and Local Government (Chair)

Paul Burns, Department of Finance

Noel Clear, Probation Service, Department of Justice, Equality and Law Reform

Liam Conlon, Department of Justice, Equality and Law Reform

John Cronin, Department of Health and Children

Ray Henry, Department of Tourism, Sport and Recreation

Patricia O'Connor, Department of Education and Science

Brian O'Raghallaigh, Department of Social, Community and Family Affairs

Gerard Walker, FÁS

Mary Walsh, Department of the Environment and Local Government

Linda Cullen, Department of the Environment and Local Government (Secretary)

Former members of the Team include:

Anne McGuinness, Department of the Environment and Local Government (Chair)

Vera Kelly, Department of Justice, Equality and Law Reform

Jack Killane, Department of the Environment and Local Government

Deirdre Nichol, Department of Social, Community and Family Affairs

Pat Ring, Department of Finance

Appendix 2

Submissions Received

Local Authorities

Cork Corporation
Dublin Corporation
Dun Laoghaire-Rathdown County Council
Galway Corporation
Limerick Corporation
South Dublin County Council
Waterford Corporation

Health Boards

Eastern Regional Health Authority (formerly the Eastern Health Board)
South Eastern Health Board
Southern Health Board

Vocational Educational Committees

City of Cork V.E.C.
Dun Laoghaire V.E.C.

Other Official Bodies

Combat Poverty Agency
Homeless Initiative

Voluntary Bodies

Crosscare
Day Services Group
Disability Federation of Ireland
Focus Ireland
Galway Voluntary Social Service
Homeless and Mental Health Action Group
Housing Association for Integrated Living
Irish Council for Social Housing
Iveagh Trust
P.A.C.E.
Simon Community of Ireland
Society of St. Vincent de Paul
Trust

Appendix 3

Summary of Eastern Regional Health Authority's Submission – Recommendations of the Multi-Disciplinary Group

Definition

We recommend the following definition of homelessness

Those who are sleeping on the street or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, bed and breakfast or such, providing protection from the elements but lacking the other characteristics of a home and/ or intended only for a short stay.

It is recommended that the above definition, which is consistent with that of the Homeless Initiative Census, be agreed by all agencies so that agreed estimates of numbers of people who are homeless are used for planning purposes

Health and Social Services

We recommend the introduction of two multidisciplinary primary care teams in the inner city with one team on the North inner city and one on the South inner city. The teams should be small, multidisciplinary and integrated with the other primary care services provided within the city centre. The teams aim to improve the health and social gain of the homeless through the provision of integrated care which links people into mainstream service.

It is recommended that the teams should be co-ordinated and managed by a named member. They should have the input of nurses, doctors, social workers, community welfare officers, care attendants, community psychiatric nurses outreach drugs workers and administrators.

It is recommended that the team should contract for other professional services such as dental and chiropody services.

It is recommended that the team should operate all services from one base on either side of the city and should link closely with existing inner city primary care services

It is recommended that the strategy of the team should be set and overseen by a steering committee which consists of appropriately appointed members

We recommend that arrangements are put in place to provide the homeless with access to twenty four hour GP services which could be accessed via the freephone helpline currently in operation. The latter service should be extended to provide continuous twenty four hour coverage.

We recommend the provision of skeleton team services on an out of hours basis (e.g. 9am-6pm at weekends and public holidays) to ensure that problems are appropriately managed when they arise. This service should be accessible via the freephone helpline currently in use or directly from the service base of the relevant primary care team.

It is recommended that a named individual from each of the professional groups comprising the inner city primary teams should be given responsibility for the homeless in each community care area. The appropriate time commitment for the members of this "dormant team" should reflect local need but would be a matter for each community care general manager. The individuals in each community care area should meet on a regular planned basis. The work carried out by these individuals would help to support homeless people in their own communities.

We recommend the implementation of the recommendations contained in the report entitled "Report of the Committee on Services for Homeless People with Mental Health Problems".

It is recommended that the drug services provide a special waiting list initiative in respect of people who are homeless.

It is recommended that the methadone mobile clinic should be made available to all hostels and day care centres on a systematic basis.

It is recommended that the views of voluntary service providers be considered in the formulation and implementation of health and social service strategy in the Eastern Health Board.

Accommodation and Legislation

It is recommended that persons should not remain in emergency accommodation other than in the very short-term. The Eastern Health Board should advise each Local Authority of the persons in need of accommodation only and request that each Local Authority provide for this need from their own housing stock or from the private rented sector

It is recommended that additional accommodation be set aside for emergency accommodation needs and that this be earmarked for specific homeless groups

It is recommended that the Eastern Health Board should request that the Local Authorities monitor these residences closely in accordance with the appropriate pieces of legislation.

It is recommended that the Eastern Health Board should establish quality standards for all accommodation and its uses and should subsequently use only accommodation which meets these standards.

We recommend that the local authorities attempt to reduce the backlog of homelessness by increasing their housing stock and by agreeing to reserve a number of units specifically for the homeless which are spread throughout their housing stock rather than solely taken from their low demand areas.

It is recommended that the Local Authority take legal responsibility for the provision of housing.

It is recommended that the anti-social legislation and its interpretation by the local authorities be re-considered and that the local authorities be required to discuss all potential evictions with health board staff at an early enough stage to allow for appropriate intervention to take place.

It is recommended that Department of Health Circular 5/87 be re-activated and a person should be designated in each area identified to receive and act on these notifications.

We recommend that the local authorities provide twenty beds for alcohol abusers and twenty beds for drug abusers (i.e. those who are not currently being admitted to existing facilities) as a matter of accommodation priority

It is recommended that where people enter institutions that their existing accommodation should be actively secured in order to prevent homelessness on discharge.

It is recommended that the Eastern Health Board enter into dialogue with appropriate institutions such as prisons and hospitals so that their discharge policies can be altered to ensure that people are not discharged without proper planning and placement.

Day Care Services

It is recommended that homeless people should not be denied health or social services on the basis that they do not have a permanent address.

It is recommended that individuals or families, who are already known to the service, should be followed up by their key worker (e.g. public health nurse, community psychiatric nurse and social

worker) if they are rendered homeless until such time as they have another permanent address. At such time the case can be passed on.

It is recommended that the service at Ushers Island should be expanded to provide comprehensive day care for women

It is recommended that the new homeless persons unit at Parkgate Street should include a crèche facility to provide support to homeless women and families with children.

It is recommended that local day care services are provided to people outside the city centre to ensure that they can be supported in their own communities.

We recommend the development of a full day care facility for homeless women with children, particularly for those in B& B.

It is recommended that a review of existing food centres take place with a view to maximising co-ordination and minimising duplication.

Views of Voluntary Service Providers

It is recommended that information services should be designed to meet information needs in the pre-homeless, homeless and post-homeless phase and be made available at all service outlets for the homeless. The Eastern Health Board website should be developed to increase public awareness of the problems and solutions to homelessness and the actions currently being taken to address their needs.