# REVIEW

## SERVICES ADDRESSING HOMELESSNESS IN THE MIDLANDS

### OFFALY
### LAOIS
### LONGFORD
### WESTMEATH

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## ACKNOWLEDGEMENTS

## 1. INTRODUCTION

The Local Authorities of Westmeath, Longford, Laois and Offaly in Partnership with the HSE Midlands have, as directed by the Department of Environment, Heritage & Local Government, prepared a Regional Homelessness Action Plan for the Midlands Region. The Plan further recommended the preparation of an Implementation Blueprint for the delivery of Homelessness Services in the Region, based on the outcomes from a detailed review of services.

This document is a review of homelessness services in the Midlands Region which will profile the existing services, identify gaps and make outline recommendations for future service configuration.

The key stakeholders for homelessness service provision in the Midlands Region are the four Local Authorities, HSE Midlands and the Voluntary Housing Sector, particularly emergency accommodation and resettlement services. The Review will specifically address the key recommendations of the National Plan for Homelessness and the Midlands Region Homelessness Action Plan which will see the development of improved, integrated working structures by key stakeholders for the provision of services and supports for people who are homeless. The DoEH&LG requested that Westmeath County Council act as the lead LA for the preparation and implementation of the Regional plan to address homelessness.

The Review of services in the Midlands will specifically address key recommendations of the National Plan for Homelessness which has set out the development of integrated working structures by key stakeholders for the provision of services and supports. Central to this approach is the need to provide a comprehensive continuum of appropriate services of a wrap-around nature to people who are homeless to be delivered in a seamless and integrated way. The services' continuum commences on the onset of homelessness and follows the person's successful return to independent living in most cases. In a minority of cases, transitional housing or other supported accommodation may be the appropriate provision. The roles of Prevention and Tenancy Sustainment will also be examined.

### Terms of Reference

The Commissioners have provided specific Terms of Reference for the completion of the review and they are as follows:

### Assessment of Need

i. Examine homelessness numbers and profile client level of ability to live independently with supports.

ii. Profile homelessness by age, gender, family status and place of origin.

iii. List all of the homelessness services including accommodation and resources employed by providers.

iv. Provide an analysis of sources of Income for Various Services, including DOE/LA, HSE, Resident Contributions and Voluntary Fund Raising.

v. Profile homelessness service usage and flows by individual service.

vi. Review national models providing the strategic context for the ensuing homelessness direction and strategy.

*Audit existing homelessness services and facilities for homelessness in the region using the following criteria:*

vii.    Identify the scope and capacity of the current residential and other services to meet the current need of people who are homeless within current model of service.

viii.   Identify gaps in service provision in the Midlands Region and recommend ways of addressing these gaps taking a regional view to addressing the long term homelessness problem.

ix.     Assess the effectiveness of policies of the Local Authority, HSE and services for people who are homeless in the Midlands Region and emphasise the need for an integrated approach to address the service user's needs.

x.      Identify those practices/standards which do not meet the policy standards as set out in the Government's Homelessness Strategy/Implementation Plan and other strategies relating to independent living in the community.

xi.     Appraise the residential options for people who are homeless including emergency accommodation, and profile the current service provision with the outcomes for residents.

xii.    Identify existing protocols, procedures and practices for admission and discharge into existing accommodation/hostel facilities in the region.

xiii.   Appraise the extent of the co-ordination between the homelessness services in the region and recommend ways to maximise co-ordination to achieve person/family centred and seamless services.

xiv.    Identify Service Level Agreements and detailed costs of current service provision.

### *Recommendations*

Prepare recommendations in relation to, inter-alia, facilities rationalisation/reconfiguration and new facilities and location of same that are in line with the current National Implementation Strategy and which meet the housing, residential and vocational needs of people who are homeless in line with current, client-centred models.  The Report should be structured in order to meet the requirements as set out in by the Department of Environment, Heritage & Local Government.

Expectations include the preparation of recommendations which are in line with current Government strategy and meet the housing, residential and vocational needs of people who are homeless in line with current, client centred models.

The information gathered from this review will provide vital data for the development of a new Homelessness Action Plan locally/regionally as required under the Department of the Environment, Heritage and Local Government.

## 1.2    APPROACH

The approach which M & P has employed is largely based on primary research which is data-based.  It is a high-level collation and analysis of data supplied by Service Providers for activity over a twelve-month period.  The most recent period for which data was available was the 2009 calendar year and this corresponded to the fiscal (funding) year and associated Service Level Agreement periods.  Data for the Resettlement Sector extended into 2010 and enhanced the overall treatment of data for this sector.

Analysis of data supplied has facilitated an estimation of the number of people in

Homelessness Services in the Region in 2009 and an analysis of some key performance indicators such as:

- *Homelessness by Gender;*
- *Age Profile;*
- *Referral Source;*
- *Place of Origin;*
- *Length of Time Homeless;*
- *Reason for Presenting to Homelessness Services;*
- *Length of Stay;*
- *Frequency of Admissions;*
- *Observed Addictions & Services Referred to;*
- *Key Worker & Personal Action Plan Implemented;*
- *Housing Outcome.*

The Review analysed all residential services in the Region.

There are eleven key provider services for homelessness in the Region – four Emergency Residential Units, two Women's Refuges, one Transitional/Long-Term Residential Scheme, and four Resettlement/Tenancy Support Services. The locations of the services are shown in Chart 1 below.

| Service Type | Local Authority Area | | | |
|---|---|---|---|---|
| | **Longford** | **Westmeath** | **Offaly** | **Laois** |
| **Emergency** | SVP St Martha's Hostel (11 Men) | TEAM Hostel (11 Bed Women & Children) | *Proposal for 4 Units Men & Women* | |
| | SVP Bethany House (10 Women & Children) | Midland Simon (6-Bed Men & Women) | | |
| **Women's Refuge Services** | | Esker House (3 Family Units) | | |
| **Transitional** | | Midland Simon 7 Apartments March 2011 | | LSSDA 2 X 2 Family Bed Apartments |
| **Resettlement** | | *ONE for Ex-Servicemen* | | |
| | Resettlement Workers Midland Simon | | | |
| | Settlement Worker | Settlement Worker | Settlement Worker | Settlement Worker |
| **Other Services** | | | HSE Homelessness Nurse | |
| | HSE Nurse for Homelessness (vacant Jan 2011) | | | |
| | HSE CWO for Homelessness | | | |

**Chart 1 Services Reviewed M & P 2011**

There is one HSE Community Welfare Officer for homelessness covering the counties of Longford and Westmeath and two HSE Nurses/Liaison Officers for homelessness in Laois and Offaly.

The Local Authorities of Westmeath, Longford, Laois and Offaly are all active in the

provision of services and accommodation for people who present as homeless.

Two additional services are due to commence operations in 2011 and while they form part of the narrative, they could not be reviewed.  One of the new services is provided from the twenty-four unit, Lann Elo development by Tullamore Housing Association, in Tullamore, County Offaly.  Four of the units have been allocated for emergency accommodation and will be administered by Midlands Simon.  The other service is located in Athlone, County Westmeath, where seven new single bedroom apartments have been acquired by Midlands Simon under the long lease, Rental Assistance Scheme, where seven single persons will be supported in long-term accommodation supported under the SLI (Supported Living Initiative) Scheme where necessary.  These services had not commenced at the time of writing (February 2011).

The Review presents an analysis of the data for the Region in four distinct sectors:

■ **Emergency;**

■ **Transitional/Long-Term;**

■ **Women's and Children's Refuges;** *and*

■ **Resettlement Services/Tenancy Support Services.**

The information gathered from this review will provide vital data for the development of a new Homelessness Action Plan locally/regionally as required under the Department of the Environment, Heritage and Local Government legislation and guidelines.  Expectations include the preparation of recommendations which are in line with current Government strategy and meet the housing, residential and vocational needs of homeless people in line with current, client centred models.

The Review will also particularly focus on the details set out in the DoEHLG Housing (Miscellaneous provisions) Act 2009 which provides for the specification of local/regional homeless action plans.  In this regard a blueprint document has been issued by the Department which sets out the detail required of action plans and the role of the review process in identifying key elements of existing services. These guidelines include:

■ *profiling homelessness employing service user data;*

■ *allocating appropriate sectors for types of homelessness eg emergency, transitional, long-term etc;*

■ *assessing competences and capabilities of the local procedure, processes and protocols to deliver the strategy; and*

■ *evaluating the extent and impact of integrated working.*

The Review will assess the occurrence, frequency and effectiveness of the key service elements of:

■ **Assessment;**

■ **Care/Support plans;**

■ **Key Working and plan delivery;**

■ **Access to appropriate health and social service support services;**

■ **Preparation for Independent Living and associated support requirements; and**

■ **Re-settlement.**

These are the key integrative elements which recent homeless strategies recommend in order to improve efficiencies for clients and services, and which has been in operation in the Midlands since 2006. It is believed that this approach which integrates the work and responsibilities of all frontline services is cost-neutral, generates significant efficiencies throughout the service continuum by reducing repeat homeless episodes and ensures that every homeless person has access to services appropriate to their journey to permanent accommodation with supports.

The approach is also designed to reduce or eliminate long-term homelessness in emergency hostels, transitional programmes and other temporary accommodation and commence a process where appropriate, sheltered or supported residential facilities are developed to cater for specific health conditions such as chronic mental ill-health or learning disability. In this way, ideal housing solutions are proactively pursued and clients who do not adapt to mainstream housing are guaranteed to be housed appropriately and, more importantly, with the appropriate health supports.

The Review will examine the funding conventions of all homeless services including posts provided such as in-house care posts provided/funded, along with Tenancy Sustainment posts provided/funded by the Local Authorities. This element may also take cognisance of the skill-sets required and where appropriate, consider training programmes in the event of any gaps in professional qualifications and expertise.


The document proceeds by setting out the strategic context to homelessness services in the Midlands followed by the data analysis and recommendations in line with the Terms of Reference.

Section 2 sets out the strategic context and model service of delivery, while Section 3 presents an overview of the services in the Midlands. Sections 4, 5, 6 and 7 provides a review of the current services which looks at each of the key sectors of emergency, refuge, transitional/long-term and resettlement services. Section 8 provides recommendations and Section 9 is the outline blueprint.

## 2. STRATEGIC CONTEXT

### 2.1 HOMELESSNESS DEFINITIONS

*Ireland*

Homelessness is defined in Section 2 of the (Irish) 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 insecure 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.*

*United Kingdom*

The UK Housing Act 1988 states that a person is defined as homeless if:

- *there is no accommodation available which, in the opinion of the authority, (s)he together with any other person who normally resided with her/him or might be reasonably expected to reside with him/her, can reasonably occupy or remain in occupation of, or;*
- *(s)he is living in a hospital, county home, night shelter or other such institution and is so living because (s)he has no accommodation of the kind referred to in paragraph (a) and (s)he is, in the opinion of the Authority, unable to provide accommodation from her/his own resources.*

*ETHOS - European Typology on Homelessness and Housing Exclusion*

FEANTSA[1] has developed a European Typology of Homelessness and housing exclusion (ETHOS) as a means of improving understanding and measurement of homelessness in Europe, and to provide a common "language" for transnational exchanges on homelessness. This typology was launched in 2005 and is used for different purposes - as a framework for debate, for data collection purposes, for policy purposes, monitoring purposes, and in the media.

ETHOS is described as a "home"-based definition that uses the physical, social and legal domains to create a broad typology of homelessness and housing exclusion. ETHOS classifies homeless people according to their living situation:

- *rooflessness (without a shelter of any kind, sleeping rough)*
- *houselessness (with a place to sleep but temporary in institutions or shelter)*
- *living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence)*
- *living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).*

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[1] European Federation of National Organisations

ETHOS was developed through a review of existing definitions of homelessness and the realities of homelessness which service providers are faced with on a daily basis. ETHOS categories therefore attempt to cover all living situations which amount to forms of homelessness across Europe. Different target groups (children, women, men, and older people from different ethnic or immigrant populations and with different disabilities/difficulties) can come under one or more of these categories. ETHOS was slightly revised between 2005 and 2007 to reflect emerging realities and to improve the labelling.

The ETHOS approach confirms that homelessness is a process (rather than a static phenomenon) that affects many vulnerable households at different points in their lives.

The Review utilises the broad definition outlined in Section 2 of the (Irish) Housing Act, 1988.

## 2.2    STRATEGIC REFERENCING

M & P states some strategic reference points which provide the rationale for the approach being recommended and which have underpinned the preparation of progressive strategies to address homelessness. In this regard there are three such key guiding strategies. The following paragraphs throughout Section 2 contain extracts from the published material and are referenced appropriately.

The first is the Government's policy of caring for people in the community - in their own homes preferably - rather than in institutions, and the second is the strategic approach to resettlement for homeless people as articulated in Brian Harvey's *Settlement Services for Homeless People in Europe: Lessons for Ireland*[2].

The third strategic reference point is the suite of publications which emanated from the Cabinet Sub-Committee on Social Inclusion which established a Cross-Departmental Team on Homelessness. The first of the reports was the Department of the Environment's *Homelessness - An Integrated Strategy (2000)* where Local Authorities were charged with the responsibility for the provision of emergency hostel and temporary accommodation for homeless persons as part of their overall housing responsibility and Health Boards/Agencies for the health and in-house care needs of homeless persons, while the most recent is *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013*.

### 2.2.1    DE-INSTITUTIONALISATION

The Irish Government and governments throughout Europe have preferred this approach for many years now, and in Ireland, many policy initiatives for 'Care in the Community' including the publication of *Planning for the Future* in 1984 heralded a new era in the delivery of care in Ireland. A gradual provision of acute inpatient care in general hospitals with a move away from large institutions towards community-based services saw the number of patients hospitalised in Irish Psychiatric Hospitals decline substantially and long-term stays in all hospitals are out-dated. This process has continued to present day and indeed the remaining reminders of that era have been recently addressed by the Government in the latest round of measures which will see the closure of admissions to old psychiatric hospitals, St. Ita's, St. Senan's, St, Loman's and St. Brendan's by February 2011. The concept of sectorisation was a central theme of the *Planning for the Future* document. The ideal of service delivery to a population defined by size and

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[2] Brian Harvey April 1998

geographical location by a fully resourced, consultant-led, multidisciplinary team appeared both a logical and attractive one. Advantages including economic benefit, equity and continuity of care seemed to outweigh disadvantages such as lack of patient choice and failure to facilitate the development of specialist services.

The policy also reduces society's propensity to admit people to institutionalised care and promotes the adoption of alternative forms of care which are more humane, offer an enhanced quality of life for the service user, reflect people's clear preference for independent living and are less expensive to implement. It may be quite an historical initiative – being introduced some twenty-six years ago, but it did set the scene for the resettlement of people institutionalised for an array of medico-social reasons and none, into accommodation in the community.

It is mentioned here not only as a fundamental rationale for homelessness strategies but to draw attention to the importance of developing responses in the future which can never be described as institutional. In this context, the concepts of *independent living, real homes, houses of multiple occupancy (HMOs), cluster housing, sheltered housing, welfare homes, care homes* and other housing concepts become live and need to be understood. It is also important since, despite the policy being adopted over a quarter of a century ago, institutionalisation has still not ceased in service delivery in some parts of the country and in certain service sectors including homelessness services.

The Care in the Community policy and its implications are crucial to the fundamental proposition of this Review (returning people who are homeless to independent living). Institutionalisation in this Review refers to people being stripped of their independence and dignity, rendering them dependent on a range of personal and universal supports provided by others, and in the process, de-skilling, marginalising and isolating them – in most cases, on a permanent basis. Responses in the twenty-first century to homelessness and other areas of personal care are expected to ensure that these outcomes are avoided; otherwise they could be experienced as another form of institutionalisation.

In general, it is assumed and understood that mainstream housing, with temporary, appropriate supports where necessary, is suitable for most people who become homeless but that a very small minority will benefit most from sheltered housing of some sort. However, most policy makers and strategies are now attempting to avoid houses of multiple occupancy (HMOs) and try to respect that people should have access to 'their own front-door'. That does not mean that housing solutions cannot provide the social, medical and emotional supports necessary through a range of provision including cluster housing, floating support, permanent on-site warden-type availability and other measures which encourage mainstream use of community-based services and promote independent rather than dependent living.

While this report does not seek to ignore some of the inadequacies experienced in the outworking of its implementation, the implications of this policy for any homeless strategy is clear – that people who are homeless should be encouraged **in the first instance** to live independently in appropriate housing with a level of care and support commensurate with their needs. This does not preclude some forms of transitional housing and other types of short- and long-term housing more strictly focused on specific, identified need, but it does identify it as the exception rather than the rule, while resettling people in the community, free of dependency, is the strategic priority.

It also points to a renewed role for hostels to provide emergency accommodation for a specified period during which time an assessment of need of the homeless person is made, appropriate accommodation is found and the elements of the care plan are put in place.

It is a general observation that substantial capital and revenue investment in emergency and other forms of temporary accommodation can be compromised by the absence of formal or informal commitments to proactively finding, placing and supporting people who find themselves homeless, in permanent, independent housing. Therefore, any progressive approach to homelessness must be underpinned by the overall commitment to return the person homeless to independent living with relevant supports where required. The key outcome of the intervention, in this case, is the continued resettlement of the person and this, indeed, is the prime measurement or key indicator of success of the service.

It should be mentioned at this stage of the Review, that, in general, the approach to providing solutions to homelessness in the Midlands Region seems to focus on returning people to independent living and it is to the credit of service commissioners and providers alike that long-term stays in emergency hostels and transitional housing are very limited.

### 2.2.2 HOMELESSNESS – AN INTEGRATED STRATEGY (DoE& LG) JANUARY 2001

In August 1998, the Government under the auspices of the Cabinet Sub-Committee on Social Inclusion established a Cross-Departmental Team on Homelessness. With the publication of the deliberations in 2000, *Homelessness - An Integrated Strategy* (DoEHLG), the beginnings of a coherent policy approach to the needs of homeless households became apparent for the first time in the history of the Irish State. The terms of reference for the cross-departmental team preparing this strategy was 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 the health, education, employment and home-making.

The broad principles enunciated by the strategy document were that:

- *provision of a continuum of care from the time someone becomes homeless, with sheltered and supported accommodation, and where appropriate, assistance back into independent living in the community;*
- *emergency accommodation should be short-term;*
- *settlement in the community to be an overriding priority through independent or supported housing; long term supported accommodation should be available for those who need it;*
- *support services should be provided on an outreach basis as needed and preventative strategies for at-risk groups should be developed.*

To achieve these broad objectives, Homeless Fora were to be established in every county and three-year action plans prepared. Both the homeless forums and the action plans were to include input from both the statutory and non-profit sectors.

### 2.2.3 HOMELESS PREVENTATIVE STRATEGY DH&C, DE&S, DE&H&LE FEBRUARY 2002

In early, 2002, a Homeless Preventative Strategy was published with the key objective of ensuring that 'no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live with the necessary supports, if needed'[3]. Specific proposals included the establishment by the Probation and Welfare Service of a specialist unit to deal with

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[3] Department of Environment, Heritage and Local Government et al, 2002

offenders who were homeless; the provision of transitional housing units by the Prison Service as part of their overall strategy of preparing offenders for release; and ensuring that all psychiatric hospitals had a formal and written Discharge Policy.

In addition, the question of which statutory agency had responsibility for people who are homeless was apparently clarified, with the strategy stating that that both local authorities and health boards had key central roles in meeting the needs of homeless persons; local authorities having responsibility for the provision of accommodation for homeless adults as part of their overall housing responsibility and health boards being responsible for the health and care needs of homeless adults.

### 2.2.4 REVIEW OF IMPLEMENTATION OF HOMELESS STRATEGIES JANUARY 2006

In January 2005, The Department of Environment, Heritage and Local Government announced the undertaking of an independent review of the Homeless Strategies. The terms of reference for this review were:

■ **evaluate the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans;**

■ **make recommendations to promote further progress in addressing the issue of homelessness.**

This review, which was published in January 2006, reviewed the forty-three specific policy proposals identified in both the Integrated and Preventative Strategies and put forward twenty-one recommendations to aid the implementation of the strategies; all of which were accepted by Government. Both the substance of the report and the recommendations were specific to people who were homeless.

The report argued that while the provision of emergency accommodation in Ireland was then sufficient, the key challenge for the future was to refocus attention on the provision of long-term housing options and to '*develop appropriate short and long term care mechanisms that prevent institutionalisation in 'emergency' accommodation and limit the recycling of homelessness'.* The report argued that in moving the homeless strategies forward, all agencies working in this area, needed to refocus their energies to make '[themselves] largely obsolete, which should, after all, be [their] overarching goal'[4].

To assist in achieving this objective, the report recommended that the two existing strategies needed to be revised and amalgamated, a national homeless consultative committee established and all government policy proofed for any impact it might have on homelessness. This recommendation was accepted by Government, and in late 2006, a National Homeless Consultative Committee (NHCC) was established to provide input into the development of the revised Homeless Strategy and ongoing Government policy on addressing homelessness. In addition, a data sub-group of this body was formed to facilitate data collection and management. The four key areas detailed in the revised strategy were: prevention of homelessness; local homeless fora/local homeless action plans; development of long-term accommodation solutions for formerly homeless persons; and funding arrangements.

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Review of Implementation of Homeless Strategies Fitzpatrick Associates January 2006

While the statutory agencies committed to the preparation of a revised strategy with the target of eliminating long-term homelessness by 2010, voluntary agencies formed an alliance (MakeRoom.ie) to campaign for an end to homelessness by 2010. Their agenda was somewhat more ambitious than that proposed by the statutory sector, summarised as *'...by ending homelessness we mean nobody sleeping rough, nobody living in emergency accommodation for longer than is an emergency and nobody becoming homeless because of a lack of appropriate services'*. The MakeRoom campaign was successful in getting every political party to publicly commit to ending homelessness by 2010. Thus, by the end of 2006, an unprecedented consensus had emerged between the State, voluntary agencies and political parties that homelessness should and could be ended by 2010.

### 2.2.5   THE WAY HOME: STRATEGY 2008 – 2013

*The Way Home*, the new strategy to address adult homelessness in Ireland was launched in 2008 and is informed by the findings and recommendations of the Fitzpatrick report. The strategy sets out six strategic aims around three core objectives:

■   **Eliminating long term occupation of emergency homeless facilities;**

■   **Eliminating the need to sleep rough;** *and*

■   **Preventing the occurrence of homelessness as far as possible.**

The emphasis of the new strategy is to prevent people from becoming homeless or if they should become homeless that this would be short term. The ultimate intention is that persons who have accessed homeless services will be assisted out of homelessness and into long-term housing.

### 2.2.6   DELIVERING HOMES, SUSTAINING COMMUNITIES

The national housing strategy, *Delivering Homes, Sustaining Communities*[5] places emphasis on the inter-agency approach to combating homelessness. It also places emphasis on the use of a case management approach in meeting the needs of homeless households. The strategy places weight on the inclusion of special needs groups within services that are focused around homelessness.

### 2.2.7   HOUSING IN THE REGION

Housing provision is managed through the Action Plan for Social and Affordable Housing as agreed with the Department of the Environment, Heritage and Local Government.

The lower demand and activity in the housing market since 2008 has resulted in changes to housing policy at a national level. There has been a de-emphasising of the direct provision of social housing through the funding of new construction. Government policy is now developing in the direction of providing social housing through lease arrangements with existing property owners and developers carrying unsold housing stock.

In parallel with this policy development, increased regulation of standards for private rented properties came into operation during 2009 with the commencement on:

● *1st February 2009 of the Housing (Standards for Rented Houses) Regulations 2008, and*

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[5] Delivering Homes Sustaining Communities Department Of The Environment, Heritage And Local Government 2007

- *1st December 2009 of the Housing (Standards for Rented Houses) (Amendment) Regulations 2009.*

The regulations set minimum required standards for, *inter alia*, the Structural Condition of a property (article 5 of the regulations), Sanitary Facilities (Article 6) Heating Facilities (Article 7), Food Preparation & Storage and Laundry (Article 8), and Ventilation (article 9). Articles 6 to 8 initially applies only to new tenancies and will only come into operation for existing tenancies from 1st February 2013.

### 2.2.8 RENTAL ACCOMMODATION SCHEME

The Rental Accommodation Scheme (RAS) is an initiative administered by Local Authorities in support of their social housing programmes whereby good quality privately owned accommodation is leased on behalf of eligible tenants (people with permanent residency rights in the State who have a long term housing need and are in receipt of Rent Supplement for more than 18 months).

- *The local authority enters a contract with the landlord for a specific period at an agreed rent.*

- *The landlord must be tax compliant in order to join the scheme. A tax clearance certificate must be provided in every case.*

- *The property must be of a good standard as determined by the local authority.*

- *The landlord must register the tenancy with the PRTB.*

- *Vacant accommodation must have a BER certificate*

- *The local authority nominates the tenants*

- *The contract is a tripartite contract signed by the Local Authority, the landlord and the tenant. The predominant relationship remains that between the landlord and the tenant, and is governed by the Residential Tenancies Act 2004.*

- *The local authority pays the full rent each month on behalf of the tenant. The tenant pays a contribution each week towards the rent to the local authority. The rent is calculated by using the Local Authorities Differential Rent Scheme.*

- *The Rental Accommodation Scheme is now supplemented by*

  - *a government leasing scheme for unsold affordable houses (such houses are leased to voluntary housing associations for periods of up to 5 years, and offered for rent to households from the local authority waiting list on the same rental basis as local authority houses), and*

  - *a long term leasing initiative (of 10 to 20 year lease duration) whereby properties will be leased from the private sector (with rents guaranteed for the whole lease period, but subject to review depending on market conditions) and used to accommodate households from local authority waiting lists. Properties will be allocated in accordance with the local authority allocations schemes, and will be managed, insured and maintained by the local authority. This leasing initiative is restricted to property owners with a minimum of 5 properties on offer.*

### 2.2.9 GUIDELINES 2009

New guidelines issued by the Department of the Environment, Heritage and Local Government in mid-2009 promote the extension of the Rental Accommodation Scheme (RAS) and Support to live Independently (SLÍ). These two schemes are being made available to provide for the range of accommodation and support needs involved. The accommodation elements of both options draw on procurement mechanisms already in operation based on revenue funding, but are focussed specifically towards the household profile of homeless people and the objective of sourcing good quality, secure accommodation largely in the private sector on a long-term basis, matched to needs and in accordance with the principles of sustainable communities.

Support to live Independently (SLÍ) involves the procurement of general support services, designed to help address the challenges that homeless households are likely to face in making the transition to independent living, procured and organised in a way that can be deployed flexibly between locations in the local authority's area, across the range of support needs and the varying needs of individual households as they progress over time. SLÍ involves the use of accommodation procured through the Social Housing Leasing Scheme or available to local authorities in the form of affordable housing that is unsold or considered unlikely to sell in the current market.

The second scheme is the Homelessness RAS Initiative and involves the extension nationally of a variant of the Rental Accommodation Scheme (RAS), specifically to accommodate people moving from homeless facilities. This has been piloted successfully in a number of local authorities over the past few years, and the Department has identified the potential for using RAS to accommodate persons moving from homeless facilities without the requirement for them to be in receipt of rent supplement[6].

In the case of SLÍ, it is intended that low to medium supports will be provided to tenants on a reducing basis for a period, through a general support service to be procured for this purpose by means of competitive tendering. The RAS option will cater for households with minimum or no support requirements.

Although these guidelines have been primarily drawn up to address homelessness in the Dublin area, it is acknowledged that homelessness in the Midlands and the profile of services and the availability of relevant housing is sufficiently different to enable Local Authorities to take cognisance of the clauses contained in the guidelines and customise the schemes to local exigencies. The very fact that there is already considerable expertise in the Region in Resettlement suggests that implementation of SLI will be different. M & P also believes that since placing people in permanent accommodation, supported if required, is the key, measurable outcome of emergency accommodation, that it should be the essential element of the Care/Support Plan and be the guiding influence on all other elements in of it. Therefore, it is thought that the Resettlement should be carried out by the agency which implements the Care/Support Plan provided that support staffs have the relevant skills for this element of domiciliary or 'settling-in' support.

### 2.2.10 Settlement Services in Europe – Lessons for Ireland Brian Harvey 1998

Settlement strategies can be categorised into three models that are found in operation in Europe (Harvey 1998). These are the **normalisation model,** the **tiered model** and the **staircase of transition**. These were articulated in Germany, Austria and Sweden respectively, though they were also found in other countries.

The starting point of the normalisation model is that homeless people should be moved as soon as possible to independent accommodation.

The tiered model is based on the notion that homeless people require a period of transition to prepare them for autonomy. Accordingly, they are provided with residential accommodation best suited to their needs and capabilities.

The staircase of transition model is based on the principle that people access the service at different levels and progress as if climbing a ladder i.e. homeless people enter a ladder which begins with street services and leads to training flats and transitional flats. The level of support and supervision falls as one progresses up

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[6] RAS circulars N2/07 January 2007, and N18/08 December 2008, Department of the Environment, Heritage and Local Government

the ladder. After a period of time, the homeless person is ready to enter mainstream accommodation with a full legal tenancy. Harvey studied the operation of these three models.

### The Normalisation Model

In Germany, the normalisation model was demonstrated by an experimental project in seven locations in the 1990s. Evaluation found that homeless people successfully managed the transition to independent accommodation. Not only that, but the costs of services for settled homeless people was about half that of equivalent night shelter provision. Finland also followed a normalisation model, succeeding in halving the level of homelessness in ten years through a comprehensive national programme of settlement.

### The Tiered Model

The tiered model was studied in Vienna, Austria where the city authorities, in cooperation with voluntary organisations, settled almost two thousand people through the use of interim accommodation. Examples of the tiered approach were also found in Italy, Greece and Britain.

### The Staircase of Transition Model

The staircase of transition is principally in use in Sweden, though it came under strong criticism for being intrusive, controlling and ineffective in reducing homelessness.

### Perception and Assessment of Homeless People's Capacities for independent living

The models were a challenge to the way in which homelessness was viewed in society. The three models under examination in this study differed in their underlying assumptions of the preparedness of homeless people for independent accommodation. The normalisation model minimizes (but does not dismiss) the difficulties homeless people will experience in living independently; the tiered model acknowledges these difficulties and adjusts its tiers to those anticipated levels of difficulty; whilst the staircase model institutionalizes those difficulties.

A central problem highlighted by these studies is how the capacity of homeless people for independent living is assessed. The Danish example highlighted in an unintentional way, the fact that residents' interest in independent living was much higher than that of the social care workers who assessed them. Harvey compared this with a study of the accommodation needs of Dublin hostel residents which found that that only an eighth needed independent living. However, this was the assessment of hostel staff, not residents. The experience of Glasgow, confirmed by German national data, was that homeless people's assessments of their own capabilities for independent living were not only much higher but they were more accurate predictors of their subsequent behaviour. M & P has also published primary research results which indicate that hostel residents have a much higher assessment of their ability and desire to live independently than had been their experience of long-term occupancy of hostels.

Champions of the normalisation model argue that negative assessments of the capabilities of homeless people lead to their being allocated poor quality housing, thus establishing a self-fulfilling circle in which they fail housing. One's judgement of the capacity and desire of homeless people for housing tends to determine the model and strategy followed. A positive assessment leads one in the direction of

the normalisation model; a negative one toward tiered or transitional models.

This core issue of the assessment of the nature of homelessness is at the heart of the issue.

### 2.2.11 THOUGHCARE MODEL OF PRACTICE

M & P believes that the main elements of the preferred approach, Key Working and the Personal Action Plan, should extend into the tenancy of all resettled people, be monitored and act as a key indicator of the efficacy of the preparatory work. This is known as the Throughcare Model rather than the provision of separate tranches of support, traditionally described as standalone services such as 'incare', 'aftercare' and 'sustained care'.

Throughcare is variously described as a seamless and integrated assessment and planning process providing for integrated, multi-agency assessment and service planning that identifies the needs of an individual and develops appropriate internal and external pathways providing enduring service interventions.

Successful resettlement is based on a number of factors and for service users of emergency accommodation, the experience is that one of the key success components is the personal relationships that are established in the pathway and implementation of the personal action plan by the Key Worker and the Service Provider.

## 2.3 HSE SPECIFIC RESPONSIBILITIES REGARDING HOMELESSNESS

### 2.3.1 VALUES AND PRINCIPLES

The aim of the Department of Health and Children Health Service Executive Social Inclusion Services is to improve access to mainstream services, target services to marginalised groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Substantial research evidence demonstrates the links between socioeconomic status and health status and has resulted in a better understanding of the determinants of health that impact on access to health services. In Ireland evidence of health inequalities by socioeconomic status shows a sharp class gradient in mortality and morbidity[7].

The main policy and legislation that underpin HSE Social Inclusion Services and determine the delivery of timely, responsive and person-centred health services to Homeless people include the following;

- *Quality and Fairness (the National Health Strategy);*
- *Towards 2016 Partnership Agreement;*
- *National Anti-Poverty Strategy;*
- *Homelessness - An Integrated Strategy;*
- *National Drugs Strategy;*
- *National Travellers Strategy, Equality legislation; and*
- *National Action Plan against Racism (NPAR).*

The following come within the remit of the HSE Social Inclusion services:

- *Homeless Services;*

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[7] HSE Social Inclusion Fact File November 2009

- *Services for Minority Ethnic Communities;*
- *Traveller Health Services;*
- *Drug and Alcohol Services;*
- *Services for Lesbian, Gay, Bisexual, Transsexual/Transgender Communities;*
- *Community Welfare Services;*
- *Community Development;*
- *HSE RAPID and CLAR Programmes;*
- *HIV/STI Services.*

The HSE believes that the homeless service provision is best served by successful partnership with the HSE being a principal partner alongside the Local Authorities.

The HSE's Corporate Plan 2008 - 2011 espouses the values of respect, fairness and equity in the delivery of health services and this is particularly applicable to homeless people. It specifically commits to progressing the implementation of the National Homeless Plan 2008 and furthermore identifies the number of LHOs operating a formal leaving and aftercare support service for young people leaving care as a Key Performance Indicator (KPI). Other elements of the HSE approach, as developed by the Social Inclusion Services are:

- **Funding of staff in Hostels and other services as per agreed template in "The Way Home" -  there should be no deviation from this model without agreement nationally;**

- **HSE Multi-disciplinary Teams - Outreach Services/ Supports;**

- **Dedicated and enhanced  CWO's Service - Impact of transfer to DSP;**

- **The importance of Care and Case Management -  holistic needs assessment and the HSE's involvement is crucial;**

- **As the availability of client centred services is important the application of the HSE Strategy on Service User Involvement "Your Service Your Say" should be central to the action plans;**

- **The application of agreed quality and standards to all services is vital;**

- **Multi-disciplinary teams (where they exist) should be emphasized and it should be note that how such teams will interact with emerging/ existing Primary Care Teams and Social Care Networks and Integrated Services Programme (ISP) - New model of service delivery (ISA Areas) is a matter that is receiving attention within the HSE.;**

- **Recognition that central to solving the issue of long term homelessness is the provision of housing options that afford people long term tenancies and a stable living environment;**

- **Mental Health – Vision for Change Programme and linkages with Community Mental Health Teams, in some areas posts were funded for Mental Health/Homelessness and reference should be made to these, in areas where they exist;**

- **Linkages to Addiction Services and Regional Drugs Task Forces should be highlighted;**

- **Awareness that increasing numbers from minority ethnic groups are becoming homeless (see latest counted in figures in Dublin).Reasons could include Habitual Residence Condition, loss of employment and welfare allowances, addiction, domestic violence etc;**

- **Integrated discharged planning i.e. implementation of acute/ mental health and leaving care/aftercare protocols;**

- **Youth homelessness and the critical links to adult homelessness;** *and*

■  **Funding, SLA's Performance Indicators, Value for Money and Quality Standards/Performance Measurement/ Outcomes Focused are fundamental to service provision in Social Inclusion.**

## 2.4  EARLY INTERVENTION

The key components of successful strategies to address homelessness seem to have been well accepted in recent years; their introduction and application, though, have been less prominent in many jurisdictions.  In most cases, this has been due to insufficient knowledge of the fundamentals of the issue, in particular, the screening and identification of target groups within an otherwise heterogeneous group.  In many locations, there does not seem to be any uniform set of tools to screen and assess the needs of people who are homeless.  Use is made variously of the Common Assessment Form although it is not known to what extent it influences the eventual services for clients into the medium and long-term.  This gap in itself can create inconsistencies and lead to erroneous applied solutions; and if outcomes are to move away from those of containment to carefully managed re-integration into the community, common and professionally-based solutions need to be developed.

After all, the trend in homelessness in recent years is away from the traditional, *'old knights of the road'* single men, to men and women with a much younger age profile.  At least one-third of men who are homeless in Ireland are under thirty years of age while two-thirds are under forty years of age.  Over a half of all homeless women are under thirty years of age and about 85% under forty years of age.  This relatively young age profile places considerable responsibility on all elements of the homeless strategy to ensure that they are:

■  **Early;**

■  **Appropriate;**

■  **Long-term in design and effect;**

■  **Coordinated;**

■  **Reviewed regularly;** *and*

■  **Measurable.**

It means that preventative services should conform to a common set of screening and assessment criteria in order to identify people at risk of homelessness as early as possible and to effect interventions with speed and professionalism.  The research suggests that very positive outcomes will arise from this approach.

Shelter and emergency service responses must also be proactive to ensure that young lives are given the best chances of returning to an enhanced quality of life where positive life experiences are paramount.  Frontline services have to concentrate all their efforts on the core objective of ensuring that people presenting to their services are returned to independent living.  They must possess the range of skills and experience necessary to ensure that people presenting as homeless are engaged on the basis that they are persuaded to participate in the Care/Support Planning and Key Working functions.  It is postulated that at least seventy-five to eighty-five per cent of new admissions to emergency accommodation for homeless people can be placed in regular accommodation with or without supports after a period of assessment and in the context of a proactive, managed Care/Support Plan and a Key Worker.

A relatively small number of people who present as homeless will be suitable for a Transitional Programme of accommodation. M & P is calling this a Transitional *Programme* – not Transitional Accommodation. Once again, this implies that people who are referred to a Transitional Programme are participating in a programme which has clear aims and objectives for the person, central to which is the timely return to supported or (preferably) unsupported permanent accommodation. This process should come about as a result of professional screening and assessment techniques followed by a proactive, managed Care/Support Plan and co-ordinated by a Key Worker.

In the main, support in transitional programmes should be on a floating basis. This is because people who are homeless and who are on a programme to return to independent living should require minimum *supervision*. The exception to this is where the Transitional Programme is based on rehabilitation and the re-learning of independent living skills. However, with this in mind, homelessness services are all about housing, and policymakers and practitioners should always be questioning whether the implementation of the Personal Action Plan is focused on this aspect. Traditionally, many emergency, transitional and so-called 'long-term' homelessness solutions have eschewed the primacy of the housing priority of the intervention, resulting in much longer than necessary periods of time in temporary accommodation, increased dependency rather than independency, institutionalisation and poor outcomes in general.

However, a very small number of people moving on from emergency shelters and indeed from Transitional Programmes (unsuccessful placements), will be unable to live totally independently and will maximise their life experiences in some form of sheltered or supported housing. The design specification of this type of accommodation will also acknowledge the right of people to live independently but with both floating and on-site support available. All accommodation should be non-institutional. Within this sector, there is a broad spectrum of need and the level of professionalism resident in the screening and assessment techniques at the commencement of homelessness and in the person's progress through the stages will determine the appropriate accommodation provision subject to its availability.

## 2.5    DATA COLLECTION ON HOMELESSNESS IN THE MIDLANDS

Bearing in mind that there are significant limitations to the estimation of homelessness levels in general and universally, M & P employed the method of sourcing data on the number of people who had accessed services in the Midlands during the 2009 calendar year in this assignment.

M & P made the assumption that all people who were homeless in 2009, accessed at least one of the residential services. It has also been assumed that hidden homelessness is minimal (over a twelve-month period) on account of the various HSE, Local Authority and voluntary agency-based initiatives and intelligence-based services. Many years ago it was the case that by their very nature, people who were homeless were hidden within society and some had no fixed base, or unsuitable habitation making it difficult to access them. However, homelessness services have developed very well in the twenty-first century through improved working arrangements and relationships between the Local Authorities, HSE, voluntary sector service providers and the community at large. In light of the limitations of traditional measurements of homelessness, M & P uniquely utilises primary sources of data undertaken at the point of access over the 2009, twelve-month period.

Measuring the extent of homelessness is not a simple task. It involves addressing a series of major conceptual, methodological and operational issues. Given these difficulties, there has generally been a dearth of available statistics, both nationally and internationally, on the number or characteristics of homeless persons. Historically, official assessments of homelessness in Ireland have relied on administrative records held by local authorities. Such assessments generated debate based on concern at their potential to underestimate the extent of homelessness. However, M & P believes that comprehensive and detailed knowledge of the incidence, movement and needs of people who are homeless, are essential, baseline elements of any credible strategic planning exercise and programme specification.

Of course there are limitations to this micro-approach to data-gathering such as the risk of double-counting, but the advantages far outweigh the disadvantages in addressing homelessness. The approach is endorsed by a leading academic at the University of Pennsylvania, Dennis P. Culhane, who has written extensively on homelessness and contributed to the adoption of data-based homeless analyses and strategies throughout the United States (US). In a recent 2008 paper[8], Culhane stated, "*Data on the service utilization patterns of persons who experience homelessness has the potential to inform significantly the design of policies and programs that affect the incidence and duration of homelessness".* Although his analyses have a focus on cost and efficiencies in the sector, the tracking of service usage by people who are homeless leads to recommendations which are clearly understood by policy makers in health and local (housing) authorities in the United States.

He makes the distinction between advocacy statistics and research, acknowledging that the former have had little influence on public policy in providing permanent housing solutions for homelessness in the US over the past twenty years, while the latter actually substantiated many of the claims such as the cost of supported housing being less expensive than the cost of a shelter bed, a hospital bed or a prison cell. In the US, local planning organisations have seized on the methodology of this type of analysis for homelessness and as a result, facilitated the introduction of policies which have seen a shift of resources from traditional approaches and responses to new thinking and significant new resources for permanent housing solutions.

Culhane makes the point that people who are homeless, when interfacing with public agencies, are invisible. Some examples are:

■   **Heath care payment systems do not identify if particular clients are "homeless;"**

■   **Neither do the records of most of the hospitals or emergency rooms that treat them;**

■   **State child welfare agencies are not required to denote which families they serve are experiencing housing loss or severe housing instability;** *and*

■   **Police reports do not include a code for indicating that an alleged violator is living in a public shelter or in a public space.**

Of course, care workers in these settings are often well aware that they are the front-line responders to homelessness. In some cities, certain hospital emergency rooms and police patrols may spend substantial proportions of their work effort addressing issues associated with persons who are homeless. Yet, that knowledge

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[8] The Utility of Research on the Services Histories and Associated Costs of Persons Experiencing Homelessness: A Perspective from the United States Dennis P. Culhane University of Pennsylvania 2008

rarely, if ever, comes to the attention of agency administrators, Culhane maintains, because no one is systematically collecting data to indicate who among the people they serve is homeless and who is not.

Culhane goes on to state that research on the service utilisation histories of persons experiencing homelessness has proven to be one of the few tools that can redress this situation. Through the integration of data on persons served in homeless programs with data on the persons served by mainstream agencies, the people who are homeless in these mainstream agencies can be identified and enumerated, and their service histories analysed and costed. Based on such data, these agencies and administrators can learn the degree to which their clients are homeless, the role that their services (or lack thereof) may play in contributing to homelessness, and the subsequent impact of homelessness on their systems. Culhane suggests that once made visible, agency administrators can see how their service systems may play a more positive role in addressing the needs of people who are homeless, and in mitigating the incidence and duration of the problem. Public policymakers can also see the aggregate costs of homelessness among various sub-populations and to various service sectors, potentially providing needed support for strategic re-allocations of resources and even new investments in housing solutions.

An example of this approach and its outcomes was when Pamela Fischer (1989 research) discovered that there was a widespread belief that the de-institutionalisation of former patients of US state psychiatric hospitals' policies of the seventies and eighties was a major cause of homelessness[9]. Researchers enquired into the extent of prior hospitalisation among adults who were homeless and results indicated that about fifteen per cent of the population had experienced an inpatient psychiatric stay, but few of those were in state-operated facilities. The results suggested that people with psychiatric disabilities had merged with other people with very low incomes and were similarly disadvantaged in a tightening housing market and as such, were not exceptional, thus challenging the deinstitutionalisation argument. This is not to suggest that the situation in Ireland is comparable, but it is the need for coherent and appropriate analysis that can be helpful in informing policy rather than anecdotal presentations.

### *Conclusion*

In addition to the importance of good quality data capture and analysis, the points being underpinned here are not necessarily that there are cost savings to be made (despite the current, adverse economic climate in Ireland) but that the desired outcome of permanent housing is a preferred option all round - and that there are associated financial benefits. It is a preferred option because people who are homeless and avail of the option of independent living or supported housing, enjoy an enhanced quality of life in the community. In addition, they leave behind a period of crisis with reduced health needs, fewer acute health episodes and the ability/opportunity to contribute to economic and social life in many cases. For many of the public services there are benefits also in addressing need in this way. Returning people who are homeless, both chronically and otherwise, to permanent accommodation, reduces their dependency on regular and severe health and medical needs commensurate to those of the rest of the population thus reducing the often frequent number of presentations to health and social services.

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[9] Estimating the *prevalence* of alcohol, drug and mental health problems in the contemporary homeless population: a literature review, P. Fischer Contemporary Drug Problems, 1989 - HeinOnline

Much of the data gathered in the US research has been comparative (i.e. comparative to the incidence of various needs throughout the community), and this has facilitated a very comprehensive and actual consideration of the projected impact and outcomes of progressive homeless strategies which, in turn, has influenced policy makers to proactively address homelessness. This contrasts with anecdotal comment or the use of advocacy statistics to rationalise some homeless strategies including the current practice in Ireland and elsewhere. The key difference is that this type of research can facilitate the development of strategies with SMART objectives which all good strategies should have, and enable the agreement and achievement of performance targets. This makes the formal and informal management of the strategy very simple through proactive monitoring and formative evaluation techniques, thus providing comfortable roles for the service commissioners and service providers individually and collectively.

There is substantial international research on the efficacy of different types of interventions to address homelessness, but very little for Ireland. M & P would submit that one of the reasons for this gap is the reluctance of researchers and commentators to carry out informative, data-based analyses of homelessness. It must be acknowledged that the implementation of the 'LINK Database System' some years ago, was an attempt to address the data issue but it seems to be relatively limited in its usefulness due to a number of factors, not least of which is the relative unwillingness of key service providers to input data to the system, the extensive amount of information required for this system design and the lack of any data quality control measures to verify and cross-check information. Consequently, many reports and policies seem to be based on the very limited data on homelessness collated in association with the Assessment of Housing Needs Count carried out triennially. This may be due to the lack of available data or a reluctance to acknowledge the crucial nature of its collation.

However, the lack of such data has not deterred policy makers and commentators in Ireland from putting forward putative homelessness solutions resulting in fragmented and divergent approaches throughout the country, which are largely immeasurable in their outcomes. At the very least, the availability of high quality data on an ongoing basis provides the measurement of the efficiency and effectiveness of the outworking of strategies. In strategic terms, the current efforts to address homelessness reflect a series of fragmented and disconnected agencies and providers doing excellent work on their own behalf but perhaps remote from any effective central, measurable (SMART) aims, objectives and outcomes. Clearly, any new approaches may have the opportunity to:

■     **set out clearly what the homeless strategy is attempting to achieve;**

■     **establish clear, SMART, aims and objectives;**

■     **evaluate the relative roles that service commissioners and service providers play and put in place credible and effective strategic management structures;**

■     **determine the services, skill-sets and resources that need to be in place to deliver the key elements;**

■     **set out detailed operational themes, methods, approaches and means of service delivery;** *and*

■     **put in place the apparatus, management and operational structures to effectively monitor and evaluate the implementation of the strategy and the attainment of the key performance indicators on a daily, weekly, monthly, quarterly and annual basis.**

In order to assist this approach, M & P has applied fairly rigorous and detailed data analysis on the available information requested of service providers in the Midlands Region. Hopefully, the Review Commissioners and the Partners involved in the implementation of services in the Region will appreciate that the analyses in the Review will reveal the means by which service commissioners and service providers can achieve SMART objectives - and know that they have achieved them. The information will also facilitate the effective monitoring of the strategy outputs and outcomes and enable proactive management of the strategy and formative evaluation techniques.

Through the application of these techniques, the statutory agencies will be able to assess the ongoing effectiveness and efficiency of the combined efforts of all partners and make the necessary adjustments to address emerging and changing circumstances. M & P felt that using this method was going to be the most productive.

M & P believes that data capture should have precise aims and that it should support activity rather than simply record it. In the case of homelessness, data capture should support the case management function of frontline workers and the HAT process. In order for this to happen, the data capture needs to be:

■ **gathered immediately on service access;**

■ **include all people accessing all homelessness services;**

■ **be precise, succinct and restricted to limited, but useful information;**

■ **always be up-to-date and be as 'real-time' as input permits;** *and*

■ **quality-controlled.**

The variables suggested for inclusion on a shared database are:

■ *Gender;*
■ *DOB;*
■ *Marital/Relationship Status;*
■ *Dependants(accompanying or other);*
■ *Place of Origin (Town, County, Country);*
■ *Last Address (Town/County/Country);*
■ *PPS No;*
■ *Date of Admission;*
■ *Date of Departure;*
■ *Length of Time Homeless before Presenting;*
■ *Reason for Homelessness (on this occasion);*
■ *How Long Homeless to Date;*
■ *Identified Addictions Need;*
■ *Key Worker;*
■ *Care/Support Plan;*
■ *Outcome - Destination on Leaving Service (LA Housing, Private Rented, Other Homeless Service – specify - in local area);*
■ *Anticipated Level of Residential Support required*
■ *Current location of former Service User.*

If data is gathered and made available, Homeless Action Teams (HATs),

Policymakers, Service Providers, and the Regional Management Team will always have access to the progress of people in their statutory care and responsibility, the demand for health and housing services and local and regional current and future need. In turn, this will facilitate smooth case management by Key Workers and HATs alike and the availability of appropriate services and supports as they are required.

One of the key limitations of the LINK Database and others is the tendency to overload it with information and design the database to meet the needs of many. This causes three problems: firstly, some agencies object to certain personal client information being captured; secondly, some do not provide the information as a result; and thirdly, the information output ends up serving no one ideally. It is also recommended to keep any personal health information and other detailed personal information away from the database. These records are held by health professionals who are guided and bound by professional ethics surrounding confidentiality etc., and there is much concern in Social Inclusion circles about unqualified personnel noting or providing health diagnoses and conditions without the relevant knowledge. Thus keeping the database simple is the desirable approach.

The collection and capture of data relating to homelessness services in the Midlands will be noted in the section relating to each service in Section 3.

### *Assessment of Housing Need*

The assessment of housing need is carried out by local authorities every three years. The 2008 assessment has been carried out and is based on returns made by homeless agencies including LA's on two days in March. It will be some time before the complete analysis of the census is made available and M & P also wondered how usefully it would assist the planning process demanded from this assignment in any case, given that the dynamic nature of homelessness needs to be captured rather than static data at a point in time.

This assignment is more interested in the general strategy targeted at people **when** they become homeless. Therefore any such strategy needs to know more about the needs of homeless people, both health and support needs, and the requirements necessary to ensure their long-term resettlement success. This involves such issues as:

- **housing availability,**

- **the willingness and capacity of the HSE to provide health and social services,**

- **the underlying philosophy of, and approach to the resettlement of homeless people,**

- **the role of the voluntary sector, in particular, hostel and transitional accommodation providers,**

- **the effectiveness of various resettlement strategies elsewhere,**

- **the experience of provision to date in The Midlands Region,** *and*

- **the finance involved in any strategic choice.**

This is an indicative list of issues rather than a complete one.

With regard to the availability of data in the Midlands, LAs and HSE Dublin Mid-Leinster (Midlands) collect prime data and this may be used in the analysis. The Service Providers in the Region have provided data for admissions to Homeless

Services in 2009 and this has formed the basis for the data analysis. As mentioned above, one of the recommendations of the Review will be the establishment of formal procedures to capture the type of information presented in the ensuing analysis to facilitate the case management system, HATs, ongoing monitoring and strategy management.

The analysis will outline:

- *the number of homeless people;*
- *referral source;*
- *place of origin;*
- *the age distribution;*
- *length of time homeless;*
- *length of stay in hostel etc;*
- *frequency of admission in 2009;*
- *primary reason for homelessness;*
- *identifications of addictions;*
- *Key Worker/Care/Support Plan Incidence;*
- *housing outcome; and*
- *cost and human resources.*

The analysis is tailored to the scope and extent of the data supplied and cumulated where the factors permit. An analysis is also made of each service in the Region to provide specific information which will inform future strategy.

## 2.6 DEMOGRAPHICS – MIDLANDS

The Midland Joint Homeless Consultative Forum comprises four Local Authority areas and is ranked seventh out of the nine Joint Homelessness Regions in the State.

The Region's population is 251,664[10] or 6% of the State total.

| Joint Homelessness Region | Housing Authority | Population 2006 (CSO) | Regional Population 2006 CSO | Regional Population 2006 CSO % | Ranking By Population |
|---|---|---|---|---|---|
| Dublin etc | Dublin City | 506,211 | 1,187,176 | 28% | 1 |
| | Dun Laoghaire-Rathdown | 194,038 | | | |
| | Fingal | 239,992 | | | |
| | South Dublin | 246,935 | | | |
| | | | | | |
| South West Joint Homelessness Consultative Forum | Cork City Council | 119,418 | 621,130 | 15% | 2 |
| | Cork County Council | 361,877 | | | |
| | Kerry County Council | 139,835 | | | |
| | | | | | |
| Mid East Joint Homelessness Consultative Forum | Kildare County Council | 186,335 | 475,360 | 11% | 3 |
| | Meath County Council | 162,831 | | | |
| | Wicklow County Council | 126,194 | | | |
| | | | | | |
| South East Joint Homelessness Consultative Forum | Carlow County Council | 50,349 | 460,838 | 11% | 4 |
| | Kilkenny County Council | 87,558 | | | |
| | South Tipperary Co Council | 83,221 | | | |
| | Waterford City Council | 45,748 | | | |
| | Waterford County Council | 62,213 | | | |
| | Wexford County Council | 131,749 | | | |
| | | | | | |
| West Joint Homelessness Consultative Forum | Galway City Council | 72,414 | 414,277 | 10% | 5 |
| | Galway County Council | 159,256 | | | |
| | Mayo County Council | 123,839 | | | |
| | Roscommon County Council | 58,768 | | | |
| | | | | | |
| Mid West Joint Homelessness Consultative Forum | Clare County Council | 110,950 | 361,028 | 9% | 6 |
| | Limerick City Council | 52,539 | | | |
| | Limerick County Council | 131,516 | | | |
| | North Tipperary Co Council | 66,023 | | | |
| | | | | | |
| Midland Joint Homelessness Consultative Forum | Laois County Council | 67,059 | 251,664 | 6% | 7 |
| | Longford County Council | 34,391 | | | |
| | Offaly County Council | 70,868 | | | |
| | Westmeath County Council | 79,346 | | | |
| | | | | | |
| North West Joint Homelessness Consultative Forum | Donegal County Council | 147,264 | 237,108 | 6% | 8 |
| | Leitrim County Council | 28,950 | | | |
| | Sligo County Council | 60,894 | | | |
| | | | | | |
| North East Joint Homelessness Consultative Forum | Cavan County Council | 64,003 | 231,267 | 5% | 9 |
| | Louth County Council | 111,267 | | | |
| | Monaghan County Council | 55,997 | | | |
| | | | | | |
| **State** | | **4,239,848** | **4,239,848** | **100%** | |

**Table 1 Joint Homelessness Consultative Fora Structure 2011**

Westmeath includes almost one-third of the Region's population (32%) while Offaly, Laois and Longford comprise 28%, 27% and 14% respectively (Table 2). One of the characteristics of the incidence and prevalence of homelessness is its correlation with population density; higher rates are experienced in larger urban areas.

[10] CSO Census of Ireland 2006

| County /L Auth | Population 2006 | Population 2002 | % Change | % of Midlands |
|---|---|---|---|---|
| Westmeath | 79,346 | 71,858 | 10% | 32% |
| Offaly | 70,868 | 63,663 | 11% | 28% |
| Laois | 67,059 | 58,774 | 14% | 27% |
| Longford | 34,391 | 31,068 | 11% | 14% |
| Midlands | 251,664 | 225,363 | 12% | 100% |
| State | 4,239,848 | 3,917,103 | 8% | |

**Table 2 Midlands Population by Local Authority Area 2006 CSO Census**

The CSO analyses the population into aggregate town areas (ATAs) and aggregate rural areas (ARAs), where the population of an Aggregate Town Area is defined as those persons living in population clusters of 1,500 or more inhabitants with a legally defined boundary and classified on the basis of its total population including any suburbs or environs. The population residing in all areas outside clusters of 1,500 or more inhabitants is classified as belonging to the Aggregate Rural Area.

The four Local Authority areas of the Midlands are defined by the CSO Census 2006 within the Leinster data, and Table 3 indicates that the percentage of the population in Aggregate Town Areas is 75% with 27% in the Aggregate Rural Areas for the province; as one would expect given the location of Dublin and its urban environs, the capital city in Leinster.

| Area Type & Pop | Total Persons in Aggregate Town Areas | Total Persons in Aggregate Rural Areas | Percentage of Population in Aggregate Town Areas | Percentage of Population in Aggregate Rural Areas |
|---|---|---|---|---|
| Leinster | 1,724,936 | 570,187 | 75% | 25% |
| Munster | 608,126 | 565,214 | 52% | 48% |
| Connacht | 171,765 | 332,356 | 34% | 66% |
| Ulster (part of) | 69,486 | 197,778 | 26% | 74% |
| State | 2,574,313 | 1,665,535 | 61% | 39% |

**Table 3 Aggregate Town and Rural Areas by Province 2006 (CSO)**

Referring to Table 4 below demonstrates that Longford has the least number of its population in ATAs (26%) while Laois, Offaly and Westmeath are at the upper end of the range for Leinster at 41%, 43% and 47% respectively. In fact, out of all 39 areas analysed in the State, Westmeath is ranked 20th in terms of its ATA:ARA ratio, while Offaly is 22nd, Laois 23rd and Longford 36th. 59% of the Midlands population live in rural aggregate areas while 41% live in towns of 1,500 people or more.

Areas with rankings above these have significant homelessness incidence and prevalence rates. These are not only related to indigenously-generated issues relating to population density, health needs, family relationship, housing availability and housing quality issues, but also the migration of people experiencing homelessness or seeking opportunities and lifestyles away from their place of origin, resulting in homelessness.

It is noticeable in this Review and in others where the regions include significant portions of their populations in Aggregate Rural Areas, that it is more likely that local solutions are pursued and applied to address homelessness. In many areas, more housing is available and the statutory and voluntary services can support people to return to and sustain independent living. People who are homeless tend to be less invisible and less anonymous in areas with low ATA:ARA ratios and the Midlands is no exception. Strategies which are endorsed by Murtagh & Partners (M & P) to address homelessness acknowledge that there is a range of causes and outcomes associated with homelessness, but M & P asserts also that the priority of

such focused strategies is to provide for their accommodation needs, expressly and ultimately and in a focused way. Often the success of sustained accommodation relies on the close co-operation of a number of agencies and that is why there is a need to ensure that a key worker, case management approach is implemented. These elements are most effectively managed within the structures of local Homeless Action Teams (HATs) which comprise frontline workers whose responsibility it is to ensure that people who are homeless are returned to independent living on a sustained basis and supported in their new accommodation by the relevant agencies and workers.

| Area Type & Pop | Total Persons in Aggregate Town Areas | Total Persons in Aggregate Rural Areas | % of Population in Aggregate Town Areas | % of Population in Aggregate Rural Areas |
|---|---|---|---|---|
| **Geographic Area** | | | | |
| **Leinster** | **1,724,936** | **570,187** | **75%** | **25%** |
| Longford | 8,836 | 25,555 | 26% | 74% |
| Wexford | 45,612 | 86,137 | 35% | 65% |
| Kilkenny | 30,942 | 56,616 | 35% | 65% |
| Laoighis | 27,165 | 39,894 | 41% | 60% |
| Offaly | 30,114 | 40,754 | 43% | 58% |
| Westmeath | 37,604 | 41,742 | 47% | 53% |
| Carlow | 24,306 | 26,043 | 48% | 52% |
| Meath | 85,705 | 77,126 | 53% | 47% |
| Wicklow | 80,495 | 45,699 | 64% | 36% |
| Louth | 71,640 | 39,627 | 64% | 36% |
| Kildare | 122,016 | 64,319 | 66% | 35% |
| Fingal | 221,835 | 18,157 | 92% | 8% |
| South Dublin | 240,607 | 6,328 | 97% | 3% |
| Dublin | 1,160,501 | 26,675 | 98% | 2% |
| Dún Laoghaire-Rathdown | 191,848 | 2,190 | 99% | 1% |
| Dublin City | 506,211 | - | 100% | 0% |
| **Munster** | **608,126** | **565,214** | **52%** | **48%** |
| Waterford County | 20,327 | 41,886 | 33% | 67% |
| Limerick County | 43,074 | 88,442 | 33% | 67% |
| Kerry | 49,233 | 90,602 | 35% | 65% |
| North Tipperary | 24,616 | 41,407 | 37% | 63% |
| Clare | 43,391 | 67,559 | 39% | 61% |
| South Tipperary | 33,512 | 49,709 | 40% | 60% |
| Cork County | 176,268 | 185,609 | 49% | 51% |
| Limerick | 95,613 | 88,442 | 52% | 48% |
| Waterford | 66,075 | 41,886 | 61% | 39% |
| Cork | 295,686 | 185,609 | 61% | 39% |
| Cork City | 119,418 | - | 100% | 0% |
| Limerick City | 52,539 | - | 100% | 0% |
| Waterford City | 45,748 | - | 100% | 0% |
| **Connacht** | **171,765** | **332,356** | **34%** | **66%** |
| Leitrim | 2,595 | 26,355 | 9% | 91% |
| Galway County | 27,342 | 131,914 | 17% | 83% |
| Roscommon | 14,334 | 44,434 | 24% | 76% |
| Mayo | 35,678 | 88,161 | 29% | 71% |
| Sligo | 19,402 | 41,492 | 32% | 68% |
| Galway | 99,756 | 131,914 | 43% | 57% |
| Galway City | 72,414 | - | 100% | 0% |
| **Ulster (part of)** | **69,486** | **197,778** | **26%** | **74%** |
| Donegal | 36,585 | 110,679 | 25% | 75% |
| Cavan | 16,913 | 47,090 | 26% | 74% |
| Monaghan | 15,988 | 40,009 | 29% | 71% |
| **State** | **2,574,313** | **1,665,535** | **61%** | **39%** |

**Table 4 Persons in the Aggregate Town and Aggregate Rural Areas of each Province, County and City and percentage of population in the Aggregate Town Area, 2006**

What the Review will seek to demonstrate evidentially is that there has been a unique development of services in the Midlands which has had the focus on returning people to independent living and that the statutory agencies, Local

Authorities and HSE (Midland Area), have worked well with the community and voluntary sector providers to generate a range of effective services. At the same time, this does not preclude the need to continue to develop the services to meet existing and emerging needs. Another feature of areas with a relatively high proportion of the population living in Aggregate Rural Areas is the incidence of homelessness arising from the remoteness and solitude experienced by single people or couples living in outlying areas and who are reticent to request assistance for ageing, health, habitable accommodation or other possible contributory causes of accommodation difficulties.

Sections Three and Four examine homelessness and service provision in the Midlands.

## 3. HOMELESSNESS IN THE MIDLANDS

There are a number of key components to any successful homelessness strategy. These are based on the rationale provided in the strategic context in Section Two above and conform broadly to the application of the normalisation model as examined. M & P maintains that the key elements of a successful homeless strategy are:

- Access to Emergency Services;

- Assessment;

- Care/Support Plan;

- Key Worker;

- Accommodation; *and*

- Housing Support.

### Access to Emergency Services

The two main purposes of emergency provision are to, first of all, provide shelter to people in need, and secondly to provide a gateway to the range of comprehensive interventions and solutions that exist in the locality.

### Assessment

This model provides for timely and positive interventions and actions to return people to permanent, independent living, following positive, informed assessment. The assessment may be carried out by hostel personnel but it is recommended here that it is also ratified by a multi-disciplinary group, the members of which can ensure the timely and effective access to services and the co-ordination of all other elements including health and housing options. Competence in this field of assessment is crucial and should only be carried out by personnel who are specifically trained. Corroboration of assessment outcomes should always be sought from relevant professionally qualified personnel before a Care/Support Plan is put in place.

### Care/Support Plan

Success depends on the preparation of a professional, interactive care/support plan, the implementation and co-ordination of which is the responsibility of a Key Worker for the person. The key objective of the care/support plan is their maintenance, support and return to independent living. The model also provides for the placement and maintenance of people in permanent accommodation with independent living and medical supports where necessary, for as long as necessary. It also recognises that a small number of people who are homeless will require participation in specialist, transitional programmes before moving on to permanent accommodation but this is regarded as the exception rather than the rule.

M & P has stated elsewhere in the strategic context that transitional programmes should be very focussed and customised to the needs of the specific group. They should have a realistic beginning and end with specific, achievable targets in order to primarily prepare the person effectively for independent living including the safe delivery of specific medico-social elements. The role of the HSE specialist and mainstream services are crucial in this phase.

*Key Worker*

The role of the Key Worker is a crucial element in the outworking of the Care/Support Plan. It is designed to provide continuous, personal support for the person for as long as possible and will range in its intensity and need. In the initial stages, it is anticipated that support will be intense and may be described as high support. This ensures that the person who is homeless has an initial period where (s)he is 'stabilised' and the Key Worker will be expected to develop and implement the Care/Support Plan by accompanying the person to medical appointments, other support services, training and vocational services, house searching etc. The skills of the Key Worker may be measured not just by their expertise in implementing the care/support plan effectively, but by their proficiency in engaging the client in the support/services model. Clients may oppose or reject support and may therefore have an erroneous view of the purpose and objectives of homeless services in 2010.

Once again, the main outcome from the Key Working function is the successful return to independent living. This function also requires a professional approach and key competences on the part of the Key Worker.

*Accommodation*

The vast majority of people who present as homeless will be suitable for mainstream housing within a relatively short period of time; if proper assessment is carried out, and Care/Support Plan put into operation, this should be between four and twenty-six weeks. This key element ultimately depends on the availability of housing options which, in turn, depends on the stock of housing within the private sector and that provided by and through the various capital investment schemes of the Local Authorities. Where such focused approaches have been implemented in other parts of Ireland, the length of stay in emergency accommodation has decreased while the number of 'planned moves' to independent living has increased.

*Housing Support*

Once housing is attained by a person who is homeless, the Key Worker or other appointed agency provides the floating support to ensure the success of their tenancy. This is crucial, and once again, may be 'front-loaded' in its intensity. This is the stage that all of the foregoing services have been focussed on and is probably the most important in the Care/Support Plan. To that extent, it is applicable, in the first instance, to all people who access homeless services.

*Review Analysis*

The Review examines the performance of these elements in the outworking of the overall strategy in the Midlands which facilitates an objective appraisal of these working fundamentals.

## 3.1 MEASURING HOMELESSNESS IN THE MIDLANDS REGION

Measuring homelessness is always difficult and for many reasons, it is no different for the Midlands Region. Different agencies capture data for different purposes and some do not capture them at all. People who access homeless services in the Region have to notify the respective Local Authority on the basis that they require housing but there has been no imperative to retain these data or capture them in the detail necessary for further analysis and monitoring. Similarly, the HSE

Community Welfare Officer (CWO) Service in the Region provides a comprehensive level of support, but extends to two of the four Local Authority areas only, Longford and Westmeath. There are two HSE Liaison/Nurses for Homelessness also.

In the Region, there is no central Homeless Person's Unit or Centre within the structures as in some other parts of Ireland, particularly in large, urban areas where there is one local authority and HSE office responsible for a large number of people in a relatively small area. The population densities of these urban areas facilitate the close working together of Homeless Officers of the local authority and the Community Welfare Officers of the HSE, which, in turn, can streamline services and produce enhanced, co-ordinated outcomes for people accessing the services.

It is a recommendation of this Review that some form of centralisation of support services is arranged for homeless services in the Midlands. Although it is acknowledged that there is a reasonable amount of contact and co-operation between services, the recommendation is that this should extend to ensuring that there are similar approaches and working practices within homeless services and that data capture, analysis and circulation form a crucial part of this. Such data will be valuable to all aspects of homelessness services but will be of specific benefit to the effective working of the case management support element of the model as articulated above. It would also ensure through the sharing of the information, that the collective expertise of all agencies, statutory and voluntary, providing services and support at the frontline is brought to bear on each case in a formal and focused way to provide the best possible outcomes for clients. The expectation of any outcome of the acceptance of this recommendation is that the centralised vehicle would deal with frontline services and be client-focused rather than be related to policy matters and actions only.

### 3.1.1  DATA SOURCES

The main source of the data for the review of services in the Midlands has been from the Service Providers. Flexible templates were supplied to capture data for the three main sectors, Emergency, Refuge Services, Transitional/Long-Term and Resettlement. M & P appreciates that most of the information required was not immediately available and that most agencies had not hitherto collated the data in the format requested. A lot of effort was expended in locating and presenting the data and M & P is grateful to the voluntary agencies for carrying out the exercises in the manner requested. Some agencies do not collect the data in the format required for analysis and decision although it is hoped that on foot of this Review, that they will review their practice to ensure that the data is captured and collected in a way that can facilitate client focus, case management and the operation of the Homeless Actions Teams.

Local Authorities and HSE Midland Area also collect certain data for people who present as homeless to their offices, and indeed many referrals to emergency and resettlement services emanate from these sources. However, as the clients progress through services, the referral agencies' procedures are not configured to 'follow' them and therefore do not capture and record the interim and eventual outcomes. That does not mean that there is any dereliction of duty by the Local Authorities or HSE Midland; simply that the connective processes do not formally exist.

### 3.1.2   DATA ANALYSIS OBJECTIVES

Analysis of this data in this review places the eventual outcome for clients as the focus.  This is one of the key functions of an outcomes-based review as opposed to a process-based review.

The purpose of the data analysis has also been to try to present a comprehensive profile of homelessness in the Region and test the extent to which the current homeless strategy and services are delivering the implied outcomes of the normalisation model as outlined above.

To do this, it is necessary to construct a profile of homelessness in the area and examine how the various components address them.

The working assumption is that the Local Authorities and HSE Midland Area commission a range of discrete services to tackle the incidence of homelessness. Voluntary sector providers supply temporary accommodation and supports, while the Local Authorities and the private rented sector provide permanent housing. Professional support to clients in temporary accommodation and resettlement support following placement in independent housing is supplied by service providers, while the HSE provides health and social care support.  In broad terms, HSE Midland Area provides funding for care and support staff located in Service Providers while Local Authorities provide funding for the operating costs of the facilities and most of the Tenancy Support/Resettlement Services.

A summary of the services provided in each Local Authority Area in the Midlands Region is presented in Table 5 below.

| | People | | | Employees | | | | | | | | | Funding 2009 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Capacity | Residents 2009/10 | Admissions 2009/10 | Full Time | Volunteers | CE Scheme | Key/Care Workers | O'reach/T'ncy | Mgr & Admin | Others | Total Paid Staff | All Staff | Local Authority | HSE | Other HSE Funding | Other Statutory | Donations, Fundraising Rent, Other Fundingetc | Total Income | Total HSE & Local Authority |
| | 27 | 176 | 194 | 1 | 9 | 5 | 8 | 4 | 3 | 3 | 17 | 22 | €299,420 | €471,753 | €50,000 | €90,648 | €251,564 | €1,163,385 | €821,173 |
| Longford | 30 | 139 | 139 | 6 | 2 | 1 | 7 | - | 3 | - | 10 | 11 | €265,000 | €124,250 | €0 | €0 | €113,205 | €502,455 | €389,250 |
| Offaly | 28 | 49 | 49 | 1 | - | - | 2 | - | 1 | 1 | 4 | 4 | €56,490 | €78,395 | €0 | €0 | €110,141 | €245,026 | €134,885 |
| Laois | 2 | 89 | 89 | 2 | - | 2 | 1 | - | 1 | - | 2 | 4 | €46,500 | €50,637 | €0 | €28,000 | €83,870 | €209,007 | €97,137 |
| Midlands | 87 | 453 | 471 | 10 | 11 | 8 | 18 | 4 | 8 | 3 | 32 | 40 | €667,410 | €725,035 | €50,000 | €118,648 | €558,780 | €2,119,873 | €1,442,445 |

**Table 5 Summary Cost and Activity by Local Authority Area 2009**

In 2009, total statutory funding for homelessness was €1.56m while a further €559k was derived from residents' rent, donations and fundraising.  The two key funding agencies, HSE Midland Area and the four Local Authorities provided €1.44m of all costs for homelessness, 54% (HSE) and 46% (Local Authorities).  Each of the sectors will be discussed later and the funding mix and activity will be set out.

Table 6 below sets out a profile of the key services for homelessness by sector and by Local Authority area.

In summary terms, the data is stating that approximately 410 people presented for services in 2009.  A small number presented on more than one occasion, according to the available data, accounting for the 428 in the right-hand total column in Table 6 (Admissions).

The Emergency and Refuge sectors provided services to the majority of service users, 49% and 31% respectively while Resettlement and Tenancy Support

provided services to 17%. A small number of people availed of more than one service and this refers mainly to the progression from Emergency accommodation to the Resettlement Service.

Referrals to the Resettlement/Tenancy Support Service in all Local Authority Areas include residents who reside in their own homes but whose tenancy is at risk or they are having some difficulties, and while the quantum varies from area to area, this segment of service users is estimated to be approximately 40% of the total resettlement figure.

All referrals to the RSS/TSS service emanate from the Local Authorities.

| Location | Service | Target Group | People | | |
|---|---|---|---|---|---|
| | | | Capacity | Residents 2009/10 | Admissions 2009/10 |
| *Emergency Accommodation* | | | | | |
| **Westmeath** | Midlands Simon | Men & Women | 6 | 35 | 42 |
| **Westmeath** | TEAM | Women | 11 | 59 | 60 |
| **Longford** | SVP St. Martha's | Men | 11 | 86 | 86 |
| **Longford** | SVP Bethany Ho | Women | 19 | 43 | 43 |
| **Laois** | | | | | |
| **Offaly** *(Commencing 2011)* | *Simon/THA* | *Men & Women* | 4 | | |
| **Total Emergency** | | | **51** | **223** | **231** |
| *Women's Refuge* | | | | | |
| **Westmeath** | Esker (Fam Units) | Women & Children | 3 | 57 | 67 |
| **Longford** | | | | | |
| **Laois** | LSSDA (FamUnits) | Women & Children | 2 | 80 | 80 |
| **Offaly** | | | | | |
| **Total Women's Refuge** | | | **5** | **137** | **147** |
| *Transitional /Long-Term Accommodation* | | | | | |
| **Westmeath** *(Commencing 2011)* | *M Simon (Apart't)* | *Single Men* | 7 | | |
| **Longford** | | | | | |
| **Laois** | | | | | |
| **Offaly** | THA | Men & Women | 24 | 15 | 15 |
| **Total Transitional** | | | **31** | **15** | **15** |
| *Resettlement/TSS* | | | | | |
| **Westmeath** | Midlands Simon | Men & Women | | 25 | 25 |
| **Longford** | Midlands Simon | Men & Women | | 10 | 10 |
| **Laois** | Midlands Simon | Men & Women | | 9 | 9 |
| **Offaly** | Midlands Simon | Men & Women | | 34 | 34 |
| **Total Resettlement/TSS** | | | **50** | **78** | **78** |
| | | | | | |
| **Total Midlands** | | | **137** | **453** | **471** |

**Table 6 Summary Homelessness Residential Services Midland Region 2009/10**

The following sections analyse each sector in detail.

## 4.    EMERGENCY ACCOMMODATION SERVICES

Emergency accommodation services in the Midlands Region are provided for 47 persons at any one time at four locations in two Local Authority Areas, Westmeath and Longford. (Table 7 refers.)

There is current capacity for in 30 women, 11 men and 6 mixed units for men and women.  Capacity will be augmented by 4 in 2011 through the location of services for men and women at Lann Elo, Tullamore Housing Association's development in Tullamore, bringing the Midlands Region capacity for emergency accommodation to 51.

Currently there are emergency accommodation services in the Local Authority areas of Westmeath (Athlone and Mullingar) and Longford (Longford Town).

Services are provided by three agencies/organisations namely:

- *SVP at Bethany House and St. Martha's;*
- *TEAM (Temporary Emergency. Accommodation Mullingar);*
- *Midlands Simon at Athlone and Tullamore (2011)*

Table 7 is a summary of the data submitted by Service Providers for the purpose of this Review.

| Location | Service | Target Group | Residents | | | Employees | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Capacity | Residents 2009/10 | Admissions 2009/10 | Full Time | Volunteers | CE Scheme | Key/Care Workers | O'reach/T'ncy | Mgr & Admin | Others | Total Paid Staff | All Staff |
| **Emergency Accommodation** | | | | | | | | | | | | | | |
| **Westmeath** | Midlands Simon | Men & Women | 6 | 35 | 42 | | 4.0 | 2.0 | 2.0 | 1.0 | 1.0 | | 4.0 | 6.0 |
| **Westmeath** | TEAM | Women | 11 | 59 | 60 | | 5.0 | 3.0 | 2.5 | | 1.0 | 2.5 | 6.0 | 9.0 |
| **Longford** | SVP St. Martha's | Men | 11 | 86 | 86 | 5.0 | | | 3.0 | | 2.0 | | 5.0 | 5.0 |
| **Longford** | SVP | Women | 19 | 43 | 43 | | 2.0 | 1.0 | 3.0 | | 1.0 | | 4.0 | 5.0 |
| **Laois** | | | | | | | | | | | | | | |
| **Offaly** | Simon/THA | Men & Women | 4 | Commencing 2011 | | | | | | | | | | |
| **Total Emergency** | | | 51 | 223 | 231 | 5.0 | 11.0 | 6.0 | 10.5 | 1.0 | 5.0 | 2.5 | 19.0 | 25.0 |

**Table 7 Summary of Emergency Accommodation Midlands**

The employment complement in the sector is approximately 25 including 6 Community Employment (CE) staff.  There are a further 11 volunteers supporting the overall service.

In 2009, 231 persons presented or were referred to emergency accommodation in the Region.  The paragraphs present more detailed data on admissions and residents.

### 4.1    MIDLANDS SIMON EMERGENCY ACCOMMODATION SERVICES

Midlands Simon launched its Emergency Accommodation Service (EAS) in Athlone in December 2008.  The organisation's service provision in the Region, prior to the EAS introduction in 2008/09, had been the Regional Settlement Service (RSS) in the four Local Authority Areas of the Region which was established in 2005/06.  In itself, this was a rather unique development since in most other Regions in the State, homelessness service provision concentrated on buildings which provided

emergency or transitional residential accommodation services with precious little attention given to the crucially-important resettlement element involving the return to independent living and the supports that accompany the move.

The Midlands Simon EAS is located on an arterial route in Athlone easily accessible from the town centre, and comprises a two-storey, detached house with garden and access facilities.   The service employs four full-time staff including the Manager, two Project Workers and one Shift Worker.  There are an additional two CE Workers and four Volunteers supporting the service.

In 2009, the submitted data recorded 35 residents who had accessed the EAS while the number of admissions was approximately 42 with some people being admitted on more than one occasion.  The facility was operating at an average occupancy level of 85%.

### 4.1.1   GENDER MIX

Of the 35 residents admitted in 2009, 71% were men and 29% women.

**Gender Mix Midlands Simon EAS**  (n = 35)
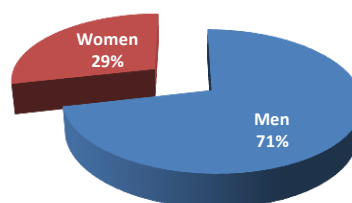


**Chart 1 Gender Mix Midlands Simon EAS 2009**

### 4.1.2   AGE DISTRIBUTION

The vast majority of residents at Midlands Simon EAS in 2009 (82%) were between 20 and 50 years of age (Table 8).  Significantly, 43% were under thirty years of age and all the age indicators here demonstrate the importance of the importance of vocational and life skills work with residents.  The focus on these elements of rehabilitation reinforces the essentials for many returning to independent living, in order to sustain new tenancies.  The provision of a care/support plan which includes training, education and other support skills to improve employment opportunities which may prevent people from returning to homelessness will derive substantial personal and social returns the younger the recipients are.  This age profile (Midlands Simon EAS) would support the implementation of such care/support plans and the appropriate components.

| Age Distribution | # | % |
|---|---|---|
| < 20 Years | 3 | 9% |
| 20 - 29 Yrs | 12 | 34% |
| 30 - 39 Yrs | 11 | 31% |
| 40 - 49 Yrs | 6 | 17% |
| 50 - 59 Yrs | 2 | 6% |
| 60 - 70 Yrs | 1 | 3% |
| **Total** | **35** | **100%** |

**Table 8 Age Distribution Midlands Simon EAS 2009**

### 4.1.3   STATED REASON FOR BECOMING HOMELESS

The data questionnaire for the Review requested the reasons people who accessed services mentioned or stated when presenting for emergency accommodation and the results are noted in Table 9.

| Reason for Presenting | # | % |
|---|---|---|
| Addictions/Mental Ill-Health | 12 | 34% |
| Family/Relationship B'Down | 5 | 14% |
| DV | 4 | 11% |
| Eviction | 4 | 11% |
| Mental Ill-Health | 2 | 6% |
| Money Management | 2 | 6% |
| Hospital Discharge | 2 | 6% |
| Prison Release/Addictions | 1 | 3% |
| Leaving Fostercare | 1 | 3% |
| Rough Sleeping | 1 | 3% |
| Unemployment | 1 | 3% |
| Total | 35 | 100% |

Table 9 Reason for Presenting Midlands Simon EAS 2009

Just over 40% stated addictions or mental ill-health as reasons while fewer stated eviction, domestic violence and other reasons.  The annual number of residents at 35 is relatively low statistically but the array of needs demonstrates the range of support skillsets required to prepare residents to return to independent living.

On the main issue of addictions, the data returns also suggest that some 65% of residents displayed addictions' symptoms, most of whom (87%) received support services for addictions.  Whether addictions have been causal factors of residents' homelessness or whether the state of homelessness has generated or exacerbated their addictions, is an interesting question, but since the focus of the care/support plan is to return them to independent living, the provision of appropriate services within the plan is the important factor.

### 4.1.4   FREQUENCY OF ADMISSION

Five residents (14%) presented on more than one occasion at Midlands Simon EAS. This is a very commendable outcome where 86% of the residents in 2009 availed of the EAS once without returning within that calendar year.  In some other regions, those presenting more than once at emergency accommodation, was measured at 45% (Galway) and 35% (Cork) of all residents which provided indications of the considerable management challenges to service delivery in those urban areas.

| Frequency of Admission | # | % |
|---|---|---|
| Once | 30 | 86% |
| Twice | 4 | 11% |
| Three Times | 0 | 0% |
| Four Times | 1 | 3% |
| Total | 35 | 100% |

Table 10 Frequency of Admission Midlands Simon EAS 2009

The outturn for Midlands Simon EAS is similar to that achieved by services in Louth and demonstrates that the quality of the work while the residents attend the service is positive.
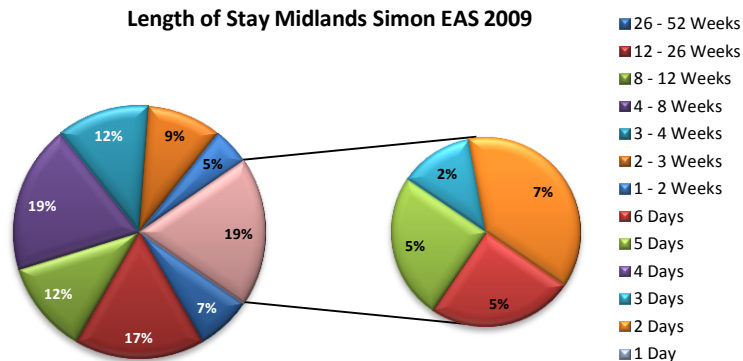
### 4.1.5   LENGTH OF STAY

Chart 2 below indicates that 19% of admissions lasted less than a week and that 45% stayed for four weeks or less.

| Length of Stay | % | # |
|---|---|---|
| 26 - 52 Weeks | 7% | 3 |
| 12 - 26 Weeks | 17% | 7 |
| 8 - 12 Weeks | 12% | 5 |
| 4 - 8 Weeks | 19% | 8 |
| 3 - 4 Weeks | 12% | 5 |
| 2 - 3 Weeks | 10% | 4 |
| 1 - 2 Weeks | 5% | 2 |
| 6 Days | 5% | 2 |
| 5 Days | 5% | 2 |
| 4 Days | 0% | 0 |
| 3 Days | 2% | 1 |
| 2 Days | 7% | 3 |
| 1 Day | 0% | 0 |
| Total | 100% | 42 |



art 2 Length of Stay Midlands Simon EAS 2009

Length of stay can be an indicator of the type of homelessness and the effectiveness of the service. There is always a segment of people who become homeless who will access services briefly, and in the case of Midlands Simon EAS, accounted for 19% for less than one week and 25% for less than two weeks. Short stays can indicate that the resident has returned home or has moved on to alternative accommodation fairly quickly.

Of the eight residents who moved on within a week, five were men and three were men. When the Housing Outcome element of the data for these eight people are referred to, only two realized positive housing outcomes with one returning to the family home and another accessing private rented accommodation. One was evicted, three had 'other' outcomes and the destination of two was 'unknown'.

M & P looked at the outcomes for residents who stayed for three weeks or less (14) and the outcomes were even less impressive with only 21% achieving positive outcomes.

However, for those residents who stayed for three to eight weeks (16), the outcomes were very encouraging with 81% realizing positive accommodation outcomes. For LOS periods between eight and forty-two weeks, the positive outcomes fell slightly to 67%.

| LOS | % Positive Outcome |
|---|---|
| Less Than 1 Week | 25% |
| Less Than 3 Weeks | 21% |
| 3 - 8 Weeks | 81% |
| 8 - 42 Weeks | 67% |

Table 11 LOS and Success Correlation Midlands Simon EAS 2009

Clearly the data is small scale, but the data analysis provides some evidence that short stays are significantly less likely to provide positive housing outcomes than slightly longer periods, while longer periods do not necessarily deliver improved outcomes. In the case of Midlands Simon EAS, the optimum period seems to be between 3 and 8 weeks. Intuitively, one could assert that it is unlikely that much can be achieved within the context of key working and the preparation and implementation of care/support plans within short periods of stay and certainly for lengths of stay of less than two weeks.

The data analysis is also indicative of the scale of the task facing service planners and providers. The sizeable numbers of people who have relatively short lengths

of stay (less than three weeks in this case) and do not derive positive outcomes, include the very people that the current service configuration is targeted at. These people will inevitably re-present to some other homelessness service in the Midlands or elsewhere, and one must consider that effective early intervention could minimize this likelihood. Of course whether the resident stays or not depends on the appropriateness of the service to his/her needs and other factors such as their adherence to 'house' arrangements. However, from an effective planning point of view, the more effective that provider services are in addressing the needs of residents who have a reticence to engage, the more likely it is that homelessness will decline. By the same token, the need for staff to have good and improved mediation and motivational skills is also a key ingredient to achieve engagement and positive outcomes.

### 4.1.6  PLACE OF ORIGIN

80% of people presenting to Midlands Simon EAS in 2009 were from the Midlands Region. The service is located in Athlone and the majority of those from the Region were from Westmeath (71%). Only 5 (Dublin, UK and E. Europe) of the 35 residents in 2009 originated from outside the Region and its adjacent Local Authority Areas. Place of origin is useful information since homelessness services will often make an effort in the first instance to return people to their local community for services.

| Place of Origin | % | # |
|---|---|---|
| Westmeath | 57% | 20 |
| Offaly | 14% | 5 |
| Laois | 9% | 3 |
| Dublin | 6% | 2 |
| UK | 6% | 2 |
| Galway | 3% | 1 |
| Meath | 3% | 1 |
| E Europe | 3% | 1 |
| Total | 100% | 35 |

**Table 12 Place of Origin Midlands Simon EAS 2009**

In most cases, this strategy can have a greater degree of success in achieving a return to independent living for the person on the grounds that their family, friends and local community services are more likely (in most cases) to work together towards that end. This involves the services to which the person presents, contacting the homelessness services in their place of origin and arranging their return perhaps under a 'planned move' protocol. It can be carried out by the Local Authority, if that is the primary place of presentation, or by the service provider through the Project Worker. This should always be an option throughout the implementation of any care/support plan for people whose natural supports are located elsewhere.

In a minority of cases, where the person's circumstances or baggage may not persuade their family, friends and community to support their return to independent living in their locality, homelessness services implement their local provision.

This is another element of the recommended approach which requires good mediation and motivational skills by workers at the frontline.

### 4.1.7  REFERRAL SOURCE

The referral source of service users can be an indication of the extent of the input and awareness of local agencies of the incidence of homelessness, the agencies

and the available services. Chart 2 indicates that self-referral was a significant 31% of admissions, while the next largest referral agency was the Midlands Simon RSS. Local Authorities referred 17% while the Community Addiction Services and Probation Service referred 7%. Community-based agencies such Open Door and Citizens' Information Centre also referred approximately 12% and the Liaison

**Referral Source Midlands Simon (n = 42)**
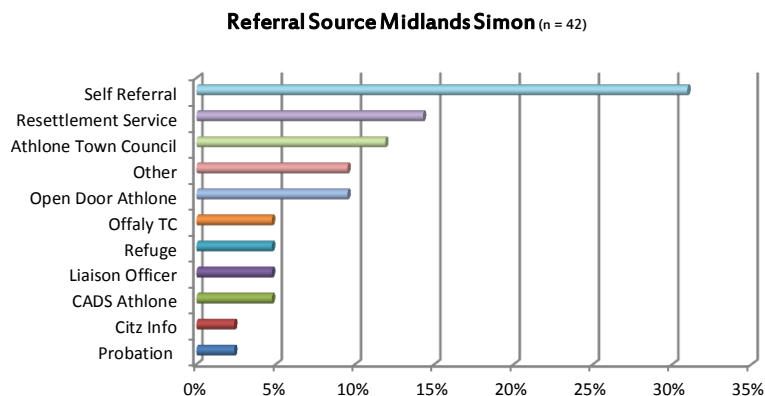


Officer 5%.

**Chart 3 Referral Source Midlands Simon EAS 2009**

This is a reasonable array or referral source although the self-referral rate of 31% may indicate that that the Midlands Simon EAS is a place of first resort rather than the last. The lower the self-referral rate, the more effective are the preventative efforts. Referrals should, in the main, be made by Local Authorities.

### 4.1.8   KEY WORKING/CARE SUPPORT PLANNING

All but two persons had key workers and care/support plans.

### 4.1.9   HOUSING OUTCOMES

As stated previously, the over-riding expectation of emergency service provision, as it is currently configured, is that service users return to independent living having participated in the implementation of a multi-faceted, professional care/support plan. This was not necessarily the historical expectation of services prior to the input of Care and Project Workers following the introduction of HSE funding for residential homelessness services by Service Providers. Prior to this, the strategy was to provide hostel or temporary accommodation and creating 'ghetto-type' communities for people who were homeless with little effort or resource applied to resettling people in mainstream housing. The ultimate outcome for most service users has been characterised by long stays in hostels or frequent mobility between one hostel in Ireland and another. Whether the lack of appropriate housing or a fundamental gap in the strategy was a cause for these outcomes is axiomatic at this stage but suffice to say that the model advanced by M & P and promoted by Government, relies heavily on the extent to which resettlement in mainstream housing is a fundamental component of all homelessness strategies.

One of the key outcomes from the key working and care/support planning system is its capacity to facilitate specific case management, and this, in itself, will quickly reveal the inputs and supports required to successfully return the person to independent living. Where it is apparent that some people may not have the capacity to return to mainstream housing and where some type of sheltered or supported housing is required, bearing in mind the statement that all people

should have '… access to their own front-door …' [11], effective case management will identify this need. In this way, housing providers, including Local Authorities, will have ongoing advice of the number and type of housing need in their locality to address homelessness. This information is generally co-ordinated by the Homeless Action Teams which have been mentioned above[12] and which will be further elucidated upon later in the Review.

In this context, it is useful to have some indication of the onward destination of people who access emergency accommodation over a twelve-month period and this is based on the data returns from service providers.

| Housing Outcome | # | % |
|---|---|---|
| Private Rented | 16 | 46% |
| Family Home | 5 | 14% |
| Evicted | 4 | 11% |
| Other & Unknown | 8 | 23% |
| Prison | 1 | 3% |
| Esker House | 1 | 3% |
| Total | 35 | 100% |

**Table 13 Housing Outcome Midlands Simon EAS 2009**

The Midlands Simon EAS housing outcomes in Table 13 demonstrate a positive range of outcomes measuring 60%; comprising 46% to private rented accommodation and 14% to the family home. While little could have impacted on the prison outcome for one person, another person was referred on to Esker House Women's Refuge. A relatively high number of residents were evicted (11%) or their eventual destination unknown (23%) and this could be noted as a sizeable proportion of those accessing the services in 2009. However, most residents in the '*other & unknown*' category were of very short duration for less than one week while three of the four evicted had lengths of stay of up to five weeks. Clearly these residents will appear at some other facility and the comments above on mediation and motivation become relevant.

Generally speaking, the housing outcomes have been positive at Midlands Simon EAS and this may be contributed to by the presence of the Midlands Simon RSS which provides support for people on leaving the EAS.

## 4.2 TEMPORARY EMERGENCY ACCOMMODATION MULLINGAR

Temporary Emergency Accommodation, Mullingar (TEAM), manages an emergency accommodation facility at Green Road, Mullingar in County Westmeath. The facility, Teach Fáilte, was officially opened in November 2008 and is a detached house on the north side of Mullingar on an arterial route. It is very accessible to the town centre with key health and other services adjacent.

Teach Fáilte comprises eleven units and is configured to accommodate women and children. It operates at an average occupancy rate in excess of seventy per cent and catered for 59 women and 89 children in 2009.

There are six people employed by TEAM at Teach Fáilte, including a Manager, 2.5 Project Workers, 2 Shift Attendants and a part-time ancillary worker. This is supplemented by 3 Community Employment Workers and 5 volunteers.

The data submitted for 2009 is analysed below.

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[11] Para 2.2.1
[12] Paras 2.5 and 2.6

### 4.2.1 AGE DISTRIBUTION

The majority of service users of Teach Fáilte (61%) are under the age of forty while a further 19% were between forty and fifty years of age.

62% (37) of the 59 women in 2009 had dependent children residing with them in Teach Fáilte.

| Age Range | # | % |
|---|---|---|
| < 20 Years | 3 | 5% |
| 20 - 29 Years | 22 | 37% |
| 30 - 39 Years | 11 | 19% |
| 40 - 49 Years | 10 | 17% |
| 50 - 59 Years | 5 | 8% |
| 60 - 69 Years | 1 | 2% |
| 70+ Years | 0 | 0% |
| N/K | 7 | 12% |
| Total | 59 | 100% |

**Table 14 Age Range TEAM 2009**

### 4.2.2 STATED REASON FOR PRESENTING HOMELESS

The largest group of women (36%) who presented stated that they were homeless on account of domestic violence as a primary reason. 71% of this group of women had dependent children with them at Teach Fáilte.

19% stated that were experiencing relationship breakdown while 12% were simply homeless.

| Reasons for Presenting | # | % |
|---|---|---|
| DV | 21 | 36% |
| Not Known | 12 | 20% |
| Relationship Breakdown | 11 | 19% |
| Homeless | 7 | 12% |
| Housing Problems | 4 | 7% |
| Eviction | 3 | 5% |
| Mental Health | 1 | 2% |
| Total | 59 | 100% |

**Table 15 Stated Reason for Presenting TEAM 2009**

### 4.2.3 LENGTH OF STAY

While the average length of stay is approximately 30 days per resident, there is a wide variation between individuals' needs. Chart 4 below indicates that 37% of residents stayed for six days or less and that 22% stayed for just one day.

While 39% had lengths of stay between one and 7 weeks, 22% stayed for eight weeks or more and 10% twelve weeks or more.

It is acknowledged that many of the women who have been residents and who live locally and returned to their families or have found alternative accommodation locally, continue to receive services from TEAM both at home in some cases and on a drop-in basis to Teach Fáilte.

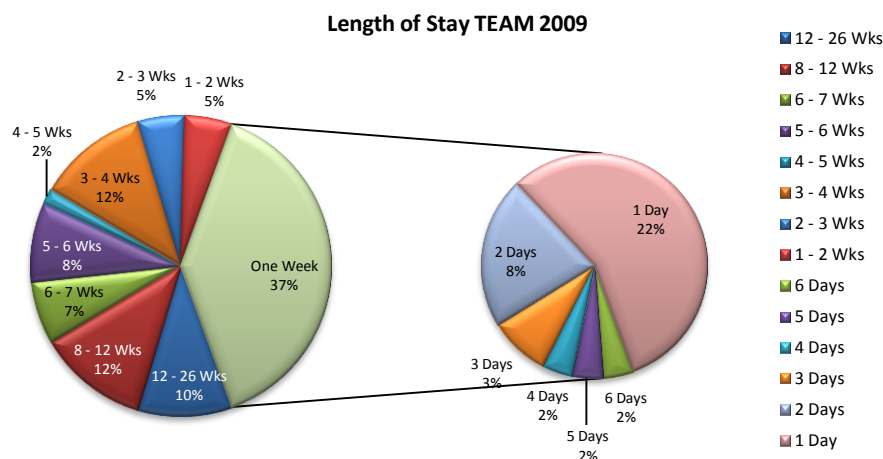| LOS | # | % |
|---|---|---|
| 1 Day | 13 | 22% |
| 2 Days | 5 | 8% |
| 3 Days | 2 | 3% |
| 4 Days | 1 | 2% |
| 5 Days | 1 | 2% |
| 6 Days | 1 | 2% |
| 1 - 2 Weeks | 3 | 5% |
| 2 - 3 Weeks | 3 | 5% |
| 3 - 4 Weeks | 7 | 12% |
| 4 - 5 Weeks | 1 | 2% |
| 5 - 6 Weeks | 5 | 8% |
| 6 - 7 Weeks | 4 | 7% |
| 8 - 12 Weeks | 7 | 12% |
| 12 - 26 Weeks | 6 | 10% |
| Total | 59 | 100% |



Chart 4 Length of Stay TEAM 2009

It is also the case that many women and children will want to find permanent and stable accommodation as quickly as possible following the crisis they are experiencing and that this contributes to short stays. Traveller women and children may avail of accommodation facilities such as TEAM's, on a respite basis which tends to be for short periods. In turn the frequency of this type of use can determine the type and impact of services required and provides an opportunity to specify customised services which can address the minimisation of respite use, despite its usefulness for health and safety of women and children.

### 4.2.4 PLACE OF ORIGIN

Surprisingly, only 64% of service users at Teach Fáilte have a place of origin in Ireland. Over a quarter of residents in 2009 (26%) were nationals from Africa or Eastern Europe raising the issue of Habitual Residency Status and the attendant duplicity within the system of finance, employment and access to services.

| Place of Origin | # | % |
|---|---|---|
| Ireland | 38 | 64% |
| E. Europe | 8 | 14% |
| Africa | 7 | 12% |
| UK | 6 | 10% |
| Total | 59 | 100% |

Table 16 Place of Origin TEAM 2009

### 4.2.5 REFERRAL SOURCE

TEAM originated as a local parish interest group for people experiencing homelessness in and around Mullingar, and attracts broad support across the wider community. It is no surprise, therefore, that referrals in 2009 have emanated from many diverse sources including the Gardaí, TEAM itself, the Local Authority, HSE disciplines and the list of agencies in Table 17 below.

A small number, 12%, present to Teach Fáilte on a self-referral basis.

| Referral Source | # | % |
|---|---|---|
| Gardaí | 11 | 19% |
| TEAM | 10 | 17% |
| Self | 7 | 12% |
| Other Hostel/Refuge | 7 | 12% |
| LA | 5 | 8% |
| Mental Health Services | 4 | 7% |
| Hospital | 3 | 5% |
| Social Worker | 2 | 3% |
| Prison/Court | 2 | 3% |
| Open Door | 2 | 3% |
| Others | 6 | 10% |
| Total | 59 | 100% |

**Table 16 Referral Source TEAM 2009**

### 4.2.6 HOUSING OUTCOMES

Table 17 details that positive outcomes accrued to 82% of residents in 2009. This is a very encouraging series of outcomes and demonstrates the overall impact of the service.

| Housing Outcome | # | % |
|---|---|---|
| Private Rented | 31 | 53% |
| Back to Family Home | 11 | 19% |
| Other Institution | 5 | 8% |
| Social Housing | 4 | 7% |
| Discharged | 3 | 5% |
| N/K | 3 | 5% |
| Return to Country of Origin | 2 | 3% |
| Total | 59 | 100% |

**Table 17 Housing Outcome TEAM 2009**

## 4.3 SVP ST. MARTHA'S HOSTEL LONGFORD

St. Martha's Hostel is situated on the outskirts of Longford Town, on the Dublin Road approximately fifteen minutes' walk from the town centre. It is named after the local SVP Conference, St. Martha's. The Men's Hostel was officially opened in 1996, extended in 2009 and now provides bed spaces for 12 persons. It is a detached house and adjacent to the Conference's hostel for women and children, Bethany House. Both provide emergency accommodation.

There are five people employed at the Hostel including Manager, Assistant Manager, two Project Workers and an Administration person.

According to the data for 2009, St. Martha's operated at 64% occupancy in that year.

### 4.3.1 DATA ANALYSIS

The management at St. Martha's does not capture residents' data in sufficient detail for comprehensive analysis for the Review. An annual data return is made to SVP nationally and it is this source which M & P has had to refer to for the brief analysis below.

The total number of individual residents at St. Martha's in 2009 is noted as 86.

### Age Distribution

65% of the residents are reported as being aged between 25 and fifty with 16% under 25 years and 19% over fifty years of age.

| Age Distribution | # | % |
|---|---|---|
| **18 - 25 Yrs** | 14 | 16% |
| **25 - 49 Yrs** | 56 | 65% |
| **50+** | 16 | 19% |
| **Total** | 86 | 100% |

**Table 18 Age Distribution St. Martha's Longford 2009**

### Main Support Need

According to the data presented, the main support need of residents was alcohol (29%). Single with support needs was the second largest category at 27% while drugs issues were third for 19%.

| Main Support Need | # | % |
|---|---|---|
| **Alcohol** | 25 | 29% |
| **Single with Support Needs** | 23 | 27% |
| **Drugs** | 16 | 19% |
| **Mental Health** | 8 | 9% |
| **Evicted** | 5 | 6% |
| **Foreign National** | 5 | 6% |
| **Rough Sleeper** | 4 | 5% |
| **Total** | 86 | 100% |

**Table 19 Main Support Need St. Martha's Longford 2009**

### Referral Source

44% of residents self-referred to St. Martha's which is a very high rate. A HPC referred 22% and Local Authority referred 12%.

| Referral Source | # | % |
|---|---|---|
| **Self-Referral** | 38 | 44% |
| **Homeless Person Centre** | 19 | 22% |
| **Other/Council** | 10 | 12% |
| **Hospital/HSE** | 9 | 10% |
| **Gardaí/Priest** | 8 | 9% |
| **Probation/Prison** | 2 | 2% |
| **Total** | 86 | 100% |

**Table 20 Referral Source St. Martha's Longford 2009**

### Location Before Admission

The submitted data indicates that 66% of residents at St. Martha's in 2009 had simply left one hostel to then take up residence there. The smaller number had been previous occupants of their own home, prison, hospital and B & B.

| Slept Immediately Before Admission | # | % |
|---|---|---|
| **Other Hostel/Shelter** | 57 | 66% |
| **Parental Home** | 7 | 8% |
| **Own House** | 6 | 7% |
| **Rough Sleeper** | 4 | 5% |
| **Other** | 4 | 5% |
| **B & B** | 3 | 3% |
| **Hospital** | 3 | 3% |
| **Prison** | 2 | 2% |
| **Total** | 86 | 100% |

**Table 21 Location Before Admission St. Martha's Longford 2009**

### Housing Outcome

Table 22 indicates that 25% may have had positive housing outcomes on leaving St. Martha's in 2009. Significantly, some 72% of residents moved on to another hostel

according to the data.

| Housing Outcome | # | % |
|---|---|---|
| Other Hostel | 54 | 72% |
| Private Rented | 10 | 13% |
| Local Authority | 5 | 7% |
| Family Home | 4 | 5% |
| Hospital | 2 | 3% |
| Total | 75 | 100% |

**Table 22 Housing Outcome St. Martha's Longford 2009**

### 4.3.2    OUTCOMES

Despite the unavailability of the relevant data, it has to be noted that all of the available data strongly suggest that St. Martha's Hostel has some work to do in applying the normalisation model.  The vast majority of residents arrive from a hostel and leave to go to another hostel elsewhere.  There is a 'circuit' which stretches from the Midlands, going north to Cavan and Monaghan and then east to Louth which a number of transient people travel perpetually.  The current author identified the circuit in the North-East when carrying out the Review there but was unaware that the Midlands was an essential venue also.

People have lifestyle choices to make but it would appear on the face of it that the services funded at St. Martha's are inappropriate to the needs of most of its residents.  Although the data states that 34 of the 86 residents (40%) in 2009 were 'key worked', there seems to be a very low housing outcome for 75% of the residents.  The expectation from the funding is that all residents are 'key-worked' and that funded residential services to address homelessness in 2011 are not viewed and misused as lodging houses.  Information from Longford County Council suggests that only eight Housing Needs Assessments were carried out in 2010 for residents at both St. Martha's Hostel and Bethany Hostel.  People who present and who do not wish to participate in support programmes which aim to return people to independent living should be discouraged from using the service.

The data submitted for 2010 report that there were 83 residents and the crucial housing outcome data is similar to that for 2009.

## 4.4    BETHANY HOUSE LONGFORD

Bethany House is an SVP women and children's hostel located directly beside St. Martha's Men's Hostel on the outskirts of Longford.  The premises were officially opened in 2003 and have 19 beds available.

There are four full-time people employed at Bethany House, the Manager, two full-time and two part-time Project Workers, supplemented by one Community Employment person and two volunteers.

Data was received for Bethany House although it was in a format which did not facilitate detailed analysis.

In 2009, there were approximately 43 adults and 48 children accommodated at Bethany House, most from the Midlands Region.  Approximately half of the women had dependent children residing with them in Bethany House.

Just over half of the admissions (51%) were on account of domestic abuse, while 28% stated being homeless as their reason for presenting (Table 22 refers.)

| Reason for Presenting | # | % |
|---|---|---|
| Domestic Abuse | 22 | 51% |
| Homeless | 12 | 28% |
| Mental Health | 1 | 2% |
| Eviction | 1 | 2% |
| Other | 7 | 16% |
| Total | 43 | 100% |

**Table 23 Reasons for Presenting Bethany House 2009**

The Housing Outcome for residents was positive with 42% returning to their family home and 51% moving to private rented. Sheltered Housing and Local Authority housing was made available to two people.

| Housing Outcome | # | % |
|---|---|---|
| Private Rented | 22 | 51% |
| Returned Home | 18 | 42% |
| Sheltered Housing | 2 | 5% |
| LA House | 1 | 2% |
| Total | 43 | 100% |

**Table 24 Housing Outcomes Bethany House 2009**

## 4.5   SUMMARY EMERGENCY ACCOMMODATION

Emergency accommodation services in the Midlands are provided in the counties of Westmeath and Longford and there are no services in Laois and Offaly. Tullamore Housing Association and Midlands Simon are to establish a four-bed emergency facility at Lann Elo, Tullamore in 2011.

■   **Residential accommodation services were provided to approximately 223 people in 2009 half of whom were women.**

■   **Twenty people are employed in the sector supplemented by six Community Employment placements and eleven volunteers.**

■   **Statutory funding to the sector in 2009 was €894k, with a further €201k in contributions arising from residents' rent, donations and fundraising.**

■   **HSE Midland Area provided 47% of the joint Local Authority/HSE funding for homelessness while the four Local Authorities in the Region provided 53% in 2009.**

All four services provide resettlement support where required. Key Workers assist residents to relocate and adapt to their new premises and provide initial support where required.

In terms of capacity, there may some pressure at times on admissions, but generally, all service provision works with some excess capacity with occupancy ranging from 65% to 85%.

On a geographical analysis, it is surprising that there are so few homelessness services, in general, in Laois. There is a very small refuge presence, a resettlement service and that is all, despite the population of Laois (67,059)[13] being quite similar to Westmeath (79,346) and Offaly (70,868) and twice as large as that of Longford (34,391). Although there is no evidence that people in need will utilise the homelessness services elsewhere in the Midlands, it is more likely that they migrate to Dublin, Carlow and Kilkenny. This is speculation, but if they do migrate away from the Laois locality, and there are so few services on the ground in Laois, there is little by way of networking that can assist in re-locating people back to their own community in Laois. It is recommended that Laois County Council and HSE Midland Area review the lack of services in Laois and consider what type of

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[13] CSO Census of Population 2006

homelessness support services could be developed to assist in ensuring that as soon as someone requires support, that they receive it in a formal way. The Midlands Simon RSS is in Laois but without emergency accommodation, its impact may be somewhat limited.

The services in Longford, St. Martha's and Bethany House have considered the collection and collation of data which will facilitate case management and key working in the future. It is understood that some residents are concerned that providing basic data such as name, DOB, PPS Number and last address details, are an option, but there is no reason why these should not be mandatory to enable services. It is not good practice nor permissible on health and safety grounds that residents do not provide this information on arrival; nor is it practical to withhold PPS Number etc., when accessing health and other services through the auspices of homelessness services.

This is also relevant to the way that people access services. In general, access to emergency, residential accommodation services should be on referral from a Local Authority. Services in the Region have a high self-referral rate. Rates of self-referral were 31% for Midlands Simon EAS, 30% for TEAM and 44% for St. Martha's. Of course, some people may access the services out of hours but in other areas, they are required to register with the Local Authority within 24 hours or the next working day. It is recommended that Local Authorities implement a central registering system for all people who are homeless in their area and that service providers ensure that this happens. At the very least, people who are homeless are required to register for housing in order that certain allowances and benefits are approved, and that they can be allocated a house should one become available. If this occurs, there is more likely to be a more formal and total approach to data gathering and general information on homelessness in each area, which will, in turn, assist in service provision and provide up-to-date information on need.

While a good proportion of residents availing of emergency residential accommodation at Midlands Simon EAS (60%), TEAM (82%) and Bethany House (93%) experience positive housing outcomes as identified in the paragraphs above, few at St. Martha's (15%) do not. In all cases, it is not known whether the housing solutions recorded in the data have been sustained for any appreciable length of time and indeed this information was not sought by M & P. Service Providers are in the best position to assess whether the housing outcome is positive or not and indeed this is most relevant for those recorded as returning to the family home. There are two issues here.

The first is that many women seem to return to the family home which they have fled, with their children in most cases, and presumably back into a potentially abusive environment, assuming that the partner has remained. The second is where women and children from Traveller families, who access respite or safe emergency accommodation for very short stays, return to potentially abusive environments. The issues are similar and it is not known what specific or other supports are provided by agencies to ensure that women and children are safe on their return and beyond.

The introduction of Homeless Action Teams (HATs) has been mentioned at the beginning of the document and it is being recommended here for the Midlands Region. Initially one is recommended for each Local; Authority area although this could change over time as networks are formed and working relationships established. They meet weekly generally and are collectively conversant with all

cases of homelessness in their area including those who are have just entered the services, those who are in receipt of any homelessness service and those who have progressed through the services to resettlement or interim arrangements.

Ideally HATs would include key personnel from the residential service provider, representatives from HSE and Local Authorities who work within Homeless Services, and the Local Drugs Task Force. HSE members would depend on the general focus in the Midlands Region but it could include Community Welfare Officers and Community Mental Health personnel. The operation of the Teams will depend on the availability of such appropriate personnel, particularly in the initial stages of implementation.

The Teams would meet on a regular basis to review care/support plans for each client and determine priorities for successful outcomes on a multi-disciplinary basis. Members of the Team would also co-operate and co-ordinate activities for the clients in the course of their normal duties.

The introduction of HATs may generate different roles for many frontline workers but the main purpose of the initiative is to bring the entire essential and support skills, of all services and agencies to bear on returning people to independent living as quickly and effectively as possible.

It is acknowledged that there is no specific template for the composition for the Teams but that the Terms of Reference will be part of the set-up process.

The composition of the Teams depends on local resources applied to homeless services which vary from area to area. No additional resources are envisaged but the objective is to bring about efficiencies in resources and achieving outcomes by more formalised and adroit working practices.

## 5. WOMEN'S REFUGES

There are two women and children refuge facilities in the Midlands Region. Esker House in Athlone, County Westmeath, has three family units and Laois Support Services Against Domestic Abuse (LSSDA) based in Portlaoise, County Laois operates two separate apartments. Table 25 summarises the services.

| Location | Service | Target Group | People | | | Employees | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Capacity | Residents 2009/10 | Admissions 2009/10 | Full Time | Volunteers | CE Scheme | Key/Care Workers | O'reach/T'ncy | Mgr & Admin | Others | Total Paid Staff | All Staff |
| **Women's Refuge** | | | | | | | | | | | | | | |
| Westmeath | Esker (Fam Units) | Women & Children | 3 | 57 | 67 | | | | 2.0 | 2.5 | 1.0 | | 5.5 | 5.5 |
| Longford | | | | | | | | | | | | | | |
| Laois | LSSDA (Fam Units) | Women & Children | 2 | 80 | 80 | 1.0 | | 2.0 | | | 1.0 | | 1.0 | 3.0 |
| Offaly | | | | | | | | | | | | | | |
| **Total Women's Refuge** | | | **5** | **137** | **147** | **1.0** | **-** | **2.0** | **2.0** | **2.5** | **2.0** | **-** | **6.5** | **8.5** |

**Table 25 Summary of Women's Refuge Services Midlands Region**

### 5.1 ESKER HOUSE

Esker House is a modern bungalow located in a residential, suburban part of Athlone Town. Seven people are employed at Esker (5.5 FTE) comprising a manager, two team leaders and four support workers (1 X 40 hrs, 2 X 30 hrs and 1 X 20 hrs).

In 2009, Esker House had admissions of 67 families/individuals. Some were admitted on more than one occasion resulting in 57 separate families/individuals being admitted. Relevant data is analysed below.

All were admitted in response to domestic violence.

#### 5.1.1 AGE DISTRIBUTION

77% of residents of Esker House in 2009 were between 20 and 39 years of age.

| Age | # | % |
|---|---|---|
| **< 20 Years** | 1 | 2% |
| **20 - 29 Years** | 24 | 42% |
| **30 - 39 Years** | 20 | 35% |
| **40 - 49 Years** | 7 | 12% |
| **50 - 59 Years** | 4 | 7% |
| **60 - 69 Years** | 0 | 0% |
| **70+ Years** | 1 | 2% |
| **Total** | **57** | **100%** |

**Table 26 Age Analysis Esker House 2009**

### 5.1.2. LENGTH OF STAY

Over half of the admissions (54%) were of six days' duration or less while 22% were for one day only.  42% of admissions were three days or less as evidenced in Chart 5.

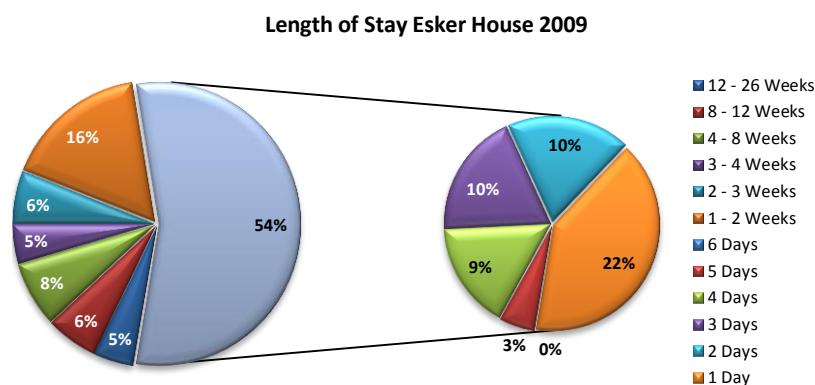| LOS | # | % |
|---|---|---|
| **1 Day** | 15 | 22% |
| **2 Days** | 7 | 10% |
| **3 Days** | 7 | 10% |
| **4 Days** | 6 | 9% |
| **5 Days** | 2 | 3% |
| **6 Days** | 0 | 0% |
| **1 - 2 Weeks** | 11 | 16% |
| **2 - 3 Weeks** | 4 | 6% |
| **3 - 4 Weeks** | 3 | 4% |
| **4 - 8 Weeks** | 5 | 7% |
| **8 - 12 Weeks** | 4 | 6% |
| **12 - 26 Weeks** | 3 | 4% |
| **Total** | **67** | **100%** |



**Chart 5 Length of Stay Esker House 2009**

43% of admissions stayed between one week and 26 weeks with 83% of the total staying no longer than 4 weeks.  Many women's refuges have a swift move-on period mainly on account of the need to stabilise families following crisis and to ensure that women and children find safety and permanence in their lives as quickly as possible.  This reduces the time that children are out of their normal school or ensures that they resume school on a permanent basis as soon as possible.

### 5.1.3  FREQUENCY OF ADMISSION

Data analysis shows that eight families were admitted twice in 2009 and one family three times.

| Frequency of Admission | # | % |
|---|---|---|
| **Once** | 48 | 84% |
| **2 Times** | 8 | 14% |
| **3 Times** | 1 | 2% |
| **Total** | **57** | **100%** |

**Table 27 Frequency of Admission Esker House 2009**

### 5.1.4  PLACE OF ORIGIN

Approximately 47% of the residents in 2009 were from the Midlands Region while 19% originated outside Ireland (Africa 3%, E. Europe 9% and UK 7%).
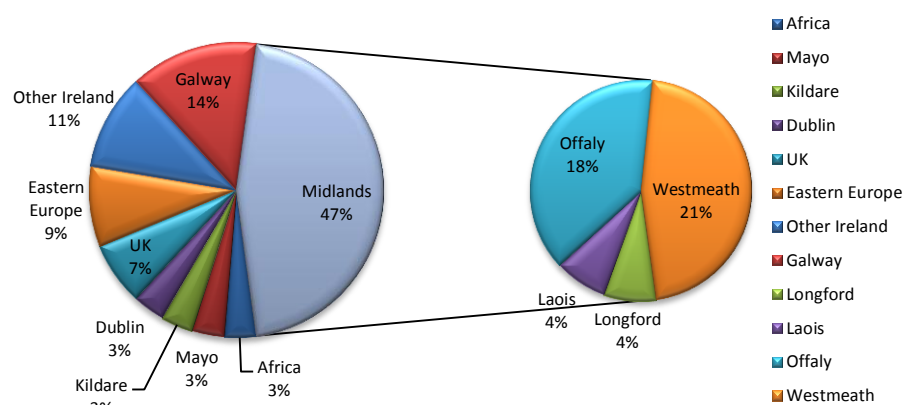
**Place of Origin Esker House 2009**



Chart 6 Place of Origin Esker House 2009

### 5.1.5  REFERRAL SOURCE

Esker House has good relationships within the community and particularly with Athlone Community Services which implements a comprehensive range of childcare services.  The majority of admissions arise from self-referrals while the Gardaí and hospital also make some referrals.

| Referral Source | % | # |
|---|---|---|
| LA | 1% | 1 |
| Homeless Nurse | 1% | 1 |
| Others | 9% | 6 |
| Hospital | 9% | 6 |
| Gardaí | 9% | 6 |
| Other Refuge | 18% | 12 |
| Self-Referred | 52% | 35 |
| Total | 100% | 67 |

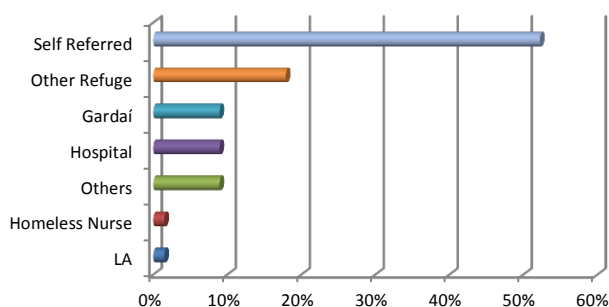**Referral Source Esker House 2009**



Chart 6 Referral Source Esker House 2009

### 5.1.6  KEY WORKING/CARE SUPPORT PLANNING

While all residents had Key Workers, some did not have Care/Support Plans.  Sometimes residents do not stay for a sufficiently long period for a plan to be devised and implemented.

| Care Plan | # | % |
|---|---|---|
| Yes | 46 | 81% |
| No | 11 | 19% |
| Total | 57 | 100% |

Table 28 Care Plan Esker House 2009

In the case of Esker, 22% only stayed for one day and it is unlikely that plans were drawn up.  However, it is acknowledged that Esker provides services on an outreach and drop-in basis and is the only specialist refuge in Athlone and in the Region.

### 5.1.8  HOUSING OUTCOME

The destination data for Esker House is suggesting that a large proportion of residents have had some sort of positive housing outcome.  26% found accommodation in the private rented sector, 25% returned to their partners, 16% stayed with their family and 7% returned to their country of origin.  The outcome for 9% was unknown and 12% moved on to another hostel.

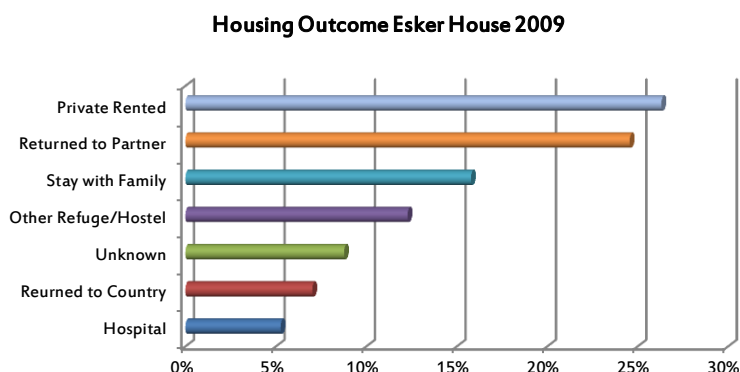| Housing Outcome | # | % |
|---|---|---|
| Private Rented | 15 | 26% |
| Returned to Partner | 14 | 25% |
| Stay with Family | 9 | 16% |
| Other Refuge/Hostel | 7 | 12% |
| Unknown | 5 | 9% |
| Returned to Country | 4 | 7% |
| Hospital | 3 | 5% |
| Total | 57 | 100% |

**Housing Outcome Esker House 2009**



**Chart 7 Housing Outcome Esker House 2009**

## 5.2  LSSDA

LSDDA is a small organisation which has one employee supplemented by two Community Employment employees.  It accommodates families in two apartments in Portlaoise.  As well as providing emergency accommodation and support for families, LSSDDA also provides counselling, court accompaniment, outreach and referral services for victims of domestic abuse and their families.

In 2009, LSSDA provided support services to approximately 80 women and one-to-one contact to a further 72.  No further data was available.

## 5.3  SUMMARY WOMEN'S REFUGE SERVICES

Esker House and LSSDA provide accommodation and support services to victims of domestic violence/abuse.  TEAM and Bethany House provide accommodation and support services to victims of domestic violence, women who are homeless and vulnerable women with health problems.

LSSDA and Esker House's services are specialist in the area of domestic violence and their expertise is very focussed.  Residents stay for shorter periods at Esker and the 'throughput' is more reflective of refuge move-on behaviour observed in other refuges in Ireland.  The Review has to make some observation on duplication of resources on account of the existence of the three services at Esker, Bethany and TEAM but there is also a need to emphasise that this does not mean that are too many services – simply that Bethany and TEAM are targeted at women with very different needs.  Whether this leads to a greater specialisation in one service or another is something that should be placed on the agenda for discussion since it is likely to influence employee skillsets, training programmes and perhaps, client outcomes.

## 6.   TRANSITIONAL/LONG-TERM ACCOMMODATION

There is one transitional/long-term accommodation scheme in the Midlands, Lann Elo, Tullamore, and another due to be launched in 2011 in Athlone.  At the outset it must be noted that this accommodation is mostly long-term accommodation in every way and there is little need for any transitional component.  M & P applies the 'transitional' tag to very specific residential programmes which prepare people for independent living in another location.   Most such programmes can be delivered in residents' own permanent accommodation but there are exceptions when transitional or rehabilitation programmes are best carried out in customised locations.  Such transitional programmes are of a fixed duration and have a specific set of personal and social objectives to meet before other, independent accommodation is accessed.

Tullamore Housing Association (THA) has developed a site in Tullamore which has thirty, one and two-bedroom houses for short and long-term occupation.  The first phase of the development was opened in 1993 and operated with ten houses until 2010 when the other twenty were completed.  An additional four houses will be managed by Midlands Simon for emergency accommodation.

The complex is very spacious, modern and has a community centre and other support facilities on-site.  The community centre is shared with an adjacent development managed by Tullamore Rights for the Elderly, which comprises sixteen houses.  Although the developments are separated by a fence, there is substantial contact and co-operation between the two organisations which benefits the security and maintenance of the complex.

The THA provision, Lann Elo, is staffed by the Manager, a Project Worker and a part-time maintenance/caretaker.  The project also has the use of a Life Skills Worker, a post which is funded from Dormant Accounts until April 2012 and shared with Midlands Simon and SVP Longford.

The data presented below relates to 2009 when there were ten original units and the new fifteen units became available.  In July 2009, the existing residents were moved into the new houses which were then renovated and refurbished, and an additional five residents were recruited.

In 2009, there were 9 men and 6 women residents.  All residents are interviewed in the first instance having been referred through the parish structures or through relatives.
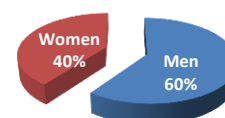
**Gender Mix THA  2009**



**Chart 8 Gender Mix THA 2009**

The data analysis is simply to provide a summary profile of the residents at Lann Elo.

The age range indicates a good mix of youth and experience with 46% under forty years of age and 20% over sixty.

| Age Distribution | # | % |
|---|---|---|
| 20 - 29 | 5 | 33% |
| 30 - 39 | 2 | 13% |
| 40 - 49 | 1 | 7% |
| 50 - 59 | 4 | 27% |
| 60 - 69 | 2 | 13% |
| 70+ | 1 | 7% |
| Total | 15 | 100% |

**Table 29 Age Distribution THA 2009**

87% of the group in 2009 had low or medium supports needs with 13% (2 residents) requiring high support.

| Support Level | # | % |
|---|---|---|
| High | 2 | 13% |
| Low | 6 | 40% |
| Medium | 7 | 47% |
| Total | 15 | 100% |

**Table 30 Support Level THA 2009**

In 2009 three people moved on.  One was a woman in her twenties who moved to private accommodation while a man in his thirties moved back to his family home.  The third person was in her nineties and moved to a Nursing Home.  Any movement by residents seems to be natural and once residents are allocated a house, they may remain there permanently into the long-term.

All residents had a care/support plan in place and seventeen of the 2010 residents are housed and supported under the Rental Assistance Scheme (RAS).

## 6.1 SUMMARY

The current service in Tullamore attracts funding of only €76K per annum while fundraising and rental income bring total revenue to €109k.  The proposed service in Athlone by Midlands Simon will also be operated within existing revenue funding.  It should be acknowledged that these services which involve various levels of support from THA and Midlands Simon respectively are and will be excellent services meeting a specific need.  However, it must also be acknowledged that they are long-term, permanent arrangements – and that is very positive from the point of view of all parties.

The residents knows that the accommodation is permanent and (s)he can put down or maintain permanent roots in the community while having access to health, personal, family and social support if and when required.  The Local Authority is confident that a housing need is being met professionally and as permanently as any other tenancy can be, and the local community's wider aspirations and altruism demonstrate a positive outcome from their support.

M & P recommends that this housing is termed permanent, long-term housing, and should be regarded as such in policy terms and strategically.  It should no longer be termed as 'transitional' since it bears no properties or characteristics of transitional programmes nor is the length of stay planned to be, in any way, temporary.

Much effort has been expended by both the THA the Rights for the Elderly Management Committees in getting the development to this stage of completion.  One of the challenges for the future now that the actual construction and capital

funding tasks have been achieved, is the development and implementation of a common management structure to ensure that funding for maintenance, refurbishment and human resources are sustained into the future. The one structure would mean improved liaison with Offaly County Council, HSE health and social services, voluntary agency support services for clients and the client group itself.

## 7. RESETTLEMENT AND TENANCY SUSTAINMENT

The Resettlement Service in the Midlands was established in 2005 in County Offaly quickly followed in 2006 by the extension of services in Westmeath, Laois and Longford. The current configuration has a Worker in each Local Authority area, three of whom are funded by the Local Authorities and one by HSE Midland area.

Referrals to the service are made by the respective Local Authority and regular reporting and monitoring is carried out. The service is managed and delivered by Midlands Simon based in Athlone.

The data presented below is an analysis of referrals made to the service from its beginning. Ideally, the review of a resettlement service would prefer to analyse data of referrals over a two or three-year period and research whether the resettled residents remained in their accommodation some four to five years later; in other words, review referrals made to the service in 2005 and 2006 and establish their status in 2010. These two research components reveal the sustainability and thus effectiveness of the intervention, and also presents a profile of the support and other inputs which contributed to the outcomes successful or otherwise. This analysis was not possible for the Midlands Resettlement Service on account of it being established relatively recently and the fact that the tracking of residents is not carried out on a formal basis. The Review recommends that the Midlands Regional Joint Regional Homelessness Management Committee considers implementing a tracking service which will formally but unobtrusively, identify and record the status of referred residents to provide sustainability information.

Midlands Simon RSS provided detailed data for each of the Local Authority areas which indicated that approximately 323 people had been supported in independent living arrangements from 2005 until part of 2010 and it is this data upon which the analysis is being made. However, the specification of the Midlands RSS as commissioned from Midlands Simon by the Local Authorities includes an element of Tenancy Support for people who are 'at 'risk' of losing their private rented or Local Authority tenancy or are experiencing difficulties and require some support. This category is termed 'preventative' and is estimated[14] to account for approximately 40% of referrals. The total number of referrals which was not presented for detailed analysis here, identifies a total of 468 referrals from 2005 and including all of 2010, which Midlands Simon RSS has recorded but does not have detailed data. M & P is recommending that the type of referral is identified in future data capture as *preventative* or *resettlement from a temporary accommodation setting* such as a hostel, refuge or similar. Resulting data can be then analysed in a quantitative and qualitative way which will determine effectiveness and sustainability on the one hand and the success of preventative work on the other. The difference between the two sets of data is currently being investigated but it is probably something to do with the details captured for *preventative* referrals.

It is possible that the skillsets required for preventative work differs from those required for resettlement. Resettlement is part of a continuum of care which is enshrined within the care/support plan prepared for residents on admission to emergency or temporary accommodation – in fact it is the express desired outcome of the plan. Therefore the Key Worker will be involved substantially in motivating the resident and preparing them for resettlement into their new independent living arrangements.

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[14] Midlands Simon RSS, February 2011

In other regions where residents of emergency and other temporary accommodation do not have access to resettlement support facilities, M & P has recommended that the Job Specification of the Key Worker is amended to include resettlement support – for an initial period at least.  This not only ensures that resettlement and support is '*front of mind*' for all key working during the outworking of the care/support plan, but that the Key Worker has the responsibility of securing/negotiating appropriate accommodation and supporting the resident in the early days of resettlement.  In the Midlands Region, where there is an experienced resettlement service, there is an opportunity to build on that experience by ensuring that the priority for the service includes all people in emergency or temporary accommodation.

Homelessness services in the Midlands Region are characterised by their willingness to co-operate with each other and to work closely together in a client-centred way and this is a key observation of the consultants, M & P.  Clearly what is being proposed here may require a change to current working practices in some cases, but a formalisation of current practice in others.  In either case, it is an attempt to make the maximum use of available staff and agency skillsets and further optimise and streamline existing services for the ultimate benefit of clients in terms of sustained outcomes.

## 7.1    RESETTLEMENT DATA – ALL REFERRALS

Chart 9 below outlines the composite resettlement data adjusted to include all referrals from 2005/06 until 2010 and relates to the larger referral numbers of 468.
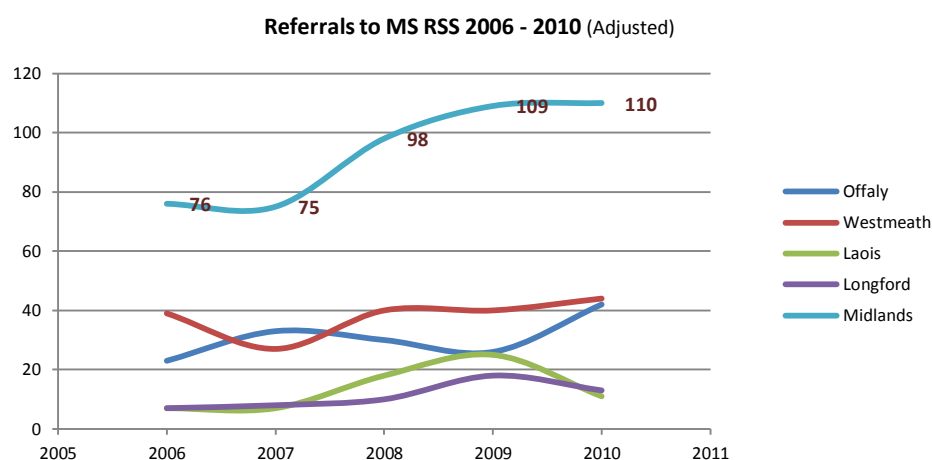


**Chart 9 All Referrals to Midlands RSS 2005/06 – 2010**

The total data notes the gradual increase of referrals from 2005/06 from approximately 76 to a plateau of 110 in 2010.  Referrals from Laois and Longford experienced moderate declines while those from Westmeath and Offaly increased.  The chart above reflects the data submitted by Midlands Simon in the course of their quarterly and annual reporting cycles.

The data capture and presentation should also clarify whether the individuals being supported are men and women in the same household and whether the data refers to a household unit being supported.  This could confuse the data analysis and lead to an incorrect analysis by a significant proportion.

**7.2    RESETTLEMENT DATA — REFERRALS WITH DETAILED INFORMATION**

This information relates to 325 referrals to Midlands Simon RSS from 2005/06 to 2010.  It contains excellent information and has facilitated a comprehensive profile of referrals which will form the basis for resettlement homelessness services for the future.  Sometimes annual data for relatively small numbers can ill-inform future policy but this data over five to six years provides a very sound basis for planning.

| County | Total | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | N/K | Total |
|--------|-------|------|------|------|------|------|------|-----|-------|
| **Offaly** | 172 | 7 | 17 | 43 | 39 | 34 | 30 | 2 | 172 |
| **Westmeath** | 75 | 0 | 1 | 21 | 23 | 25 | 5 | 0 | 75 |
| **Laois** | 41 | 0 | 8 | 7 | 11 | 9 | 6 | 0 | 41 |
| **Longford** | 37 | 0 | 6 | 7 | 7 | 10 | 7 | 0 | 37 |
| **Midlands** | **325** | **7** | **32** | **78** | **80** | **78** | **48** | **2** | **325** |

**Table 31 Referrals Midlands RSS 2005 – 2010 (part)**

For the purposes of the Review and to enhance the quality of the profile, M & P has analysed the data for all counties on an aggregated basis.  Data used for the analysis are detailed in Table 31 below and commence in 2005/06 at the start of the service and include a portion of the 2010 figures.  The total is relatively unimportant since the detailed analysis is based on the 325 referrals over the period.  The review is interested in identified trends and correlations that can assist service commissioners and providers to plan the future shape of services.  For example, referral to the Midlands Simon RSS in Offaly is considerably higher than the other counties and actually accounts for 53% of the total region.  One could ask why that is when there is a good long-term accommodation scheme in Tullamore (THA), and will the 4-person emergency accommodation proposed for 2011 reduce the referral rate?  The other question is whether resources are adequate in Offaly given the high referral rate there and does the service have the geographical flexibility to switch RSS resources from low referral areas to Offaly, for example.

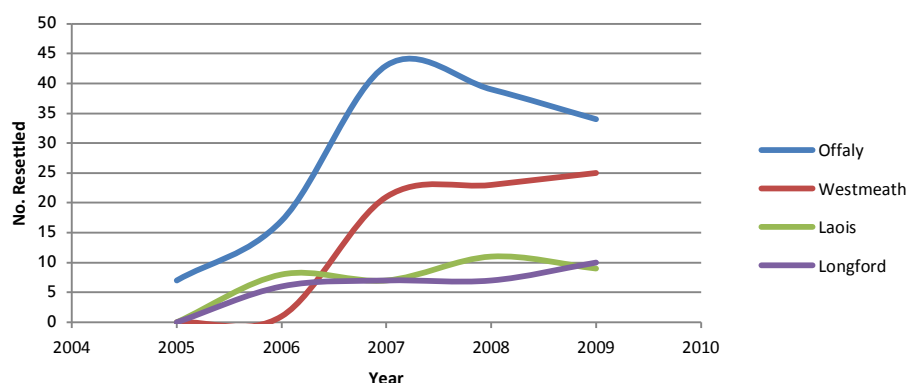**Admissions by County Resettlement  Midlands 2005 - 2009**



**Chart 10 Referrals Midlands RSS by County 2005 – 2009**

Chart 10 excludes the 2010 data since the analysed data only contained it for part of the year.

It does suggest however, that the total number of referrals that the current system has the capacity to cater for is a maximum of approximately 80 per annum.  While the data adequately represents the number of referrals subject to the caveats mentioned (inclusion of TSS referrals in the total) it does not actually represent the

work of the RSS Team.

The Review identifies that at least 32% of the referrals received support for longer than one year and that the caseload will always be in excess of the referrals. This will be returned to later in the data analysis.

## 7.3  REFERRALS BY COUNTY

While 325 referrals were made in the period, there were 18 repeat referrals which, when accounted for, reduced the figure to 307 people. This is important since the service has to assess its operational resource needs on the one hand for 325 referrals, and the commissioners have to see how housing outcomes worked out for 307 people. If all of the 307 people sustained their new tenancies, that would be a 94.5% success rate which would be admirable from any perspective.

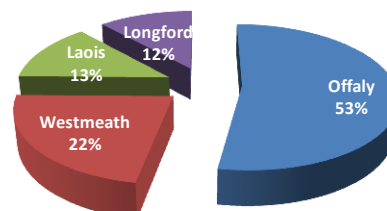| Resettled 2005 - 2010 (Oct) | # | % |
|---|---|---|
| Offaly | 162 | 53% |
| Westmeath | 69 | 22% |
| Laois | 40 | 13% |
| Longford | 36 | 12% |
| Total | 307 | 100% |



**Chart 11 Resettlements Midlands by County 2005 – 2010 (part)**

## 7.4  GENDER MIX

The RSS catered for 307 people, 54% men and 46% women. 38% of the women and 61% of the men did not have dependent children.

| Gender Mix | # | % |
|---|---|---|
| Women | 140 | 46% |
| Men | 167 | 54% |
| Total | 307 | 100% |



**Chart 12 Gender Mix Midlands RSS 2005 – 2010 (part)**

## 7.5  AGE MIX

Chart 13 notes that the 58% of all referrals in the period are under forty years of age and that there are more women in these age groups than men. A further 32% of the total are between 40 and 60 years of age and there are more men in these groups.
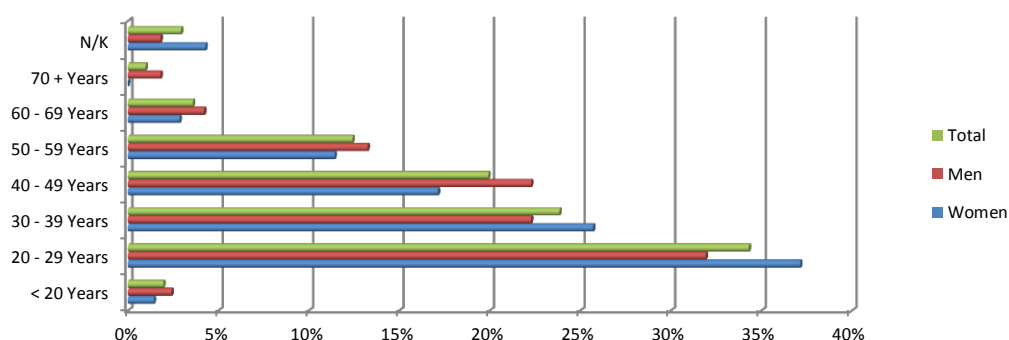
**Age Mix Midlands Resettlement 2005 - 2010**



Chart 13 Age Mix Midlands RSS 2005 – 2010 (part)

## 7.6 FAMILY COMPOSITION

Looking at the family composition of all service users in the period, Chart 13 below notes that always half had no children while 36% had up to three children. Approximately 13% of all referrals had four or more children including 2 families who had nine children.

**Family Composition RSS Midlands  2005 - 2010**

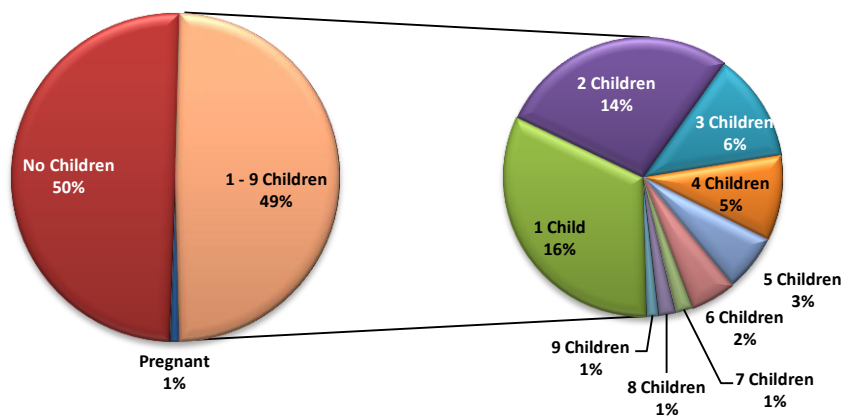| Family Composition | # | % |
|---|---|---|
| Pregnant | 3 | 1.0% |
| No Children | 153 | 49.8% |
| 1 Child | 49 | 16.0% |
| 2 Children | 42 | 13.7% |
| 3 Children | 19 | 6.2% |
| 4 Children | 15 | 4.9% |
| 5 Children | 10 | 3.3% |
| 6 Children | 8 | 2.6% |
| 7 Children | 3 | 1.0% |
| 8 Children | 3 | 1.0% |
| 9 Children | 2 | 0.7% |
| Total | 307 | 100.0% |



Chart 14 Family Composition Midlands RSS 2005 – 2010 (part)

## 7.7 REFERRAL SOURCE

As mentioned above, all referrals to the RSS service are made by the Local Authorities and this chart confirms this and some of the Town Councils which also make referrals

.

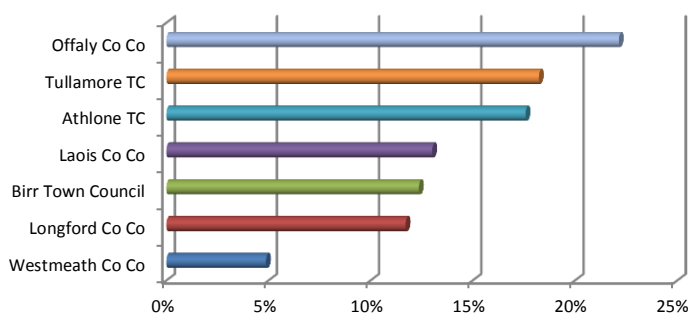**Referral Source Midlands Resettlement 2005 - 2010 (Aug)**



**Chart 15 Referral Source Midlands RSS 2005 – 2010 (part)**

## 7.8    CARE/SUPPORT PLANNING

Approximately 80% of referrals had a care/support plan in place over the period.   Support is not the same as having a Care/Support Plan.   All referrals had support whereas 80% had care/support plans.

**Care/Support Plan in Place Midlands RSS**
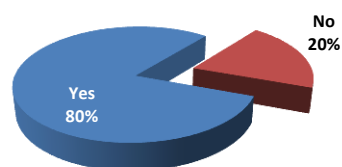


**Chart 16 Care/Support Plan in Place 2005 – 2010 part**

In the period 2005 – 2010 support was completed for 81% of all residents while 19% remained ongoing in 2010.  This figure includes some people more recently referred and some for longer periods.

| Support | % | # |
|---|---|---|
| **Completed Support** | 81% | 249 |
| **Ongoing** | 19% | 58 |
| **Total** | 100% | 307 |

**Table 32 Support Status 2005 – 2010**

Chart 17 is an analysis of the 80% who had plans in place.  Only 5% were of high intensity while 63% was described as low and 32% medium.

**Support Level Resettlement Midlands** (n = 239)



**Chart 17 Support Level Midlands RSS 2005 – 2010**

Table 33 below analyses the length of support for all clients and separates those who have completed their support (80%) and those who remained ongoing (20%) at the data collection date in 2010.

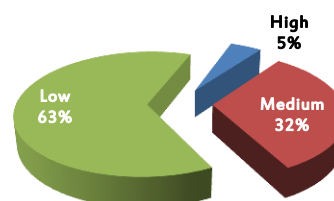| Duration of Support 2005 - 2010 | Total | Completed | Ongoing |
|---|---|---|---|
| Less Than 1 Week | 5% | 6% | 0% |
| 1 - 2 Weeks | 6% | 7% | 0% |
| 2 - 3 Weeks | 3% | 4% | 2% |
| 3 - 4 Weeks | 1% | 2% | 0% |
| 4 - 8 Weeks | 7% | 8% | 3% |
| 8 - 12 Weeks | 7% | 8% | 3% |
| 12 - 26 Weeks | 18% | 19% | 17% |
| 26 - 39 Weeks | 12% | 12% | 12% |
| 39 - 52 Weeks | 7% | 8% | 7% |
| 12 - 18 Months | 12% | 13% | 8% |
| 18 - 24 Months | 7% | 5% | 12% |
| 24 - 36 Months | 7% | 5% | 19% |
| 3 - 4 Years | 3% | 2% | 8% |
| 4 - 5 Years | 2% | 0% | 7% |
| 5 Years+ | 0% | 0% | 2% |
| N/K | 1% | 2% | 0% |
| **Total** | **100%** | **100%** | **100%** |

**Table 33 Completed and Ongoing Support Plan Midlands RSS 2005 – 2010** (n = 307)

This analysis provides some idea of the quantum of caseload being carried by the service. While 32% of all referrals receive support for longer than one year and up to five years, the figure is 27% for residents completing their support and 56% of the ongoing residents.

If this analysis is correct, there are approximately 100 referrals annually and a further 100 residents (32% of 307) being supported who have been carried over from the previous year. This computes to a minimum of 200 residents requiring support annually and at any one time. Presumably, residents on continuing support will be receiving a reducing time allowance for support while those most recently referred will receive more intense support at the beginning anyway. Support is usually provided on a 'front loaded' basis.

As part of the Review, M & P has constructed a sensitivity model for the RSS which attempts to estimate the time allocation and quality of support that the service can provide at current levels of activity and resources.

A number of assumptions are made as follows:

- *There are 200 residents being supported at any one time;*

- *25% will be new referrals who will need 2 hours per week for one year;*

- *25% will require 1 hour per week for one year;*

- *25% will require 30 minutes per week for one year;*

- *25% will require 15 minutes per week for one year.*

- *Each Project Worker has approximately 6 hours of face-to-face contact available daily taking into consideration travel etc*

- *An average of 46 weeks are available from each of the four workers taking into consideration statutory and obligatory, holidays, sickness etc*

If these assumptions, which are averaged for one year, are anywhere close to reality, the computation indicates that 7.1 Workers (FTE) would be required to

deliver the service across the Region.

| Support Model | per week per resident | Total Hrs per Week |
|---|---|---|
| 50 | 2 | 100 |
| 50 | 1 | 50 |
| 50 | 0.5 | 25 |
| 50 | 0.25 | 12.5 |
| **Weekly Requirement** | **3.75** | **1,87.5** |
| **Annual Requirement for 52 Weeks (hrs)** | | **9,750** |
| **Annual Capacity per Worker (hrs)** | | **1,380** |
| **Workers Required (FTE @ 1,360 hrs pa)** | | **7.1** |

**Table 34 Indicative Model M & P Support Services**

If all support was terminated for residents after one year, the model is indicating that 5.7 workers (FTE) would be required. This is not making the case for additional resources, rather M & P is taking the opportunity to assess effectiveness under the current conditions. It is a very unique service and one that has to be assessed within a range of options for addressing homelessness. M & P maintains that the most critical element of the care/support plan is that of resettlement as discussed in paragraph 2.2.

## 7.9 OUTCOME ASSESSMENT

Part of the data requested concerned the current status of residents who had been part of the RSS programme and Chart 13 sets out the results of that enquiry. It has already been mentioned that tracking is not carried out by Midlands Simon or the Local Authorities on a formal basis and this probably accounts for the 'Unknown's in Chart 18 at 34%. This category in a more complete data analysis could imply that the resettled residents had vacated the allocated accommodation and that they had not sustained their tenancy.

**Housing Outcome Resettlement Midlands 2005 - 2010 (Oct)**
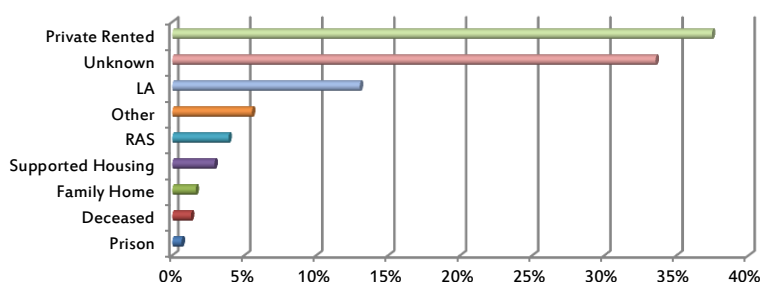


**Chart 18 Housing Outcome Midlands RSS 2005 – 2010**

The chart does set out the housing type, though, of the client base where 37% are in private rented accommodation, 13% in Local Authority housing, 4% in RAS schemes, 3% in supported housing and a small number in family homes.

## 7.10 SUMMARY TSS/RESETTLEMENT

The data analysis sets out a fairly comprehensive profile of the way that the TSS/Resettlement Service (RSS) works in the Midlands. It is a good service comprising both preventative services and the actual resettlement of people who have presented as homeless. It is also unique because it meets the express criteria of the Normalisation Model in that it seeks to place people accessing homeless

services in mainstream housing in the community and supporting them appropriately. On account of the RSS's emphasis strategically on returning or keeping people in their own homes as a priority, it has the capacity to identify at an early stage people who will be best suited to sheltered or other supported housing. In this way, service users' health will not deteriorate and their ability to rehabilitate which they might otherwise if they are forced to languish listlessly in hostels, hospitals and other temporary housing settings. To that extent it is crucial that the service is developed and comprehensively linked into all emergency and temporary accommodation facilities in the Midlands. On a formal basis such that all service users of these types of accommodation have seamless and proactive access to the RSS as part of their care/support plan.

One of the less clear aspects of the service is the RSS Service Users who are referred on a Tenancy Sustainment basis and those who are actually homeless. As argued above, M & P feels that they are different services and to a large extent require different approaches and skillsets particularly in the early stages of the intervention. To address this need, it is recommended that the TSS and Resettlement referrals are identified separately in the data thus facilitating more complete data analysis, more appropriate aims, objectives and identified outcomes per type and improved ways of working with other agencies, service users and facilities.

This completes the data analysis of the resettlement sector and all sectors.

## 8. FUNDING CONSIDERATIONS

Table 35 below is a comprehensive of the financial support for 2009 for all services.

| Location | Service | Target Group | SUs | Employees | | Funding 2009 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Residents 2009/10 | Total Paid Staff | All Staff | Local Authority | HSE | Other HSE Funding | Other Statutory | Donations, Fundraising Rent, Other Funding etc | Total Income | Total HSE & Local Authority |
| **Emergency Accommodation** | | | | | | | | | | | | |
| **Westmeath** | Midlands Simon | M&W | 35 | 4.0 | 6.0 | €110,000 | €50,000 | | €25,000 | €81,099 | €266,099 | €160,000 |
| **Westmeath** | TEAM | W | 59 | 6.0 | 9.0 | €99,020 | €163,503 | €50,000 | €65,648 | €88,203 | €466,374 | €312,523 |
| **Longford** | SVP St. Martha's | Men | 86 | 5.0 | 5.0 | €109,000 | €56,000 | | | €22,176 | €187,176 | €165,000 |
| **Longford** | SVP | W | 43 | 4.0 | 5.0 | €110,000 | €56,000 | | | €9,930 | €175,930 | €166,000 |
| **Laois** | | | | | | | | | | | | |
| **Offaly** | M&W | M&W | | | | Commencing 2011 | | | | | | |
| **Total Emergency** | | | 223 | 19.0 | 25.0 | €428,020 | €325,503 | €50,000 | €90,648 | €201,408 | €1,095,579 | €803,523 |
| **Women's Refuge** | | | | | | | | | | | | |
| **Westmeath** | Esker (Fam Units) | W&C | 57 | 5.5 | 5.5 | €44,400 | €246,000 | | | €1,163 | €291,563 | €290,400 |
| **Longford** | | | | | | | | | | | | |
| **Laois** | LSSDA FamUnits) | W&C | 80 | 1.0 | 3.0 | €500 | €38,387 | | €28,000 | €2,771 | €69,658 | €38,887 |
| **Offaly** | | | | | | | | | | | | |
| **Total Women's Refuge** | | | 137 | 6.5 | 8.5 | €44,900 | €284,387 | €0 | €28,000 | €3,934 | €361,221 | €329,287 |
| **Transitional Accommodation** | | | | | | | | | | | | |
| **Westmeath** | M Simon Apart't) | M | | | | Commencing 2011 | | | | | | |
| **Longford** | | | | | | | | | | | | |
| **Laois** | | | | | | | | | | | | |
| **Offaly** | THA | M&W | 15 | 2.6 | 2.6 | €10,490 | €66,145 | | | €29,043 | €105,678 | €76,635 |
| **Total Transitional** | | | 15 | 3 | 2.6 | €10,490 | €66,145 | €0 | €0 | €29,043 | €105,678 | €76,635 |
| **Resettlement/TSS** | | | | | | | | | | | | |
| **Westmeath** | Midlands Simon | M&W | 25 | 1.0 | 1.0 | €46,000 | €12,250 | | | €81,099 | €139,349 | €58,250 |
| **Longford** | Midlands Simon | M&W | 10 | 1.0 | 1.0 | €46,000 | €12,250 | | | €81,099 | €139,349 | €58,250 |
| **Laois** | Midlands Simon | M&W | 9 | 1.0 | 1.0 | €46,000 | €12,250 | | | €81,099 | €139,349 | €58,250 |
| **Offaly** | Midlands Simon | M&W | 34 | 1.0 | 1.0 | €46,000 | €12,250 | | | €81,099 | €139,349 | €58,250 |
| **Total Resettlement/TSS** | | | 78 | 4.0 | 4.0 | €184,000 | €49,000 | €0 | €0 | €324,395 | €557,395 | €233,000 |
| **Total Midlands** | | | 453 | 32.1 | 40.1 | €667,410 | €725,035 | €50,000 | €118,648 | €558,780 | €2,119,873 | €1,442,445 |
| **Sectors** | | | | | | | | | | | | |
| Total Emergency | | | 223 | 19 | 25 | €428,020 | €325,503 | €50,000 | €90,648 | €201,408 | €1,095,579 | €803,523 |
| **Total Women's Refuge** | | | 37 | 7 | 9 | €44,900 | €284,387 | €0 | €28,000 | €3,934 | €361,221 | €329,287 |
| **Total Transitional** | | | 15 | 3 | 3 | €10,490 | €66,145 | €0 | €0 | €29,043 | €105,678 | €76,635 |
| **Total Resettlement/TSS** | | | 78 | 4 | 4 | €184,000 | €49,000 | €0 | €0 | €324,395 | €557,395 | €233,000 |
| **Total Midlands** | | | 453 | 32 | 40 | €667,410 | €725,035 | €50,000 | €118,648 | €558,780 | €2,119,873 | €1,442,445 |

**Table 35 Financial Support Homelessness Service Midlands 2009**

The funding for each service by sector and Local Authority area is noted in addition to the source of funding.

In general terms, funding for the Midlands Region is below the State average on a per capita basis, in absolute terms and on a service user basis. In some ways this situation reflects the configuration of the services and the stage of development that they are currently at in 2011. In terms of configuration, there is no doubt that the resettlement emphasis is far greater than elsewhere in the State and M & P has always maintained that this is more cost-efficient and a more sustainable

intervention to homelessness and is a more humane and sociologically acceptable intervention. Total statutory funding is less than half of the North East funding even though the population of the Midlands (251,664) is greater than the North East (231,267). It is a quarter of the South East Region (pop. 460,838), a fifth of the West Region (414,277) and less than one tenth of the South West Region (621,130). However these other regions have a greater proportion of their populations in aggregate town areas[15] of more than 1,500 people and experience higher incidences of homelessness.

However, comparison on per capita basis for Service Users indicates that the Midlands is the lowest cost also at €3,060 against the North East at €4,080, South East €6,197, South West at €8,395 and the West at €10,978.

It is not easy to make easy comparisons of this sort on account of current Local Authorities and the HSE inheriting historical funding arrangements and service configurations but it should be possible to have a discussion on funding arrangements in the Midlands based on the sectoral analyses in this review which concentrates on outcomes.

The funding arrangements over which the Midlands Joint Regional Homelessness Management Committee has control over are noted below in Table 36 and could be the basis for further discussion on service development and funding within the context of the Review..

|  | Westmeath | Longford | Laois | Offaly | Total Midlands |
|---|---|---|---|---|---|
| **Population (CSO 2006)** | 79,346 | 34,391 | 67,059 | 70,868 | 251,664 |
| **Population as % of Midlands Region** | 32% | 14% | 27% | 28% | 100% |
| **Emergency** | 2 | 2 | 0 | 1[16] | 5 |
| **Refuge Services** | 1 | 0 | 1 | 0 | 2 |
| **Long-Term** | 1[17] | 0 | 0 | 1 | 2 |
| **TSS/Resettlement** | 1 | 1 | 1 | 1 | 4 |
| **Total Services** | 5 | 3 | 2 | 3 | 13 |
| **% Services as % of Midlands Region** | 38% | 23% | 15% | 23% | 100% |
| **Statutory Funding** | €821,173 | €389,250 | €97,137 | €134,885 | €1,442,445 |
| **Statutory Funding as % of Midlands Region** | 57% | 27% | 7% | 9% | 100% |

**Table 36 Summary Table of Homelessness Services in Midlands**

[15] See paragraph 2.6
[16] Proposed for Launch in 2011
[17] Proposed for Launch in 2011

## 9. RECOMMENDATIONS & BLUEPRINT SUMMARY

The planning and delivery of homelessness services in the State has been determined by Ministerial direction on the basis of eight Regional Homelessness Consultative Fora comprising all Housing Authorities. The Midlands Region is the third smallest Region in this configuration with 6% of the Country's population. Westmeath County Council is the lead agency for the Midlands Region on the Local Authority side and HSE Midlands Area represents the HSE inputs.

The following is an outline of the elements of the Blueprint of Homelessness Services to guide service delivery and implementation over the period 2011 to 2013.

The approach and recommendations below address the key strategic aims of the most recent Government Policy for addressing homelessness in Ireland as contained in *The Way Home* document[18].

1. *Prevent homelessness*

2. *Eliminate the need to sleep rough*

3. *Eliminate long term homelessness*

4. *Meet long term housing needs*

5. *Ensure effective services for homeless people* **and**

6. *Better co-ordinate funding arrangements.*

The recommendations are framed within the following aims, service elements and delivery structures. Some elements appear in both the Service and Delivery Elements sections.

### *Aims*

- **Provide a client-centred service for people accessing homeless services in the Region.**

- **Prioritise returning residents of (residential) homeless services to independent living as early as possible.**

- **Provide formal and informal supports for people returned to independent living and sustain their tenancies.**

- **Reduce/minimise dependency in and on emergency and other homeless residential accommodation.**

### *Service Elements*

- **People accessing homeless services in the Region to register in central location in the first instance. These primary records will inform the work of the HATs and other aspects of the monitoring and management of the strategy implementation.**

- **Develop the commitment to returning people to independent living to throughout the Region.**

- **Develop uniform assessment criteria and approach including uniform admission to services procedures & protocols so that on admission, all residents to be assessed within uniform assessment model and briefed on the nature of the emergency services and the expected outcomes including housing.**

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[18] The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013 August 2008

■ Residents to be assigned a Key Worker on admission.

■ Key Worker to proactively pursue independent housing accommodation with residents.

■ All Residents to have a Personal Action Plan (PAP) prepared within one or two weeks, the elements explained and a target housing date agreed.

■ All PAPs to be agreed with local Homeless Action Team (HAT) and reviewed weekly.

■ All Residents to have planned access to relevant health and social services.

■ All residents of emergency, transitional and other temporary homeless accommodation must have permanent housing and independent living arrangements central to their PAP and the Key Worker must provide (Throughcare) preparatory support and floating support to all re-settled residents.

■ Re-settled residents to have access to PAP-specific residential support for re-settlement and tenancy sustainment within the initial PAP and delivered by the Key Worker. This should be for an initial period at least and all residents should be 'tracked' for a five-year period.

■ Identify housing needs for ageing and other people who may not settle in mainstream accommodation (sheltered and cluster accommodation). Shift Resources from transitional and emergency to resettlement function by including resettlement as key outcome of emergency services.

■ Develop Resettlement Services – all residents of emergency accommodation to have resettlement as the key outcome of their PAP (Service KPI also).

■ All residents in homeless services for longer than 6 months to be re-located to appropriate housing.

■ Implement model with key elements:

  ● *Early Intervention*

  ● *Assessment - Immediate and Ongoing*

  ● *Assign Appropriate Key Worker*

  ● *Prepare Personal Action Plan & Implement Case Management*

  ● *Implement Intensive Supports*

  ● *Throughcare to Housing with Supports*

  ● *Key Worker to Provide Resettlement Support as Continuum*

■ Re-focus housing outcome for all people who access services

■ Develop housing solutions for 'hard-to-place' residents on inter-agency basis (HAT-led).

■ Develop Key Worker/Support Worker skillsets appropriate to expected outcomes.

■ Implement specialist outreach work to address and eliminate rough sleeping.

■ Formalise multi-disciplinary team working (HATs) based on case management.

■ Establish data gathering and data sharing functions & protocols.

### *Delivery Structures*

■ Points of contact to be established in Local Authorities where people accessing homeless services register in the first instance.

■ Establish Homeless Action Teams on a county basis or other agreed configuration. Initially a HAT should be established for each county. After a period when the caseload has been established and fully understood, the

HATs could be regionalised on a sectoral basis for greater effectiveness.

■ **Establish monitoring role and information flow for effective management of outworking of homeless action plan.**

■ **All services to be provided within the context of Service Level Agreements which clearly outlines the service expected, the service key characteristics (eg Staff qualifications and models to be applied) periodic and annual outputs and outcomes and bilateral communication.**

There are a number of specific recommendations in various parts of the Review and this section provides a synopsis of them and a rationale where necessary. The broad areas that they cover are:

■ **Emergency Sector**

- *Laois*
- *Longford*

■ **Refuge Services and Women's Services**

■ **Resettlement**

- *Separate and Clarify TSS and Resettlement,*

■ **Data Collection and Reporting etc;**

- *Separate and Clarify TSS and Resettlement,*
- *Tracking Service for RSS*

■ **Homeless Action Teams;**

■ **Skillsets and Training;**

■ **Central Point for Registering as Homeless at Local Authority and Referral to Services by LA;**

■ **Job Specification for Key Workers for Resettlement.**

## 9.1 EMERGENCY SECTOR

The observations made here are that Offaly is due to implement a 4-bed emergency facility at THA's Lann Elo in conjunction with Midlands Simon and the sooner that can happen the better the overall service will be.

Laois will then be the only Local Authority Area with no access to local emergency services other than refuge services at LSSDA. The possibility of a small-scale development such as that being provided in Offaly should be considered.

## 9.2 REFUGE AND WOMEN'S SERVICES

It may be possible to provide greater specialisation within the existing services which could have a beneficial impact on refuge services for woman and children and women who are homeless. Targeted funding arrangements could be explored so that the most appropriate, specific resources are available at existing facilities.

## 9.3 RESETTLEMENT

There is a *prima facie* rationale for developing these services on the grounds of need, sustainability and cost-effectiveness.

Referrals of people who have tenancies, although they may be at risk, should be analysed separately from referrals from emergency or other temporary accommodation.

A tracking service should be introduced for all people resettled.

All residents of emergency services should have TSS and Resettlement built into their Personal Action Plan.

For residents in Emergency accommodation, Key Workers should be responsible for 'settling' residents into their new housing arrangements before referral to the TSS/Resettlement Service.

## 9.4 HOMELESS ACTION TEAMS

At the commencement of the Review, the introduction of Homeless Action Teams was mentioned and the concept has been discussed in the course of the work.

The ideal Homeless Action Team (HAT) is a small, tight-knit group of frontline workers who are the key influencers on the preparation, outworking and review of personal action plans or care/support plans. The HAT would comprise some, if not all of the following personnel and would meet weekly initially and then fortnightly to agree and determine the plan for new entrants to the services and review existing cases.

- **Homeless Officer;**

- **Community Welfare Officer;**

- **Key Worker;**

- **Outreach Worker;**

- **Housing Officer;**

- **Social Worker;**

- **Substance Misuse Worker;** *and*

- **Community Mental Health Nurse.**

Membership is not necessarily prescriptive but will rather depend on the range of personnel in the area with the closest support networks for people who are homeless. Most of the members of the HAT will have good networks also with colleagues in homeless services in other regions throughout the country. Essentially, the accepted model is facilitative to the person who accesses homeless services and is under-pinned by the imperative of returning people to independent living as soon as possible with supports where required. The relatively young age profile of many of the people experiencing homelessness in the new millennium places considerable responsibility on all elements of the homeless strategy to ensure that responses and interventions are:

- **Early;**

- **Appropriate;**

- **Long-term in design and effect;**

- **Coordinated;**

- **Reviewed regularly;** *and*

- **Measurable.**

It also means that preventative services should conform to a common set of screening and assessment criteria in order to identify people at risk of homelessness as early as possible and to effect interventions with speed and

professionalism. The research suggests that very positive outcomes will arise from this approach.

The Homeless Model itself, is based on the Throughcare Continuum of Care approach which specifies that the provision of care and support for people accessing homeless services should be linked up and seamless in design and delivery. The key elements are:

■   **Personal assessment;**

■   **Preparation and implementation of personal Care/Support Plan which sets out the issues to be addressed, the services to be accessed and a timetable for implementation including the return to independent living;**

■   **Appointment of a Key Worker who co-ordinates the implementation of the plan and the provision of services;**

■   **Identification of accommodation;** *and*

■   **Provision of housing supports through tenancy sustainment.**

The phasing of the key elements for the client will vary with the needs of the client, and progress on all fronts needs to be continually monitored and reviewed. The monitoring function is best carried out by the Key Worker, while the review process is the preserve of the Homeless Action Team. The Key Worker can ensure that the components of the Care/Support Plan are being implemented on a daily basis whereas the Homeless Action Team will review the attainment of milestones in the plan and make strategic alterations where required.

In essence, the Homeless Action Team comprises the local, decision-making expertise available to people who are homeless in that particular locality and sector and including health, housing, temporary accommodation and addictions professionals as well as the professionals providing the emergency, transitional or long-term residential accommodation. It is anticipated that the Team would operate on a case management basis and that its remit would extend to all people accessing homeless services.

The importance of establishing HATs which will convene key, frontline services from service providers, health and social services (including CWOs) and local authorities in the case management of all people in homeless services is a crucial element to delivering successful outcomes. All people accessing services would be registered through the Local Authority on access, and would be case-managed proactively. While there is an information flow to some Local Authorities, this could be mandatorily formalised and used as the basis for the case management.

The broad implementable recommendations for emergency accommodation services are as follows.

i.    All people entering emergency services would be assessed almost immediately, a personal action plan drawn up and agreed with the HAT, a Key Worker assigned and the plan implemented.

ii.   All plans would have a planned return to independent living and the level of support required updated on a weekly basis.

iii.  Local Authority responsibility on the HAT would be to ensure housing provision while the HSE personnel would be responsible for the provision and arrangement of key services.

iv.   Service providers would be responsible for the Key Working and ensuring that data records are timely and accurate.

v.     All residents identified as being in emergency accommodation for longer than six months should be resettled in independent accommodation.

vi.    All people presenting to services as homeless should present to each Local Authority in the first instance.

vii.   Admissions to services on a self-referral basis and out-of-hours should be gradually reduced and then comprise no more than 5% of all admissions by the end of 2011.

viii.  The number of people who remain at hostels for 6 days or less should be reduced from the current level to 5% of admissions.

ix.    Service commissioners should be satisfied that 'front door' services *(where people who are presenting as homeless are admitted and discharged)* at Local Authority offices and service providers are highly-skilled in motivational and mediation approaches which will ensure that the temporary accommodation services for people who are homeless are primarily designed to encourage access to relevant health and social services and participation in the Throughcare Model as outlined above.

x.     All people who access homelessness services should be recorded with the full array of data and information as outlined above.  Data should be maintained on a 'real time' basis and used to support case management and the HAT process.

xi.    The Personal Action Plan of all (not selected) residents in Emergency services should be reviewed formally by the Homeless Action Teams on a weekly basis at least.

xii.   Homeless Action Teams should comprise frontline workers from health, housing and community welfare and the managers of the commissioned services.

xiii.  All residents of emergency services should have a Key Worker.

xiv.   The role of Key Worker should be one of proactive, intensive support for the resident within the Personal Action Plan and their responsibility should be amended to include resettlement into independent living in line with the Throughcare Continuum.

xv.    The rate of Positive Housing Outcomes should be increased overall from the current rates of to a minimum of 85%.  This should also be a Key Performance Indicator and incorporated into the Service Level Agreement.

xvi.   All residents of Emergency accommodation should be referred to Resettlement Services as early as possible in line with expectations and timing arising from their Personal Action Plan so that suitable accommodation and ongoing supports can be arranged to coincide.

## 9.5   SKILLSETS AND TRAINING

This component is not in response to any observation of existing skillsets of staff in the Midlands.  It is merely a statement of relatively new approaches researched and promoted by other UK national homelessness services providers particularly St Mungo's, London.  The following is a brief extract from the literature[19] and the survey and further information can be accessed on the St. Mungo's website.

*Family breakdown is a highly complex problem and can cause homelessness among all ages and positions in families.  Relationship breakdown leads more people to homelessness now than previously, according to a survey carried out by St. Mungo's, a key London-based Service Provider of Homeless Services.  The survey indicated that relationship breakdown, as one of the triggers of homelessness, rose*

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[19] St Mungo's Annual Needs Survey 2007

*from 12.9% in 1999 to 41% in 2007. Out of the 1,000 residents who took part in St Mungo's annual needs survey, 47% said they would like to have more regular contact with their family. One fifth of residents said they had had no contact with their family for over six months. However, the charity estimates this number is higher, as 35% of respondents refused to answer this specific question. To address this issue, St Mungo's and Relate, a relationship support agency, set up a joint initiative to help homeless people develop their relationship skills. In terms of training and required skills for Care and Support Workers in Homeless Services in general and for Key Workers in particular, the data points out the extent to which mediation and relationship skills and programmes can be applied to address the challenge.*

Increasingly the people presenting to homelessness services have multiple challenges and the more highly-trained frontline staff are, the better the outcomes will be. The two skills identified are those relating to mediation and motivational interviewing.

## 9.6 CENTRAL POINT FOR REGISTERING AS HOMELESS AT LOCAL AUTHORITY AND REFERRAL TO SERVICES BY LA

If possible, people accessing services should register with the Local Authority. This would initiate the Throughcare approach which would also ensure that people who are homeless are in receipt of the contemporary services. Once registered, they would be referred to a particular service and the case management approach is in operation. Henceforth the person progress can be reviewed, assessed, amended to ensure the desired outcome.

## 9.7 DATA GATHERING

The journey through homelessness services, case management and the HAT structures are based on the availability of accurate and timely data. The presentation and analysis of data in this Review also seeks to confirm that it is only this approach which has the capacity to identify trends and facilitate the timely introduction of responsive policies and procedures. Paragraph 2.5 above also sets out the wider rationale for high quality data and a key recommendation from this Review is that the structures are put in place which ensures that data is made available to support the HAT structure, to inform case management and to provide monitoring and evaluation data for strategic management.

Gathering and retaining relevant data is essential to the outworking of the strategy. It has many strands and involves many individuals and agencies. Monitoring and reviewing clients' progress in their care/support plan depends on communication and the flow of information and data between agencies and more particularly between members of the HATs.

The start of the data gathering process is when the person first accesses homeless services. It is essential that all people accessing services are noted, on a county basis, on the same database as soon as they present. The development of a simple database which has a small number of fields noting clients' essential details would be useful and this would inform all decisions. The suggested fields include:

- *Name;*
- *DOB;*
- *PPS No;*
- *Place of Origin;*

- *Previous Address;*
- *Stated Reason for Presentation as Homeless;*
- *Key Worker;*
- *Care/Support Plan;*
- *Date of Admission/Presentation;*
- *Date of Departure;*
- *Intended Destination/Housing Outcome*

These are the details which could form the basis of a database and which could be developed such that the details can be updated on a daily basis by all providers online.

Resettlement data could be supplemented by some specific fields of information including the level of support, type of accommodation and tracking outcomes at regular times for the five years following placement.

## 9.8 SERVICE LEVEL AGREEMENTS

Some service providers have appropriate service level agreements and others do not. The SLA is a contract but it can be a bi-lateral vehicle which facilitates practical discussion of needs and resources on a regular basis. Given the close working relationship that currently exist between service commissioners and providers, the SLA should be sufficiently comprehensive to provide the detail necessary for the effective resourcing and delivery of the service.

## 10. Acknowledgements

Murtagh & Partners would like to take the opportunity to acknowledge the support and assistance of all the Service Providers, Local Authorities and HSE Midland Area who gave their time in making an input to the preparation of this Review.