

An Assessment of Service Needs

Middle Abbey St. B&B

April 2003

"Don't Get Their Hopes Up"

(Quote from One interviewee)

" The long history of deprivation and abuse that are common to homeless individuals have a significant impact on how they perceive pain and on the kinds of actions they will take to alleviate discomfort. People who live in conditions that are perpetually distressing learn to be tolerant of even extremely uncomfortable conditions. ... However, if hopes for improvement are not realized ... hope itself can become a source of pain. Rather than take action, individuals who feel trapped may relinquish hope as a means of emotional survival."

" Homeless People can feel trapped by their circumstances and powerless to improve them. This seeming inertia has become a source for making judgments about the moral character and intrinsic worth of people who are seen as a breed apart. Yet it is the intrinsic power in all persons to recover and grow, and the extraordinary resilience exhibited by homeless individuals stands as testimony to what is possible in the future."

(Both quotes from Path Technical Assistance package to organizations working with homeless people. USA).

LIZ LENNON.

<u>1. EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS</u>	3
<u>2. INTRODUCTION AND ACTION RESEARCH APPROACH</u>	4
<u>3. THE WOMEN IN MIDDLE ABBEY ST B&B - A SENSE OF THEM.</u>	5
<u>4. SECTORAL RESPONSES TO MIDDLE ABBEY ST B&B</u>	13
4.1 INTRODUCTION	13
4.2 WHO PROVIDES SERVICES AND SUPPORT TO THE WOMEN?	13
4.3 FORCE FIELD ANALYSIS – WHAT IS HELPING AND HINDERING SERVICES?	14
<u>5. OPTIONS FOR MIDDLE ABBEY ST B&B</u>	15
5.1 INTRODUCTION	15
5.2 OPTION 1 – Do NOTHING	15
5.3 OPTION 2 – CURRENT ORGANISATIONS PROVIDE REQUIRED RESPONSES	15
5.4 OPTION 3 – A CCT TEAM IS MANAGED BY THE B&B OWNERS	15
5.5 OPTION 4 – A CCT TEAM & CCT FACILITATOR IS MANAGED BY A STATE AGENCY	16
5.6 OPTION 5 – A CCTEAM & CC FACILITATOR IS MANAGED BY AN NGO	16
5.7 IMPLICATIONS FOR THE 8 MEN WHO USE THE BASEMENT AS ACCOMMODATION	18
5.8 RECOMMENDATIONS	18

1. Executive Summary and Key Recommendations

This action research had a number of aims:

- Describe the accommodation in terms of what currently exists.
- Describe the organisations that currently provide services or support to the women using the accommodation
- Identify gaps in service provision and stated needs of the women using the accommodation
- Assess and recommend a framework for future services using current models of effective practice and the continuum of care approach.
- Provide practical suggestions for the development of a support service to the women using the accommodation

There are a core of women who are consistent and high users of the accommodation. They can be there for months and some women have been using the B&B for years. From the data they can be identified and efforts made to work with them to develop a path out of emergency accommodation.

A smaller group of women would use the B&B for a week to two weeks. In the main they do not return to the B&B.

The figures across the three months for women who only stay at the B&B for a few days ranged from 30 to 55 %. They do not return.

The cause of the women's homelessness cover the usual spectrum of reasons – drug use; alcoholism; fleeing family violence; and mental health issues.

The women want a home; a job; some training; and a place to feel safe.

Sectoral responses have improved over the last 3 years but there are still serious gaps in coordination, information collection and service provision.

A pilot Continuum of Care process with across agency CCTeam a CC Facilitator and CCTeam workers in the B&B have been recommended for a period of 2 years (from the employment of the CCTeam in the B&B.

Workers in the agencies who have contact with the B&B have shown a keen interest in participating in the pilot.

I would like to thank all the workers in the agencies that provided their time on very short notice for this research. Particular thanks to Emma in Depaul Trust and Mandy the security worker in the B&B.

2. Introduction and Action Research Approach

This action research had a number of aims:

- Describe the accommodation in terms of what currently exists.
- Describe the organisations that currently provide services or support to the women using the accommodation
- Identify gaps in service provision and stated needs of the women using the accommodation
- Assess and recommend a framework for future services using current models of effective practice and the continuum of care approach.
- Provide practical suggestions for the development of a support service to the women using the accommodation

The Depaul Trust and the Health Board wanted the work to be done within 4 to 5 weeks so that action could be taken on the recommendations.

Numerous individuals in key agencies providing services to the women in Middle Abbey St gave time (with very short notice) for interviews. The aim of the interviews was to gain a sense of the work done by these agencies; their perception of the women; their views of key elements of effective cross agency practice; and a sense of their opinions regarding service options to the women. In some cases I had follow up conversations with people. At least one key person was consistently unavailable for interviews. This is unfortunate as her views are important.

I visited Middle Abbey St on two occasions in the three week field research period. On the first visit I was able to talk with a group of 6 women for 45 minutes. I also spent time talking with the female security worker. On my second visit I chatted with one woman I had met on the previous visit as well as another woman in an individual interview. The other 6 women in the room refused to speak with me. They told the worker (in my absence) that they "***were tired of always having to answer questions when nothing happened.***" One woman said, "***If I talk to her I'll cry***". I then spent some time talking with the security worker. She has ongoing contact with the woman and I observed a good rapport between her and the women. I made further contact with her over the phone on 2 occasions and gathered relevant information about the women generally and a group of women who have been in the B&B for some time.

I met the owner and manager on one occasion for a lengthy interview. A second interview was scheduled with the manager but she did not arrive and I had left when she turned up.

Due to the brief time span of the field research it was not possible (or feasible) to gather detailed information on the women's needs. The Dublin City Homeless Unit made their B&B records available for analysis.

Desktop research consisted of a web search on approaches to homelessness as well as reading three reports on B&B's.

3. The Women in Middle Abbey St B&B - A Sense of Them.

3.1 Introduction

This section will provide both qualitative and quantitative information regarding the women who use Middle Abbey St.

Gathering clear information was a very difficult task. Much of the data is based on a mixture of on the ground experience and estimates. For example, the percentage of women perceived to be sex workers using the B&B ranged from 15 to 95% depending on who I talked with.

The B&B must provide Dublin City with a nightly accounting of the number of people using the accommodation. This information is stored on paper. I was given access to this information for January to March 2003. This information is now stored for the first time on a spreadsheet (the work was done by this researcher) and enables a much clearer view of the women's accommodation patterns.

I was unable to access the Homeless Persons Unit files due to both the short time frame of the research and difficulty in getting Mary Kenny's authority to look at them. Mary was unable to attend either of the two interviews we scheduled due to unforeseen emergencies. I did not think the CWO had the authority to allow me access to the files.

Both the manager and security worker provided information regarding the women and their daily routine. The security worker was very helpful in linking me with the women as well as acting as a defacto interviewer and gathering information for this report.

3.2 The Women and their needs

"Chaotic, drug users, alcoholics, prostitutes, unemployed, homeless."

Labels that only partly define the women who use the B&B.

Yes – many of the women have drug misuse issues – either heroin or tablets sold illegally.

Yes – some of the women abuse alcohol.

Yes – some of the women are sex workers to supply the money for their substance issues.

Yes – all of the women would be unemployed

Yes – all of the women are homeless.

When I talked with some of the women they all said that they wanted accommodation and then a job. One woman wanted to do training to upgrade her skills in computers and she wanted her children back out of care.

Middle Abbey St B&B. An Assessment of Service Needs.

A general day in the B&B would go something like this:

This information was provided by the manager.

- ↪ Up early (7-8am) – have a shower and go down to the kitchen. Eat cereal and have cups of tea (go through 3000 teabags a week). Smoke lots.
- ↪ Might go out for a walk. Sit in front of the TV – smoke and drink tea.
- ↪ Any time from 3 to 5pm go out to clinic.
- ↪ Around 6.30pm get ready to go out and 'work' for 2 hours to get money for drugs.
- ↪ Back in between 9 and 11pm. Off to bed.
- ↪ If it's Wednesday stay in because have no money. If it's Thursday go out because the money is in.

A few stories about the women.

1. One woman I interviewed had been in the B&B since October 2002. She had previously been in a small flat but was evicted because her rent allowance didn't come through on time. Prior to that she had been in Daisy House accommodation. She had come here from the UK (she wasn't clear why) and had no contact with her family. She had a key worker in Focus that she liked but the worker had left. She did not have a key worker now and hadn't asked for one. She wanted a place of her own and said that she didn't do drugs. She said that living in the B&B was fine and the women were nice – although it could get noisy with the numbers living there. She said she felt frustrated and trapped. I observed that she looked very tired and had difficulty maintaining eye contact. She answered my questions but showed no interest in asking me anything or expanding on her answers.
2. One woman told me she had 2 children in care. Her partner (now Ex) of the time had been evicted for antisocial behaviour and she felt that this had labelled her. Her key worker was in the clinic (I'm assuming Trinity). She wanted a home. She had done Montessori training just before her first child was born and had done some of the ECDL units. She wanted to complete them and work in an office.
3. One young woman (18) had been homeless since she was 18. She said that she first visited this B&B when she was 16 to check it out and felt that it had improved a lot since then. Her key worker is in Focus and she sees her every week. She is waiting to be housed in an apartment block of 4 that is managed by Focus. She was about to begin a childcare course but had not passed the garda check (she has a record for petty theft as a juvenile).
4. One woman had been in the B&B for 2 months. She had left the family home and older children because of her husband's violence. She is still waiting for a key worker and really feels she just needs a place to feel safe and think about what to do next.

Middle Abbey St B&B. An Assessment of Service Needs.

5. One woman is blind and has been in the B&B for some time (check with Mandy). She has no substance abuse issues. I did not speak with her directly but the manager said she (the woman) wanted to stay there because she knew the women and felt useful.

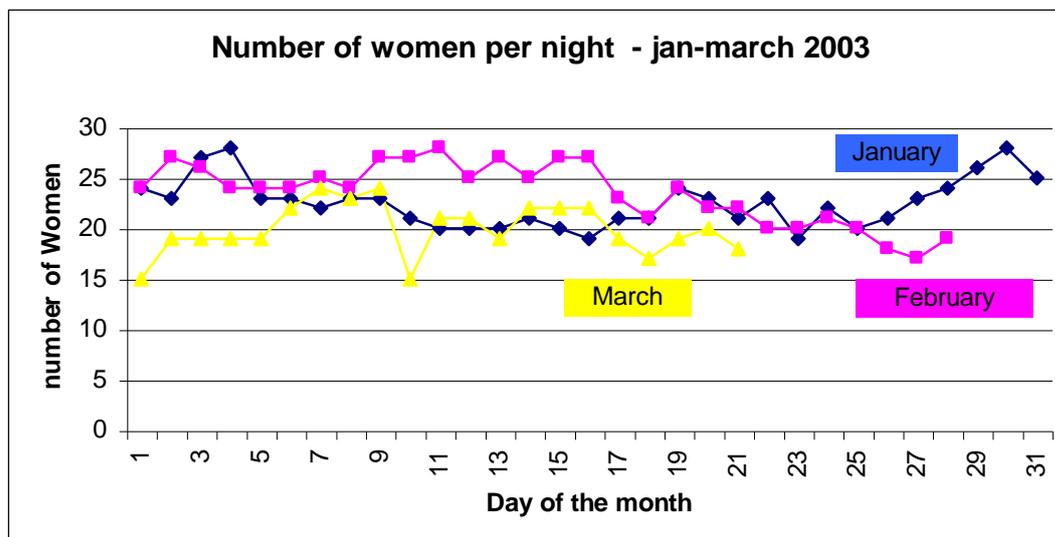
Pat - I will be talking with Mandy (the security worker) at 2 pm today to gather more information on a number of the core users. I may also be talking to one of the women on the phone. I will add this information in for Tuesdays meeting

3.3 Accommodation Usage Patterns – Data Analysed.

The following pages are the result of nearly a week of entering and analysing data.

The raw data was provided by Dublin City Homeless Section. It consisted of a 2 sheets representing each night's occupation numbers for January to March 2003 – just under 2000 pieces of individual data.

A. Number of Women per night for first three months of 2003.



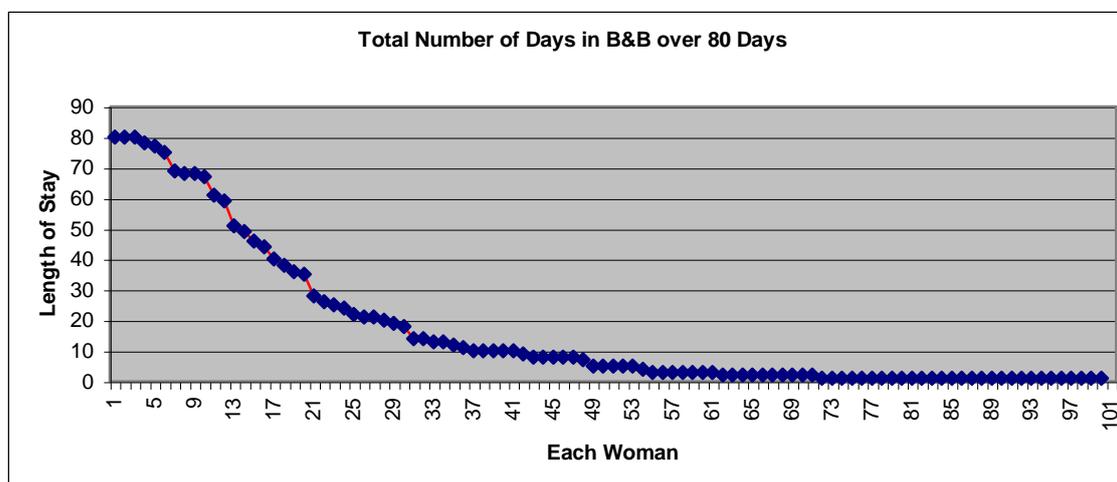
1. Please note that 4 days of data in March were unavailable for analysis.
2. The 30 beds were not in full use. There are five rooms that can accommodate 6 women per room. In my opinion this are too many women per room. A close examination of the data shows that the rooms rarely have less than 4 women in them and some nights a room will be full.
3. Total number of beds used in 80 days from January 1 2003 to March 25 2003 was 1777: -
 - January (31 days) – 698;
 - February (28 days)– 660;
 - March (21 days) - 419
4. The number of women in the B&B per night ranges from 15 to 28.
5. A total of 101 individual women used the B&B over 80 days from January 1 to March 25 2003. The average number of women that stayed per night in **January** was 18. A quick look at the chart reveals that the majority of nights had between 20 and 25 women in the B&B.
6. The average number of women that stayed per night in **February** was 21. A closer look at the line graph shows 11 nights that had between 25 and 28 women in residence.
7. The average number of women that stayed per night in **March** was 20. March saw a number of nights where numbers dropped to 15.
8. In February 28 new women presented for accommodation. The majority (21) only stayed for 1 - 3 nights. One woman stayed for 19 consecutive nights. The remaining 5 women stayed for between 5 and 7 nights.
9. In March 17 new women presented for accommodation. 9 of those women stayed for 1 or 2 nights. One woman stayed for 20 of the 21 nights analyzed for March. The remaining 7 women stayed for between 4 and 10 nights.

Middle Abbey St B&B. An Assessment of Service Needs.

B. Number of Days in B&B for each Woman

A view of 3 months of data provides a clearer picture than 1 week or even a month.

Clear and accurate data allows us to see the bigger picture as well as follow individual details. We can then make clearer decisions about the nature and extent of service provision.

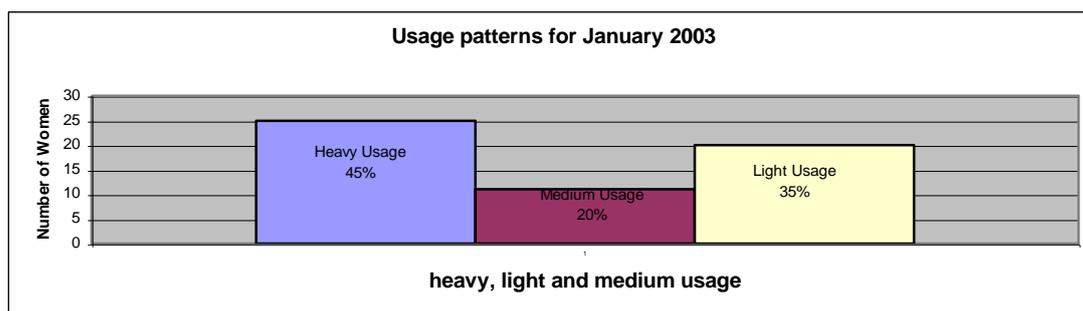


Interpretation of the line graph above:

Please note: 1 woman's data did not enter this line graph – no idea why!

1. I would interpret any stay longer than 20 days over 3 months as being high usage by a woman. There were 30 (30%) women who resided at the B&B for between 20 and 80 days. Of those women, 12 had been there for more than 2 months. This is the group of women that could use a positive one to one focus in terms of needs assessment and service delivery. We need to know what is blocking their movement on.
2. Medium usage of the B&B would be between 11 and 19 days over 3 months – although this is still a relatively long time to use emergency accommodation. 17 (17%) women stayed in the B&B for between 11 and 19 days.
3. Anything below 10 days over 3 months would be seen as light usage of the accommodation. 53 (53%) women used the B&B for between 1 and 9 days. Of those women, 39 stayed for only 1 or 2 days.
4. 47% of the women using the B&B stayed for between 10 and 80 days. This provides an opportunity to work in a focused way with the women.
5. The 53% of women that only stayed for a few days also need to be supported in any way that is relevant for them.

C. Usage Patterns for January, February and March 2003



Usage for January 2003 from a Total of 56 women over 31 days

High Usage – defined as women staying for between 13 and 31 days

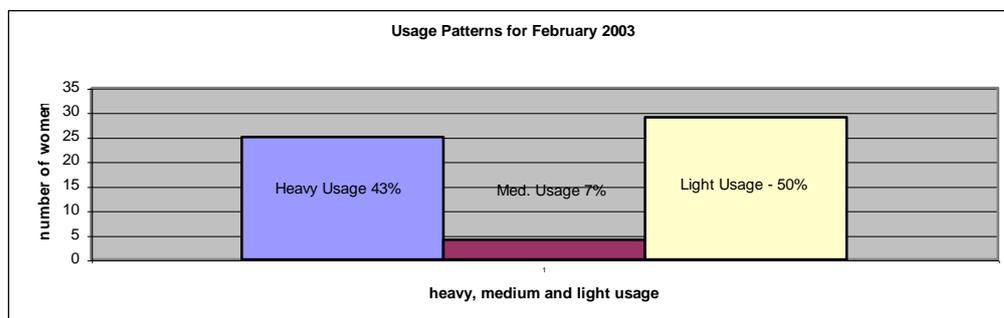
- 25 (45%) women used the B&B on a consistent basis.
- Of the 25 women, 9 (36%) used the B&B for between 21 and 28 days.

Medium Usage – defined as women staying for between 6 and 12 days

- 11 (20%) women used the B&B for anything between a week and two weeks.
- Of these 11 women, 6 (55%) were there for 11 or 12 days.

Low Usage – defined as women staying for between 1 and 5 days

- 20(35%) of the 56 women who used the B&B in January were there for a relatively short time.
- Of the 20 women, 14 (70%) were in the B&B for 1 or 2 days.



Usage for February 2003 from a Total of 58 women over 28 days

High Usage – defined as women staying for between 13 and 28 days

- 25 (43%) women used the B&B on a consistent basis.
- Of the 25 women, 17 (68%) used the B&B for between 21 and 28 days.

Medium Usage – defined as women staying for between 6 and 12 days

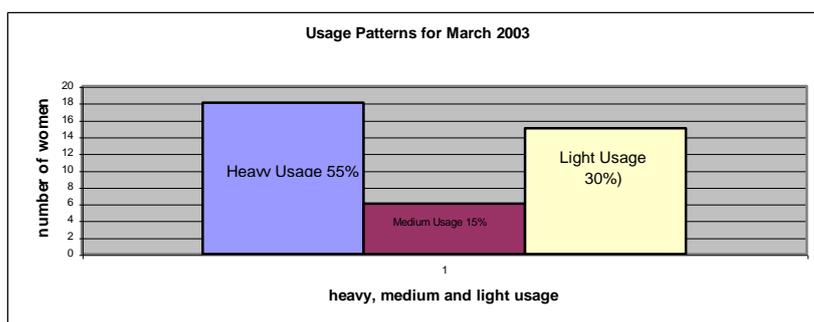
- 4 (7%) women used the B&B for anything between a week and two weeks.

Low Usage – defined as women staying for between 1 and 5 days

- 29(50%) of the 58 women who used the B&B in January were there for a relatively short time. Of the 29 women, 22 (70%) were in the B&B for 1 or 2 days

Middle Abbey St B&B. An Assessment of Service Needs.

Usage for March 2003 from a Total of 33 women over 21 days



High Usage – defined as women staying for between 13 and 21 days

- 18 (55%) women used the B&B on a consistent basis.

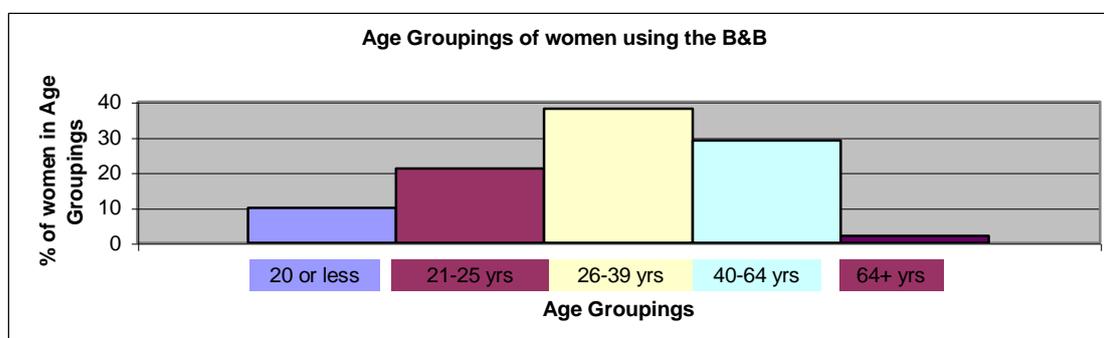
Medium Usage – defined as women staying for between 6 and 12 days

- 5 (15%) women used the B&B for anything between a week and two weeks.

Low Usage – defined as women staying for between 1 and 5 days

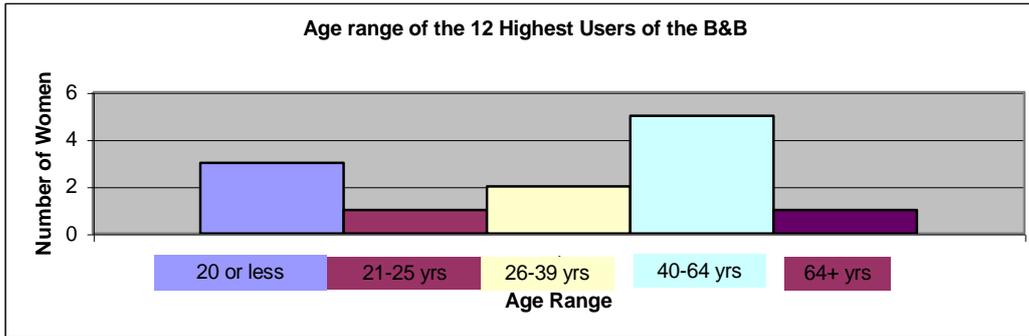
- 10 (30%) of the women who used the B&B in January were there for a relatively short time.

D. Age of the Women using the B&B



1. Of the 101 women who used the B&B over 80 days there was birth date information for 97. The age grouping categories were taken from the Homeless Agency Assessment of Homelessness in Dublin 2002 report to aid consistency of any comparisons within the sector.
2. 10 women were aged between 18 and 20.
3. 20 women were aged between 21 and 25.
4. 37 women were aged between 26 and 39.
5. 28 women were aged between 40 and 64.
6. 2 women were older than 64. One is 67 and the other is 71. This begs the question regarding why women of that age are in this accommodation.

Middle Abbey St B&B. An Assessment of Service Needs.



1. The women with the highest usage of the B&B over the three months cover all age ranges.

So – What does the data tell us?

- There are a core of women who are consistent and high users of the accommodation. They can be there for months and some women have been using the B&B for years. From the data they can be identified and efforts made to work with them to develop a path out of emergency accommodation.
- A smaller group of women would use the B&B for a week to two weeks. In the main they do not return to the B&B.
- The figures across the three months for women who only stay at the B&B for a few days ranged from 30 to 55 %. They do not return.

Challenging a Myth

Many workers told me “ these particular homeless women are chaotic in lifestyle and in accommodation choices. They will move back and forth between emergency accommodation.” Well, the data shows otherwise.

I analysed the individual usage patterns of 27 women who had stayed in the B&B for anything between 7 and 60 nights between January and March. This is what I found:

- **22 of these 27 women (81%) used the B&B consistently for the time of their stay.** They may have been out on 1 night but would return for a block of time. This included women who stayed for 22 to 60 days.
- 3 women stayed for a week or so in January and then left for anything up to 1 to 2 weeks. They then returned and stayed consistently for the rest of their stay in February and/or March.
- 2 women out of the 27 who stayed for between 7 and 60 days had sporadic usage of the B&B. Usually out for 1 to 2 days and then back in – repeating the pattern.

The women’s accommodation patterns are not as chaotic as people say. This provides real opportunities to do consistent and coordinated work with them

4. Sectoral Responses to Middle Abbey St B&B

4.1 Introduction

A number of individuals in key agencies were interviewed for this research. They were helpful and open in sharing their perceptions of Abbey St and the women's needs. Many of these people gave follow up interviews.

This section provides a brief overview of the agencies providing services to the women as well as an analysis of the sectoral and system forces that are helping and hindering the women's progress who reside in the B&B.

It is worth noting that most individuals were keen to see more formal and practical systems of coordination and information sharing between services working with the women.

4.2 Who Provides Services and Support to the Women?

The first point of contact for the women in the B&B is the security worker and the manager. They are responsible for ensuring that the B&B meets standards of health and safety as well as the security of the women. In my observation they both have a good rapport with the women and a genuine concern for their welfare.

The following agencies and individuals were interviewed. The number next to a person give an indication of the number of conversations I had with them.

- **Homeless Agency** Mary Higgins
- **Depaul Trust** Pat Doherty (4); Tony Duffin (2); Samantha Priestley
- **Multi Disc. Health team** Kerry Anthony (2)
- **Dublin City Resettlement Team** Anthony Gleeson (2)
- **Dublin City Homeless Services Unit** Maire Twomey; Derek Healy; Tommy (2); George Finglas
- **Homeless Persons Unit** Marina (CWO); Unable to meet with Mary Kenny on 2 occasions.
- **Health Board** Frank Mills (2)

Numerous calls were made to Merchants Quay but I was unable to speak with anyone. After discussion with the B&B security worker I decided not to contact Chrysalis as she said the women don't use it. An interview with the Social work team leader of Area 4 had to be cancelled (I was responsible this time) and we could not catch each other in the time given.

The key point to note is the delineation of responsibilities between the Health Board and Dublin City. Simply put, the Health Board is responsible for services related to a person's mental and physical health and Dublin City is responsible for ensuring safe and appropriate housing. The Homeless Persons Unit is responsible for ensuring a person is receiving appropriate benefits; medical card; and referral to emergency accommodation. They provide a Patch CWO who visits the B&B once a week.

The time people gave, on very short notice, for interviews is appreciated. The short field research time frame means that a quick turnaround is possible on the work (the good news) and some people and information will not be available (the bad news).

4.3 Force Field Analysis – What is Helping and Hindering Services?

The following table provides an overview of the helping and hindering forces that are affecting the women's progress out of the B&B.



Principle and Practice	Helping Forces	Hindering Forces
Commitment & Cooperation ☞ <i>To explore new ways of working together</i> ☞ <i>To participate by workers</i> ☞ <i>To provide authority by managers</i>	☞ Cooperation happens in many ways. ☞ A lot of informal cooperation across agencies at worker level ☞ Willingness by workers to explore new ways of working	☞ Formal cooperation still needs to be worked on between agencies ☞ Resistance by some individuals to new ways of working ☞ Workers waiting for authority to work cooperatively on a formal level
Clarity ☞ <i>Of Purpose</i> ☞ <i>Of Planning, Action and Reflection</i> ☞ <i>Of Process</i> ☞ <i>Of Roles and Responsibilities</i>	☞ Homeless Agency work and planning ☞ Work by HPU and Dublin City to clarify roles, responsibilities between agencies – in early stages	☞ Still a lot of informal crossover in roles and responsibilities. ☞ How work gets done and who works with who is still very dependent on personalities and histories.
Communication ☞ <i>Within and Between Agencies</i>	☞ A lot of informal exchange as well as formal through a range of means	☞ Still blocks to communication that are a result of organisational cultures; personal histories and time constraints
Coordination & Integration ☞ <i>Of Continuum of Care Planning</i> ☞ <i>Of Data on homeless people</i>	☞ Happens informally ☞ The LINK System	☞ No formal process of care planning ☞ Not all key agencies are in the LINK system
Consistency ☞ <i>Of Data Collection and Sharing</i> ☞ <i>Of Assessment tools and processes</i>	☞ There are assessment tools and systems ☞ Records are kept by agencies	☞ Key data in Dublin City and HPU on paper. Very difficult to analyse in order to make critical decisions. ☞ Data is not shared. ☞ No clear agreement on assessment process.
Connection to Continuum of Client Readiness ☞ <i>Rapid and Coordinated Responses</i>	☞ Some workers are going beyond their roles to respond to need	☞ No coordinated response to the women's needs
Conceptualising ☞ <i>Clear Understanding of Models; Concepts and Theories that inform Practice.</i>	☞ Informally people are aware of their models of practice	☞ No formal sharing and exploration of models

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5. Options for Middle Abbey St B&B

5.1 Introduction

This section explores the options available to meet the needs of the women using the B&B.

The gaps in information storage and sharing; roles and responsibilities clarification; and the lack of a formal continuum of care planning process between agencies servicing the women have affected the short and medium term recommendations that will be made.

If these gaps didn't exist then this research may not have even been needed. Right now they do exist and I do not see them being effectively dealt with and embedded in the sector for another year or two.

5.2 Option 1 – Do Nothing

This is not an option.

5.3 Option 2 – Current Organisations provide required responses

As has been indicated in the previous section, there are gaps in service provision by organizations that they freely admit exist and are attempting to resolve.

They have indicated in interviews that as things currently stand they are not coordinating as effectively as they could. Some agencies are currently reviewing their work and others are working to develop agendas of cooperation between themselves. In the last few years there have been positive changes made by agencies but there is still more to be done.

Clear and accurate information collection, storage, analysis and dissemination processes are being developed. The LINK system is in place but key agencies (for whatever reasons) are not in it. It was extremely difficult and time consuming for this researcher to develop the quantitative analysis for this report.

If all the agencies were working cooperatively; exchanging information; developing continuum of care plans; and formalizing roles and responsibilities then I would have no hesitation in recommending this option. But they are not and the numbers who are long-term residents of the B&B are testament to that fragmentation.

The availability of a range of programs and services in the community does not guarantee that services are coordinated and accessible.

5.4 Option 3 – A CCT Team is Managed by the B&B Owners

This is not an option I would favor for a number of reasons:

- ↳ The owner and manager (and I assume most other B&B owners) are not qualified to develop and manage a continuum of care team.
- ↳ They do not have the economies of scale to support the organizational systems needed to ensure effective practice.

5.5 Option 4 – A CCT Team & CCT Facilitator is Managed by a State Agency

Given my previous comments regarding clarity of roles and responsibilities I would not recommend this option because no one agency has responsibility for the holistic care of a person. One deals with housing and the other deals with health.

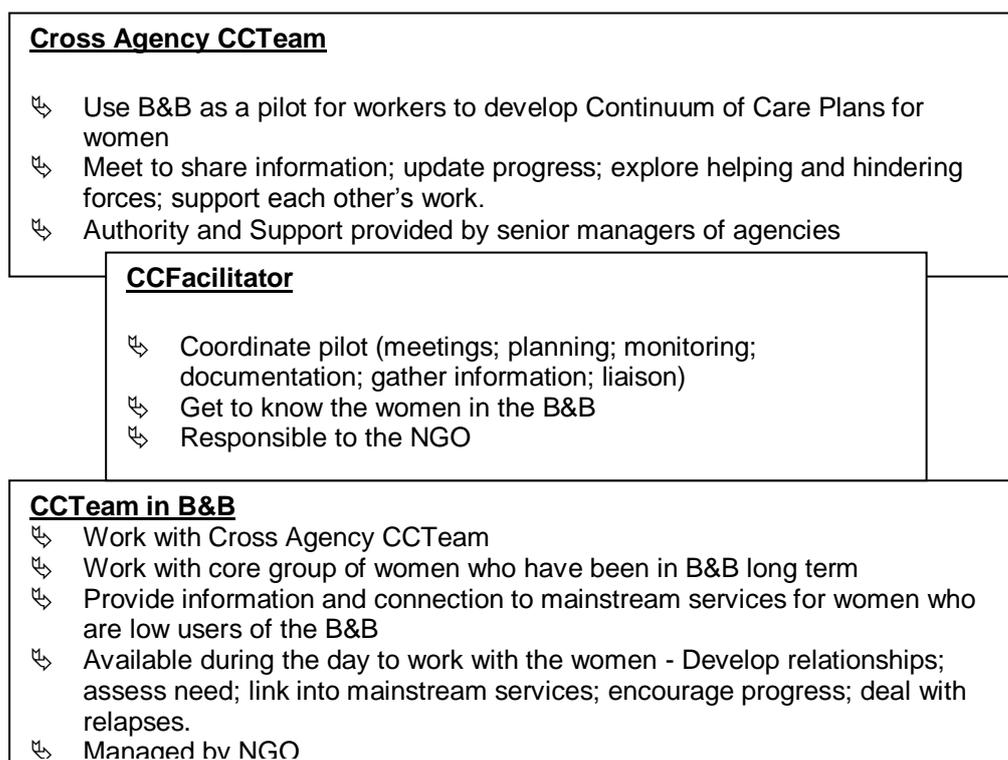
I see the agencies having a critical role within the framework of their responsibilities and the workers have shown a keen interest in participating in the model of practice that I have developed.

5.6 Option 5 – A CCTeam & CC Facilitator is Managed by an NGO

In this option a Continuum of Care (CC) Team and a CC Facilitator are managed by an NGO who has experience; infrastructure; standards of practice and commitment to working with marginalized homeless people.

This is how I see the model working:

- ↵ The model is put in place for 2 years and is closely monitored and documented.
- ↵ As B&B's are phased out as emergency accommodation and gaps in service provision are resolved elements of this model may be phased out.
- ↵ **The model works with both the women and the building.** This means that for some time this B&B is the core accommodation for a group of between 12 and 20 women. As the model is put in place the women may move or be moved to other accommodation (either individually or in small groups). The Team will work with these women as their primary focus. This may mean working with some who stay in the B&B and with others when they become housed elsewhere. This will be influenced by how each woman is linked into mainstream services and the level of support needed.
- ↵ The model works on the levels shown in the diagram below:



Middle Abbey St B&B. An Assessment of Service Needs.

A. Cross Agency CCTeam

In order for the work with the women to be truly effective there is a need for the agencies to work more closely together.

Individual workers who were interviewed expressed a keen interest in meeting to work more effectively to meet the needs of the women in Middle Abbey St.

If this group of women and the B&B were seen as a pilot to practically explore the challenges of developing continuum of care plans across agencies, then real steps could be made to progress them. It would also provide a testing ground for tools; processes and practices.

Time, motivation and skill can be both supporting and constraining factors in any new process of working together. This will need to be recognized, discussed and solutions found.

A pilot of this nature will need the authority, commitment and support of senior managers in agencies. They will also need to be open to exploring any feedback from the Team on any internal processes; systems and practices that may be either impeding or supporting progress.

B. CC Facilitator

The CCFacilitator plays a critical link in this model.

The person would be responsible for coordinating and organizing the nature, timing and process of cross agency communication and planning for the women in the B&B. This person would be spending time doing what workers in the agency don't have the time to do in terms of organizing and coordinating.

The CCFacilitator would also be responsible for documenting and monitoring the pilot in cooperation with all the others involved. They would also gather key information on tools and processes that would aid the workers in the agencies and the B&B.

This worker would be managed by the NGO. They would also take time to get to know the women in the B&B.

The CCFacilitator may or may not be the supervisor of the CCTeam in the B&B. I'm not quite sure how much of their time would be taken up as the facilitator of the pilot model and whether they should be seen as linked but independent from the CCTeam in the B&B. That is, the CCFacilitator may need to be seen as neutral in this new way of working on cross agency cooperation – particularly if they have a role in monitoring progress. Another option would be for the CCTeam in the B&B to be directly supervised by a manager in the NGO. This needs to be teased out more.

Middle Abbey St B&B. An Assessment of Service Needs.

C. CCTeam in B&B

There would be 2 CCTeam workers who would work with the women in the B&B during the day. They would develop relationships; assess need; develop cc plans; link to mainstream services and participate in the pilot and cross agency CCTeam discussions. They provide the daily and ongoing contact with the women that agency workers cannot do.

There is a core of 12 to 20 women who will need focused support as they are long term users of the accommodation. Other women will need varying levels of support.

There are a few options regarding the type and level of workers:

- ↪ We need to explore our views regarding whether the workers should be women.
- ↪ One worker could be more experienced and act as the Team leader. They would have experience in continuum of care planning and working with homeless women. It would be useful if they had experience in dealing with drug users. The other worker may be less experienced but have enthusiasm, energy and street smarts to work with the women. The women need at least one worker who has a lot of experience. This B&B cannot be a place where both workers gain experience on the job. The time frame of the pilot and the women's needs are too immediate.
- ↪ Two workers on the same level of experience.

The workers would be managed by the NGO and not the B&B manager. This would be made clear in contracts of agreement between the funding agency and the NGO.

It is important that the roles and responsibilities between the NGO and the B&B manager are delineated. The manager of the B&B is responsible (and paid by Dublin City Council) for the safety and security of the building and its tenants. They employ and supervise 2 female security staff. The NGO will be responsible (and paid by the Health Board) for managing the 2 staff as they develop continuum of care plans with the women in the B&B. This will also need to be clarified in discussions and writing between all parties.

5.7 Implications for the 8 men who use the basement as accommodation

Currently 8 to 9 men use the basement as long-term accommodation. They have their own male security worker (and entrance to the premises) who ensures they go to appointments. I visited the space and noticed that it was more 'homey' than the women's rooms – there are posters and personal items at each bed that indicate a sense that this is their space.

If this pilot is put in place then the 2 workers will need to have both workspace and private spaces to talk with the women. This means that either a room upstairs or the basement will have to be closed as accommodation.

How, where and when the men are moved must be handled with sensitivity.

5.8 Recommendations

I recommend that Option 5.6 be implemented and resourced for 2 years.

Middle Abbey St B&B. An Assessment of Service Needs.

Middle Abbey St B&B. An Assessment of Service Needs.