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The comments in this report are those of the author and do not necessarily reflect the views of the Homeless Initiative, the Management Group or Consultative Board.

Preface

"Under One Roof?" is the report of research commissioned by the Homeless Initiative. The Initiative was set up in late 1996 and operates under the joint direction of the Eastern Health Board and Dublin Corporation and applies to the counties, Dublin, Kildare and Wicklow. The aim of the Initiative is to ensure that services for homeless people in this area become more effective, particularly by improving their planning, co-ordination and delivery. This is to be achieved through analysis, planning and the development of a strong partnership between the agencies involved in service provision to homeless people in the area, including the health board, local authorities and voluntary bodies.

This report reviews the future strategic options for the organisation of services to homeless people in the Eastern Health Board area. It was the proposed relocation of the Homeless Persons Unit which prompted this review, providing an opportune time for the health board and the Corporation to consider options for improving the coordination and delivery of their own services, and of homeless services generally.

Possible options for the future management of services to homeless people are examined in the report. A model of a 'one stop centre', which would play a key role in developing a coordinated response to homelessness, is proposed. The report is based on consultation with providers of services to homeless people in Dublin, Kildare and Wicklow and will inform decisions on the future organisation of those services.

Executive Summary

This report does not say anything that people do not already know. What it has attempted to do is to present the issues that face the homeless services sector as seen by those people working in it and affected by it. It also presents the critical principles and practices, identified by those people, that will underpin any future development of services to and for homeless people. The report teases out the options regarding the future management of services and makes a recommendation regarding the future responsibilities of the local authorities and Eastern Health Board. Finally, it presents a model for a 'One Stop Centre' that would play a key part in providing a co-ordinated response to homelessness.

The information for this research came from submissions and interviews with statutory bodies, voluntary organisations and homeless people. The researchers would like to thank all the people who gave of their very busy time. Their thoughts and ideas have critically informed this report.

A range of gaps in service provision were identified and are detailed in section 4. Interviews and submissions covered a wide range of topics under the area of service provision. They commented on current service delivery by the Homeless Persons Unit (HPU); broader service delivery by the sector; assessment procedures; information and research issues; co-ordination and networking; the needs of specific groups of homeless people; management anomalies; structural barriers; decentralisation; training and development; emergency accommodation needs; research and evaluation; support services; referral and linkages; resources; information technology; and HPU physical layout. There was consistent agreement by both statutory and voluntary agencies regarding the many key gaps in service provision.

The key concerns were:

- The importance of identifying and understanding the needs of different groupings of homeless people is critical to the successful development of services. People felt that the responses by statutory agencies to date had not taken these differing needs into account.
- A critical weakness in the system is the legislative provisions (Housing Act 1988 and Section 54 of the Health Act 1953) which place responsibility for the provision of services to homeless people in the hands of both the Local Authorities and the Health Boards. Basically, this lack of clarity of responsibility has created both confusion and frustration in the sector.
- In both submissions and interviews it was the actual delivery of services which received most attention, with focus on: assessment and referral; prevention; short term emergency services; rehabilitation and developmental; the physical space of the HPU; decentralisation of services and resettlement. The fact that demand for emergency accommodation exceeds supply is a matter of great concern to the sector.
- While there is a willingness by both statutory and voluntary agencies to engage in discussion, there is an acknowledgment of the difficulties in bringing up sensitive issues that may be interpreted as attacks.

Developing a process of structured confrontation (which will occur in any decision making process) while also respecting peoples competence and commitment will require skilled people.

- Everyone agreed that the quality, nature, accessibility and usefulness of information regarding homelessness needs improvement. The official figures on homelessness are regarded as flawed and inaccurate by many agencies and the methods used to gain information in need of review. Clear and user friendly information is not generally available.
- All reports, interviews and submissions indicated that although monies to homeless services (statutory and voluntary) had increased in recent years, it was not sufficient for services to meet rising and changing demand.

Any developments of future services must be linked to the principles and practices of an effective service. These become the underpinning strategic aims upon which the sector can monitor and evaluate how successfully it is working to deal with homelessness. Twenty four principles and practices were identified and are contained in section 5.

The options for future delivery of services to the homeless:

1. Leave everything as it is.
2. Increase resources to Dublin Local Authorities and the HPU and no change to statutory responsibilities.
3. Clarify statutory responsibility, increase resources and develop a co-ordinated and accessible service.

Section 5 explores these three options with regard to the management of services by the two statutory agencies. It details, from the submissions and interviews, the potential 'look' of an integrated service. It finally describes the three crucial questions which need to be addressed, namely:

1. Who will have overall responsibility for managing the planning and delivery of services?

Options have been presented. It is recommended that Dublin Corporation be given responsibility for the management of services involving housing and accommodation. This includes assessment, emergency accommodation and resettlement services. The Eastern Health Board continue its responsibility for the management of medical, health, and personal social services. The Homeless Persons Unit would continue to be the operational arm of the accommodation service but would be under the management of Dublin Corporation. Over time it would form an integral part of the One Stop Centre or whatever integrated service emerges.

2. How will the integrated approach presented in the One Stop Centre model be realised?

This report has presented a model that is based in Dublin and could have needs based 'satellites' in other local authorities linked to the new Eastern Regional Health Authority boundaries to be established in

January 1999. It is recommended that the Homeless Initiative take the lead in exploring and co-ordinating the development of the integrated approach, whether it manifests as a One Stop Centre or some other model. This development should be done utilising the skills and experience of stakeholders represented within the Initiative.

3. How will these service be resourced?

Current resources could be redirected but there is still a need to increase resourcing to both the statutory and voluntary sector if future service delivery is to be improved. Resource allocations should be linked to clear service plans (from both voluntary and statutory agencies) and evaluation processes so that homeless people can be confident of an increasingly improving service.

The next steps will require the willingness of all stakeholders to participate in decisions, planning and action that may not always be easy, but in the long run will provide services that meet the needs of homeless people.

Section One:

Introduction and Approach

This study was commissioned by the Homeless Initiative to allow an input from a wide range of groups into the planning of future services to homeless people provided by both the Eastern Health Board (EHB) and Dublin Corporation. The opportunity for this review and consultation arose from the planned relocation of the Homeless Persons Unit managed by the EHB. The aims of the review were to:-

1. Collect and interpret the views of key stakeholders on service provision to homeless people in the Dublin area with regard to outstanding needs; as well as the barriers and opportunities that currently exist in relation to meeting these needs.
2. Translate these views and operational constraints into a number of preferred options and recommendations relating to the future service provision through the Homeless Persons Unit (HPU) and Dublin Corporation.

The information was gathered using a number of methods:

- Collation and analysis of submissions from organisations involved in providing services to homeless people. Requests for submissions on future strategy options for Homeless Persons Unit (EHB) and Dublin Corporation Homeless Services were sent to over 100 individuals and organisations in the statutory and voluntary sector (this included many different departments within the Eastern Health Board and other statutory organisations). Respondents were invited to identify the priority issues for their organisation or agency in the context of future service delivery and development options for the statutory services. Fifteen submissions were received from ten agencies - eight from voluntary organisations; one from the HPU; and one from South Dublin County Council.
- Structured interviews with personnel in Dublin Corporation; the Department of the Environment and Local Government; Kildare County Council; Dun Laoghaire/Rathdown County Council; South Dublin County Council; Bray Urban District Council; the Homeless Persons Unit (3 front line workers and the manager); the Eastern Health Board Programme Manager for homelessness; Eastern Health Board worker in Wicklow; and the Homeless Initiative. Many unsuccessful attempts were made to contact Health Board workers in the areas outside of Dublin city by phone. This was also true of attempts to contact some workers in the HPU. The phone lines were either constantly engaged or unanswered.
- Structured interviews with workers in Dublin Simon; Focus Ireland; Capuchin Day Centre; Iveagh Hostel; Haven House; Focus Extension

- Interviews with homeless people in Simon shelter (3 men); Focus Extension (14 young men and women in a group discussion); Focus Ireland 'wish list' developed by service users (women with children); and women in Haven House
- Gathering and analysis of key reports and documents
- An Internet search for information on innovative provision of homeless services

This report will present the findings of the research in the following sections:-

Section 2 will outline the current context of homelessness in Ireland

Section 3 will detail the current services provided by the HPU; the Dublin Corporation; and the general voluntary sector

Section 4 will present the key gaps in service provision to homeless people

Section 5 will present the options regarding the delivery of this future service.

In the course of the research people referred to issues that were beyond the remit and the scope of this project. Nevertheless, it is worth mentioning them as they have implications for the future delivery of services to homeless people:

- The inaccuracy of baseline data on the number of homeless people is impacting on the ability to make informed decisions regarding policy and resourcing of services. There is a need for the statutory and key voluntary agencies to cooperate in the development of an agreed approach to the gathering of base line data. Discussion is necessary on the type of information required; why it is being gathered; how it is to be analysed and utilised; and the issues of privacy and confidentiality.
- People mentioned the lack of consistency across hostels in their access and barring policies. Which homeless people can access which hostels; why people get barred and for how long; and length of stay differs from hostel to hostel. This is due in part to the different client groups catered for and in part to the fact that hostels are managed by different organisations. It is also clear that certain groups of homeless people are not being adequately catered for by existing hostels. These include young single people; families; and people with substance addictions (although there are plans for a hostel for drug users). If the statutory and voluntary sectors are truly supportive of a co-ordinated and co-operative approach to the delivery of services, then an independent review of hostels is needed.

Section Two:

Current Context of Homelessness in Ireland

Legislative and policy developments in the last ten years have begun to tackle homelessness. The Housing Act, 1988 provided, for the first time, a definition of homelessness. The Act also specified local authorities as the statutory agencies with responsibility for homeless people. Sections 5 and 10 of the Act enabled local authorities to make arrangements with approved voluntary housing organisations to provide accommodation for homeless persons. It also expanded the powers and responsibilities of local authorities to assess and respond to the needs of homeless people. There are three key concerns regarding the 1988 Act and its interpretation:

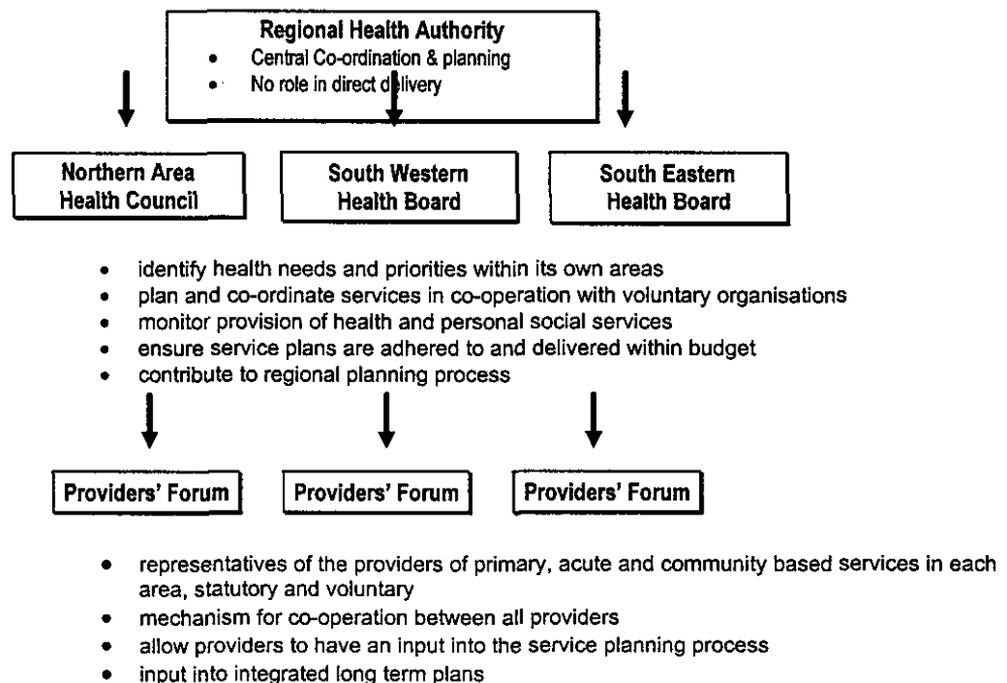
1. The Act " ... resulted in a lack of clarity in the respective responsibilities of Housing Authorities and Health Boards regarding the provision of services to the homeless. While the Act imposed a clear responsibility on Housing Authorities to provide accommodation for homeless persons it created uncertainty regarding which agency should have primary responsibility for the provision of care, support, resettlement and outreach services for the homeless..." (Review of Service Provision for the Homeless in the Dublin Region, 1995). Section 54 of the Health Act 1953 has not been repealed and states that ' a person who is unable to provide shelter and maintenance for himself ... shall be eligible for such institutional assistance as appears to them to be necessary or proper in each particular case.' The responsibility for the provision of this assistance is vested in the local health authority.
2. It has been argued by voluntary agencies that the definition of homelessness in the Housing Act, 1998 is too narrow as it does not include those people threatened with homelessness.
3. Under the Housing Act, 1998 local authorities have a duty to conduct regular assessments of homelessness in their areas. Concern has been expressed within the homeless sector regarding both the methods used to gain data and the figures that result from the assessment. It is felt (and this was expressed in interviews for the study) that the assessments seriously underestimate the 'real' figures on homelessness, and that more realistic methods of assessment need to be developed.

The Department of the Environment issued two key policy documents in the 1990's that have influenced the developments in housing services to homeless people - *the Plan for Social Housing, 1991* and *Social Housing - The Way Ahead, 1995*. These entailed an expansion of the local authority housing programme and a significant increase in resources for social housing generally. In its Strategy Statement of 1994 the Department stated seven specific objectives to meet its overall objective (' To enable every household to have an affordable dwelling of good quality, suited to its needs, in a good environment, and as far as possible, in

the tenure of its choice') One of these specific objectives is 'To enable a prompt and adequate response to the accommodation needs of homeless people.'

The establishment of the Homeless Initiative was a direct result of the *Review of Service Provision for the Homeless in the Dublin Region* conducted by the Eastern Health Board and the Dublin Corporation in 1995. In this Review the absence of any coherent and co-ordinated planning and monitoring of services was highlighted. The Homeless Initiative was 'proposed as a new administrative and consultative structure to address these difficulties, with the development of a strong partnership between the agencies involved in service provision as a key aim.' (Higgins, 1997). The Initiative comprises a Management Group (2 senior officials from Dublin Corporation and Eastern Health Board) and a Consultative Board (19 members from statutory and voluntary agencies providing services to homeless people) as well as a number of working groups. The Initiative has begun to address the long term aims of planning, delivery and co-ordination of services to homeless people through a series of activities and processes identified by the members of the Initiative.

The proposed restructuring of the Eastern Health Board into the Eastern Regional Health Authority will definitely impact on the provision of services to homeless people. The nature and extent of the impact is difficult to assess as the changes are only beginning to be implemented. Nevertheless, the *Interim Report of the Task Force on the Eastern Regional Health Authority*, June 1997, does provide interesting information on both the proposed restructuring and issues of service co-ordination and delivery. Briefly, the proposed structure consists of:



The three Area Health Councils encompass a number of local authority and electoral boundaries. The task force recommended the following:-

Northern Area Health Council:- Dublin City North and Fingal County

South Western Area Health Council:- Dublin City South (excluding Pembroke electoral area); South Dublin County; County Kildare; West Wicklow (Baltinglass electoral area)

South Eastern Area Health Council:- Dublin City South (Pembroke Area); Dun Laoghaire/ Rathdown; East Wicklow (excluding Baltinglass electoral area)

Each Area will have units of management at district level (populations 150,000 -200,000) following local authority boundaries as far as possible.

This restructuring has important implications regarding the co-ordination and delivery of services both within the Health Authority and between local authorities and voluntary agencies. At its most positive, it could provide the opportunity for the provision of a more locally based response to needs.

The Task Force report outlines a number of important points which it states must underpin this restructuring and reorientation within the organisation. These points include:-

- Reflecting the principle that all service units, whether statutory or voluntary, play an important part in the overall delivery of the region's services
- Developing a relationship based on trust, partnership and mutual respect with its funded organisations
- Understanding of the views of voluntary and statutory providers
- Treating all service providers in the same manner
- Transparency regarding funding mechanisms
- Openness in its monitoring and evaluation of services
- Inclusiveness in its planning and development of services

One of the most important statements regarding the restructuring in the Task Force report is *"The reorientation and reorganisation of services should facilitate members of the public as far as possible to avail of health and personal social services at the location which is most convenient for them, regardless of where area boundaries might fall."* (June 1997). This is particularly important for homeless people as they do not require further confusion and stress when trying to gain accommodation or other services.

Finally, issues of homelessness have been highlighted in a range of reports and in the media. For example the Sunday Tribune carried an article highlighting the increasing pressure placed on emergency accommodation as a result of increases in rents; decreased availability of rental housing; slowing construction by the voluntary sector; increased numbers of returning emigrants; increasing numbers of refugees and asylum seekers; and inaccurate base line data on the numbers of homeless people in Dublin. This is further

compounded by the slow availability (and in some cases, unsuitability) of public housing and the lack of appropriate support systems at local level. Add to this the increasing diversity of needs presented by people who are homeless and we are presented with a current context of increasing complexity.

The next section will provide more detail on the current provision of services by Dublin Corporation, the Homeless Persons Unit (EHB), and voluntary agencies.

Section Three:

Current Provision Of Services To Homeless People

The main statutory providers of services to homeless people are the local authorities and the health boards. In the context of this research the local authorities are those in the Dublin, Wicklow and Kildare areas and the health board is the Eastern Health Board. Of the local authorities, Dublin Corporation is the largest provider of services to homeless people, with almost all homeless services located in its catchment area. In terms of funding, the Dublin local authorities (mainly Dublin Corporation) provide funding (recoupable from the Department of the Environment and Local Government) to voluntary organisations for capital and running costs of housing and hostels; and for food services. They finance half the costs of the Homeless Persons Unit and fully fund the after hours services run by the HPU. Financing for bed and breakfast accommodation provided through the Eastern Health Board is also funded through local authorities. The Eastern Health Board is contracted and financed by the Department of Social, Community and Family Affairs to provide income maintenance (supplementary welfare allowance); exceptional needs payments; and income supplements towards hostel charges.

All the housing authorities interviewed stated that under their "Scheme of Letting Priorities" homeless people have overall priority for housing from their housing stock. Dublin Corporation has a designated worker in its housing section and in 1997 the Corporation housed 947 people in 553 units. Of those 947 people 272 were single and 35 were housed from hostels. In Dun Laoghaire/ Rathdown County Council 33 people were given priority as homeless in 1997 and 30 were housed - 2 refused accommodation and 1 remained homeless. Most local authorities refer a person who is homeless in their area to the HPU as there is little to no hostel accommodation outside Dublin city. Alternatively they may place a person in B&B locally. One local authority said that they did not refer people to the HPU very often as they know most emergency accommodation will be filled.

Voluntary organisations play a significant role in the delivery of services to homeless people. Nearly all voluntary agencies receive funding from one or more state agency as well as their own fund-raising activities. They are autonomous and independent organisations but some do work together under the umbrella of the Irish Council for Social Housing, and more recently the Homeless Initiative. Before the 1980's the work of providing services to homeless people rested, in the main, with charitable, religious and voluntary organisations. Voluntary organisations provide a range of services that complement and duplicate those of the statutory agencies, and in some cases are the only providers.

While it is agreed that service provision to homeless people has improved in recent years there is still much room for improvement. The next section will detail the gaps in service provision as seen by those people interviewed and the submissions received from organisations.

The current provision of services by statutory and voluntary agencies is detailed in the chart below:-

Dublin Corporation

- Assessment of homelessness
- Assessment of housing need
- Provision of long term accommodation from housing stock
- Housing welfare services
- Funding to voluntary agencies for emergency accommodation
- Payments to voluntary agencies under Capital Assistance scheme and rental subsidy scheme
- Grant aid to voluntary bodies providing food etc.
- Funds to EHB to finance B&B accommodation
- Funding to HPU for placement service and after hours service
- Provision of hostels for men
- Staff within the housing allocations Section to work with homeless people

All of these services also provided by other local authorities except hostel accommodation

Eastern Health Board Homeless Persons Unit

- Placement of people in emergency accommodation on behalf of Dublin local authorities
- Provision of income maintenance (SWA) on behalf of the Department of Social Welfare
- Provision of exceptional needs payments on behalf of Department of Social Welfare
- Provision of income supplements towards hostel charges
- Provision of service supports including assessment of housing and social needs, advice, referral, liaison with other agencies
- Advice and support to assist homeless people to obtain long term accommodation including deposits for private rental
- Limited resettlement service on behalf of Dublin Local Authorities
- After hours emergency service on behalf of Dublin Local Authorities
- Arranging medical services and issuing medical cards
- Management of Haven House and Women's Refuge in Rathmines
- Co-ordination of emergency accommodation between staff and managers of hostels
- Liaison with other Health Board Services

Voluntary Sector

- Hostels and shelters
- Day Centres
- Food Centres
- Crèche facilities
- Outreach / street workers
- Counseling
- Information and advice
- Referral
- Advocacy (individual and issue based)
- Day activities for young people
- Targeted groupwork programmes
- Social, educational, and personal development programmes
- Transitional, permanent and supported housing
- Resettlement programmes
- Social workers
- Crisis teams
- Flat finding services

Liz Lennon 1998

From the *Review of Service Provision for the Homeless 1995*
& Voluntary Agencies submissions

Section Four:

Gaps In The Provision Of Services To Homeless People

INTRODUCTION

A key aim of this research was to identify outstanding needs with regard to the provision of services to homeless people. This section will detail those gaps as they were identified in the interviews and submissions from homeless service providers.

Interviews and submissions covered a wide range of topics under the area of service provision. They commented on service delivery by the HPU; broader service delivery by the sector; assessment procedures; information and research issues; co-ordination and networking; the needs of specific groups of homeless people; management anomalies; structural barriers; decentralisation; training and development; emergency accommodation needs; research and evaluation; support services; referral and linkages; resources; information technology; and HPU physical layout. In some cases the submissions stated the best case scenario (what should be provided) without stating their perception of gaps in provision. There was consistent agreement by both statutory and voluntary agencies regarding the many key gaps in provision.

Before stating these gaps, it is important to note that a major strength of homeless services is many of its people. They are committed to their work and have shown a willingness to communicate and cooperate with each other. They have many skills and a knowledge of the issues facing the sector. Where comments in this section are critical, the criticism is not of individuals but of structures and processes. The Focus Ireland submission stated the point very well :-

'... taking the opportunity to realise the considerable funding, knowledge and skill that is extant within current resources and utilise them to best strategic, policy and operational effect'.

The Irish Council for Social Housing further stated the case by saying -

' Statutory bodies and voluntary agencies working for people who are homeless are acutely aware that the complex needs of the increasing numbers of people who are homeless continue to far exceed the present capacity of service providers to continuously meet these needs. ... our proposals are made in relation to services and are not critical of staff who provide these services.... It is clear that the provision of services is fractured; there are service gaps; some services are inadequate; there can be enormous problems in accessing services; there can be duplication; basic information is not available.....; and when accessing services the environment can be decidedly unfriendly. The objective of any reorganisation of services must be to overcome these problems'.

AN UNDERSTANDING OF THE DIFFERENT TYPES AND NEEDS OF HOMELESS PEOPLE

Many of the submissions detailed the critical importance of identifying and understanding the needs of different groupings of homeless people. They stated that the responses by statutory agencies to date had not taken these differing needs into account. The lack of appropriate accommodation for young people; families; drug users and single people was an indication of a lack of specific provision to meet these needs. The particular needs of people with **mental health** problems and psychiatric illness who find themselves homeless are not being effectively met.

Young people under 18 are an increasingly at risk group. They have difficulty accessing emergency accommodation, and are not a priority group for resettlement. As one young homeless person said " *it doesn't take long to get caught up in it all*". Experienced workers have noted that unlike older adults, young people often become homeless and then develop substance addictions. The current response to young people's needs is sporadic and needs urgent attention.

Families have a difficult time finding emergency accommodation. There are no family hostels and families can find themselves separated when using hostels.

People with **substance addictions** have difficulty accessing emergency accommodation. If they are on release from rehabilitation they often have no choice but to return to accommodation where drug use is rife. It is difficult to access treatment programmes; homeless services personnel are often not qualified to deal with them adequately ; and access to EHB social workers and psychological services is extremely difficult. It is also difficult for people who do not have drug or alcohol problems (and who may have children with them) to feel comfortable and safe in accommodation that also includes drug and alcohol users.

While the shortage of housing affects all homeless people, **young single people** and older single men face particular difficulties. They are not generally eligible for local authority housing and the shrinking supply of private rented accommodation has made it increasingly difficult for them to access accommodation.

That is just a taste of the differing groups of homeless people and their needs. As one young homeless man said in an interview:-

" First I need a bed and a place to put my stuff so it doesn't get stolen. Then I need some food. Now (he is staying in a shelter that is open to residents all day) I can think about doing a course and maybe getting a job..... before, I just wandered around."

MANAGEMENT OF SERVICES

A critical weakness in the system are the legislative provisions (Housing Act, 1988 and Section 54 of the Health Act, 1953) which place responsibility for the provision of services to homeless people in the hands of both local authorities and the health boards. Basically, this lack of clarity has created both confusion and frustration in the sector. The submission from the voluntary groups affiliated to the Irish Council for Social Housing stated that *'The existing allocation of responsibilities is disjointed and inefficient; in practice makes planning extremely difficult; can cause duplication; and leads to confusion.'*

The submission from the Homeless Persons Unit stated that *'... our relationship with Dublin Corporation is excellent, both on the ground and at executive level'*. There has also been the beginnings of formal planning meetings between the managers in the agencies, and the work of the Homeless Initiative has at its core the aim to co-ordinate liaison. Nevertheless, people agree that there is still much work to be done regarding formal liaison, policy, planning and decision making between the local authorities and the Health Boards. Informal referral and communication between statutory agencies and voluntary organisations are seen to be excellent on a one to one basis but formal structures and processes need to be developed. The HPU staff indicated that they welcomed open discussion on this issue.

Particular gaps and concerns regarding human resources were identified in the submissions and interviews. The HPU response, and a number of others, stated that current staff were under pressure due to demands from clients and other agencies. It was felt that staff in the statutory agencies were not all appropriately trained to meet the varying needs of homeless people. This was particularly evident in discussions with homeless young people who felt that staff were not trained to deal with drug or HIV issues. In theory, Dublin Corporation has access to social workers, and the HPU have access to the specialist skills of medical, psychological and social workers in the Health Board. In practice, Dublin Corporation agrees that access to their social workers needs further development (which is currently being planned). The HPU access to specialist workers within the Eastern Health Board is difficult and takes time. Coordination of workers and departments within the two statutory agencies needs further formal linkage and development in terms of awareness, coordination and training.

Currently, many services are reactive, developed to 'put out the fire', not proactive as part of a comprehensive, transparent and co-ordinated approach to planning. As one person stated - *'We need to adapt to change and try to pre-empt changing needs rather than always reacting or chasing the game.'*

DELIVERY OF SERVICES

It was the actual delivery of services which received most attention in both submissions and interviews. The main points raised are now dealt with

Assessment and Referral

- The HPU submission stated that - *'We know that we do not have enough time to make a complete assessment of our client needs. This is especially true in relation to our male clients. However, the existing criteria and guidelines we use are adequate.'*

- There are multiple assessment procedures between agencies. There is no one entry point or application for a homeless person
- A person can be referred to a number of agencies which can cause confusion and increase stress. There does not appear to be a co-ordinated system between statutory and voluntary agencies of a nominated key worker for outreach, resettlement and reintegration for a homeless person. At present, the HPU has one resettlement worker which is not adequate to meet demand
- In the HPU there is very little privacy in the assessment process. One homeless young person told the interviewer that he was standing outside the HPU when he heard someone tell a mate that the person in the next cubicle had AIDS. This lack of privacy is a critical issue for both HPU workers and homeless people
- Some submissions and interviews expressed views such as : *'The experience of using the Eastern Health Board, Charles Street service seems to be a frustrating and hopeless exercise. Many found the service to be hostile and rude. The staff are overstretched and stressed.'* Others felt that the *'majority of staff were committed and good at what they did but were under pressure.'* It is important to understand that this is symptomatic of larger problems in the provision of services to homeless people
- Some of the homeless people interviewed felt that the policy of separate and distinct times for men, women and young people to be assessed by the HPU was a problem. Young people in particular felt that being put together on the same day could cause tensions, and give rise to fights. On the other hand, the Society of St. Vincent de Paul submission stated that -
'A humane, confidential, and respectful service is impossible at present because hatches are too close... the lack of a crèche means that mothers must bring their children with them to the hatch where they are likely to overhear inappropriate details of family life... consideration might also be given to having separate entrances for men and women and to have facilities open all day to all comers.'
- There is no independent complaints, appeals or disciplinary mechanism for either service providers or homeless people in any of the statutory agencies and only a few of the voluntary organisations. Very few organisations have written and displayed charters of rights for service users or workers
- While referral between agencies is seen as satisfactory by most agencies there is agreement that it could be improved. Inappropriate referrals can be made and there is an urgent need for a comprehensive directory of services

Prevention

- There are no rapid response teams for particularly at risk young people. One worker stated that it takes a very short time for a young person to become immersed in the street subculture
- There are no rapid response teams for any other groups of homeless people
- There is a low awareness of the whole area of homelessness in the wider public
- There is no co-ordinated response to homelessness by government departments

Short term Emergency Services

- The demand for shelter exceeds supply. This was mentioned repeatedly in submissions and interviews. The Faltiu submission encapsulates peoples feelings:- '... *the best assessment is useless if appropriate accommodation options are not available.*'
- There is no integrated 24 hour emergency service that provides a homeless person with the required medical/social/psychological/psychiatric/support services, food and shelter that they need
- The effectiveness of the Freephone system needs to be assessed.. One person interviewed suggested that a message on the phone, once all beds were full, would be useful
- Emergency shelter for families, other than B&B, is not available and the needs of children are difficult to meet
- Specialised emergency accommodation for people who are mentally ill or with physical disabilities is non existent
- Priority and immediate access to drug and alcohol treatment centres is extremely difficult
There is no co-ordinated and formal liaison between night shelters, Gardai, and hospital staff, and dealing with the problems of homeless people puts further strain on their already overstretched work. Staff are not necessarily trained to deal with the particular and diverse needs of homeless people. The Capuchin submission stated - *There is a need for a special unit of homeless care staff to cover both day and night accommodation and be the cohesive and liaison link that is currently missing in the present system of care for the homeless*'.
- There is a diverse range of policies and practices in hostels regarding who they will accept, who is barred, and for how long
- Food centres and drop in centres are open for very short hours, due to low funding
- Short term shelter, including B&B's, are generally staffed by people not trained to cope with people in crisis

Rehabilitation and Resettlement

- There is no coherent or co-ordinated resettlement plan for homeless people in Dublin, although this is something which is under review by the Homeless Initiative
- One resettlement worker in the HPU is not enough
- There is no integrated response regarding the range of issues that may affect a homeless person and the services required in the transition from homelessness to resettlement. .The Capuchin submissions stated that -
'... too much money and resources has been expended in pre-designed programmes, worked out by well meaning people who lack a realistic picture of what life on the streets is like. So called ideal solutions can be piloted, but unless the homeless themselves see it as a realistic alternative, it will serve no purpose. We must ask, listen and assess what needs to be done and act.'

The Homeless Persons Unit Physical space

- There is no crèche or space for children to play
- The waiting space is too small and very impersonal
- The cubicles for assessment are inadequate and do not guarantee privacy or confidentiality
- There is no shelter when people have to queue outside
- There is no basic tea making facilities or showers
- The physical space is drab and daunting
- There is no distinct reception or information area
- There are rooms in the building that are currently used for storage and could be redesignated in the short term
- There are no easily accessible phones in the building

Local Authority Spaces

- Dublin Corporation housing office is warmer and brighter than the HPU but still has a formal and bureaucratic feel to it
- Many services are physically located in different places throughout the city centre and require a homeless person to go from place to place
- Homeless people in other Dublin authorities often have to travel into Dublin city centre to avail of services because they do not exist in their local area

Staff Training and Support

- Submissions and interviews emphasised the need for specific training for workers in homeless services. *Training and support is needed in a range of areas*
- There has been no comprehensive analysis of training needs within the sector and there is definitely no co-ordinated plan for training and development. In a sector that is becoming increasingly complex workers require relevant, practical and appropriate training, development and support opportunities

Decentralising Delivery of Services

The local authorities and Eastern Health Board workers in the areas outside central Dublin stated that there were gaps in service provision at local level. The liaison between the local authorities and the health board is seen as very good at the local level but there is a need for user friendly information, staff training and awareness programmes, and emergency accommodation. Current service delivery requires further support and resources. Any further decentralisation would require a more rigorous analysis of local need, resource requirements and links to Dublin central services.

The South Dublin County Council submission indicated that there *'was a need for a network of locally based social services... a 'one stop shop' would provide information and referral services... staffed with skilled welfare staff and linking with a local emergency homeless accommodation unit; research on the causes of homelessness could be tackled; integrated housing on the foyer model could be considered.'*

OPPORTUNITIES FOR DIALOGUE, DEBATE AND PARTNERSHIP BETWEEN ALL KEY STAKEHOLDERS

Other issues raised in the course of the consultation related to dialogue and partnership between key stakeholders. The Homeless Initiative would appear to be the forum for dialogue and debate on key issues regarding homelessness. It is essential that the Initiative continue to be supported as the key channel for sector dialogue.

While there is a willingness by both statutory and voluntary agencies to engage in discussion, there is also an acknowledgment of the difficulties in bringing up sensitive issues that may be interpreted as attacks. Developing a process of structured confrontation (which will occur in any decision making process) while also respecting peoples competence and commitment will require skilled people.

There needs to be creative and non threatening ways to include homeless people in any dialogue. As the users of services and have a right to a say regarding their needs and the nature of services. In the course of this research homeless people were willing and capable of speaking for themselves as well as providing practical and relevant ideas regarding future service provision.

INFORMATION , RESEARCH AND DATABASES

It is important to differentiate between 'information in' (on users, money etc.), 'information out' (to users on services, rights and entitlements) and 'information between' (between providers).

With regard to 'information in' everyone agreed that the quality, nature, accessibility and usefulness of information regarding homelessness needs huge improvement. The official figures on homelessness are seen to be flawed and inaccurate by many agencies. The methods used to gain information are seen to be in need of review. There is no clearly stated policy regarding why the information is needed and how it is to be used. There is concern by some agencies that information could harm a homeless persons rights to privacy and confidentiality.

With regard to 'information out' up-to-date information on the range of services and benefits for homeless people is not freely available in the statutory agencies. There is a need for easily read information. One submission stated :- *'Information that needs to be available includes:- maps, meal centres, medical entitlements and facilities; crèche, showers and laundry facilities; housing advice; welfare entitlements; rent allowances; counseling services.'*

With regard to 'information between', the HPU, as the central service provider, currently has no information technology to store relevant information. This means that workers use valuable time manually collating and organising important information. This is not an effective or efficient use of their time. There are no computer links between statutory agencies or voluntary agencies. There is no database on accommodation. There is

no direct phone line between key voluntary agencies and the HPU, and it is very difficult to get through on the usual lines.

There is agreement within the sector that research is required in order to inform future decisions regarding service delivery. There is a dearth of information on different models and approaches to service delivery. The Homeless Initiative is currently engaged in a number of research projects that will inform the development of services within the sector. There is also a clear need both for a more comprehensive analysis of the information and information technology needs of the sector and for training in information and advice work for workers filling this role.

A DIVERSE AND LONG TERM RESOURCE BASE

All reports, interviews and submissions indicated that although monies to homeless services (statutory and voluntary) had increased in recent years, it was not sufficient for agencies to meet the rising demand. *The "Review of Service Provision for the Homeless in Dublin"* stated:

"Almost all the voluntary organisations receive funding from one or more of the State agencies of varying levels and under different legislative provisions. The services provided by the voluntary sector are extensively used by clients of the State agencies and are frequently referred there by them... In the case of certain services the voluntary sector is relied upon as the only service provider... The demand from voluntary organisations for funding ... is likely to be very substantial... A mechanism needs to be put in place to assess applications ..." (1995:8)

This view is clearly endorsed by key voluntary agencies. They are often providing services that are inadequately resourced but seen as essential. Both the HPU and Dublin Corporation homeless section require increased resources for staffing and other service delivery. The ideal scenario would be that resources would be allocated after decisions have been made regarding the future roles and responsibilities of the two agencies. In this way resource allocation will reflect strategic decision making. Both agencies have indicated their future resource needs and are in the process of attempting to access funding.

Section Five:

Options For Creating A Future Service

INTRODUCTION

There is universal agreement among homeless service providers that improvements in the delivery of services are urgently required. This section will detail a range of options with regard to the roles of the Dublin local authorities and the Eastern Health Board, particularly the Homeless Persons Unit. It will also detail the challenges that face homeless services in implementing these changes. Some suggestions for short term improvements are also made.

Any future development of services must be linked to the principles and practices of an effective service. These become the underpinning strategic aims upon which the sector can monitor and evaluate how successfully it is working to deal with homelessness. Some quotes regarding future provision of services are presented below:-

" The delivery of a well planned and smooth operational programme offering a seamless suite of appropriate services by specifically skilled and trained personnel to homeless persons should be the objective."

" There is room for developing a partnership model with respect to the delivery of referral services, outreach services and appropriate research... and evaluation."

WHAT DO PEOPLE WANT IN THE DEVELOPMENT OF SERVICES TO HOMELESS PEOPLE?

The interviews and submissions made by statutory agencies, voluntary organisations and homeless people had many statements regarding the principles, structures, practices, and resources required to continue the development of services to homeless people. Obviously, they want all the gaps listed in the previous section to be dealt with as well as drawing on the existing skills, experience, resources and capacity of the people and organisations working in the sector. Listed below is a summary of what they regard as the essential elements of an effective service:-

Service Delivery

- An understanding of the different types and needs of homeless people
- Articulated principles and values that underpin the development of services
- A commitment to inclusion of homeless people in decisions affecting their lives
- The development of well planned, comprehensive and transparent services that meet the range of needs of homeless people
- Welcoming and accessible physical spaces where services are delivered
- The provision of accommodation that meets the different needs of homeless people

- An integrated resettlement service to homeless people

Structures

- Clarity on statutory responsibility for services
- Opportunities for dialogue and debate between all key stakeholders
- Participative policy making and decision making processes and structures
- Effective formal and informal communication channels between all stakeholders
- Defined and flexible structures for the co-ordination and delivery of services

Information / Research / Awareness

- Up to date and accessible information and databases
- Clearly developed information gathering processes
- Articulated policies regarding the reasons for information gathering, analysis and dissemination
- A range of research and development projects
- Clear & creative evaluation and documentation processes
- An ability to advocate and lobby on behalf of the sector
- A diverse and long term resource base
- Coherent strategies to create awareness and understanding of issues

A Skilled Workforce

- Clear training, development and support pathways for workers
- Good working conditions

The Capuchin submission encapsulates the future :

'Courageous and risky decisions must be taken and a realistic assessment of current services should be undertaken with a view to ascertaining what impact if any, these services have for the people on the ground (literally in the case of the homeless).'

WHAT ARE THE OPTIONS FOR DELIVERING FUTURE SERVICES BY DUBLIN LOCAL AUTHORITIES AND THE EASTERN HEALTH BOARD ?

Before going on to consider the options for future services it is important to state that there are a number of factors that will impact on the decisions made regarding future service delivery. These are discussed below:-

1. The restructuring of the Eastern Health Board into Area Councils with a central planning and research Authority, will have to be taken into account. The restructuring will have implications both for the delivery of services in Dublin as well as the other local authorities. If the Area Councils and the Authority develop a co-ordinated system then this restructuring can be seen as an opportunity to deliver services at a more local level in partnership with each other and voluntary agencies. People will have more of a choice. Section 2 provides more detail on the form of the restructuring.
2. Whether there is the political will to clarify the legislative issues regarding which statutory agency has primary responsibility for the management of services to the homeless. There are political and territorial imperatives that will influence decisions for change.
3. Whether the resources are made available to develop the future service options. Regardless of the option chosen there will be a need for both a reallocation and a substantial increase in resources both the voluntary and statutory providers.

FUTURE OPTIONS

There are broadly, three options for the future delivery of services. Each of these is dealt with below:-

1. Leave everything as it is

This option has more disadvantages than advantages. The only advantage to pursuing this option is that no one has to deal with issues of change. The disadvantages are reflected in every submission and interview. The current provision of services are, to quote a submission:-

" It is clear that the provision of services is fractured; there are service gaps; some services are inadequate; there can be enormous problems in accessing some services; there can be duplication; basic information is not available in a user friendly language and format; and when accessing services the atmosphere can be decidedly unfriendly."

2. Increase the resources to Dublin local authorities and the HPU and no change to statutory responsibility

Both agencies do require an increase in resources in order to do their current job effectively. This includes the employment of specifically skilled staff to provide the continuum of care needed as well as resources for information technology and physical alterations to the HPU. Both agencies currently have made submissions for funding to meet these needs. For the short to medium term there may be a case for providing some of these resources on the proviso that the very nature, place and management of the services is in transition.

The disadvantages of this option are:-

- The confusion regarding who has primary responsibility for managing the provision of services is not settled. This is a problem because core responsibilities for funding, care support and settlement services are still unclear. This lack of clarity makes planning difficult for all service providers.
- Increasing resources does not necessarily ensure a co-ordinated service.
- The issue of de centralised services in other local authorities is not resolved.

3. Clarify statutory responsibility, increase resources, and develop a co-ordinated and accessible service

The issue of the lack of clarity of statutory responsibility has been a bone of contention for some years. As recently as 1995 the Review of Service Provision for the Homeless in the Dublin region stated:-

" The 1988 Housing Act resulted in a lack of clarity in the respective statutory responsibilities of Housing Authorities and Health Boards....While the Act imposed a clear responsibility on Housing Authorities to provide accommodation for homeless persons it created uncertainty regarding which agency should have primary responsibility for the provision of care, support, settlement and outreach services....The Voluntary sector has frequently focused attention on the lack of clarity regarding the responsibilities of the different statutory agencies and has been pursuing a resolution."(p19)

In its recommendations the Review stated that Dublin Corporation should still have responsibility for its existing services and that the EHB would continue to provide services on behalf of the Corporation through the Homeless Persons Unit. It further recommended that the Corporation should have overall responsibility for settlement services because of its large housing stock and the fact that eventual settlement would most likely occur in the local authority sector. It was also in a position to influence the development of housing projects provided by voluntary housing bodies.

The joint submission from the Irish Council for Social housing stated that :-" *...the housing/accommodation service functions of the EHB Homeless Persons Unit be transferred to the local authorities. The local authorities have statutory responsibility for housing and this.. can be best met if they take direct*

responsibility..... the role of the Eastern Health Board is central to meet the medical, care, support and related services of people who are homeless." This view was supported in interviews with many voluntary and statutory people. They maintained that as the Corporation has primary responsibility for the development of public housing, it should assume total responsibility for these functions.

Other submissions and interviews maintained that the EHB should maintain responsibility for the HPU and its functions. The HPU submission stated that :- *" Staff in the unit are trained to recognise clients with social problems, other than just the lack of accommodation, who may also need the intensive services available to them from the Eastern Health Board."* They also maintained that separating this function from income maintenance would further confuse clients. One submission stated:- *" If the local authorities managed the HPU, income maintenance would have to be administered separately, either within the unit or outside by the Community Welfare Service."*

The Task force report on the restructuring of the EHB stated:- *" The new Authority's primary objective must be the delivery of a high quality, integrated, patient centered, effective and efficient health and personal social service for the people in the region..."(p11).* The new Authority could therefore assume responsibility for the co-ordination of the many medical, psychological, and addiction needs of the homeless. It was also felt that the different local authorities had varying expertise in dealing with the wide range of issues presented by homeless people.

A distinction needs to be made regarding **who is responsible for managing elements of a service, and who delivers the service to the client.** Submissions from voluntary agencies that recommended the local authorities take overall responsibility for housing services also stated:- *"In operational terms the HPU would be the agency responding to peoples immediate needs..."*. Even when responsibility for the management of services by the two statutory agencies is finally decided, there is a lot of work required, within the departments of the two agencies, regarding awareness and training for workers and for managers with responsibility for the development and delivery of services to homeless people.

AN INTEGRATED AND COORDINATED SERVICE

The delivery of the range of services that provide an integrated and central approach was the stated goal of stakeholders consulted. This approach, described as a 'continuum of care approach', is one which has been developed in the United States by the Department of Housing and Urban Development. According to Lindblom (1991) , this involved an interagency approach to reducing the numbers of homeless people through partnerships with local government, the private sector and non profit groups. It aimed to help people gain

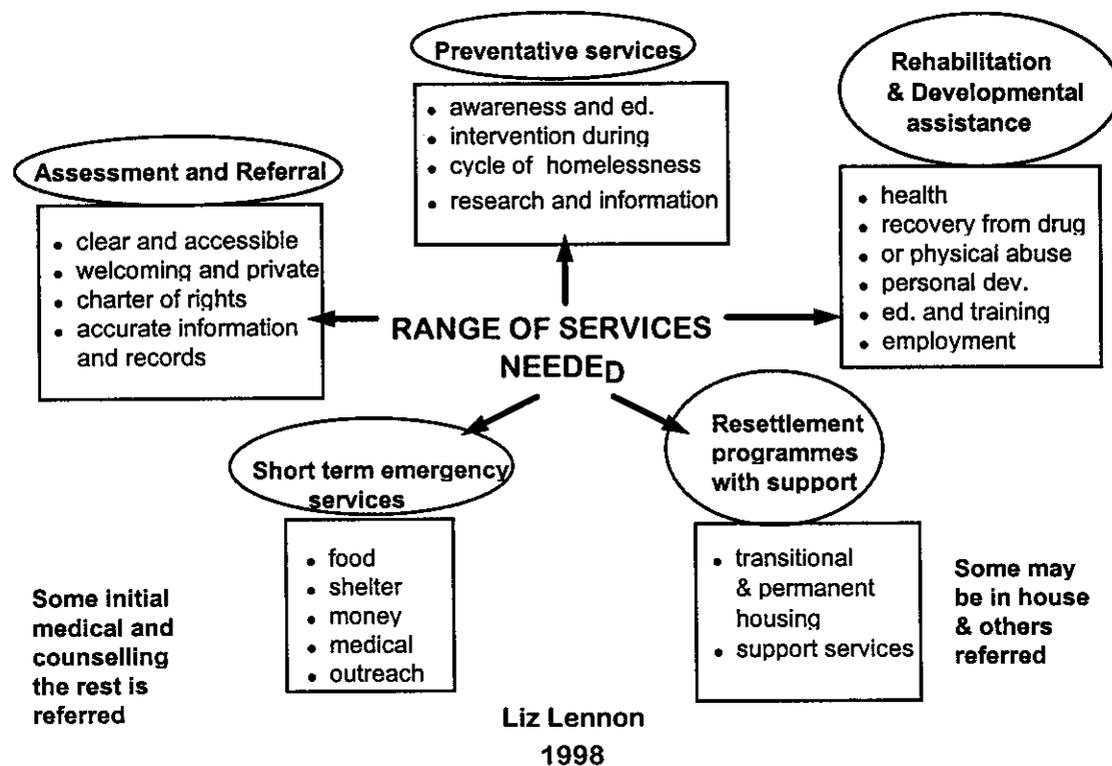
access to housing and the services they needed. There were five components to the approach:

1. Increasing quality and availability of emergency shelters
2. Using shelters to provide food and emergency assistance, referrals, short term assistance and stabilisation.
3. Providing permanent and transitional housing as soon as possible, and providing rehabilitative and developmental assistance
4. Identifying and stabilising the situations of those people most at risk before they become homeless
5. Increasing provision and access to permanent housing

There are a number of similar initiatives around the world all with an underlying goal of providing integrated services that meet the range of needs of homeless people which could provide useful models for Ireland.

Under One Roof?

The need for an **integrated and co-ordinated service** is unquestioned. Many of the submissions and interviews advocated a 'One Stop Centre' idea for Dublin city and other local authorities. The core elements of the service would be:-



The success of this approach is critically dependent on the extent to which the statutory and voluntary groups work together. **Essentially, even if a one stop centre is not the final model, what must be developed is some form of centrally located service providing a range of services under the management of one body which has the power to bring in other services.** Other suggestions for such a service are discussed below:-

- The management responsibility for the services offered needs to be clearly agreed and the management of the centre will be best developed through a cohesive and formal partnership arrangement between the statutory and voluntary agencies involved.
- The development of the services should be guided by the gaps identified in the service provision and the list of principles and practices detailed above.
- The service would have a reception area where people could have an initial assessment and then be referred to the services they need. In The Hub in Bristol (a one stop shop for homeless people managed by the City Council) this service is provided by a voluntary agency, resourced by the City Council. Some people may only want information or to register for their benefits. With an efficient information and filtering service they could have quick access to these services without waiting around all day. People with more complex needs could be seen by an initial assessment person and then be allocated a key worker who is their contact through the continuum of care. The details of assessment and referral can be discussed within the Homeless Initiative.
- People could register for the housing list
- Trained staff should be resourced from both the statutory and voluntary sector to provide the range of services - medical; psychological; psychiatric; social services; information etc.
- User friendly information would be available and include; *maps, meal centres, medical entitlements and facilities; crèche, showers and laundry facilities; housing advice; welfare entitlements; rent allowances; other services; counseling services; medical and social services*
- There should be coffee, tea, newspapers and access to a public telephone
- There should be an independent mediator to deal with any complaints regarding the services. A charter of rights for workers and service users should be developed.

The One Stop centre is best situated in central Dublin (close to other services) and if possible purpose built. There were a range of suggestions regarding the **physical layout** of the building:-

- A warm and welcoming building with a reception area
- Private interview rooms
- A crèche and playroom for children
- Decent offices for service providers
- Some people wanted distinctly separate physical services for different groups of homeless people.

This could be addressed in a number of ways that include duplicating the centre north and south of the city; having different entrances or sections for people. These details need further discussion within the Initiative and including an architect.

The One Stop Centre could be duplicated on a smaller scale in the other local authorities. They would have to be developed to reflect local need and the nature of existing relationships between the statutory agencies themselves as well as the voluntary sector. It is agreed that other local authorities in the EHB region need the resources and support to develop more immediate and localised responses. This does not negate the need for a central Dublin service, which could assume an overall co-ordinating role and would complement other services if the communication and referral links were effective. It is known that some homeless people prefer to live outside of the area where they became homeless, while others want to be housed in their local community. The development of a co-ordinated service in the Dublin region would provide homeless people with choices.

The One Stop Centre is not a panacea for all problems. It is part of a range of solutions to a complex issue. There should still be the space, resources and partnership to develop other innovative responses.

IN THE SHORT TERM

The development of these centres will not happen overnight. In the short term the Homeless Initiative, with the sector, must focus on the goal of achieving an integrated and cohesive approach to the planning, delivery and evaluation of services for homeless people. That will mean making critical decisions regarding :-

Who will have overall responsibility for managing the planning and delivery of services?

Options have been presented. It is recommended that

Dublin Corporation be given responsibility for the management of services involving housing and accommodation. This includes assessment, emergency accommodation and resettlement services. The Eastern Health Board continue its responsibility for the management of medical, health, and personal social services. The Homeless Persons Unit would continue to be the operational arm of the accommodation service but would be under the management of Dublin Corporation. Over time it would form an integral part of the One Stop Centre or whatever integrated service emerges.

How will the integrated approach presented in the One Stop Centre model be realised?

This report has presented a model that is based in Dublin city and would have needs based 'satellites' in other local authority areas linked to the new Eastern Regional Health Authority boundaries to be established in January 1999.

It is recommended that *the Homeless Initiative take the lead in exploring and co-ordinating the development of the integrated approach, whether it manifests as a One Stop Centre or some other model. This development should be done utilising the skills and experience of stakeholders represented on the Initiative.*

How will these services be resourced?

Current resources could be redirected but there is still a need to increase resourcing to both the statutory and voluntary sector if future service delivery is to be improved. Resource allocations should be linked to clear service plans (from both voluntary and statutory agencies) and evaluation processes so that homeless people can be confident of an increasingly improving service.

It is important that interim measures be put in place regarding the physical space of the HPU. Small changes would improve the present environment without accruing major costs. Making these changes would provide the opportunity to test whether some of the ideas for the one stop centre will work. There are some rooms upstairs in the HPU which could be cleared and developed as alternative reception area; play room; interview area. Monies to provide the necessary painting and furnishing and security should be made available. Is it possible to provide coffee or tea to people waiting for hours? The issue of staff resourcing was not the mandate of this research and would require a much more thorough analysis of the current workers roles; time etc., although it is acknowledged that the staff in the HPU are dedicated and overstretched.

CONCLUSION

This report has not said anything that people don't already know. What it has attempted to do is to present the issues facing homeless services as seen by those people working in them and affected by them. It also presents the critical principles and practices, identified by the sector, that should underpin any future development of services to and for homeless people. The report teases out the options regarding the future management of services and makes a recommendation regarding the future responsibilities of the local authorities and Health Boards. Finally, it presents a model for a One Stop Centre that would play a part in providing a co-ordinated response to the issue of homelessness.

The next steps will require the willingness of all stakeholders to participate in decisions, planning and action that may not always be easy, but in the long term will provide services that meet the needs of homeless people. We must never lose sight of the reason why all these agencies and services exist.

REFERENCES

Department of the Environment, Strategy Statement, September 1994.

Dublin Corporation & Eastern Health Board, *Review of Service Provision for the Homeless in the Dublin Region*, report to the Department of the Environment and the Department of Health, 1995.

Interim Report of the Task Force on the Eastern Regional Health Authority, June 1997.

Higgins, Mary, "Housing and Homeless and the Local Development Agenda" in *Local Development in Ireland*, Community Workers Cooperative, 1998.

Lindholm, in Pomeroy, Steve and Frojmovic, Michel, "Inventory of responses addressing homelessness", article from the Internet, Aug.1995.

Promises, Promises. An assessment of the effectiveness of the Housing Act 1988, in *Housing Homeless People in Ireland*, 1992.

LIST OF SUBMISSIONS

1. TRUST
2. Homeless Persons Unit- combined submission
3. Homeless Persons Unit - resettlement officer
4. Society of St. Vincent de Paul
5. Vincentian Housing Partnership
6. South Dublin County Council - Principal Officer. Housing Department
7. Focus Ireland - combined
8. Focus Ireland - staff teams
9. Focus Ireland - extension team
10. Focus Ireland - Extension members
11. Focus Ireland - crisis service/ coffee shop/ outreach/ flat finding
12. Irish Council of Social Housing - Dublin Group: Housing Associations and Hostels dealing with homelessness
13. Failtu
14. Capuchin day Centre
15. Cross Care