Simon
Communities of Ireland

Submission by the Simon Communities of Ireland to the National Economic and Social Forum Project Team on Improving the Delivery of Quality Public Services

March 2006

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1 INTRODUCTION

Homelessness in Ireland is not inevitable. We believe that homelessness in Ireland can be ended by 2010. By this we envisage no one will have to sleep rough because of a lack of appropriate services, no one will have to live in emergency accommodation for longer than is an emergency, and no one will become homeless due to a lack of services or inadequate housing provision.

Government through the National Anti Poverty Strategy and subsequent National Action Plans against Poverty and Social Exclusion have acknowledged that rights encompass social and economic rights including policies on access to education, employment, health, housing and social services. The Government has pledged to make explicit people's entitlements to these services and to ensure equality of access to quality services through robust standard setting and monitoring. We are not aware of any progress being made in relation to this commitment since it was first made in 2002.

Service delivery to people who are homeless – be it statutory or voluntary[1] – in the main exists in a chasm of rights. Housing and health services are usually those most urgently needed by people who are homeless. In practice there exists no guarantee of access to a service, or any appeal or redress mechanism if a service is denied; there are no mechanisms to measure the quality of services someone may receive.

Many of the people who are currently homeless are in this situation because of a failure of public services to adequately meet their needs in the past. Many have experienced various forms of institutionalisation over the lives. Others have experienced family breakdown or mental ill health, and there have been insufficient responses to ensure that the person does not become homeless. Many people when they first 'present' as homeless have little other than a housing need, which with appropriate support, could be address immediately.

Once someone is classified as 'homeless' the traditional response is some form of emergency accommodation (usually funded entirely or in part by the state), which invariably becomes long stay accommodation. Some but not all emergency accommodation include support services. For some, accessing a 'homeless' service may increase access to specific health and housing services. For others, the classification of 'homeless' effectively means that they are in no man's land, with statutory agencies unwilling to take responsibility and voluntary agencies often unable to meet the person's specific needs.

Since the introduction of Homelessness An Integrated Strategy in May 2000, the quality of cross agency working between statutory and voluntary organisations has increased substantially. There have been noteworthy improvements in the diversity and quality of service delivery in many parts of the country. The recent independent review of the Governments homeless strategies recommended that all agents must focus their efforts away from the 'management' of homelessness through the provision of shelter, to the ending of homelessness through long term housing provision, person centred planning, and standard setting.[2]

It is both more humane as a society and more cost effective as an economy for the access to and quality of public services to increase substantially in order to ensure that no person becomes homeless or at the least has to live in emergency services for longer than is an emergency. There are a number of practical measures, both statutory and non-statutory,

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[1] There are approximately 57 voluntary organisations delivering services to people who are homeless in Ireland. The majority of these services receive statutory funding. While all rely on charitable donations to maintain there services, all are in effect an integral element of 'public' services.

[2] Review of the Homelessness Strategies, Fitzpatrick Consultants, January 2006

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which can be undertaken to improve the access of people who are homeless to quality public services, and hence deliver on the stated commitments of Government and our vision of ending homelessness in Ireland.

This submission concludes with our recommendations as to what those measures should be.

2 SIMON

The Simon Communities of Ireland is the Federation of Simon Communities in Cork, Dublin, Dundalk, Galway, the Midlands, the Mid West, the South East and the North West. We have been working with people who are homeless since 1969. Our mission is to work with people who experience homelessness and housing exclusion in Ireland by:

- Assisting people at risk of becoming homeless
- Campaigning for legislative and policy changes and resources that will deliver on a right to housing and responsive services for people who have no homes
- Providing quality care, accommodation, projects and services which support people and enables them to acquire and sustain an appropriate home of their own

Simon, in partnership with local authorities, the Health Services Executive and other voluntary service providers deliver a wide range of essential services to people who are homeless throughout Ireland. These services include street outreach, emergency accommodation, transitional and supported housing, innovative detox and employment projects and settlement services.
Our soon to be published Strategic Plan 2006- 2009 will emphasise our increased commitment to: providing person centred services and service user participation across all aspects of our work; measuring the outcomes of our interventions with a view to on going improvements; and delivering our services through a framework of human rights.

3 PARAMETERS OF SUBMISSION

We are informed in our submission by the commitments given by Government on the right to housing as outlined in the revised **National Anti Poverty Strategy 2002**, namely:

*…rights encompass not only the core civil and political rights and obligations but also social, economic and cultural rights and obligations that underpin equality of opportunity and policies on access to education, employment, health, **housing** and social services.*

*Government is also committed to **developing a strong infrastructure to promote and protect a range of rights** and has established and resourced several institutions in this area*

***detailed standards in** relation to access to services will be set out. The Strategy will develop **indicators to monitor these standards** and will establish **accessible, transparent and effective mechanisms** for ensuring the implementation of and adherence to these standards.*

*The Strategy is based on this approach to the provision of **quality services**.*

*there is a commitment to: a move towards **a more formal expression of entitlements** across the range of public services and to setting standards and guidelines regarding the standard of service delivery which can be expected by the customer*

*The principles set out in the **International Covenant on Economic, Social and Cultural Rights** and other international human rights instruments adopted by Ireland will inform the future development of social inclusion policy.*

We are further informed by Irelands commitments under the International Covenant on Economic Social and Cultural Rights (ICESCR) in particular Article 11.1 and General Comment no 4, the recent incorporation of the European Convention on Human Rights (ECHR) into Irish Law.

While people who are homeless require access to quality public services across a range of areas including policing, the judiciary, banking, franchise, employment and training, transport etc we have focused this submission on the area of housing, and included commentary on health and voluntary services also.

A number of important reports in the field of homelessness have been published of late, which we will draw on this submission. The proposals offered by Simon are based on extensive research, practical experience and consultation with other actors in the field of homelessness and housing exclusion. Practical solutions are offered and individual examples of accessing public services are given.

4 Housing

4.1 The 1988 Housing Act

Recent extensive independent research commissioned by the Simon Communities of Ireland[3] clearly implies that the legislation underpinning statutory responsibility in relation to homelessness is fundamentally flawed and has allowed for a variety of interpretations and practices which have effectively denied people classified as homeless access to housing.

The act sets out a **statutory definition of homelessness**, however this is subject to broad interpretation by local authorities. Some local authorities limit peoples access to housing (or indeed to be certified or classified as homeless) because they are deemed to be 'intentionally' homeless (while this concept exists in other jurisdictions it is not within Irish housing law), some local authorities require that a person has a local connection before being accepted as 'homeless'. There are no appeals procedures for people who have been denied a place on the housing waiting list, or a classification as homeless.

The 1988 Act has been **interpreted in such a way as to create two waiting lists**, one of people assessed as in housing need (and therefore included in the planning and provision of local authority housing) and one of people counted as 'homeless' but not offered any actual needs assessment. Being counted in the triennial assessment as 'homeless' does not guarantee that a person is actually on the housing waiting list. In addition local authorities do not believe that the Homeless Count as part of the triennial needs assessment provides an accurate reflection of the numbers of people homeless.

The most fundamental flaw in the Act in the opinion of Simon is that it did not put a **statutory duty** on Local Authorities to house people who are homeless. It allowed local authorities to allocate housing to people from within their own housing stock, through voluntary housing associations and through the provision of emergency services. However, as can be seen below, the absence of a legal mandate has led to very low levels of housing allocation to people who are homeless.

4.2 Access to Local Authority Housing

The result of the non inclusion of people classified as homeless in the mainstream housing list is cyclical; local authorities do not plan for the provision of housing to people who are homeless, and thus they do not have units to allocate to people. The report cited above revealed that

- Allocations to people who are homeless in 2002 represented 10% of the total number of people who are homeless in these areas.

[3] Bergin, E et al, 2005, Settlement First – Assessment of the Effectiveness of the Housing Act 1988 and Integrated Strategy 2000 in meeting the housing needs of people who are homeless, Ireland (ISBN 0 – 9550963- 0-8) Attached as part of submission

- Single persons account for 68% of those on the current homeless list in local authorities and yet only 43% of allocations to homeless households (collectively between 1998-2003) were to single homeless persons. In all local authorities, the proportion of allocations to single homeless persons is lower than their actual percentage on the homeless housing list.

- In most local authority areas, people who are homeless follow the same procedures as any other applicant for local authority housing and as such, can expect to wait at least as long as non-homeless applicants of the same household type. However because the majority of homeless applicants are single persons and because single persons wait longer than other household types to be housed in all local authorities, in practice the average wait for a homeless applicant is longer than a non-homeless applicant.

4.3 Needs assessment

Currently, there is no standardised mechanism for a housing needs assessment across the country. As identified above, in the case of people who are homeless, the legislation lends itself to varied interpretations. There are no guarantees for someone who presents to a local authority as homeless that they will have any sort of housing needs assessment, or that if assessed the person undertaking the assessment will have any competence in the area, or that the applicant will be told the outcome of the assessment or be in a position to query the outcome if they disagree with it.

The three yearly assessment of housing need, which has it's statutory basis in the 1988 Housing Act, functions merely as a census of people who are homeless. Being included in this assessment does not mean that a person has actually been included on the local authority housing waiting list system. There have been seven assessments of housing need. For the 2002 and 2005 assessments the Department of the Environment advised Local Authorities to undertake a 'provisional assessment of housing need' for people who were homeless, classifying their housing need into a number of predetermined categories.[4] There is no evidence from any of our communities throughout the country that where this assessment did take place the Local Authority official who undertook the assessment had any specific qualifications to do so or that the person who was being assessed was informed of the outcome of the assessment.

In 2004 Local Authorities were called on to deliver four year "Social and Affordable Housing Action Plans". Within this, specific targets were to be set on the number of housing units (across a range of options) for people who are homeless. As most local authorities believe that the 2002 assessment was not an accurate reflection of the housing need of people homeless in their area, these plans are flawed. Limited or no consultation was undertaken with Simon Communities throughout the country on the formulation of these strategies. They are not on a statutory basis.

4.4 Access to Private and Voluntary Housing

The state subsidises the private rented market through the supplementary welfare allowance system. Private accommodation is the most frequently accessed housing option by single people who are homeless as there is technically no waiting list. However, despite the Government subvention single people who are homeless face significant barriers in accessing private rented accommodation due to the level of the rent cap imposed, the very poor standard of accommodation available at the lower end of the private rented market, and the absence of a funding stream to support those living in independent accommodation.

[4] See Appendix I

Community Welfare Officers (CWOs), voluntary organizations and local authority officials have reported that quality accommodation within the rent cap for single people is simply not available[5].
The recent increases (July 2005) will not have improved the situation. The largest increase for single people renting alone was €5 a week; some areas saw no increases. The result of the rent caps is that people are paying 'top –ups' to their landlords out of the social welfare allowance, leaving them with substantially less than the accepted minimal welfare income of €137.50pw; people in this vulnerable position are at high risk of repeat homelessness. Many people remain in hostel settings because they simply cannot get accommodation within the cap, this often means living without any privacy and with people who have a wide variety of needs. An exemption exists whereby Community Welfare Officers can increase the amount of rent made available to people who are homeless but this is rarely applied without intensive lobbying on the part of voluntary agencies for the individual client.
The high correlation of private rented tenure with poverty has been well documented.[6]

Access to voluntary housing is also very limited for people who are homeless. This housing is supported under Section 10 of the 1988 Housing Act. Only 5 of the 417 units built in the period March – Sept 2004 were built by organizations working with people who are homeless. The current funding scheme militates against providing housing for people who may have additional support needs. Government funding is weighted towards capital and construction costs, with limited funding available for management. In particular funding to meet 'support' needs is only available within traditional 'homeless' accommodation, but not for community living.

5 HEALTH

5.1 Context

The Health Act, 1953 imposes a duty on health boards to provide assistance and shelter to people who are homeless. In 1988 the Housing Act set out local authorities role (but not duty) in meeting people's housing needs; advocates of the Act argued that despite previous legislation people who were homeless were still being shunted between Local Authorities and Health Services with neither taking responsibility. Attempts to further consolidate the joint responsibility of the health and housing authorities were made in 'Homelessness – An Integrated Strategy', 2000 which stated clearly that local authorities were responsible for people's housing needs while the health authorities were responsible for care needs.

People who are homeless have an unacceptably high risk for preventable disease, progressive morbidity and premature death. They experience much higher levels of Hepatitis-C, HIV, TB, poor nutrition, drug and alcohol addiction and mental health difficulties than the general population. In our experience the life expectancy of someone who regularly sleeps rough is age 42.

Despite this, people who are homeless are not a specific target group within the Government's overall strategy of reducing health inequalities.

[5] Chapter 4, Settlement First
[6] The recent EU-SILC figures show that those in private rented housing are 2.75 times more at risk of consistent poverty than the general population. The recent Combat Poverty Agency report Mapping Poverty shows that over 20% of private rented sector tenants in 2000 were in consistent poverty, up from 8% on 1994.

In recent years health services for specifically for people who are homeless have been improved. For example a multi disciplinary health services employed by the South Western HSE operates from Cork Simon Community's day centre[7]. Dublin Simon operate a very effective detox service in conjunction with the HSE. In most homeless services throughout the country local authorities contribute towards the housing costs, and the HSE contribute towards the care costs.

5.2 Key Issues

Not withstanding progress made in recent years, a number of problems exist in relation to access to health services for people who are homeless. The recurring issues we experience are; statutory agencies refusing to provide services for people because they believe it is the duty of another statutory agency, inappropriate discharge of people who are homeless from institutions[8], lack of access to vital public services leaving people completely reliant on voluntary agencies, and lack of services for people with dual diagnosis (i.e. mental ill health and addiction).

By way of illustration we submit a number of recent/ current case studies from our Communities:

Midlands Simon Community have experienced a number of cases where people are being discharged from hospital with no appropriate accommodation. In each case a 'turf war' has arisen between the local authorities and H.S.E., with either agency accusing the other of not taking up their responsibilities. In one case the L.A refused to refer people that came directly from hospital to the Midlands Simon Community settlement team; thus denying people access to voluntary, as well as statutory services. The local authority in question refused to meet with Simon for over three months to discuss the issue. A partial resolution has so far been reached.

A woman with significant mental health needs (and 2 children in voluntary care because of her homelessness status) was discharged from hospital in the South East. The relevant Local Authority offered her three nights B&B accommodation. Subsequent to a further 2 night stay in the Local women's refuge she was re-admitted to hospital. B&B was a highly inappropriate venue for this woman, as was the refuge. As there are no supported housing options available in the county where this woman is from her chances of getting appropriate permanent accommodation and receiving support to re-establish her family are limited.

A long-term resident of one of Cork Simon's high-support residential houses was recently admitted to the hospital with chest complaints. He was also experiencing secondary health problems, including double incontinence. After a short stay he was discharged into Cork Simon care even though his secondary health issues had not been addressed or resolved. Cork Simon, as his named next of kin, had advocated on his behalf that he not be discharged until fully recovered. The man is still suffering because of his secondary health issues, attempts are being made to have him referred back into hospital by a GP, but so far the hospital is not accepting him. He is now displaying symptoms of the 'winter vomiting bug', giving much rise for concern at the residential house in question.

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[7] One of the many positive outcomes of the Cork Homeless Forum's Integrated Strategy is the HSE funded Adult Homeless Multi-Disciplinary Team located at the Cork Simon Day Centre. The Team consists of a GP, Psychiatrist, Community Nurse, 2 Community Psychiatric Nurses, Clinical Psychologist and Addiction Counsellors. The existence of such a team at the Cork Simon Day Centre enables us to offer a superior level of support to a large number of people that would have been near impossible before the existence of the team. The examples cited in this report of Cork Simon residents and service-users accessing public services generally fall outside the remit of that Adult Homeless Multi-Disciplinary Team.

[8] All hospitals are meant to have discharge policies to ensure that nobody is discharged into inappropriate accommodation. See 'Homeless Preventative Strategy' March 2002, Dept of Environment, Heritage and Local Government.

A woman with a large family gave up her LA house in one county to move to another and take care of her sick relative. There were rent arrears on her first house. She and her family settled into the new community however, an argument with the relative meant that she became homeless. The LA where she was now living in the South East region refused to place her on the housing list saying she had 'voluntarily made herself homeless.' The HSE initially refused to grant her rent supplement in order to access private rented accommodation, as she wasn't on the housing list. They subsequently agreed to pay rent supplement on the provision that she agreed to make a complaint about the Local Authority to the Ombudsman. (Rent Supplement – Supplementary Welfare Allowance – is administered through the Community Welfare Officers who fall within the jurisdiction of the HSE, the payment is from Social Community and Family Affairs, and the Local Authority must approve applications as it is a housing related benefit. The health services are statutorily obliged to ensure that the needs of children under 18 are met).

A long-term resident of the Cork Simon's Emergency Shelter suffers from mental health problems and is unable to access appropriate support from the HSE. Cork Simon has convened countless meetings with the HSE in an effort to convince the authority that they should take responsibility for the man. On each occasion the HSE has refused to take that responsibility, saying the man's mental health problems are no more severe than most people they encounter. At each meeting, Cork Simon has agreed to offer accommodation and support to the man at different Cork Simon Community high-support residential projects. On each occasion the arrangement has failed and the man ended up returning to the Emergency Shelter. On each occasion the HSE has refused to take responsibility for the man's well-being, saying they cannot find a suitable place for him. The only suggestion they have made is that the man be moved to the private rented sector with standard community mental health supports. Cork Simon has continuously advocated that the man will not be able to cope in the private rented centre and that the Emergency Shelter is most inappropriate accommodation for the man, which only serves to compound his mental health problems.

5.3 Access to mental health services

The lack of appropriate mental health services for people who are homeless has been of concern to Simon for over twenty years. Our key concerns are the lack of services for people with mental health and addiction issues, the lack of services for 'low level' mental health needs, the lack of supported housing options, and the catchment area system which often militates against people without a permanent address. Rather than rehearse each of these issues here, we have appended the submission we made to the Expert Panel on Mental Health[9].

6 VOLUNTARY SERVICES

There are approximately fifty-seven (57) agencies in Ireland delivering a total of approximately one hundred and forty seven (147) different projects to people who are homeless. There exist no national enforceable standards for service delivery, despite the fact that all services receive some level of statutory funding and that they are providing services to often extremely vulnerable people. In 2005 the Health Services Executive undertook a study of the standards of care and service delivery in homeless services – "Work worth doing", we are supportive of the recommendations made in this report and would urge the NESF to include standards of provision in voluntary service in the recommendations made on public services.

Simon are working towards delivering our services in a human rights context. In effect this means putting our clients and their needs at the centre of how we operate, actively engaging clients in the decision making process both about our services and our organisation, having an on going mechanism for measurement of the outcomes of our work with clients and the auditing of all of our areas of activities.

We believe that a human rights based framework based on these principles can and should be explored by all voluntary service providers.

[9] Appendix I

7 PRINCIPLES OF QUALITY CUSTOMER SERVICE

There exist many 'homeless champions' in Local Authorities, Social welfare services and health services throughout the country, individuals who have a strong personal commitment to ensuring that people who are homeless are treated with dignity and respect and that the most appropriate housing/ support option is delivered to them. However, on a weekly basis we encounter examples of how people have been treated with the utmost disrespect through the imposition of local policies or discretionary decisions, with the result that the persons immediate needs are often exacerbated by the 'solution' offered. Resolution is usually only reached when a staff member from a voluntary agency intensively advocates on the clients behalf.

It appears that there is limited awareness of customer charters where they exist, and that our service delivery staff do not believe that they are considered central to the ethos of statutory agencies in their dealings with people who are homeless.

It is unclear to us at an organisational level the impact that the Principles of Quality Customer Service have had, particularly in terms of a trickle down effect to local statutory bodies.

Some recent examples, which typify the lack of a client centred system, are offered here:

In the Midlands region Community Welfare Officer advises an applicant for rent supplement that they would not be able to process their claim for rent supplement because the Christmas holidays were beginning. The CWO told the client that the only option was to stay in a B&B with her seven-year-old child for Christmas, and then come back. The Settlement Worker employed by Midlands Simon did all the paper work, found private rented accommodation for the family and insisted on the CWO approving the application within 24hours.

A woman and her child, fleeing domestic violence applied to a Local Authority in the South East for housing. She co-owned the family home with her husband and was advised by the LA to take legal action either to get full ownership or sell the property; they initially refused to put her on the housing list or approve an application for rent supplement, as they were adamant that she had an appropriate home. She had to initiate legal proceedings against her husband before her claim for rent supplement was approved.

A man who suffers from mental ill health was discharged from hospital without a secure address; the HSE advised him to approach the Local Authority. The Local Authority advise him that they will only accommodate him for three nights in a B&B and he will have to make his own arrangements after that. Through the lobbying of two voluntary agencies the Local Authority increased the number of nights accommodation they will pay for, but only for two or three nights at a time, leaving the client very distressed and vulnerable. Midlands Simon found suitable private rented accommodation for the man.

A local authority in the South East evicted a family from housing due to Anti Social Behaviour. The family were refused rent supplement by the Community Welfare officer as they argue that the father of the family 'intentionally' made himself homeless. The local authority advised the 18-year-old son that he could not apply for housing in his own right, as they do not allocate housing to young people. The family rely on homeless services for accommodation.

A single man living in a hostel in the South East endeavoured to return to a service he had availed of in Dublin that he had found suited him and his needs. He had spent time in jail and had come to the South East on his discharge. He made a choice to go back to Dublin,

got a travel pass from the locally based CWO and when he arrived in Dublin met with another CWO who refused to help him source or to meet the cost of accommodation (hostel). All that he was offered was a return travel pass to his point of origin.

A man in his sixties had his rent supplement withdrawn by the CWO because his accommodation was substandard. The only housing option offered to him was hostel accommodation in another county. The man moved reluctantly, but struggled with the door locking system on the hostel and eventually returned back to his own county and presented to the Local Authority. They offered him just three nights B&B accommodation. Simon found the man private rented accommodation but it took a further four days to find something appropriate within the rent caps.

8 RECOMMENDATIONS

8.1 Legislative Reform

While policy change is appropriate in many areas, consideration should be given to a full legislative review of current practice as it impacts on the rights and entitlements of people who are homeless.

Central to this process should be

- The right to a housing needs assessment[10] from a qualified individual within the Local Authority
- The right to an assessment of additional need by qualified service providers where necessary
- The right to an advocacy and appeals process for that assessment
- The delivery of care/ support plans post assessment
- The right to housing for those who cannot meet their housing needs from their own resources
- A comprehensive and objective definition of homelessness[11]
- The standardisation of housing priority and allocation systems throughout the country to remove practices that are at odds with current equality and human rights legislation
- A statutory requirement to produce action plans to meet the housing needs of people who are homeless
- Rights-based mental health legislation giving full effect to Ireland's international human rights obligations.

8.2 Policy Reform

Legislative reform must be supported by change in the policy and practice of both statutory and voluntary actors. We strongly advocate a move towards client centred services, which emphasise meeting the long-term housing (and if necessary support) needs of people who are homeless as a priority.

The policy changes we believe, which may not require legislation change, but would make a substantial impact on current access to public services are:

[10] See Appendix II – Model for needs assessment proposed by Simon and endorsed by over 40 NGOs working the field of housing exclusion
[11] See Appendix III – ETHOS

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Overall

- A rights based approach to access to services including housing should inform social policy provision; this approach would be typified by clear transparent access to services with timely outcomes and clear appeals mechanisms. Action should be undertaken immediately on the implementation of the Governments stated commitments in this arena in full consultation with voluntary service providers[12].

Access to housing

- The housing needs assessment system should be an on going process, with people who are homeless a mainstream category within it. Local Authorities via the Department of Environment, Heritage and Local Government (DoEHLG) should publish annualised figures. The housing needs assessment system should act as a route into Local Authority, Rental Accommodation Scheme / private rented supported through supplementary welfare allowance and voluntary housing for people categorised as homeless.

- The Social and Affordable Housing Action plans should be specifically audited to assess the targets for housing and support for people who are homeless and revised in light of the new data from the 2005 Housing Needs Assessment. These plans should be audited against the provisions in the ECHR for non-discrimination on the basis of family status. Targets for access to housing and maximum length of stay on housing waiting lists should be set. These targets should be applicable to people who are homeless.

- The DoEHLG should increase the caps on Capital Assistance Scheme Accommodation to allow voluntary providers to build housing units for single people and introduce a funding stream to provide support to people living in independent accommodation

Homelessness Prevention

- Individuals and families who are homeless should be named as a key target group in the NAP/inclusion and other Government strategies.

- Current Government poverty proofing should be extended to include individuals and families at risk of homelessness

- Each Government Department and State Agency involved in the Cross Departmental Team on Homelessness should develop proactive policies for the prevention of homelessness across their programmes.

- A data strategy which includes accurate and on going measurements of those at immediate risk of homelessness in order to inform housing and support service planning should be initiated. For example, those leaving prison within three months who do not have adequate housing, those currently housed in hospital/ psychiatric units because they do not have adequate housing.

- Funding streams should be developed for services to support individuals and families at risk of homelessness.

- Specific policies which prevent homelessness among families and individuals evicted under anti social behaviour legislation from local authority housing should be devised centrally and introduced throughout the country as a matter of urgency.

[12] See framework proposed in Daly, M.(2002), Accessing Social Rights in Europe. Council of Europe, Strasbourg. www.coeint/T/E/ Social cohesion/ social policies/04. Activities/1. Access to Social rights/default.asp#TopOfPage

These policies must be in line with the right to fair trial and right to privacy outlined in the ECHR.

- The current policy of removing rent supplement entitlement to those who have refused two offers of local authority housing should be ended.

- Community Welfare Officers (CWOs) should cease approving accommodation for rent supplement that is not compliant with minimum standards regulations for the private rented sector. (However, a very real concern for Simon is that this measure while necessary may result in a severe reduction in the amount of accommodation available, given our experience of the standards in lower end of the private rented sector.) CWO should apply the discretion whereby a person who is homeless can be awarded rent supplement above the agreed cap more vigorously.

- Definitive clarity on the right of those who do not comply with the Habitual Residency Condition to access supplementary welfare, emergency accommodation and health services should be given immediately.

ENDS

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APPENDIX I

Simon Communities of Ireland
Submission to
The Expert Group on Mental Health Policy
December 2003

Background

The Simon Communities of Ireland is the federation of six communities in Cork Dublin, Dundalk, Galway, the Midlands and the South East. Simon has been working with and on behalf of people who are homeless in Ireland for over thirty years. The issue of mental health and homelessness has been of key concern to our organization for a substantial period of time and we very much welcome the opportunity to submit to the Expert Group on Mental Health Policy. We hope that in the formulation of new national policy every effort will be made by the Expert Group to take into consideration the views of people experiencing mental ill health themselves, and in particular the views of people experiencing both mental ill health and homelessness.

This submission will cover the following areas:

- **Homelessness in Ireland**
  A synopsis of figures, causes and impact
- **Central issues in mental health and homelessness**
  Gleaned from interviews with members of the Simon Communities, health professionals and policy makers
- **Policy Audit**
  Synopsis of key policy changes / lack of policy progression in the area of mental ill health and homelessness.
- **Recommendations**

Homelessness in Ireland

There are currently at least 4,176 adults and 1,405 children experiencing homelessness as per the statutory definition. This figure has increased by 274% since official recording began in 1989. Homelessness is usually caused by the experience of some form of personal crisis - such as a relationship breakdown or bereavement, or physical or sexual violence in the home combined with the experience of poverty. Young people leaving care, people leaving prison and other institutional settings are also particularly vulnerable to becoming homeless.

The age and gender profile of people who are becoming homeless has substantially altered in recent years, with more women and young people seeking services. The numbers of two parent families experiencing homelessness has also grown indicating that the direct structural effect of the price of accommodation on homelessness is increasing.

People experiencing homelessness make up a growing vulnerable population that has an unacceptable high risk for preventable disease, progressive morbidity and premature death. Homeless people experience much higher levels of Hepatitis-C, HIV, TB, poor nutrition, drug and alcohol addiction and mental health difficulties than the general population.

The Eastern Health Board has tabulated the incidence of general health problems among people experiencing homelessness. It found that they have a much higher prevalence of

chronic physical disease, mental ill health and a lower life expectancy than those of comparable age in the general population.

According to research from Crisis in the UK , the average age of death of a homeless person sleeping rough is 42 years. From Simons experience of working with street homeless in Cork, Dublin, Dundalk and Galway the mortality rates of rough sleepers in Ireland are along similar lines.

Since the first assessment in 1989, the official homelessness figures have increased by 274%.

Year	Total Numbers Assessed
1989	1,491
1991	2,371
1993	2,172
1996	2,501
1999	5,234
2002	5,581

Some of this increase can be attributed to better practice at a local authority level in terms of assessment mechanisms. However it is worth noting that a substantial data deficit still exists. This was thrown into sharp relief with the production of the 2002 figures (which were not published until 14 months after the official count).

In the period between the 1999 figures and the 2002 figures each local authority was mandated under the Governments Homelessness Strategy, "Homelessness an Integrated Strategy" to assess and meet the needs of those experiencing homelessness in their area and to do so in conjunction with the voluntary service providers. (This strategy, while extremely welcome, highlights the inadequacies of the 1988 legislation). While the methodologies employed in the creation of local homeless action plans is different to that in the official assessment, the anomalies between the two sets of date display an even more extreme homelessness crisis than the official figures document. Among these anomalies is the number of local authorities that recorded a complete elimination of homelessness in their official figures in 2002, yet their action plans identify the need for substantial services.

The official data continues to provide merely a head count, giving no estimation of the type of housing needs required by those counted. (There is no formal analysis in terms of age, gender, dependant children, physical / psychological disability etc on which to asses the type of housing services required).

The official data on homelessness is not only qualitatively insufficient but is also more than likely fundamentally quantitavely flawed. The true extent of the homelessness crisis is undoubtedly much more extreme than the current limited data portrays.

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Major Issues

The high prevalence of mental ill health among the homeless population and the inadequacy of responses to meet these needs has been an issue for the Simon Community for more than 20 years. Only more recently has the issue been identified by statutory service providers as a significant problem and even then considered policy responses have been few and very slow to implement. The major problems highlighted by our service providers, from their experience of the system, are:

Substance misuse and psychiatric service have been reluctant to manage patients with a dual diagnosis as neither sees it as their responsibility. People who are homeless with a dual diagnosis are often subject to a defensive service provision where it is easier to assume care is someone else's responsibility. Access criteria, whereby a person must be drug or alcohol free before they can access mental health services further marginalizes dual diagnosis clients.

While there are services for people with severe and enduring mental illness, little work is done with people with low-level mental health problems. Low-level mental health problems, while harder to identify, are nonetheless very distressing for a person concerned and often leave them with vulnerable and chaotic lifestyles. The lack of active day rehabilitation programmes for those recovering from a bout of mental illness is an identifiable weakness in the existing provision of services. Such programmes have a beneficial effect in helping people re-learn life skills that are lost during a period of illness, encouraging social integration and preventing relapse.

The operation of a catchments area system makes it difficult for people who are homeless to gain access to assessment and treatment. The problems caused by catchments areas for people who are homeless continue to persist in many areas. While the concept developed as a positive, to identify and not to lose people, it has not worked effectively for people without an address and when services are under pressure in an area, it provides an excuse for refusing to offer treatment and support.

The lack of choice is also stigmatising to those who suffer from mental illness, since those with physical illness can exercise a choice of where they present for treatment and care. The Irish Medical Organisation AGM in April 2001 unanimously passed a motion calling on the Department of Health and Children to review this policy.

There is a critical shortage of necessary supported housing and community supports for people with mental ill health.

This remains the biggest problem for homeless service providers. The European Observatory on Homelessness has found that Ireland has one of the lowest levels of supported housing for people who are homeless compared to other European nations. Homeless services have tended to concentrate on basic needs and have not built up expertise in the area.

There are also a considerable number of people 'at risk of homelessness' who are not getting the support or access to supported facilities that are necessary. From correspondence with the South Western Area Health Board the following information has become available:

The numbers of people at risk of homelessness who have been housed in supported housing units by the South Western Area Health Board (Dublin based) during 2000, 2001 and first part of 2002 in their facilities was 60 and the total number housed by local authority/voluntary sector housing over the same period was 35. In total the South Western Area Health Board manages 3 high support facilities for a total of 43 people, 3 medium

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support facilities for 43 people and 6 residences rented from local authorities for 32 people, very low in comparison with the existing need. The Inspector of Mental Hospitals has also questioned the quality of the "supported" accommodation offered by Health Boards.

A 'shortage' of acute psychiatric beds

In theory this is directly responsible for a number of problems including difficulty in securing acute beds for admission for someone who needs this type of support, and the unplanned discharge of patients because of the pressure on existing beds.

The Health Research Board analysing the problem in the Eastern Regional Health Authority, (referred to in the report 'We have no beds'), finds that 45% of the acute psychiatric beds are occupied by non-acute patients and that 20% of people are staying for a year or more in acute beds because there are few move on options, both factors blocking up the system. The Research Board concluded that, "The current level of psychiatric bed provision is sufficient if the range of community support services (particularly residential services) is extended considerably." They also highlight the "shortage, in some cases a virtual non-existence, of rehabilitation places for 'inappropriate' patients" and "an uneven available and responsiveness of alcohol services across the EHB area".

While published in 1999, few if any of the many recommendations of the report have yet been implemented, the report is still highly relevant today, and its recommendations are applicable to other health board areas and not just the Eastern Region.

In support of the Health Research Board report, Brian Harvey comments in a report for Homelessness and Mental Health Action that, "the rise in homelessness from the 1980s has often been linked to the de-institutionalisation of psychiatric patients into the community. In Ireland the evidence is less that discharged former long-stay patients become homeless but rather that the reduction of long-stay beds closed off what in effect was a residual social accommodation role performed by long-term psychiatric institutions".

Patients routinely discharged into homelessness when their mental illness is not longer acute.

Our service providers believe that they are being used as a "dumping ground" by the mental health services, who send people presenting with mental illness to homeless hostels because the person and (it is claimed) the health service have not other option. A recent case was of a man discharged into the Cork Simon shelter from a psychiatric service who was in a wheelchair and still attached to an IV system.

(The Department of Health counters that from research they completed in 1992 tracing patients discharged from Mental Institutions, none of those discharged became homeless). It may be the case that many people which the Psychiatric service classifies as having behavioural difficulties but not mental illness and therefore not part of their responsibility are finding their way into the "homeless met"while previously the would have been housed in Mental Institutions.

This movement into homelessness for the person with moderate mental illness/ behavioural difficulties is not likely to prove successful for the individual. He or she is transferred into a chaotic environment, with easy access to prescription and non-prescription drugs and with few if any trained and knowledgeable mental health professionals to offer support. Many homeless services have reacted angrily to this development, with many claiming they cannon cope with the behavioural and other problems presenting by people with mental ill health and some service providers denying them access.

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Recent Policy Changes

The National Health Strategy

The Health Strategy, Quality and Fairness: A Health System for You makes only three mentions of the homeless in the whole of the document. Of these, only one deals with mental health and the homeless.

In the broader question of mental health, the strategy acknowledges that the provision of care in the community has not been successfully implemented. In particular it notes that there are few multidisciplinary health teams in operation and few psychologists, social workers or occupational therapists employed. It states that, "While considerable progress has been made in many health board areas in implementing the change from institutional to community-based care, few have as yet competed the process". (This is nearly 20 years on from the Department of Health strategy in 1984, "Planning for the Future"), The Health Strategy goes on to state that, "Despite some progress in recent years, the existing level of services is inadequate".

The Health Strategy also recognises that the overly medical approach to mental illness in the past does not allow for a wider view of mental health, stating that policy and objectives need to be updated to deal with such issues as "concerns about using only the traditional 'medical' model of care for mental illness rather than considering alternative therapies such as psychotherapy or psychology treatments."

In the separate National Strategy for Primary Health Care published at the same time, Mental Health Ireland finds that the plans in the strategy for mental health care within primary health care are weak and underdeveloped. While primary care health service delivery is generally changing, the strategy offers no clear direction for mental health professionals.

"Homelessness - An integrated strategy"

"Homelessness - An integrated strategy" undertakes that all health boards carry out a mental health needs assessment and develop appropriate responses. It is unclear to date if any Health Board has actually carried out a complete needs assessment and developed appropriate responses in their area. The Strategy committed that a comprehensive mental health strategy for people who are homeless would be initiated. This has never come into fruition, and the measures proposed under the Homeless Preventative Strategy do not constitute major progress in the area.

Homeless Preventative Strategy

According to Government figures, there were 4,768 patients in psychiatric hospitals (public and private) and acute units at the end of 1999, a drop of over 4,700 on the numbers of people help in 1989. Over the same period the numbers of places available in "Hostels for the Mentally Ill" increased by less than 700. This is striking in the light of the lack of undertakings in the Preventative Strategy for new community based supported housing for people who are homeless discharged from psychiatric hospitals and those presently staying in homeless hostels where their support needs are not being met.

Actions to be undertaken under the Preventative Strategy include:

- All psychiatric hospitals/units will have a formal and written Discharge Policy, which set out minimum standards for discharge. (The Discharge Policy does not state that if the

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person being discharged does not have suitable accommodation in which to live after discharge then discharge should not take place)
- Every psychiatric team will have a nominated professional to act as Discharge Officer.

The preventative strategy than makes a number of recommendations involving the "Multi-Disciplinary Team" regarding liaison with the Discharge Officer and the drawing up of a post-discharge care plan. Although the recommendations have some, albeit limited relevance to the situation in Dublin, where a Multi-Disciplinary Team for the Homeless has been set up (although not yet fully operational), these recommendations have no relevance to all other parts of the country where no Multi-Disciplinary Teams exist. It seems a remarkable oversight for a National Preventative Strategy that no reference to follow up procedures is made to the situation for people discharged into homelessness in areas outside of Dublin.

Overall the strategy focuses on procedural changes in the operation of statutory services, which although welcome, cannot in themselves be classified as comprehensive prevention.

Report of the Inspector of Mental Hospitals

According to the Report of the Inspector of Mental Hospitals of October 2002, reviewing the operation of the system up to December 2001, hundreds of patients are being housed in Irish mental hospitals not because they need help with their mental illness but because they are old or homeless and have no where else to go. The report states that "many, but not all of these older persons now show little sign of behavioural disturbances related to psychiatric disorder - their needs and their disabilities relate to their age". The Inspector of Mental Hospitals urges their transfer to community residences where that is possible. The Inspector also finds "a large number of current psychiatric inpatients who are homeless and are accommodated in acute or long-stay hospital wards despite being suitable for community residential placement. There is hardly a service in Ireland where this is not a current issue".

The Inspector found poor conditions in many hospitals throughout the country and recommended that a number be closed. The conditions of some of the residences which are owned by the Health Boards and which are used to house patients in a community setting also came in for severe criticism.

Dublin Homeless Action Plan

Shaping the Future, the Homeless Action plan for Dublin states that "The General Manager for Homeless Services will establish a working group of homeless service providers, Directors of Mental Health in each Health Board and other relevant personnel by September 2001, to draw up a plan". A further action point states that, "The plan will be implemented with effect from March 2002 and reviewed on a 6 monthly basis. Services to be reviewed include adult and child psychological, psychiatric, counselling and other non-medical interventions. It will provide for protocols to deal with people outside of the established catchment areas and arrangements for the transfer of files between institutions and areas". The plan was also to make proposals for the improvement of services and arrangements for monitoring and evaluation. By November 2001, the Agency "will have commissioned and completed a study into the best way of meeting the needs of people who are homeless for counselling and have implemented proposals from January 2002".

Performance indicators for successful implementation include:

- The numbers of people who are homeless with a mental health problem
- The wait time for drug and alcohol detoxification.

Progress in relation to the timescales originally set out has been slow, however the Agency have appointed a member of staff specifically on the area of mental health and integrated advocacy. She is currently auditing the services available and system blockages and her report, which is due in early 2004 should be very instructive.

Expenditure

As can be seen from above there have been numerous recommendations, some with considerable merit, made in various reports, plans and strategies in the last two years. In the opinion of Mental Health Ireland, if all these recommendations were implemented fully then practice would be radically different today. However there have been considerable delays in implementation, the main delay factor being finance.

Dr. Marcus T. Webb writing in the Psychiatric Nurses Journal in 1993 stated that, "The share of gross expenditure provided in Ireland for the psychiatric services has been reduced by 20.7% since 1976. This slide must be halted and reversed if this country is to preserve a semblance of mature and civilised care for its mentally ill". Recent ERSI statistics show that, rather than following this advice, revenue expenditure in mental health care and treatment as a proportion of total health spending has fallen from 9.5% of total spending in 1995 to 7% today.

While overall growth in Irish Health expenditure in the eleven years between 1990 and 2001 was approximately 300% (the greater proportion of this is increased salaries to nurses, doctors and consultants), that of the psychiatric programme was just 131% by far the lowest of any health programme. In March 2001, the Irish Psychiatric Nurses Association commented that the mental health services are the "first in line for cutbacks in time of financial stringency and the last to benefit in times of plenty".

Improved practice

Throughout the country there have been some important improvements in the past three years, these have mainly come about as a result of increased partnership and communication between statutory and voluntary services providers. For example in Dundalk CPN visits the Simon Community House fortnightly to attend to long-term residents. A team, including a consultant psychiatrist, will come to the Community House in response to staff concern. Admission to hospital can be processed very quickly as a result of good liaison between Simon and Mental Health Services. A consultation process including health, housing, and voluntary sector representatives, set up by the Director of Homeless seeks to find the most appropriate response to a variety of situations. Business is conducted on a case-to-case basis. Of recent, issues addressed included acquiring appropriate accommodation prior to discharge, temporary admission and planned discharge, an ongoing support & observation. This type of liaison must be ameliorated and mainstreamed.

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Key Recommendations

- The development of a rights based approach to mental health provision for people who are homeless or at risk of homelessness, integral to this approach should be a holistic assessment mechanism, an appeals mechanism, timeframes for the delivery of services and choice and quality in service providers. This approach should be underpinned by legislation that gives full effect to Ireland's international human right obligations.

- The naming of people who are homeless and people at risk of homelessness as a specific target group within Government health services.

- Legislation to put the homeless action plans on a statutory basis.

- An investigation into the best models of supported housing available, and the development of model for state funding of the capital and current costs for these initiatives on an ongoing and equitable basis.

- A proactive policy of including those inappropriately housed in hospitals and other institutions in the housing needs assessment.

- A strategy for re-housing all those currently inappropriately in hospitals and mental health institutions.

- Catchment area services should be appropriately resourced and adapted, and relevant staff trained to meet the particular needs of their homeless populations in both in-patient and community-based settings, so they are enabled to access a comprehensive range of services.

- Accurate data on the number and mental health needs of homeless adults and children should be regularly compiled.

- The particular high level of mental health care needs of Ireland's urban homeless population should be addressed, by ensuring a comprehensive provision of specialised homeless mental health services, with an adequate number of specialist in-patient acute beds, full mental health multidisciplinary teams, and outreach services, with appropriate supports.

- Particular attention should be given to the services available to homeless children, and those living in, and leaving, state residential care.

- Integrated mental health programmes should be developed for people who are homeless with a dual diagnosis of mental illness, and alcohol or substance misuse and/or intellectual disability.

- The review of Homelessness An Integrated Strategy and the Homeless Preventative Strategy committed to in the NAPS/incl (due before the end of 2003) should be independently undertaken, take on board the terms of reference proposed by the Simon Communities of Ireland, Focus Ireland, St. Vincent de Paul and Threshold, engage with homeless service providers and be initiated immediately.

- A public education and awareness programme to counter the stigma of mental illness should be initiated, emphasising the rights of people with mental illness.

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- Rights-based mental health legislation giving full effect to Ireland's international human rights obligations should be enacted.

- A comprehensive and adequately resourced system of personal advocacy, to assist people who are homeless with mental illness to assert their rights in a manner consistent with MI Principles 12(1) and (2) should be provided.

- Family support and information services should be made widely available.

- Garda training in mental health needs and practices with particular emphasis on the needs of people who are homeless, should be introduced.

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APPENDIX II

PROPOSED CASE MANAGEMENT MODEL DEVELOPED BY SIMON COMMUNITY

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

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

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

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

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

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

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APPENDIX III

This definition devised by FEANTSA – the European Federation of organisations working with people who are homeless – is currently being used in a number of forum in Ireland as part of the debate on a new definition of homelessness.

ETHOS – EUROPEAN TYPOLOGY ON HOMELESSNESS AND HOUSING EXCLUSION

Conceptual Category		Operational Category		Generic Definition
ROOFLESS	1	People sleeping rough	1.1	Rough Sleeping (no access to 24-hours accommodation)/ No abode
HOUSELESS	2	People living in a night shelter	2.1	Overnight shelter
	3	People in accommodation for the homeless	3.1 3.2	Homeless hostel Temporary Accommodation
	4	People in Women's Shelter	4.1	Women's shelter accommodation
	5	People in accommodation for immigrants	5.1 5.2	Temporary accommodation/ reception centres asylum) Migrant workers accommodation
	6	People due to be released from institutions	6.1 6.2	Penal institutions Medical Institutions
	7	People receiving support (due to homelessness)	7.1 7.2 7.3 7.4	Residential care for homeless people Supported Accommodation Transitional accommodation with support Accommodation with support
INSECURE	8	People living in insecure accommodation	8.1 8.2 8.3 8.4	Temporarily with family/friends No legal (sub) tenancy Illegal occupation of building Illegal occupation of land
	9	People living under the threat of eviction	9.1 9.2	Legal orders enforced (rented) Re-possession orders (owned)
	10	People living under the threat of violence	10.1	Police recorded incidents of domestic violence
INADEQUATE	11	People living in temporary/ non – standard structures	11.1 11.2 11.3	Mobile home/ caravan Non-standard building Temporary structure
	12	People living in unfit housing	12.1	Unfit for habitation (under national legislation; occupied)
	13	People living in extreme overcrowding	13.1	Highest national morn of overcrowding

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