

Women and Homelessness

MAPPING HOMELESS SERVICES FOR WOMEN IN DUBLIN

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Acknowledgements

The DRHE is very grateful to Dr. Paula Mayock, Sarah Sheridan and Sarah Parker for conducting the survey and analysing the survey results. The findings will help to increase our understanding of how services could and should be configured, in order to best address the actual needs of women accessing homeless services. Thanks are also extended to all service providers, who contributed to the survey. Their contribution has ensured a comprehensive review of services as well as providing comment and recommendations on future developments.

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Foreword

The Dublin Region Homeless Executive (DRHE) commissioned the *Mapping Homeless Services for Women in Dublin* to fulfil a commitment in the 2012 Business Plan, to review service provision to women in the Dublin Region. The Survey was conducted in 2013 and 38 of the 41 services operating in the region responded. The report presents comprehensive data relating to the capacity and operations of the services that accommodate women. It also profiles service users before concluding that additional dedicated services are needed to address the specific needs of women. A particular focus is placed on the need to support and facilitate the parenting role of many of the women accessing services. In addition, and common to both genders, is the need to increase the number of places available, the quality of services and coordination of supports.

In 2014, there were developments in the region designed to address some of these issues. Most significantly was the opening of Abigail House in Finglas in December 2014. This is a newly renovated 40 bed women's service with a variety of on-site supports available and plans to facilitate family visits. Its introduction has resulted in increased bed capacity for women experiencing homelessness in the region.

Despite this development, the number of women presenting to homeless services in the Dublin Region has increased since the survey was conducted. In 2012 women accounted for 26% of 4,837 individuals who accessed services that year. This increased to 28% of 4,613 service users in 2013 and to 33% of 4,976 service users in 2014.

In addition, there has been an increased representation of women accompanied by children following a loss of private rented accommodation. The principle cause has been a decline in affordability of private rental accommodation for lower income households and increased competition to access rental accommodation in the region.

While the need for additional quality services and appropriate housing and support continues to grow, it is hoped that the learning extracted from this survey will help to inform future developments.

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1. Introduction

It is estimated that women constitute approximately one third of the adult homeless population in Ireland (Homeless Agency, 2008; Central Statistics Office, 2012). Despite this, homelessness in the Irish context, as elsewhere, has been viewed primarily as a male-centred phenomenon (O'Sullivan & Higgins, 2001). Gender dimensions of the homeless experience have been neglected within homelessness research and policy throughout Europe (Baptista, 2010; Young, 2010), where services for homeless people have been historically modelled on 'provision for an archetypal homeless male' (Edgar & Doherty, 2001). However, there is increasing recognition that there is an important gender dimension to the problem of homelessness and that women's experiences of homelessness may differ significantly from those of men (Edgar & Doherty, 2001; Watson & Austerberry, 1886). Consideration of gender-specific issues at policy and service levels is indeed critical if the housing and support needs of women are to be effectively met.

Since the mid-1990s in Ireland, a range of strategies aimed at tackling the problem of homelessness and housing instability have been introduced (Department of the Environment and Local Government, 2000; 2002; Department of Environment, Heritage and Local Government, 2008). A 'social partnership' approach largely underpins these on-going policy initiatives (O'Sullivan, 2012a), which have been accompanied by a significant re-configuration of homeless services during the past number of years. In 2008, *The Way Home: A Strategy to Address Adult Homelessness in Ireland, 2008-2013* (Department of the Environment, Heritage and Local Government, 2008) was published. A core stated objective of this strategy was that: "from 2010, long-term homelessness and the need for people to sleep rough will be eliminated

throughout Ireland". This was to be achieved through five strategic aims that would 1) prevent homelessness; 2) eliminate the need to sleep rough; 3) eliminate long-term homelessness; 4) meet long-term housing needs; and 5) better coordinate funding arrangements. The *Programme for Government 2011* outlined a commitment to achieving these aims through the implementation of a 'housing first' approach.

In 2012, the DRHE published a *Business Plan 2012*, which outlined nine core actions aimed at supporting the 2008 national strategy (Department of Environment, Heritage and Local Government, 2008). One of the key deliverables of this *Business Plan* included a commitment to conduct a review of service provision to women "to ensure that the provision is meeting the needs of those accessing services" (p.2). This deliverable was linked to Core Action 1, which aims to consolidate and invest in the *Pathway to Home* model of services in Dublin.

This mapping exercise was designed to support the commitment on the part of the DRHE, to conduct a review of service provision for homeless women. It primarily aimed to collect comprehensive information on the range of accommodation services currently available to women in the Dublin region, in order to develop a clearer and more nuanced understanding of the nature of current provision for female service users. It additionally aimed to gain service providers' perspectives on the adequacy of existing services for homeless women.

This report presents the findings of this mapping exercise which was conducted between January and March 2013.

"It is estimated that women constitute approximately one third of the adult homeless population in Ireland."

2. Methodology

This mapping exercise aimed to identify the full range of accommodation options available to women who experience homelessness in Dublin. The core method of data collection was an online survey distributed to homeless service providers across the Dublin Region.

The initial step in the research was to compile a comprehensive list of services that currently provide accommodation to homeless women. The types of services targeted for participation included: Supported Temporary Accommodation (STA), Long-Term Supported Housing, Domestic Violence Refuges, Transitional Accommodation, Temporary Emergency Accommodation (TEA), and Private Emergency Accommodation (PEA). This phase of the research was primarily desk-based; existing homeless directories for the Dublin region were consulted and on-line searches of the following were undertaken: DRHE website; HSE websites; other regional agencies' websites such as Salvation Army, Depaul Trust, Focus Ireland, Simon Community etc. The research team also consulted with the DRHE when compiling and finalising the full list of existing services serving women in Dublin.

All of the services identified were contacted directly by telephone in order to update any relevant and/or incorrect contact information. This phase proved useful since a number of the services identified were either no longer in operation or had changed their contact details. Telephone contact with staff members and managers of services also allowed the researchers to introduce themselves and make the respondents aware of the research prior to the distribution of the survey. In other words, service providers were informed at this juncture that they could expect to receive an email requesting them to complete an on-line survey.

Once a list of services was completed, a survey instrument was designed to collect comprehensive data on the types of accommodation offered by all services that accommodate women. The survey integrated numerous questions which aimed to collect information on the following:

1. Organisational details (e.g. contact information, catchment areas, primary funding sources, type of service provided etc.)
2. General information (e.g. min/max number of beds available, capacity levels, client turnover rates, rules and regulations in relation to curfews and alcohol consumption etc.)
3. Target populations (e.g. age, gender, key target groups, rules pertaining to clients with children, referral routes, client characteristics, presenting problems etc.)
4. Support capacity (e.g. staffing details, min/max length of stay, service delivery and service procedures, types of support provided etc.)
5. Future plans (e.g. re-structuring, re-configuration, expansion etc.), and
6. Future concerns

A majority of the questions included in the survey were 'closed', requiring services to provide factual information on the type and nature of service provision. However, to supplement these quantitative data, a number of qualitative open-ended questions were also included. These questions focused on service providers' views on the adequacy of current service provision as well as their views on how services might be organised to better meet the needs of homeless women. The survey was piloted and feedback was received from senior staff members in three separate services. A number of adjustments were made to the survey at this juncture based on commentary and feedback from the pilot participants.

“The core method of data collection was an online survey distributed to homeless service providers across the Dublin region.”

“This project received ethical approval from the Research Ethical Approval Committee (REAC) at the School of Social Work and Social Policy, Trinity College Dublin”

2. Methodology (cont.)

The survey instrument was then distributed using two methods: 1) an on-line survey (administered via Survey Monkey) emailed to each of services identified and 2) a hard copy survey, including a pre-paid return envelope, posted to service providers who expressed a preference to complete a hard copy version of the questionnaire. The survey was accompanied by a covering letter and fact sheet outlining the aims of the research. Since the sample population was relatively small, it was important that every effort was made to ensure that the largest possible number of services responded. The following measures were taken to ensure that the highest possible response rate was achieved:

- Telephone contact was made with a member of staff in all of the services prior to sending the survey by email and/or post. The aim of the mapping exercise was explained at this juncture and permission sought to send the survey either by email and/or post for completion. Services were encouraged to return the completed survey within a three-week period.
- Reminder emails were issued to all services that had not completed the survey after a one-week period. Follow-up phone calls were also made to services which were sent hard copies of the survey to ensure that the surveys were received by post. Those who returned their responses were promptly thanked for their participation and co-operation.
- A second reminder email was circulated to services that did not return the survey after a two-week period. If any concerns in relation to completing the survey were expressed by the respondents, they were contacted directly by the researcher and all issues were addressed in an open, friendly and practical manner in order to encourage their participation.

- After a three-week period, the managers of services who had not responded were contacted by telephone and encouraged to submit the completed questionnaire. The aims and objectives of the mapping exercise, as well as the value of each service's participation, were reiterated. Respondents were also offered the option of completing the questionnaire over the telephone (in such instances, the researcher asked the survey questions and recorded the responses).

When all responses were received, quantitative descriptive analysis was performed on the survey data. The survey's open ended questions yielded a large amount of data which were analysed thematically to reflect the dominant issues raised by service providers.

This project received ethical approval from the Research Ethical Approval Committee (REAC) at the School of Social Work and Social Policy, Trinity College Dublin. The research required the formal consent of managers/staff of participating homeless and domestic violence services prior to completing the survey. Managers or another senior staff member in the participating homeless and domestic violence services were given adequate time to consider their participation. The survey aimed, in the main, to collect factual information on issues such as the number of beds, minimum and maximum length of stay, referral agencies, and so on. Respondents were ensured that their responses to open-ended questions would not be attributed to individual agencies, services or individuals and have been anonymised in the presentation of the findings of this report.

3. Key Findings

Response Rate

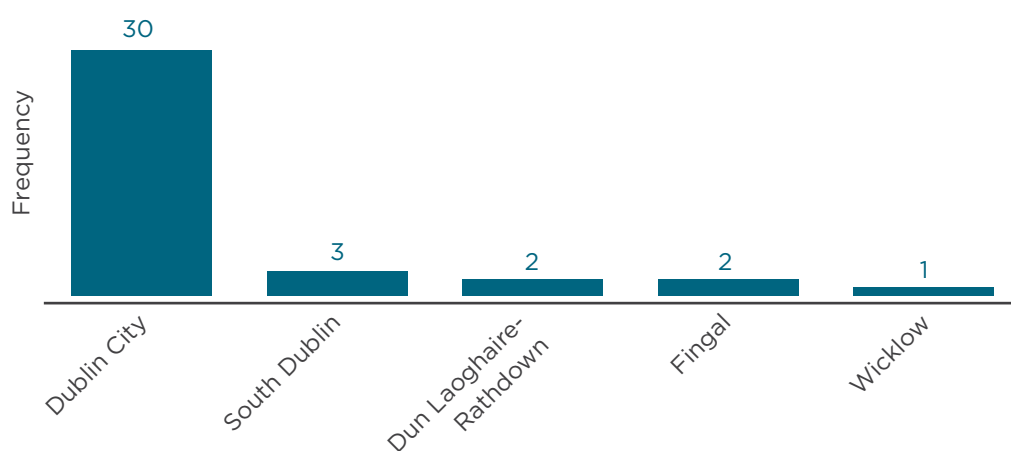
Forty-one homeless accommodation services available to women in the Dublin region were invited to participate in the 'Mapping Homeless Services for Women' study. Thirty-eight of these services consented to participate and completed a survey, yielding a response rate of 92.6%.

Demographic Profile of Services

Location and Catchment Area

As *Figure 1* demonstrates, the largest proportion of services, 79% (n = 30), are located within Dublin City Council's administrative area. Within the three remaining Local Authority areas, 8% (n = 3) are in South Dublin, 5% (n = 2) in Dun Laoghaire-Rathdown, and 5% (n=2) in Fingal. One domestic violence refuge included in the study is situated in Co. Wicklow. This service was included in the research because it is utilised by a considerable number of homeless women who reside in the Dublin region.

Figure 1: Location of services according to the County Council administrative areas.



While the services are physically based in specific administrative locations, a majority of respondents (n = 21) noted that they in fact serve a far broader catchment area. For instance, six services indicated that their catchment area is national and a further twelve services stated that they work with women from the greater Dublin region, including all four of the local authority

areas. A small number of services (n = 3) stated that they accept women experiencing homelessness from any location in Ireland pending a referral from specific agencies, namely the Dublin City Council Central Placement Service (CPS).

3. Key Findings (cont.)

Type of Service Provided

The largest number of services self-identified as either supported temporary accommodation (STA) (29%, n= 11) or long-term supported housing (29%, n= 11) (see Table 1). Following this, a smaller number classified themselves as a domestic violence refuge (n = 5), transitional accommodation (n = 5), temporary emergency accommodation (n = 3), permanent onsite supported housing (n = 2), and private emergency

accommodation (n = 1). No services identified as providing step-down accommodation, although one transitional housing service noted that they also provide a “project for women leaving prison or women with offending history in the community through probation officers.” This service was not included in the survey since it does not come under the umbrella of range of homeless accommodation services available to women.

Table 1: Type of service provided

Type of service	Frequency	Percent
Supported Temporary Accommodation	11	28.9%
Long-term Supported Housing	11	28.9%
Domestic Violence Refuge	5	13.1%
Transitional Accommodation	5	13.1%
Temporary Emergency Accommodation	3	7.8%
Permanent Onsite Supported Housing	2	5.2%
Private Emergency Accommodation	1	2.6%
Step-down Accommodation	0	0%
Total	38	100%

A certain level of ambiguity was clear in the comments provided by respondents on the classification of their services. For instance, a number of respondents stated that they provide services that could be categorised under more than one of the ‘official’ classification options outlined in Table 1 above. One respondent, for example, considered their service to provide both temporary emergency accommodation and transitional accommodation and would also classify the service as a domestic violence refuge. Another participant stated that, whilst the service primarily offers long-term supported housing to clients, it also provides supported temporary accommodation and specialised services for clients with mental health needs. A third respondent stated that while they were essentially a domestic violence refuge, they also

provide temporary emergency accommodation while another service provider stated that the service was “in transition to be a supported temporary accommodation but our current service is closer to transitional accommodation”.

The data are therefore suggestive of some level of uncertainty about the official classification of services, as well as a reluctance on the part of a considerable number of respondents to ‘pigeonhole’ their service into a category which they felt does not accurately reflect or represent the service(s) they currently deliver ‘on the ground’. Several respondents stated that they did not “fit” the criteria outlined by the official classification scheme.

We provide temporary supported accommodation but are not classed as STA [Supported Temporary Accommodation] under criteria of Housing First model nor funded by the government since end of 2011.”

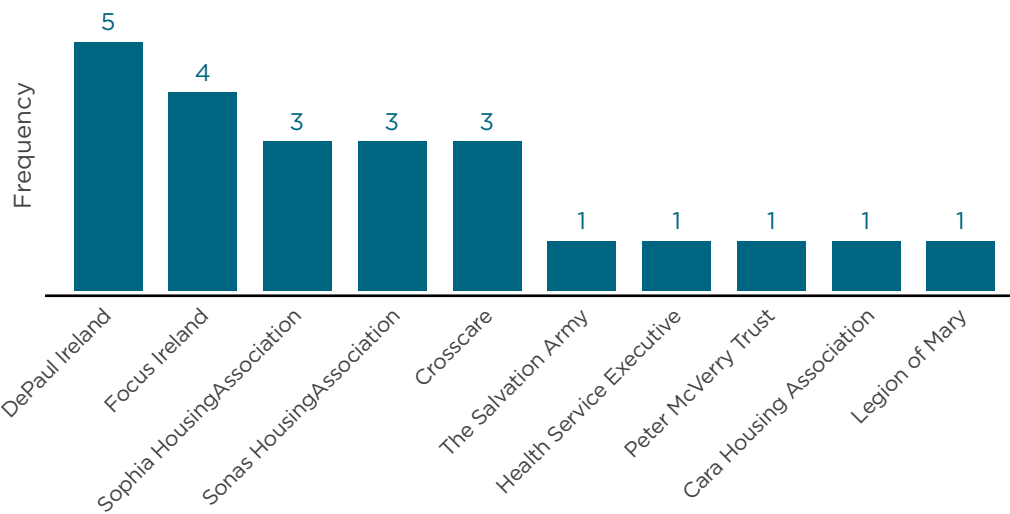
“Our service does not fit into one of these categories. We are emergency accommodation and are funded by the Health Service Executive [HSE]. We can accommodate under 18s and are part of Crisis Intervention Services [CIS] as well as part of DRHE. The DRHE categorises us as STA because it does not have a category for us.”

Service Backgrounds

Three quarters of the services (n = 29) stated that their service is part of a larger organisation. The primary organisations or ‘parent bodies’ listed were: Dublin Simon Community (n = 6), Depaul Ireland (n = 5), and Focus Ireland (n = 4) (see Figure 2). Others identified include Sophia Housing Association (n = 3), Sonas Housing Association (n=3), Crosscare (n = 3), The Salvation Army (n = 1), the Health Service Executive (n = 1), Peter McVerry Trust (n = 1), Cara Housing Association (n = 1), Novas Initiatives (n = 1), and the Legion of Mary (n = 1).

“The largest proportion of service providers (74%, n = 28) stated that they have been in operation for 6 or more years”

Figure 2: ‘Please specify the name of the organisation or ‘parent body’ that your service is a part of?’

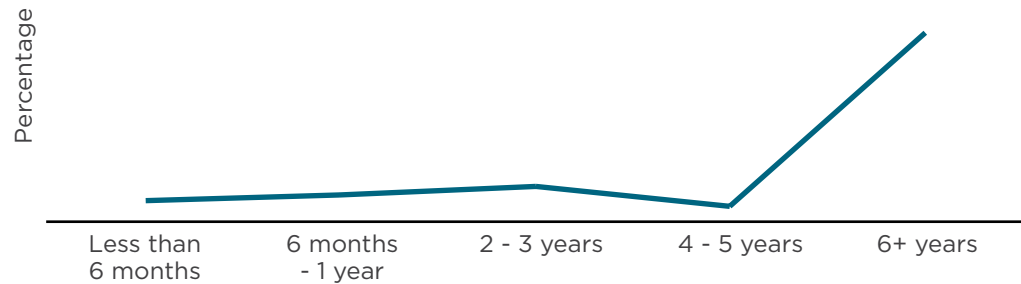


The largest proportion of service providers (74%, n = 28) stated that they have been in operation for 6 or more years (see Figure 3). Among the remaining respondents, one has been in operation for between 4 – 5 years, four for 2 – 3 years, and three for between 6 months and 1 year. Two services indicated that they had been open for less than 6 months at the time the survey was administered. Both of these services

identified as providing long-term supported accommodation, with one service provider stating that their service is currently funded for one year “as a pilot”. Three respondents clarified that their services had recently been re-configured or, alternatively, was currently undergoing a process of organisational restructuring.

3. Key Findings (cont.)

Figure 3: 'How long has your service been in operation?'



Funding Sources

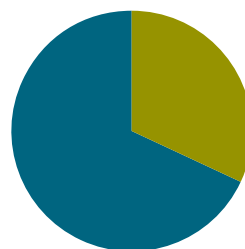
Section 10 funding

Of the 38 participating services, 68% (n = 26) stated that they receive Section 10 funding (see Figure 4). Of these services, the largest number indicated that Section 10 funding applied to the 'entire service' (38%, n = 10), while a further 27% (n = 7) stated that the funding applied only to 'specific projects'. Thirty-four percent (n = 9) of services indicated that they 'didn't know' what part of the service was funded by the Section 10 funding they received. One respondent noted that they had received Section 10 funding until the year end of 2011 but that this funding has ceased "under criteria of Housing First Model".

Figure 4: Section 10 funding

Does your service receive Section 10 funding?

- Yes
- No



Other funding sources

Twelve services stated that they did not receive Section 10 funding. The primary funding sources cited by these services included:

1. Health Service Executive (HSE) (n = 6); and
2. Fundraising (n = 2)

Other funding sources listed were: South Dublin County Council (n = 1), Dublin City Council (n = 1), Fingal County Council (n = 1), the Dublin Simon Community (n = 1), and rental income (n = 1).

Target Population and Eligibility

Key target groups

When asked to describe the target population of their service, the largest number of providers (n = 16) stated that they target homeless adults (i.e. over 18 years) with medium-to-high support needs related to mental health and/or substance use problems, criminal activity and housing crises (see Table 2). Of these services, five indicated that they targeted active substance users or individuals with substance use problems; two target couples as well as single adults; and two reported that they provide specialist services working either with individuals with complex mental needs (n = 1) or individuals with HIV/AIDS (n = 1).

Of the remaining services, eight work solely with women and children escaping situations of domestic violence, five work specifically with either families (n = 3) or families and single women (n = 2), and five work with single

homeless women only (n = 3) or single women, mothers and their children only (n = 2). One service stated that it targets adult rough sleepers, while three services work with young adults in the 16 - 25 year age range only.

Table 2: Key target groups identified by services

Target group	Frequency	Percent
Homeless adults with medium-high support needs	16	42%
Women and children escaping domestic violence	8	21%
Single homeless women only	3	8%
Young adults only	3	8%
Families only	3	5%
Single women, mothers and children	2	5%
Families and single women	2	5%
Rough sleepers	1	3%
Total	38	100%

Gender

Approximately 66% (n = 25) of the services surveyed accommodate both men and women while 34% (n = 13) are available *only* to women (n = 3) or women and their children (n = 10) (see Figure 5). Among those who accommodated both genders, the average percentage of women usually residing in services at any given time was estimated to be 37.5%.

Female clients with children

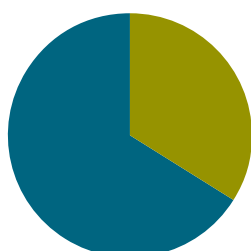
Just over half (55%, n = 21) of the services stated that they do not accommodate female clients with children in their care. Of the services that *do* work with mothers and children (45%, n = 17), seven stated that, in some instances, they may not be able to accommodate large families due to capacity constraints. In general, the maximum number of children that can be accommodated (along with their mother) at any given time is between 3 and 7, depending on the type of accommodation available. Restrictions with regard to children are operational in ten services, with the most commonly cited restrictions relating to the age and gender of children. For instance, four services stated that they do not accept children over the age of 18 years while three services do not accept boys over the age of 10, 16 and 17 years, respectively.

“Just over half (55%, n = 21) of the services stated that they do not accommodate female clients with children in their care.”

Figure 5: Target population by gender

What individuals does your service accommodate?

- Men and Women
- Women Only



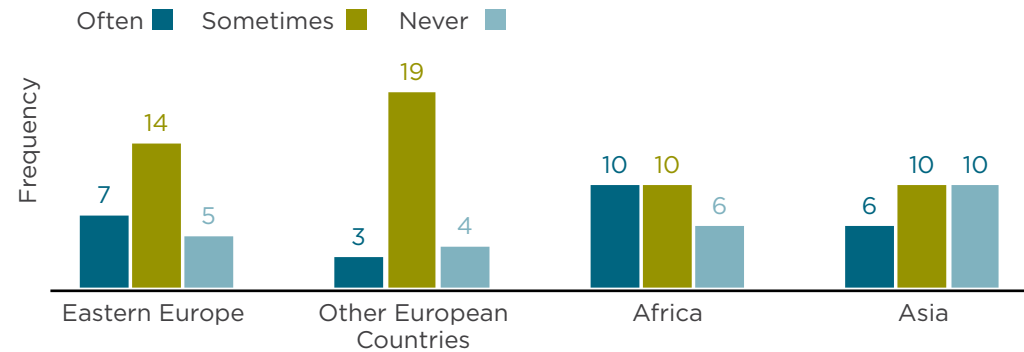
3. Key Findings (cont.)

Migrant women

Just under three-quarters of services (71%, n= 26) reported that they work with migrant women. Migrant women originating from countries in Africa (38%, n = 10) and Eastern Europe (27%,

n = 7) were most commonly identified as 'often' utilising the services (see Figure 6). 73% (n = 19) of the services also stated that they 'sometimes' work with migrant women from 'other European countries'.

Figure 6: 'How often do you work with migrant women originating from the following regions?'



“Just under three-quarters of services (71%, n= 26) reported that they work with migrant women.”

In order to identify issues affecting migrant women, services were asked to indicate whether they work with specific groups of migrant women including: Roma women, female asylum seekers, women who do not satisfy the Habitual Residence Condition (HRC), and women with no immigration status. The data presented in Table 3 indicates that 46% (n = 12) of services work with migrant women who do not satisfy the

HRC, 42% (n = 11) with female asylum seekers, 31% (n = 8) with women with no immigration status, and 23% (n = 6) with Roma women. One respondent stated that “if women present at the [service] with any of the above blocks to services we keep them short-term and link them in with the relevant services”, highlighting an issue of restricted access to services for some groups of migrant women.

Table 3: 'Do you work with the following groups of migrant women?'

Groups	Yes	No	Total
Roma women	6 (23%)	20 (77%)	26 (100%)
Female asylum seekers	11 (42%)	15 (58%)	26 (100%)
Women who do not satisfy the HRC	12 (46%)	14 (54%)	26 (100%)
Women with no immigration status	8 (31%)	18 (69%)	26 (100%)

Client characteristics

Table 4 presents the 'categories' of women that services rank themselves as most likely to come into contact with. The groups deemed to 'almost always' or 'often' utilise the services include: single women (87%), women with long homeless histories (i.e. more than 2 years) (73%), women with mental health problems (66%), women who are recovering/stabilised substance users (66%), women experiencing violence and abuse (63%), and women who experienced homelessness

during childhood or adolescence (60%). The groups of women *least likely* to present to services include (in descending order): couples with children, couples without children, and lesbian, bisexual or transgender women. Several service providers clarified their responses to this question by stating that while they would in fact accommodate lesbian, bisexual or transgender women, these women in fact rarely openly present or, alternatively, self-identify in this way to their service.

Table 4: 'How often do you work with the following groups of women?'

Groups	Almost Always	Often	Some-times	Seldom	Never	Total
Single women	66%	21%	10%	0%	3%	100%
Traveller women	29%	26%	37%	8%	0%	100%
Women with children	37%	8%	16%	5%	34%	100%
Couples with children	5%	5%	13%	3%	74%	100%
Couples without children	13%	3%	24%	3%	58%	100%
Active drug using women	21%	16%	31%	13%	18%	100%
Active alcohol using women	26%	29%	21%	13%	10%	100%
Women experiencing violence or abuse	37%	26%	26%	8%	3%	100%
Women with mental health problems	24%	42%	29%	5%	0%	100%
Women with a history of incarceration	16%	21%	47%	16%	0%	100%
Recovering/stabilised substance misusers	29%	37%	26%	5%	3%	100%
Women with a history of anti-social behaviour	21%	29%	37%	13%	0%	100%
Women with a history of rough sleeping	26%	18%	31%	21%	3%	100%
Women with long homeless histories	31%	42%	18%	5%	3%	100%
Women who experienced homelessness during childhood	18%	42%	31%	5%	3%	100%
Lesbian, bisexual, transgender women	5%	8%	45%	34%	8%	100%

“The vast majority of respondents (71%, n = 27) identified substance misuse and addiction issues as the primary presenting problems among their female clients.”

3. Key Findings (cont.)

Typical presenting problems of female clients

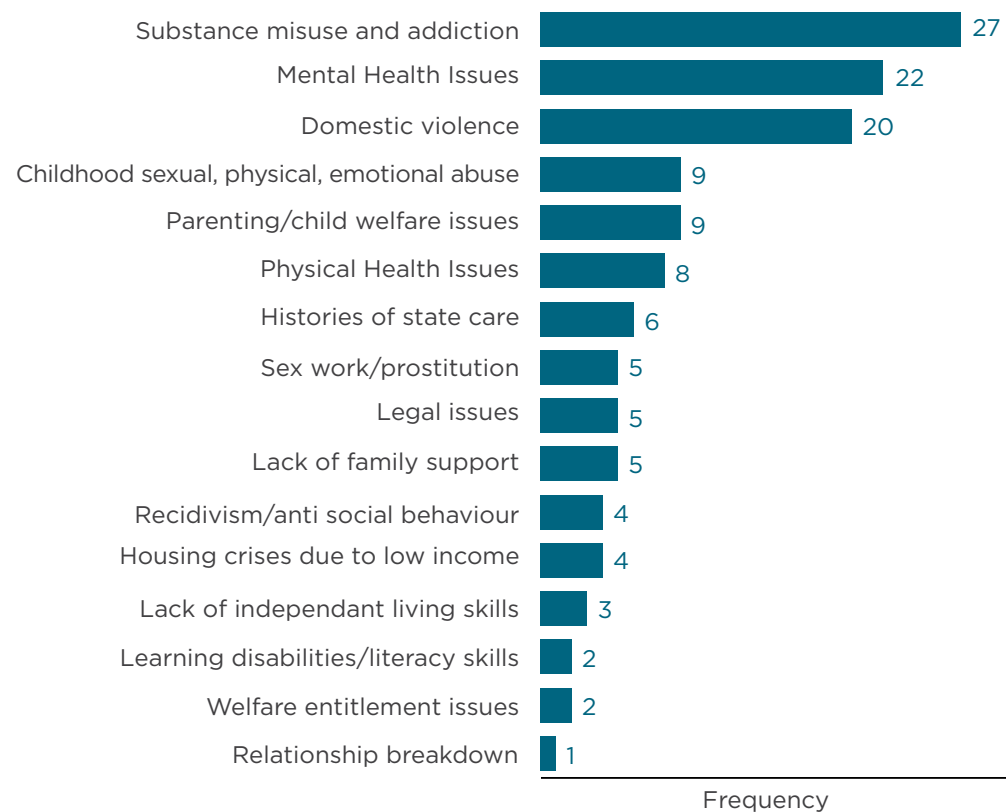
When asked about the typical presenting problems of their female clients, the data collected from service providers appears to be broadly consistent with much of the existing literature and research on homeless women. The vast majority of respondents (71%, n = 27) identified substance misuse and addiction issues as the primary presenting problems among their female clients (see Figure 7). Following this, the most frequently cited problems included:

- Mental health issues (59%, n = 22)
- Domestic violence (54%, n = 20)
- Childhood sexual/physical/emotional abuse (24%, n = 9)

- Parenting/child welfare issues (24%, n = 9), and
- Physical health issues (22%, n = 8)

Other issues identified by service providers included: histories of state care, sex work/prostitution, legal issues, lack of family support, recidivism/anti-social behaviour, housing crises due to low income/inappropriate accommodation, lack of independent living skills, learning disabilities/literacy issues, welfare entitlements and relationship breakdown.

Figure 7: Common presenting problems of services' female clients:



Issues identified by respondents as specific to their migrant female clients included:

- Problems with welfare entitlements due to their immigration status
- Issues related to their visas or Important legal documents being withheld by abusive partners
- Language barriers
- Literacy skills, and
- Human trafficking

Eligibility

Approximately 92% (n = 34) of services stated that they had some kinds of restrictions in place in terms of access, although several services clarified that they considered all applicants on a case-by-case basis. However, a considerable number of respondents stated that they did not

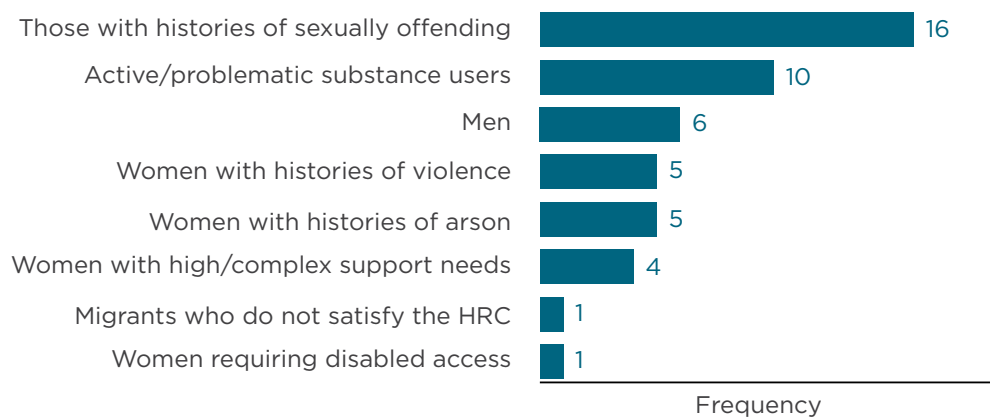
accept the following individuals to their service:

1. Individuals with a history of sex offending (n = 16), or
2. Individuals who were active and/or problematic substance users (n = 10) *(see Figure 8)*

These stipulations were strongly enforced in family accommodation settings where children were present. Other groups that services could not accommodate included: men (n = 6), women with a history of criminal activity or anti-social behaviour during the past three years (n = 5), women who have been previously evicted for, or convicted of, arson (n = 5), women who had particularly high support needs (n = 4), migrants who do not satisfy the Habitual Residency Condition (HRC) (n = 1), and women requiring disabled access to their properties (n = 1) *(see Figure 9)*.

“Approximately 92% (n = 34) of services stated that they had some kinds of restrictions in place in terms of access.”

Figure 8: ‘Are there any individuals that your service is unable to accommodate?’



It was noted by service providers that regulations in relation to those individuals who can and cannot access services were often contingent on the target group of that service. For example, single homeless women with no experiences of domestic violence cannot access domestic violence refuges; young people under the age of

18, can only access adult services as part of a family; women-only services are unable to accommodate men; and accommodations that do not permit alcohol consumption on the premises cannot accommodate active substance users, and so on.

3. Key Findings (cont.)

Service Delivery

Staffing

Respondents were asked to state the number of staff employed by their service under the following categories: full-time, part-time, voluntary, relief, security and domestic staff members. *Table 5* summarises the responses of the 37 services who responded to this question. The table can be interpreted by considering the

following example: the column titled 'full-time' indicates that two services had no full-time staff; eleven services had between 1 and 5 full-time staff members; thirteen services had between 6 and 10 full-time staff members; ten services had between 11 and 20 full-time staff members; one service had between 21 and 25 full-time staff members; and no services had 26+ full-time staff members.

“Nearly all services (97%, n = 36) stated that their staff received regular training (see Figure 9), particularly in the areas of Case Management (89%, n = 33) and motivational interviewing (78%, n = 29).”

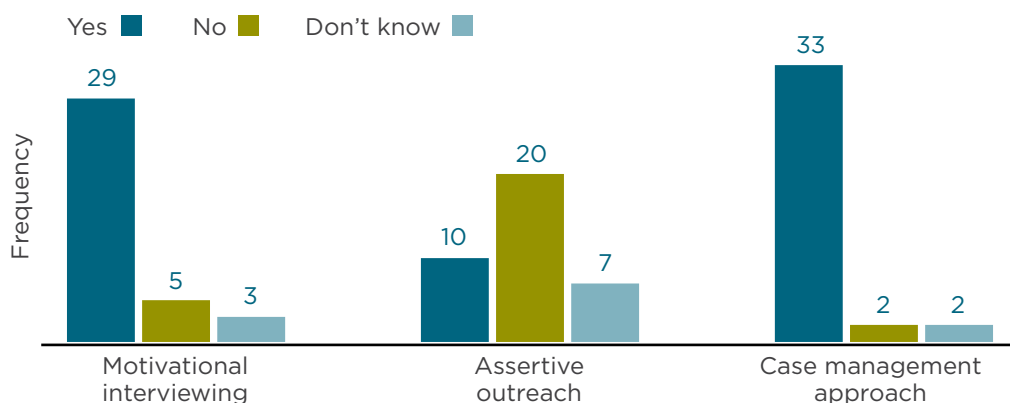
Table 5: Number of staff in services

Number of staff	Number of Services					
	Full time	Part time	Voluntary	Relief	Security	Domestic
0	2	18	12	9	19	16
1 - 5	11	17	18	8	18	19
6 - 10	13	2	2	16	0	2
11 - 20	10	0	1	4	0	0
21 - 25	1	0	1	0	0	0
26+	0	0	1	0	0	0
Total	37	37	37	37	37	37

The greatest proportion of services employed between 6 and 10 *full-time* staff (n = 13) and seventeen services employed between 1 and 5 *part-time* staff. A large proportion of services stated that they had between 1 and 5 voluntary workers (n = 18), 6 and 10 relief workers (n = 16), 1 and 5 security workers (n = 18), and 1 and 5 domestic workers (n = 19). One service operated solely from the work of over 26 voluntary staff members. Seven service providers also noted that they had staff members who were employed through the FAS Community Employment Scheme (CES).

Nearly all services (97%, n = 36) stated that their staff received regular training (see Figure 9), particularly in the areas of Case Management (89%, n = 33) and motivational interviewing (78%, n = 29). Far fewer (27%, n=10) stated that their staff were trained in assertive outreach. This figure may however under-represent the number with training in assertive outreach since 19% of services indicated that they 'didn't know' whether their staff were trained in this approach.

Figure 9: 'Are your staff formally trained in the following areas?'



Service procedures

A majority of services did not operate a waiting list (65%, n = 24) or provide outreach (54%, n = 20). Nearly all services use a case management approach when working with female clients (97%, n = 36), with only one respondent stating that this approach was not operational in their service. Almost all services also indicated that a key worker was assigned to female clients

(92%, n = 34) and that a formal assessment is carried out when women first present to the service (92%, n = 34). Ninety-five percent (n = 35) of services establish a care plan with their female clients and 92% (n = 34) stated that there are procedures in place to monitor the female clients' progress throughout their time with the service (see Table 6).

“Almost all services also indicated that a key worker was assigned to female clients (92%, n = 34) and that a formal assessment is carried out when women first present to the service (92%, n = 34).”

Table 6: 'Are the following procedures operative in your service?'

Service procedure	Yes	No	Total
Case management	36 (97%)	1 (3%)	37 (100%)
Assignment of key workers to female clients	34 (92%)	3 (8%)	37 (100%)
Formal assessments (carried out on arrival)	34 (92%)	3 (8%)	37 (100%)
Establishment of care/support plans for female clients	35 (95%)	2 (5%)	37 (100%)
Procedures in place to monitor progress	34 (92%)	3(8%)	37 (100%)

The procedures in place to monitor female clients' progress varied across the services. While a small number described limited approaches involving one or two procedures, the vast majority identified more comprehensive and intensive strategies involving a wide range of methods, measures, and protocols which were often used within the key work process and integrated within assessment and review tools. The primary methods employed by services to

measure progress and change among women utilising their services included a combination of needs and risk assessment tools developed either independently or by the DRHE (i.e. the Holistic Needs Assessment (HNA)) (n = 13); one to one key working sessions (n = 15); the Outcomes Star approach (n = 8); and regular case/care plan reviews and meetings to discuss the progress of each individual resident (n = 23).

3. Key Findings (cont.)

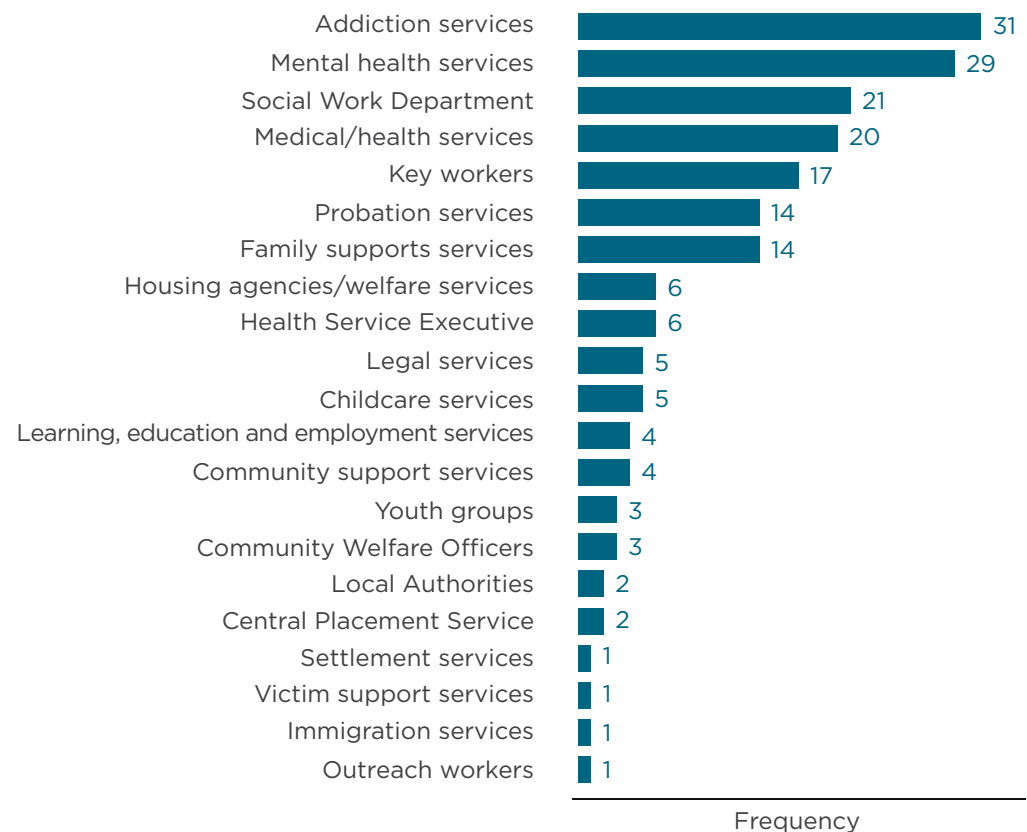
A smaller number of services also stated that they used gaps and blocks protocols, outcome measurement tools, behaviour management plans, staff supervision, internal databases, Pathway Accommodation and Support System (PASS), and life skills programmes.

When asked to list the type of services involved in Case Management work with their female residents, the most frequently cited responses were:

- Addiction services (e.g. detoxification, rehabilitation, after-care)
- Mental health services (e.g. the Community Psychiatric Nursing service (CPN), counsellors, community mental health officers, psychiatrists)
- Social work departments/Social workers, and
- Medical/health services (e.g. Public Health Nurse (PHN), occupational therapists, care assistants, GPs, hospitals, dentists).

Other key agents/services identified included probation services, key workers, and family support services. A full list of all types of agencies listed is presented in *Figure 10* below:

Figure 10: Agencies/services typically involved in Case Management work female clients



Types of support provided

Approximately 95% (n = 35) of services stated that they directly provide other types of support, apart from accommodation, to their female clients. Overall, a wide range of services are provided in addition to housing support and these focus primarily on personal/emotional support, advocacy, key working, and case management. Other types of supports provided include:

- Information and advice (e.g. financial, welfare, housing, nutrition, mental health, legal, employment, education)
- Social activities and classes (e.g. art, gardening, social events, support groups)
- Support services for people who are living independently (e.g. living skills, home maintenance, assistance with rent and utilities)
- Outreach programmes
- Assistance with sourcing move-on accommodation
- 24 hour onsite/telephone helpline support from staff
- Counselling and therapy
- Emotional and practical support in relation to domestic violence, medical issues, addiction, court appearances
- Childcare/children's support programmes, and
- Day caller services

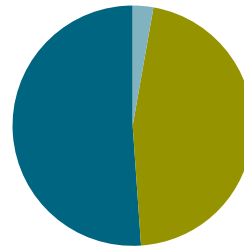
Follow on/ Aftercare support

Approximately half (51%, n = 19) of the services provide follow-on or aftercare support to their former female clients [see Figure 11]. One service indicated that they 'didn't know' whether their service provided this type of support.

Figure 11: Follow on/after care support:

Does your service provide follow-on or after-care support to former female clients?

- Yes
- No
- Don't know



Several respondents elaborated on the type of follow-on support their service provides. These data suggest that, where after-care support is available to former clients, the type, duration, range and extent of support varies considerably. For instance, certain services described their limited capacity to support women after they leave while others reported that, where possible, they refer women to other support services in the community. One respondent elaborated by explaining that they regularly refer clients to the Support to Live Independently Scheme (SLI).

"[We refer clients] to a support and settlement service. This service, SLI, assists family settle into a new home, follow up with schools, social welfare entitlements, dealing with landlords and services, money advice, etc."

Several service providers stated that follow-on or aftercare support was only provided in rare or "exceptional cases", particularly while their clients were waiting for SLI to "kick in" or if their needs were more complex. However, a number of respondents explained that they provide holistic, person-centred aftercare support, including outreach services or visiting support where key workers 'link in' with former clients for a period of approximately 3 months, depending on individual needs. Two services clarified that they provide this type of aftercare service for a *minimum* of 3 months. These types of supports often included post-settlement support, such as assistance with rent and utilities, life skills training, and support with

"Approximately half (51%, n = 19) of the services provide follow-on or aftercare support to their former female clients."

“Referrals to services was reported to be quite high, with just under one third (30%) stating that they refer clients to other services ‘almost always’ and over half (54%) stating that they did so ‘often’.”

3. Key Findings (cont.)

maintaining independent accommodation. The provision of information and advice on financial, welfare and housing issues, nutrition, mental health services, legal issues, and employment were also mentioned by a number of service providers. A small number of services stated that they also provide 24 hour on-site/ helpline support. Additionally, several family-orientated services listed support services specifically targeting parents, mothers and children.

“Families experience a practical and therapeutic model of support focusing on parents and children’s needs. Full facilities are available to support childcare, interventions etc. High quality accommodation for families is also available, A psychologist, play therapist, childcare, contact workers and case managers.”

Several services noted that they operated an “open door policy”, whereby former clients were welcome to contact them for help, advice or support at any time following their departure.

“We will offer former clients post settlement for a minimum of three months. In reality, many of the young people who have resided at [our service] know we operate an open door policy insofar as we would always try and assist long after someone has left. It would not be unusual for some ex residents to drop in to say ‘hello’ long after leaving. [The service] believes that isolation can be an issue for some young people so we consistently communicate ‘don’t let a small problem become a big problem, come back and talk to us and we will help if we can.’”

It is perhaps noteworthy that the qualitative data pertaining to this question suggest that while many of the services offer comprehensive and integrated aftercare support to residents, the extent to which their female clients benefit from these services was believed to be contingent on residents’ willingness to engage with and accept the supports made available to them.

“We do provide female residents with support but not all female residents will link in and take the opportunity.”

“Sometimes all the supports are put in but this does not work if the client is not engaging with their support plan.”

Referrals to services was reported to be quite high, with just under one third (30%) stating that they refer clients to other services ‘almost always’ and over half (54%) stating that they did so ‘often’. No services indicated that they ‘seldom’ or ‘never’ referred their clients to alternative support services. When asked about the types of services to which female clients were typically referred, the primary responses were as follows:

- Legal services (e.g. Legal Aid, Free Legal Advice centre (FLAC))
- Addiction services (e.g. Coolmine, Aislinn, Simon Detox, Crysalis, The Mews, Needle Exchange Service)
- Childcare support, family and parenting support services
- Domestic Violence services (e.g. Women’s Aid, domestic violence refuges)
- Immigration services (e.g. Immigration Council of Ireland)
- Community Welfare Services
- Day centre services that provided recreational activities, programmes and support groups
- Educational, employment and training services (e.g. FAS, City of Dublin Vocational Educational Committee(CDVEC))
- Health services (e.g. Public Health Nursing in Dublin (PHND), sexual health clinics, general practitioners)
- Mental health, counselling and specialised support services (e.g. Ruhama (supports women affected by prostitution and human trafficking), Empowering People in Care (EPIC), Traveller support services)

- Advice and Information Services (e.g. Citizens Information Service (CIS), Money, Advice and Budgeting Service (MABS))
- Housing services (e.g. Threshold, Local Authority Departments)
- Social services (e.g. social workers).

Waiting times for referring female clients to social housing and support services such as drug and alcohol treatment, as well as female clients' difficulties in accessing mental health services, were highlighted by several service providers.

"Mental Health Outreach is very dependent on catchment areas. We were extremely frustrated during the year when a client with anorexia passed away in a PEA [Private Emergency Accommodation], as mental health services argued with us over catchment areas. Equally we have received very high levels of support from another mental health service."

"Mental health services are lacking. I would also perceive a dramatic over-capacity in residential addiction services."

Referral Routes

Ranked in order of frequency, the following were the most commonly cited referral routes for the services' female clients:

1. Other homeless services (including non-government organisations – namely Dublin Simon Community, Focus Ireland and DePaul Ireland - advocacy services, domestic violence refuges and other STAs or private emergency accommodations)
2. Central Placement Service (CPS)
3. Self-referral
4. Social workers
6. Freephone
7. Rough Sleeper Outreach
8. Probation services

Other less frequently identified referral routes included: drug treatment and rehabilitation services, city councils, the Gardaí, the Homeless Person's Unit, local authorities, the Health Service Executive, health services, mental health services, after-care services, community youth projects and the Migrant Rights Centre of Ireland.

Support Capacity

Number of beds

The number of beds available within services ranged from 9 to 101. Of the 35 services that provided data in relation to this question, a majority (28%) stated that they had between 21 and 30 beds. This was closely followed by 10 – 20 beds (26%) and 41 – 50 beds (14%). Only three services stated that they had 81+ beds (see Table 7).

Table 7: Number of beds

Number of beds	Frequency	Percent
Under 10	2	6%
10 - 20	9	26%
21 - 30	10	28%
31 - 40	3	8%
41 - 50	5	14%
51 - 60	1	3%
61 - 70	2	6%
71 - 80	0	0%
81 - 90	1	3%
91 - 100	1	3%
101 - 110	1	3%
Total	35	100%

Eight services (22%) stated that they supplied emergency beds. Of these services, six provided 1 – 5 emergency beds, one provided 6 – 10 emergency beds, and one provided 21 – 30 emergency beds (see Table 8).

"Wait times for referring female clients to social housing and support services such as drug and alcohol treatment, as well as female clients' difficulties in accessing mental health services, were highlighted by several service providers."

3. Key Findings (cont.)

Table 8: Number of emergency beds

Number of emergency beds	Frequency	Percent
1 - 5	6	16%
6 - 10	1	3%
11 - 20	0	0%
21 - 30	1	3%
Total	8	22%

Minimum length of stay

When asked about the minimum length of stay for female clients residing in their services, the greatest proportion of respondents (40%, n = 15) stated that there was 'no set minimum'. Several of these services clarified that the length of stay was conditional on the situation, needs and circumstances of their clients.

"There is no minimum length; it depends on how stable and motivated the woman is to move on to independent living."

Of the remaining services, a majority (32%, n = 12) stated that the minimum length of stay for clients in their service was a single night. Following this, five services reported that the minimum stay was between 6 – 12 months while three stated that it was between 18 – 24 months, and two stated that it was under 6 months (see Table 9).

Table 9: 'What is the minimum length of time a client can reside in your service?'

Minimum length of stay	Frequency	Percent
One night only	12	32%
Under 6 months	2	5%
6 – 12 months	5	13%
18 – 24 months	3	8%
No minimum length of stay	15	40%
Total	37	100%

Maximum length of stay

When asked about the *maximum* length of time a client could reside in their services, just under half of respondents (49%) stated that they 'have no set maximum'. This was particularly the case for those services providing long-term supported housing or permanent onsite supported housing: *"long-term means as long as they want to."*

Of the remaining services, 2 stated that the maximum length of stay was under 6 months, 12 stated it was 6 months, 3 stated that it was 5 years, and 2 stated that it was 2 years (see Table 10).

Table 10: 'What is the minimum length of time a client can reside in your service?'

Maximum length of stay	Frequency	Percent
Under 6 months	2	5%
6 months	12	32%
2 years	2	5%
5 years	2	5%
No maximum length of stay	18	49%
Total	37	100%

A considerable number of services (43%, n = 16) indicated that their female clients 'almost always' or 'often' reside in the service for longer than the maximum guideline. The qualitative comments of respondents indicate that this tendency to exceed the maximum guideline was related to: 1) extensions being granted to clients based on their individual needs and circumstances; and 2) a significant lack of appropriate move-on options.

"[The maximum length of stay is] 6 months, but often longer because of [lack of] move-on accommodation".

"It is very difficult to get suitable move-on options – especially for those requiring long-term supported housing."

A small number of respondents considered the 6-month intervention period allocated to STA services under the 'Pathway to Home' model to be unrealistic due, in the main, to the lack of move-on options; as one respondent put it, this time period "is not operational in reality."

Deficiencies in the availability of suitable move-on options was a dominant and recurring issue highlighted by many survey responses and one which was depicted as posing significant challenges for both the service providers and their female clients. This issue will be explored in further detail in a later section which examines service providers' views on the adequacy of current provision.

Capacity

Nearly all respondents stated that their service was 'almost always' (79%, n = 30) or 'often' (13%, n = 5) operating at full capacity (see Table 11). Indeed, one participant stated that 2012 was their "busiest year in the 10 years we have been open". Several respondents stated that they were frequently forced to turn away women because they had already exceeded their capacity limit.

"In cases where we are full to capacity we contact other refuges to attain safe accommodation ... they are often full too."

"We offer a professional service but we do not have enough room to accommodate more women needing our services urgently."

"In my experience, women have been told that there is no emergency bed available and have been left to wander the streets alone."

No respondent indicated that their service 'never' operates at full capacity; however, one participant noted that the service had opened in early 2013 and is "still filling the accommodation ... [but are] 50% full as of today."

"Nearly all respondents stated that their service was 'almost always' (79%, n = 30) or 'often' (13%, n = 5) operating at full capacity."

3. Key Findings (cont.)

Table 11: 'How often does your service operate at full capacity?'

How often does your service operate at full capacity?	Frequency	Percent
Almost always	30	79%
Often	5	13%
Sometimes	2	5.2%
Seldom	1	3%
Never	0	0%
Total	38	100%

“Turnover rates were said to be contingent on a range of factors, in particular the outcome and review of the needs assessment of individual clients and the lack of move-on options.”

The comments of service providers suggest that capacity levels are often influenced by a number of factors that may arise at various times. For instance, several family-orientated services noted that their capacity levels often fluctuate depending on the size of the families (i.e. the number of children within a family unit) utilising their service at any given time. A small number of respondents emphasised that they were currently undergoing “*redevelopment*” or a “*phased build-up*” and that their capacity levels were likely to increase in the future as a result. Further, one respondent explained that although their service was usually ‘full’, it was currently not operating at full capacity nor was it accepting additional clients because it was under review under the Housing First model.

“The [service] is a transitional housing programme; there remain serious doubts concerning the future of such projects as flagged in the ‘Pathway to Home’ model. In this regard, the [service] is under review and has not been authorised to provide new service provision for some months now, this is despite having a very substantial waiting list. As such this is the reason we are not operating to capacity.”

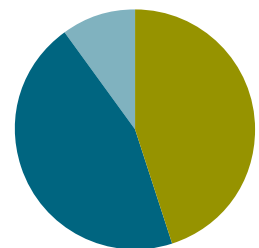
Client turnover rates

As *Figure 12* demonstrates, services described a relatively low client turnover rate, with the majority of respondents rating their general turnover as either ‘low’ (45% n=17) or ‘medium’ (45%, n= 17). Only 10% (n = 4) characterised their turnover as ‘high’. Of these services, 2 were classified as supported temporary accommodation and 2 were listed as domestic violence refuges.

Figure 12: Client turnover rate:

How would you describe your client turnover rate?

- Low
- Medium
- High



Turnover rates were said to be contingent on a range of factors, in particular the outcome and review of the needs assessment of individual clients and the lack of move-on options.

"Each clients' needs are assessed and as their circumstances change throughout their stay then accommodation period is extended. Each case is reviewed fortnightly at a team meeting."

"The majority of [our clients] sustain, also sourcing affordable and appropriate move-on accommodation is particularly difficult for young adults."

Turnover rates varied according to the category or nature of the accommodation provided. For example, medium to low turnover rates were evidenced in longer-term supported housing accommodation types. Conversely, services that provide short or medium-term accommodation (e.g. supported temporary accommodation, domestic violence refuges or temporary emergency accommodation) reported medium to high turnover rates: *"As we are emergency accommodation, instances of clients leaving and returning (even in the same week) are quite high."* It is perhaps important to note that since a considerably larger number of longer-term accommodation services responded to the survey, the number of services with 'high' turnover rates may seem disproportionately low.

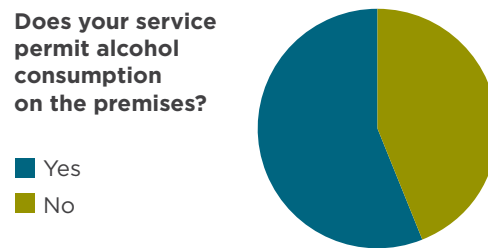
About a third of services (32%, n = 12) stated that they 'sometimes' come into contact with the same women returning to their service, with other services stating that this 'seldom' (26%) or 'never' happens (26%). A far smaller number of services stated that women return 'often' (16%) and no respondents indicated that it occurred 'almost always'. Returns of the same service users were more commonly reported by short-term accommodation services.

"[We] offer a service for up to 2 years therefore clients returning is quite rare but [we have] on a number of occasions re-engaged with young women and offered a second placement."

Service Environment Alcohol consumption

Just over half of the services (55%, n = 21) stated that they allow alcohol consumption on their premises, while 45% (n = 17) stated that it is not permitted (See Figure 13).

Figure 13: Alcohol consumption:



Curfews

A majority of services (71%, n = 27) stated that they do not have a curfew in place for their clients. Among those that do (29%, n = 11), the time at which clients were obliged to return to the service ranged from 9pm to 1am. In some cases, curfew hours for women with children in their care coincided with age-appropriate "bed times", while single women who were permitted to return at a later time. A small number of services clarified that exceptions could be made in the case of an emergency or crisis situation. Interestingly, one service noted that "curfew is not the right word for us"; rather, they "suggest" that women return at a certain time.

"Just over half of the services (55%, n = 21) stated that they allow alcohol consumption on their premises".

“The qualitative data indicate that a number of service providers acknowledged the importance of gender-specific areas; however, they were often unable to provide these due to budget constraints and/or restrictions related to the layout of the building.”

3. Key Findings (cont.)

Designated women-only areas

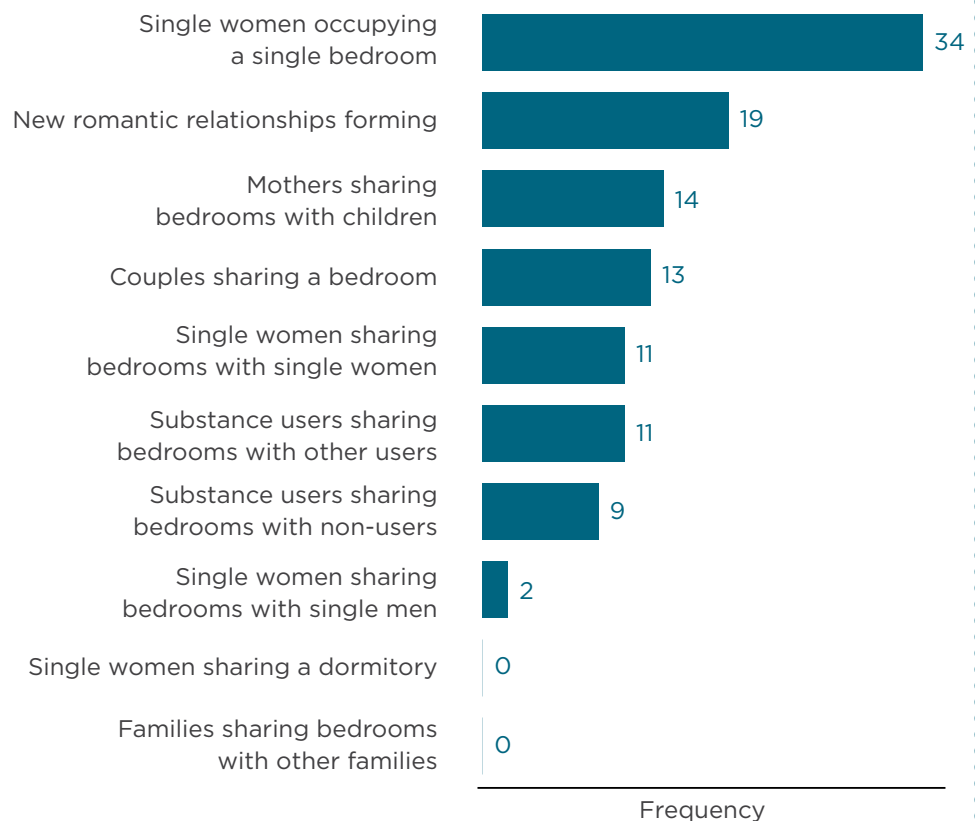
Among those services that accommodate both men and women (n = 23), a majority (64%, n = 16) stated that they do not have any designated areas for women only. Where gender-specific areas are provided (n = 9), the most commonly cited spaces include self-contained apartments, bedrooms, and female-only corridors. The qualitative data indicate that a number of service providers acknowledged the importance of gender-specific areas; however, they were often unable to provide these due to budget constraints and/or restrictions related to the layout of the building.

“Accommodation is dominated by male service users and, with the building restrictions, it makes it difficult to provide specific female area or even toilets and showers.”

Living situations among residents

Figure 14 illustrates the kinds of living situations in the services surveyed. Single women occupy a single bedroom in a majority of the services (89%, n = 34). Mothers share a bedroom with their children in 37% (n=14) of services, while couples share a bedroom in 29% of the services surveyed. Single women sharing a bedroom with single men (n = 2) was the least common living situation identified. Single women sharing a dormitory and families sharing bedrooms with other families were said to never occur in the services surveyed. New romantic relationship forming was deemed commonplace as was reported by 50% of the services.

Figure 14: The number of services in which the following living situations occurred



Where female clients typically move on to

As demonstrated in *Table 12*, services reported that women move on to a wide variety of both stable and unstable accommodation types.

According to the survey responses, the most common move-on accommodation for women is in the private rented sector, with just under half of the respondents (49%) stating that this

'almost always' (n = 7) or 'often' (n = 10) occurs. This was followed by long-term supported housing (19%), accommodation with an intimate partner (19%), other homeless accommodation (14%), or 'often' to transitional housing (19%). Women 'sometimes' move in with friends (35%) or a family member (40%) and, less frequently, leave hostel accommodation following their committal to prison (22%).

Table 12: How often do your female clients move on to the following living situations?

Living situation	Almost always	Often	Sometimes	Seldom	Never	Don't know	Total
Other homeless services	3%	11%	32%	35%	13%	5%	100%
Rough sleeping	0%	0%	5%	35%	43%	16%	100%
Squatting	0%	0%	5%	19%	43%	32%	100%
Transitional housing	0%	19%	22%	22%	32%	5%	100%
Long-term supported housing	3%	16%	41%	24%	13%	3%	100%
Prison	0%	3%	22%	16%	35%	24%	100%
Private-rental accommodation	19%	27%	30%	16%	5%	3%	100%
With an intimate partner	0%	19%	40%	27%	11%	3%	100%
With friends	0%	0%	35%	38%	13%	13%	100%
With family member	0%	8%	40%	30%	8%	13%	100%
Residential treatment	0%	8%	32%	40%	13%	5%	100%
General hospital	0%	0%	38%	24%	32%	5%	100%
Psychiatric hospital	0%	0%	30%	32%	30%	8%	100%
After-care service	0%	3%	16%	38%	30%	13%	100%
'Other'	5%	3%	16%	0%	16%	59%	100%

Where services selected 'other' in response to move-on routes for women, many indicated that their female clients move on to local authority housing.

“According to the survey responses, the most common move-on accommodation for women is in the private rented sector.”

“Approximately 62% (n = 14) of services stated that they were aware of plans to alter or develop their services in the future, highlighting the large proportion of services which are currently, or imminently, undergoing change.”

3. Key Findings (cont.)

Future Plans for Development

Approximately 62% (n = 14) of services stated that they were aware of plans to alter or develop their services in the future, highlighting the large proportion of services which are currently, or imminently, undergoing change. These changes usually entailed the redevelopment or reconfiguration of services and some were currently undergoing a process of transition to either long-term (n=4) or short-term (n=2) supported accommodation.

“The plan is that we are going to be long-term accommodation with less users and better facilities”

“The project is undergoing major redevelopment which will reduce the number of long-term units but will increase the short-term programmes.”

An additional three services envisaged future improvements that will facilitate women with more complex support needs such as substance use problems, mental health issues, and long histories of homelessness. Other future plans listed included increased onsite support staff (n = 3), new programmes and services to address issues such as loneliness and domestic violence and (n = 3), increased focus on after-care support (n = 2), developing partnerships with another homeless service (n = 2), the addition of couples accommodation (n = 1) or more independent accommodation (n = 1), increased staff hours (n = 1), more interagency work (n = 1), and location change (n = 1).

One long-term supported accommodation service stated that they were *“currently hoping to apply for planning for 9 more units, subject to capital funding”*, and two services clarified that they were currently under review and that future plans are contingent that review. Two services noted that a general reconfiguration was currently ongoing but did not elaborate further. A number of services clarified that they consistently work to improve their services on a progressive and continuous basis.

“Implementing strategic objectives for each quarter of 2013 to improve the service model and introduce new components to service delivery.”

“As an organisation governed by a Board of Directors, it is our policy to look at ways to improve and develop our service on an ongoing basis.”

“Over the past 10 years we have changed and developed with the changing profile of our clients.”

Concerns for the future

A majority of respondents, 68% (n = 25), indicated that they had concerns about the future of their service. Pressing concerns related primarily to budget constraints and cutbacks which were said to continue to limit available resources and support provision (n = 19).

“As the families have more complex issues, it is hard to meet their needs because of our limited resources. This could lead to families being evicted.”

“We are totally reliant on state funding and fundraising, both of which are constantly being reduced.”

“[I am concerned] because of the funding environment. We have now a big waiting list including young vulnerable women.”

A further issue raised by the service providers, and one which often accompanied concerns about funding, centred on a perceived lack of suitable and appropriate move-on accommodation and after-care supports for their female clients (n = 5). Several respondents suggested that these constraints acted as strong barriers to women exiting homelessness and also mean that women have no option but to remain in emergency hostel accommodation for prolonged periods.

Three services, two of them currently under review, worried about the implications of the ongoing reconfiguration of homeless provision under the 'Housing First' model.

"It would be naïve not to worry about our service's future. The results of [the service] review will have an impact. That is why [the service] is endeavouring to look at our service provisions to keep them in line with the demands of the current economic climate"

Related to this, another respondent expressed concern about the phasing out of transitional accommodation services.

"Our service is under review and not currently allowed to provide new placements. The future is best described as uncertain due to the project being a transitional housing programme. [The service] tends to intervene in a young person's crisis early, therefore allowing them to bypass 'emergency provision'. My candid view is that this type of service is becoming less valued in service provision."

Despite having clear concerns about various financial challenges, a small number of service providers stated that they were optimistic about longer-term impact of recent changes to their service.

"I worry about the expectations of delivering a service with such limited numbers but I also see progress in joining up our work with other proposed changes so that we can create a more streamlined service."

Service providers' views on the effectiveness of their services

As *Figure 15* illustrates, a considerable number of respondents rated the effectiveness of their service relatively high, with 35% stating that they accommodate the needs of homeless women 'very well', or 'quite well' (49%) given the resources currently available to them. Only one respondent stated that the needs of their female clients were 'not very well' met. Below is a selection of comments provided by service providers on how they deliver an effective service to homeless women.

"There is always concern about more cuts ... However today we work well and manage our resources as efficiently as possible."

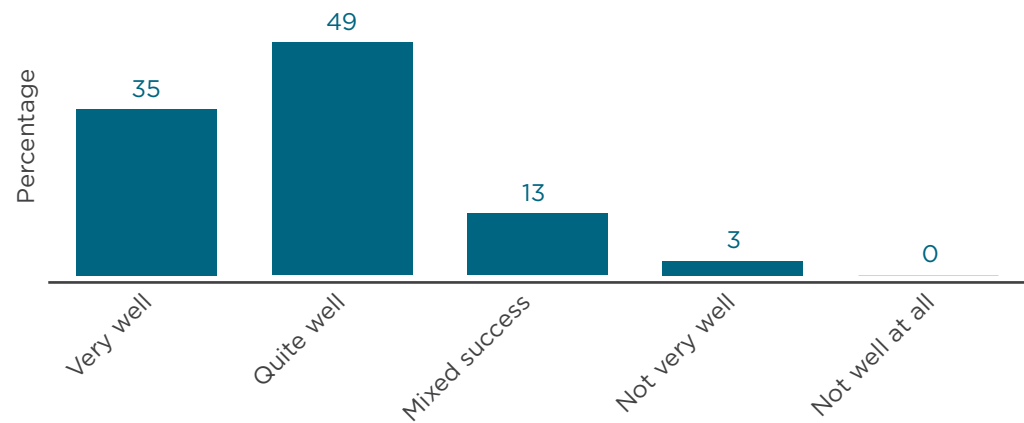
"We try to operate a fair, open and transparent service. Having a good ethos and being consistent can go a long way to providing a quality service, even if the resources are tight."

"We believe that we offer a holistic and person-centred support service to the female residents. Our policy is to remain in contact with the women who use our service for as long as they require it. We do this with no government funding and with minimal staff of one manager and one support worker. Our administrative, maintenance and housekeeping staff is supplied through [project name], which is a community employment scheme under the auspices of FAS."

"Despite having clear concerns about various financial challenges, a small number of service providers stated that they were optimistic about longer-term impact of recent changes to their service."

3. Key Findings (cont.)

Figure 15: Given the resources available to you, how well do you think your service is able to accommodate/meet the needs of homeless women?



“Some of the pressing issues raised by service providers include: limited staff numbers, limited operating hours, limited childcare support, limited re-housing options, and capacity constraints.”

However, some of the pressing issues raised by service providers include: limited staff numbers, limited operating hours, limited childcare support, limited re-housing options, and capacity constraints.

“The service is quite good with the limited staff we have. We are unable to provide weekend or evening cover.”

“We have a small number of staff dedicated to covering high numbers within the PEAs [private emergency accommodations]. Given the resources, yes the team are performing very well...but they are very stretched.”

“We offer a professional service but we don’t have enough room to accommodate more women needing our services urgently.”

“Not enough resources around children and parenting – service is office hours only.”

“Children’s support needs are very seldom considered by funders, therefore resources are very limited.”

Service providers’ views on the adequacy of current provision for homeless women in Dublin Lack of dedicated services for homeless women

The qualitative data suggest that service providers perceive significant deficiencies in current service provision for homeless women. A dominant and recurring theme was a perceived lack of appropriate female-only services in Dublin, particularly outside of the city centre: *“Women-only beds are very difficult to source.”* This was highlighted as a particular challenge when attempting to meet the needs of mothers with children in their care.

“It appears that the emergency accommodation, specifically for women and children, has not been prioritised in Dublin city. A purpose-built unit for homeless women and children was closed and is now used for males and females.”

The dearth of female-only accommodation and resettlement services for women targeting specific subgroups with complex needs such as sex workers, women escaping domestic violence, and women with histories of incarceration, was also repeatedly highlighted.

"There are serious gaps - few beds for homeless women. There also needs to be some thought in relation to women who are sex workers - a night shelter does not suit their lifestyle... services that caters for females engaged in sex work is paramount. They are very exposed and very at risk if they do not have accommodation that supports them."

"There are not enough gender-specific homeless services available to homeless women who are experiencing domestic violence which means that they usually return to the same homeless accommodation as their abusers."

"Women should be given more accommodation, especially in the resettlement back to the community. The criteria given in regards to entitlement on to the housing list did not take into consideration women with offending issues that can/has prevented them from moving back to their previous residence."

A small number of respondents perceived a lack of awareness among service providers generally of the impact of specific experiences, particularly domestic violence, on homeless women.

This, as one participant put it, can "result in a mismatch between the needs and services being provided." Several respondents also emphasised the importance of a Needs Assessment that considers the impact of domestic violence on homeless women.

"[There is] no adequate Needs Assessment. Gender-based violence is not part of 'Pathway to Home' and this transpires in assessment tools."

Several providers noted the limited accommodation options currently available to couples: "there always seems to be a lack of beds for women and couples and this adds to protection issues." There was also a perceived need for service provision for mothers of children who are not in their care, particularly in terms of facilitating visitation access within a safe and secure environment.

"The requirement for children in care whose mothers are homeless needs to be respected more. Supports and access are important for both parties in terms of their individual futures, self-worth and identity."

"It would be very beneficial to have improved access centres so that homeless women who have children in care can continue to have regular access with their children in a safe environment."

A considerable number of participants perceived the current lack of appropriate, gender-sensitive programmes and services to reflect the patriarchal underpinning of current service provision and policy.

"Women in homelessness are dominated by men, in a system mainly designed for men. I would not preach or support segregation; however, I would say that interventions need to respect both genders equally."

"Sometimes it is alleged that the only way for a woman to stay safe in homelessness and its systems is to fall into relationships. Female identity and relationships are hugely undervalued areas in the work of services (that's coming from a man)."

"Overall, there is a patriarchal and stereotypical view of homeless women from funders."

"The development of policies which respect women and place them on an equal footing to men is also key."

Several respondents suggested a need to recognise women's distinct needs if progress is to be made in providing appropriate and effective responses. A strategic reconsideration and restructuring was recommended by several respondents.

"Several providers noted the limited accommodation options currently available to couples."

"There was also a perceived need for service provision for mothers of children who are not in their care, particularly in terms of facilitating visitation access within a safe and secure environment."

“Greater provision of affordable, long-term housing options, as well as reduced waiting periods for social housing, were perceived as key solutions that would enable service providers to better assist female clients in sourcing and sustaining suitable accommodation..”

3. Key Findings (cont.)

“There needs to be a gender mainstreaming approach to the system as homelessness does not impact men and women the same way and a ‘one size fits all’ approach does not work.”

“There is a need to take into consideration feedback from homeless women in relation to their real needs. There is also a need to provide single sex accommodation to ensure safety and prevent further abuse.”

Lack of long-term housing and move-on options

The lack of appropriate move-on options and long-term housing for women was seen as a significant barrier to resolving women’s homelessness by many service providers. This was seen to result in many women becoming ‘trapped’ in homeless services.

“We can operate quite well with this group [homeless women]. A main barrier is lack of appropriate move-on options regardless of where the individual is at e.g. little long-term supported housing for higher support women and also little private rented options for women who would manage to live independently.”

This situation was said to prolong women’s homelessness whilst also placing significant pressure on services, particularly in relation to ongoing capacity issues within domestic violence services where clients were frequently ‘turned away’ due to lack of space.

“We could not accommodate around 600 callers last year because there is not enough domestic violence specific refuges in the country. Housing can be a big block to move-on [options] which prolongs women’s stay in refuges after the crisis has been dealt with. This can add to lack of spaces being available to women at high risk who need refuge.”

Similarly, the lack of move-on options was considered to place undue pressure on long-term homeless accommodation services.

“Services such as ours, which have been deemed not to meet the funding criteria of Housing First, now appear to be providing a much needed alternative [to long-term supported housing]. The irony is that we receive no funding but are being asked to provide a temporary supported service anyway.”

Greater provision of affordable, long-term housing options, as well as reduced waiting periods for social housing, were perceived as key solutions that would enable service providers to better assist female clients in sourcing and sustaining suitable accommodation.

In addition to concerns relating to affordable, long-term housing stock, a number of respondents expressed concern about the phasing out of transitional supported accommodation. These respondents felt that transitional housing was an important component of service provision for homeless women since it provided an appropriate transition period which ultimately leads to independent housing. Without this type of support service, some service providers suggested that the options and resources available to homeless women would be further depleted in an already limited housing landscape.

“I query the closing down of transitional housing units. Many young women with children require support and the traditional transitional housing provided adequate levels of support to assist families.”

“Transitional supported housing should be acknowledged as providing an important service to those seeking to move from homelessness having completed rehabilitation but needing an interim period in which to work their way back into everyday living. Many women express the need for time and space to work towards independence. Supported housing provides that space especially now when long-term housing appears to be unavailable.”

Others noted that challenges associated with a lack of long-term housing options were further exacerbated in some cases by the current time-bound nature of STAs. Respondents stated that their female clients often had 'nowhere to go' upon exceeding the 6-month maximum stay in STAs and that, in order to avoid situations where women risk returning to the streets or to precarious living environments, their residencies were extended accordingly. This was particularly the case for individuals with challenging or complex support needs, such as women with offending histories, since they were often excluded from mainstream housing.

"[The maximum length of stay is] 6 – 8 months, there might be an extension to this depending on the need of the woman. Also, if there is no suitable accommodation to move her to, as most people in Ireland do not want to have anything to do with women with offending history, re-settlement can be very challenging."

Several respondents suggested that a six-month time frame was not suited to women with long histories of homelessness and/or complex support needs. The need for more intensive, longer-term structured programmes, as well as sustainable housing options for women, was repeatedly emphasised.

Emergency accommodation services

The lack of appropriate move-on options for single women and women with children was claimed by several respondents to result in women's continued use of emergency accommodation. It was suggested that this can in turn exacerbate the women's already precarious housing situations and serve to further entrench them in a cycle of homelessness.

"Some of our women that are due, or ready, to move on cannot find appropriate accommodation. The only option is for them to go to Central Placement Service [CPS] for placement in to a hostel and this is a huge step backwards for them."

"I feel that the situation in the city has become chronic, young women and women with children are being placed in highly unsuitable and often dangerous emergency accommodation."

"The provision of emergency accommodation for women and children is poor...this leads to depression, stress, lack of routines for the children etc ..."

"My personal perception is that there are pockets of good quality service provision. Where services are poor for women, I believe stem from the quality of emergency provision. Many of the young women [we] work with talk of avoiding emergency provision at all costs and those who have had no option but to access emergency provision speak of undignified and sometimes dangerous surroundings".

The options available to women were considered to be further constrained by their limited access to rent allowance and social welfare payments; a process which was described as *"slow and complicated."* Limited access to rent subsidies was identified as an additional barrier to women exiting homelessness successfully.

"There is always the concern of more cuts. The biggest has been to the rent allowance caps as this creates barriers for people exiting homelessness. However we manage our resources as efficiently as possible."

In response to such concerns, service providers suggested that homeless services, particularly emergency accommodation, ought to be regulated, standardised and monitored to a greater extent than is currently the case.

"A small point, but I feel services that provide accommodation to women should be inspected regularly to audit for safety and how clean the environment is."

"The need for more intensive, longer-term structured programmes, as well as sustainable housing options for women, was repeatedly emphasised."

“Several service providers stated that, in general, interagency co-ordination, efficiency and communication between services had substantially improved in recent times and the implementation of a case management approach was frequently cited as the driving force behind these improvements.”

3. Key Findings (cont.)

“Emergency accommodation needs to be purpose built, ideally with independent units, onsite key working and child-care staff.”

Several services also highlighted the importance of reorganising emergency services to ensure that women are housed in safe and appropriate accommodation. A number of respondents suggested that this type of co-ordination and planning is vital if the chance of women successfully exiting homelessness is to be bolstered.

“Women with mental health needs may be housed with women in active addiction putting them at risk of developing a drug habit. Similarly, women with children are being housed with single women who are often more chaotic.”

“Provision of appropriate emergency services for women should take into account the needs of each woman e.g. women in recovery should not be asked to share accommodation with women still in addiction.”

The importance of comfortable and safe physical surroundings within services accommodating women was also stressed by some respondents. Service providers noted that the ‘feel’, ‘look’, ‘sense of security’, and ‘atmosphere’ within accommodation services are important components of service provision which can support women’s ability to cope and ensure their wellbeing.

“I feel the physical environments of services are central to whether a woman will feel safe. I have visited many projects and am sometimes struck at how drab and generally institutional they look.”

“I do feel sometimes that we as service providers have become so caught up in the technical aspects of service provision that we sometimes forget the basics like making the place where you expect someone to live be nice, warm and inviting.”

Housing First and Case Management Approach

Several service providers stated that, in general, interagency co-ordination, efficiency and communication between services had substantially improved in recent times and the implementation of a case management approach was frequently cited as the driving force behind these improvements.

“[Service name] is primarily a night service though the three case managers greatly increase the amount of work we are now able to do, even if this is just making the right referrals elsewhere.”

However, a number of respondents noted that inconsistencies and weak continuity across certain services tended to negatively impact the desired outcome of a case management approach.

“I am quite concerned that the Homeless Persons Unit (HPU) isn’t always identifying sensitive needs and providing a case management approach. [Our service] currently provides a service to a young woman who presented to the HPU when she was 18 years old. This young woman was placed in an emergency B&B at which she stayed for 7 months with no contact from a local authority case manager; therefore, she received no support or advice options. I raise this example as I do fear statutory services are not as integrated and case management focused as we are led to believe.”

A small number of services noted that improved dissemination and standardisation of best practice as well as clarification of the housing first approach, particularly in relation to the roles and responsibilities of service providers, would strongly improve current practice.

"We believe Case Management cannot be successfully implemented unless there is problem-solving at a senior level...The Care Manager in the HSE and the Care Manager in local authorities is a role that has never been clearly developed. This blurs the line of responsibility which is frustrating for workers on the ground."

Several service providers stated that they welcomed the implementation of strategies that aimed to promptly move people out of emergency accommodation under the Housing First approach. However, the need for an increased focus on person-centred, holistic and comprehensive strategies for addressing female homelessness was highlighted as an essential component of any attempt to resolve women's homelessness. In this sense, while housing was considered an important first response, many stressed the need to address additional challenges including mental health problems, substance use problems, and practical issues associated with independent living skills. Thus, the role of key workers and after-care/follow-on support for women, and also for their children and partners where relevant, was strongly emphasised.

"The experience in this sector was of sending in forms and not really understanding what remedies or follow up was being taken. An assigned key worker is vital in terms of keeping a focus on people moving away from Private Emergency Accommodation (PEA) and into housing with or without supports. I would prefer to see resources going into this rather than employing a swathe of workers to provide services within homelessness."

"For people to move out of homelessness they need to address the underlying issues such as addiction etc. Services are focussed on containment and shelter rather than progression and therapeutic interventions."

Thus, while service providers acknowledged that significant progress had been made in recent times in terms of improved communication, structures, and inter-agency work across services, they also highlighted a need for continued investment in the development of appropriate and effective services if women's homelessness is to be ultimately resolved. As one participant put it; *"The reconfiguration of services has slowed down the revolving door of homelessness but has not stopped it."*

"Several service providers stated that they welcomed the implementation of strategies that aimed to promptly move people out of emergency accommodation under the Housing First approach."

“Thirty-eight service providers returned completed surveys, yielding a 92.6% response rate.”

4. Summary of Key Findings

This mapping exercise aimed to identify the accommodation options available to women who experience homelessness in the Dublin region. Forty-one homeless accommodation services were invited to participate in the study. A senior member of staff was asked to complete an on-line survey which included questions on the following: the type, background and target group of the service; referral routes; service procedures and capacity; supports provided (apart from accommodation); typical presenting issues and needs of clients; client turnover; future plans and/or concerns related to service delivery; and service providers' views on the adequacy of service provision for homeless women. Several open-ended questions were included to ensure that service providers were given the opportunity to elaborate on their responses and express their views and perspectives on current service provision for homeless women.

Thirty-eight service providers returned completed surveys, yielding a 92.6% response rate. Participating services included supported temporary accommodation services (n=11; 28.9%), long-term support housing services (n=11; 28.9%), domestic violence refuges (n=5), transitional accommodation (n=5), temporary emergency accommodation (n=3), permanent onsite supported housing services (n=2), and private emergency accommodation (n=1).

Overview of Services Accommodating Women in the Dublin Region

- A majority of the services surveyed (79%, n=30) are located in Dublin city and the remaining 8 services are located in the wider Dublin region. However, a large number of service providers (n=21) reported that their service operates within a far larger catchment area than the one they specified (e.g. Dublin city), explaining that they take referrals and admit clients from outside of their 'official' catchment areas.

- Over three-quarters of services reported that their service 'almost always' (79%, n=30) or 'often' (13%, n=5) operates at full capacity.
- The target population of the largest proportion of services (42%, n=16) is homeless adults (i.e. over 18 years) with medium-to-high support needs. Of the remaining services, 8 work solely with women and children escaping situations of domestic violence; 5 work with either families (n = 3) or families and single women (n = 2) and a further 5 work with either single homeless women only (n = 3) or single mothers and their children only (n = 2). An additional service targets adult rough sleepers and 3 services work with young adults in the 16 - 25 year age range only.
- There are far fewer women-only than mixed-gender services. Sixty-six per cent (n=25) of the services surveyed accommodate both men and women. The remaining 34% (n=13) of services provide either women-only accommodation (n = 3) or accommodation for women and their children (n = 10), and a majority of these (n = 8) specifically target women and children experiencing domestic violence. In the mixed-gender services, it was estimated that women constitute approximately 37% of residents at any given time. Nine of the 25 mixed-gender services provide women-only areas such as self-contained apartments, bedrooms and female-only corridors.
- Of the 38 participating services, 26 (68%) receive Section 10 funding (i.e. direct funding from the Dublin Region Homeless Executive). Of the remaining 12 services, primary funding sources include the Health Service Executive, fundraising, and funding from local authorities.
- The most common referral routes through which women access the services surveyed include other homeless services, the Central Placement Service (CPS), self-referral, the Freephone, rough sleeper outreach, and probation services.

- Half of the services surveyed have no maximum length of stay for female clients. Those services that do have a maximum length of stay commonly noted that, for female clients, this period 'almost always' or 'often' exceed the official maximum stay period (43% of respondents, n=16). Open responses to this question indicate that these prolonged stays in homeless accommodation were most often attributed to limited move-on options for female service users.
- Just over half (55%, n=21) of the services permit alcohol consumption on the premises.

Profile of Female Service Users:

- A majority of women accessing services were reported to be single women (87%).
- Services identified women with long homeless histories (74%), mental health problems (66%), substance use problems (66%), women with experience of violence and abuse (63%), and women who experienced homelessness during childhood or adolescence (60%) as commonly presenting at their services.
- High and complex needs were reported by services in relation to their female clients. These needs were primarily linked to substance misuse/dependency (71%, n=27), mental health problems (59%, n=22), and domestic violence (54%, n=20). Abuse during childhood, parenting or child welfare difficulties, and physical health problems were issues noted by a smaller, but significant, number of service providers.
- Almost three-quarters of the services (71%, n=26) work with migrant women. Africa and Eastern Europe were the commonly identified regions of origin of the migrant women who typically access the homeless services surveyed. Service providers highlighted specific barriers to housing experienced by migrant women, including residency and immigration restrictions, language barriers, and problems with accessing documents due to controlling and abusive partners.

Services Provision for Female Service Users:

- The vast majority of services (92%, n=34) reported that female clients are assigned a key worker. Ninety-two percent of services also conduct out a formal assessment, establish a care plan, and engage in regular monitoring of their clients. Almost all services (97%, n=37) use a Case Management approach in their work with female clients.
- Over half (54%, n=21) of the services do not provide outreach supports (54%, n=20) and a majority do not operate a waiting list (65%, n=24).
- The vast majority (95%, n=35) of services provide additional supports to women apart from accommodation, including information and advice, a telephone service, social activities and classes, training on independent living skills, counselling and therapy, emotional and practical support, and childcare or other support (e.g. crèche, play areas etc.) for children.
- Half (51%, n = 19) of the services provide follow-on or aftercare support to former female clients. However, there is considerable variation in the nature, duration, range and extent of this follow-on support. For example, some services reported that they provide a holistic and person-centred aftercare support service, including visiting support and advice on financial, employment, welfare and housing issues, as well as independent living skills. Others, on the other hand, stated that they have the capacity to provide follow-on support only in a small number of cases, while others explained that they operate an 'open door policy' which welcomes former clients to re-connect with the service after leaving, if desired. A number of respondents noted that not all women want to 'link in' or maintain contact with the service after moving on.

“A majority of women accessing services were reported to be single women (87%).”

“The lack of move-on options for female clients was a recurring theme throughout the service responses.”

4. Summary of Key Findings (cont.)

- High rates of referrals to other services emerged in the responses. Just under one-third (30%) stated that they ‘almost always’ refer their female clients to other services for additional assistance while over half (54%) stated that they did so ‘often’. No service indicated that they ‘seldom’ or ‘never’ referred female clients to alternative support services.
- Services to which women are commonly referred include: other homeless services; addiction services; childcare or family support services; domestic violence services; immigration support services; community welfare officers; drop-in support services; educational services; health services; mental health support services; advice and information services; housing support services; and social services.
- Long waiting lists and restricted access to social housing, drug/alcohol treatment services, and mental health services were reported by several service providers.

Issues Reported by Services:

- A number of service providers expressed a certain level of ambiguity with regard to the categorisation of their services. The options listed in this question included: Temporary Emergency Accommodation (TEA); Supported Temporary Accommodation (STA); Private Emergency Accommodation (PEA); permanent onsite supported housing; domestic violence refuge; transitional accommodation; step-down accommodation; and long-term supported housing. Several respondents clarified that their service did not neatly ‘fit’ into one of these official classifications, suggesting a reluctance among some to subscribe to a classification system which they felt did not adequately reflect the range of services they provide ‘on the ground’.
- A number of services stressed the need for service provision that would permit homeless mothers, whose children are not in their care to have regular access to, and contact with, their children in a safe and secure environment. Significant restrictions were reported by services in relation to working with the children of their female clients, suggesting a gap in the provision of emergency services that can accommodate single women who wish to have contact with their children. Of the services that do work with women and their children, ten reported access restrictions in relation to the age and gender of the children.
- The lack of move-on options for female clients was a recurring theme throughout the service responses. It was suggested that this gap in provision creates blockages in the system, resulting in many women staying in short-term hostel accommodation services for longer than desirable. This situation, many service providers suggested, often serves to further exacerbate the barriers to housing faced by their female clients.
- Service providers stated that the most commonly utilised move-on option for women was private rented accommodation.
- The turnover rate for female service users varied across different accommodation types (i.e. long-term versus emergency accommodation). In general, however, it was noted that the overall turnover rate was low. Again, this suggests that women are residing in emergency accommodation for far longer periods of time than is desirable.

Accommodating Homeless Women: Perspectives on Service Provision

- A large proportion of the service providers reported that their service was undergoing considerable transition at the time of the survey. This transition was primarily attributed to the ongoing reconfiguration of services and consequent change to the nature of the service they provide (e.g. changing from transitional to long-term accommodation). Future changes expected by service providers included increased support staff, new support programmes for clients, increased focus on aftercare support, and/or building links with other services.
- Although service providers reported working to the best of their ability and, in general, considered that they deliver an effective service, several noted that they had concerns about the future of their service. These concerns related primarily to funding and budget constraints and cut-backs, which they felt would negatively impact service provision. Specific challenges elaborated in the open responses included difficulties with staffing, restricted operational hours, limited childcare support, highly constrained re-housing options, and overall capacity constraints.
- A small number of respondents expressed concern about the standard of emergency accommodation available to women in the Dublin Region. Several service providers highlighted the need to regulate, standardise and monitor emergency provision in order to limit women's exposure to negative environments.
- Several service providers reported overall improvements in efficiency and communication between services following new policy initiatives in recent years. The introduction of the case management approach was seen as a pivotal catalyst for these positive developments, as it facilitated more effective interagency co-ordination. However, some respondents observed

inconsistencies across the sector in relation to the case management approach, particularly within private emergency accommodation settings, which were seen to not engage as intensively with homeless women. This was claimed to sometimes result in prolonged periods of little or no intervention with clients.

- While recent policy initiatives were generally viewed positively, a number of respondents expressed concerns about the implementation of the *'Housing First'* model. These concerns centred primarily on the lack of move-on options and the phasing out of transitional accommodation, which was generally perceived to be an important component of service provision. In this sense, a number of service providers felt that further limitations in terms of longer-term accommodation options for homeless women, particularly those with complex needs, would result in women being placed in inappropriate accommodation relative to their needs as well as increased demands being placed on emergency service provision. These difficulties were exacerbated, according to several providers, by challenges in accessing rent allowance and/or delays or barriers to receiving social welfare payments.
- The qualitative responses strongly suggest that female-only accommodation and resettlement services are perceived to be significantly lacking. This situation was highlighted as particularly pressing for mothers who had children in their care.
- Limited accommodation options for homeless couples were also consistently noted.
- Some service providers highlighted the need for services that offer women protection and safety in a secure and comfortable physical environment, suggesting that some services were perceived as sub-standard.

“Several service providers reported overall improvements in efficiency and communication between services following new policy initiatives in recent years.”

“The need for more robust move-on floating support was also highlighted.”

4. Summary of Key Findings (cont.)

Looking Ahead: Service Providers' Recommendations

- A number of respondents perceived a lack of awareness among service providers in general about the effects of domestic violence on women who access homeless services, with a number suggesting that the experience of violence was frequently overlooked in the provision of care and support to homeless women.
- A considerable number also reported a lack of gender-sensitive programmes and services for homeless people which was in turn perceived to reflect the patriarchal underpinning of current service provision and policy.
- Some service providers called for improved information about and standardisation of best practice as well as clarification of the housing first approach, particularly in relation to the roles and responsibilities of service providers.
- Several respondents suggested that a six-month limit on the timeframe between emergency accommodation and move-on to independent living was not appropriate for some women, particularly for those who had long histories of homelessness and complex needs. It was suggested that these women need more intensive, long-term programmes of support to assist them to move on to stable and independent living situations.
- While many respondents agreed in principle with the 'Housing First' model, some felt that it was essential to increase the focus on person-centred, holistic, and comprehensive strategies to address female homelessness. The importance of addressing issues including mental health problems, addiction, domestic violence, as well as practical challenges to sustaining housing was repeatedly emphasised. The need for more robust move-on floating support was also highlighted.
- Greater provision of affordable, long-term housing options, as well as reduced waiting periods for social housing, were perceived as key developments that would enable service providers to better assist female clients in sourcing appropriate and sustainable independent accommodation.

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