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# CornerStone

The magazine of the Homeless Agency

ISSUE 33  
DECEMBER 2007



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## note from the editor



As you know, the last two issues of CornerStone dealt with – amongst other things – apparent problems with the 2006 census. The main difficulties we identified were that the census appeared to have hugely overestimated the number of housing association tenancies; that local authority rent levels in the census were markedly different from DoEHLG figures; and differences between the census and the DoEHLG on the total number of local authority tenancies.

In the October edition Des Dowling from the DoEHLG responded to some of the questions raised, and in this issue Aidan Punch from the Central Statistics Office gives the CSO's side of the story.

Unfortunately neither Des Dowling nor Aidan Punch were able to throw any real light on the discrepancies between DoEHLG data and census figures, which is rather worrying, to put it mildly.

On the housing association issue, one of the main problems, as Aidan Punch says, is that the world changes, and so census questions have to change to reflect that. But, if you change a census question, it means that you can't necessarily compare the results of one census with another – which is a major reason for doing censuses in the first place. So if you don't change the questions, they slowly become irrelevant or misleading; but if you do change them, it's more difficult to examine trends. In other words you're damned if you do and you're damned if you don't.

So if you're going to be damned anyway, I suggest it's time to grasp the nettle and make major changes to the census housing questions, to make them more accurate and more relevant. If it's done carefully it should be possible to maintain some comparability with previous censuses, but anyway there's no point in comparing today's inaccuracies with yesterday's inaccuracies.

The overwhelming argument for this is that in the future, better quality data will be collected that will be of genuine value to policy makers. And that's the whole point isn't it?

Whilst I acknowledge that droning on interminably about statistics may not be of prime interest to all readers, I make no apology for complaining about inaccuracies in the census or in other data. I am not so dopy as to believe that it's possible – or even desirable – to try to be 100% right, but I do think that numbers matter.

However, the next census is not until 2011 and I promise that – unless something absolutely jaw-dropping pops up – I won't mention the census again for ages.

### Simon Brooke

Editor of CornerStone · Housing and Social Policy Consultant  
[simonbrooke@eircom.net](mailto:simonbrooke@eircom.net)

The Homeless Agency is a governmental body launched in May 2001 which is responsible for the planning, co-ordination and delivery of quality services to people who are homeless in the Dublin area. The staff team is advised by a consultative forum, and reports to a board of management comprising representatives from the statutory and voluntary sector. The agency brings together a range of voluntary and statutory agencies that are working in partnership to implement agreed plans on the delivery of services to

people who are homeless, assisting them to move rapidly to appropriate long term housing and independence. A major task is the implementation of the third action plan *A Key to the Door* covering the period 2007–2010. The Homeless Agency co-ordinates all homeless services in the Dublin area; delivers some direct services; provides training and other supports; monitors and evaluates the effectiveness of services; carries out research; and administers funding to homeless services.



# CornerStone

#### EDITOR

Simon Brooke

#### ADVISORY GROUP

Lisa Kelleher, Homeless Agency  
Eithne Fitzgerald, Independent  
Brian Harvey, Independent  
Alice O'Flynn, Health Service Executive

#### PUBLISHER

The Homeless Agency, Parkgate Hall  
6–9 Conyngham Road, Dublin 8  
Telephone 01 703 6100, Fax 01 703 6170  
Email: [homeless@dublincity.ie](mailto:homeless@dublincity.ie)  
Web: [www.homelessagency.ie](http://www.homelessagency.ie)

#### CONTRIBUTORS

- Caren Gallagher is projects officer at the Irish Council for Social Housing
- Dermot Coates is a researcher at the Centre for Housing Research
- Aidan Punch is director, census of population at the Central Statistics Office
- Dr Maureen Gaffney is chairperson of the National Economic and Social Forum
- Fran Cassidy is a writer and researcher

#### DESIGN

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feature article

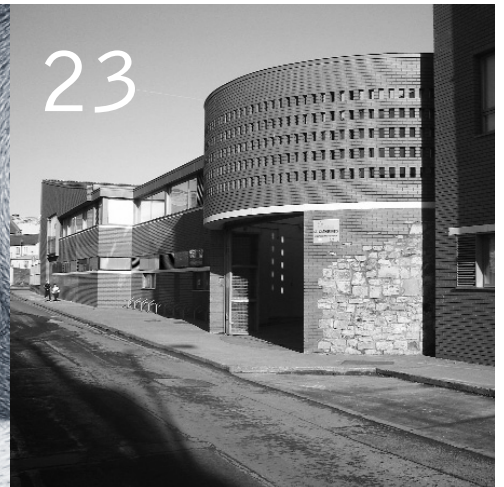
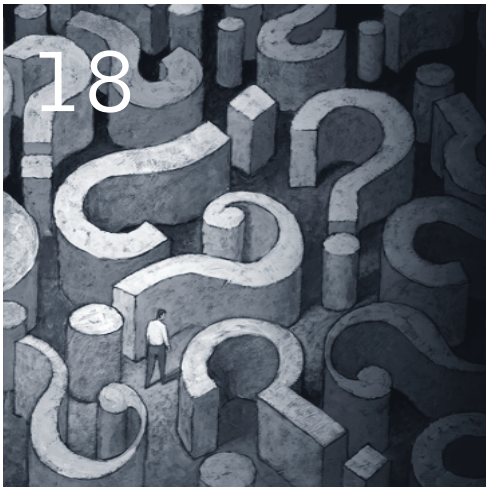
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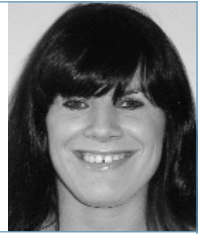
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Compiled by  
**Lisa Kelleher**  
 communications and  
 public relations officer  
 at the Homeless Agency



# Working Together to Make it Happen

Seminar on how to deliver lasting solutions to problem drug and alcohol users experiencing homelessness



The seminar will be hosted by the Homeless Agency, Health Service Executive, Safetynet, Homeless Network, National Drugs Strategy Team in partnership with the Drug Task Forces and the Department of the Community, Rural and Gaeltacht Affairs on Monday December 10th in the Great Hall in the Royal Hospital Kilmainham.

The seminar will be officially opened by Mr Pat Carey T.D., Minister of State at the Department of Community, Rural and Gaeltacht Affairs with responsibility for the National Drugs Strategy and Community Affairs. The seminar will hear from a range of expert speakers on topics related to delivering solutions for addiction service users experiencing homelessness.

The aim of the seminar is to **bring together homeless and addiction service providers** in the context of the National Drugs Strategy and *A Key to the Door 2007-2010* Action Plan to address homelessness in Dublin.

The focus of direction for the seminar will be that homelessness should not be addressed in isolation but should be clearly linked to areas such as addiction, mental health, housing, education and training.

The seminar will enable participants to examine **progression routes** for people

and **positive working solutions** for people who are homeless, and will work to engage key stakeholders in discussion on how this can be achieved.

Admittance to the seminar is free, however the number of places is limited, with priority given to the following groups; homeless and addiction services, training, education and employment services, healthcare services, probation services, social welfare services and housing and residential services.

Case conferencing based on sample case studies will take place in the afternoon with participants divided into workshops and tasked to determine support pathways that meet the needs of service users.

For further information please contact the Homeless Agency on 01 703 6100, [homeless@dublincity.ie](mailto:homeless@dublincity.ie) or log onto [www.homelessagency.ie](http://www.homelessagency.ie) ■

## The Learning and Performance Programme 2008

The Learning and Performance Programme for 2008 has been designed and built on the ongoing and emerging needs of front line workers throughout homeless services.

The programme aims to offer front line workers the necessary sectoral skills, knowledge, best practice and expertise to assist workers in carrying out their roles effectively.

Through ongoing consultation, feedback and review the 2008 Learning and Performance Programme has been further extended to include a number of new modules. These modules seek to

meet the emerging needs of the sector and include; key working and care planning and creating environments for working with gay, lesbian, bisexual and transgender service users.

The 'Bite Size Learning' section of the programme has been modified and will be referred to as 'Best Practice Seminars'. These seminars will provide key information on relevant legislation, organisations and topics that affect persons who experience homelessness. Next year will also see the introduction of two additional workshops, which will accommodate up to 30 participants, they will cover; HIV/AIDS awareness, harm reduction and universal precautions and the personal and healthcare needs of people experiencing homelessness and will give participants an

opportunity to explore these issues through discussion, interaction and facilitation.

In order to ensure that all aspects of the programme are real, relevant and meet the needs of the sector all participants on the modules are required to complete a short pre and post module assessment. The pre assessment forms part of the online booking process and allows trainers to assess in advance the needs of the participants and thus ensure that the module is suitable to the participants needs. The post assessments allow for the review of the modules and help to inform subsequent training provision.

In addition a transfer of learning has been integrated into some of the three-day modules to assist participants so they can return to their services after the first two

days and put the module learning into practice. A gap of approximately six weeks is left between the second and the third day of the modules to facilitate this. In all cases the third day of these module offers participants the opportunity to reflect back how relevant they feel the learning was with regard to the work of the service, whether they were able to put the learning into practice, what challenges or blocks they faced in putting the learning into practice and how they might deal with such challenges in the future.

The details of each module including dates and times will be available in December 2007 on the Learning and Performance section on the Homeless Agency website on [www.homelessagency.ie](http://www.homelessagency.ie) ■

# Holistic Needs Assessment pilot

## The pilot to date

The Holistic Needs Assessment pilot is drawing to a close in January 2008.

The pilot has seen a number of phases and a review took place in June of this year. The following is an overview of the pilot, the review and some of the key issues concerning the Holistic Needs Assessment and its use within services.

While the first phase of the pilot ran from January to December 2006 involving four services the current phase of the Holistic Needs Assessment (HNA) pilot commenced in January 2007. The assessment was piloted in a number of homeless services in Dublin, concentrating on single people and involving 17 organisations. A mid-term review took place in June and July 2007, which took the form of a consultation with all stakeholders involved in the pilot including service users and service providers. The mid-term review has been very useful in informing how we go forward and work towards completion of the pilot. The pilot has now

been extended to include transitional, settlement and ancillary services including couples and families. At this point there are nineteen organisations currently involved in the pilot which includes almost forty different services. Over two hundred and fifty staff have received training in the HNA across homeless services and training is ongoing.

## What is the Holistic Needs Assessment pilot?

The HNA is a common assessment tool, which facilitates the care planning process for an individual who is experiencing homelessness. The need for and agreement to develop a common assessment tool is identified as a core action within *A Key to the Door* The Homeless Agency Action Plan on Homelessness in Dublin 2007–2010. The HNA is seen as a vital element to ensure that those experiencing homelessness are afforded the optimum opportunity to engage in a process of planning and

action, which is person centred and as a process, creates the space within which the individual can determine their own pathway out of homelessness.

The Homeless Agency would also see the HNA as an important aid for the frontline professional in that the domains, which are featured act as a reference point to the professional in terms of exploring areas of concern which are well recognised as being significant factors which lead into to or impinge on the individuals capacity to prevent or exit from a state of homelessness (e.g. mental health, problem drug/ alcohol use, ex-offending, etc). Further to this, it is well recognised that having agreement on one common assessment tool relieves the need for a person who is experiencing homelessness to have to engage in multiple assessment processes, which can lead to duplication of effort in terms of service provision and be very frustrating for the recipient of a service in that 'the story' gets repeated time and again.

The HNA will ensure that when an individual is experiencing homelessness they go through the process of assessment once. A care plan will be drawn up as a result of the assessment and will be consistently updated by the staff involved in the support of the individual from their entry into homeless services to settlement. In the event that a service user moves from one service to another the assessment and care plan will be transferred to ensure that a continuum of care is in place.

### Partnership approach

The Homeless Agency has taken a partnership approach in terms of the development and deployment of the HNA. A steering group, comprising of senior statutory and voluntary representatives is in place, which represents a strong governance feature in terms of making sure the steps we are taking in this area are appropriate and measured. People who are accessing homeless services have been consulted as part of the development of the Holistic Needs Assessment pilot and their feedback has been instrumental in improving the assessment process.

In addition to this, an implementation advisor is identified in each service involved in the pilot. The role of the implementation advisor is to support the effective implementation of the HNA in their service. This individual has responsibility for ensuring there is effective communication between the Homeless Agency and their service so that the pilot is supported appropriately in all services.

### Principles of the assessment

A number of key principles underpin the HNA process.

#### With regard to the service user:

- Engagement in the assessment process is voluntary
- It is carried out at a time and place that is agreeable to the service user and the assessor
- There is respect for the service users story
- The assessment and care plan is person centred – it focuses on the person and their needs
- The empowerment of service users is at the core of the care plan

#### With regard to the service provider:

- It is a requirement that all staff engaged in assessment participate in a one-day training course on the HNA
- Professional and legislative requirements for the sharing of information are adhered to at all times i.e. Data Protection Act, policies and procedures on confidentiality, professional code of conduct for all employees etc.
- Provision of services is not dependant on the completion of the HNA
- In the event that a service user does not wish to engage with HNA the service must provide an alternative process of engagement
- There is commitment to coordinate appropriate interventions
- There is commitment to maintain frequent contact with the service user
- There is commitment to effective communication between stakeholders
- The contribution of different professionals involved in the assessment and care plan is valued

### Service user confidentiality

All service users need to be informed of the purpose and process of the assessment and care plan so that they can make an informed decision as to whether they wish to engage with the HNA. The HNA is preceded by a request for permission from the service user to share information with other workers involved in their care. It is a requirement that this is signed by the service user before any information in the HNA is shared. All information communicated between services should go to specified post holders only on a need to know basis.

The Homeless Agency have met with the Office of the Data Commissioner to ensure that responsibilities in relation to data protection are observed appropriately.

### Feedback from the midterm review

The midterm review has been very helpful and productive in terms of exploring the use of the HNA to date and its potential into the future. The contribution from services on all aspects of the HNA was gratefully received as it was crucial to the development of the pilot. From the feedback received there has been significant endorsement of the assessment and careplan. The steering group has

agreed a number of recommendations coming out of the review such as:

- It is recommended that a section at the top of each domain should be included to explain the rationale for each section and certain questions.
- It is recommended that there should be an amendment of the 'Agreement to share information' to include a timeframe.
- It is recommended that there should be additional training to address assessment skills, keyworking, care planning and case management.
- It is recommended that a glossary should be included to explain terms used in the assessment and care plan.

### Going forward

An independent evaluation will take place at the end of the pilot period in early 2008. This will provide an opportunity for extensive consultation with all stakeholders involved in the pilot. This will be followed by a revised version of the HNA to take account of all recommendations coming out of the evaluation. Training in the HNA will be incorporated into the Homeless Agency Learning and Performance programme 2008. In addition to this there will be additional training available to services covering assessment skills, key working, care planning and case management.

The HNA is but one essential strategy being developed by the Homeless Agency Partnership as part of a wider care and case management initiative, which is essentially about ending, as opposed to managing, long-term homelessness and the need to sleep rough. ■

#### For further information please contact:

**Tracey Askin**  
Needs Assessment Coordinator  
01 703 6138  
tracey.askin@dublincity.ie

or

**Elaine Butler**  
Integrated Services Coordinator  
01 703 6160  
elaine.butler@dublincity.ie

# Preventing homelessness

**GOOD PRACTICE: GUIDE Homelessness – Early identification and prevention** and **POLICY: BRIEFING Homelessness prevention and sanctuary schemes** can be found at [www.shelter.org.uk](http://www.shelter.org.uk)

Shelter, the UK homelessness campaign, has recently produced a number of reports looking at different aspects of homelessness prevention. Some aspects of these are primarily of local interest, but with a growing emphasis on homelessness prevention in Ireland, two reports in particular will interest Irish readers.

## Good practice: guide Homelessness – Early identification and prevention

– is an extremely comprehensive document with loads of good practice examples. A few of the guide's highlights include:

### Identifying those vulnerable to homelessness

The guide advocates the use of pre-tenancy assessments, which it acknowledges can be a sensitive area, since people may think the purpose is to judge them or to refuse them a tenancy or to put them under some sort of surveillance. But an advantage of these assessments is that they can be a very effective way of identifying people with support needs, and ensuring those needs are met.

### Arrears

The guide emphasises that rent arrears should be a signal to any social landlord that a tenant may need some form of help, advice or support, rather than a signal to start eviction proceedings.

### Advocacy and advice

The importance of advocacy and advice as an effective way of preventing homelessness is underlined. The guide notes that black and minority ethnic

households in Britain are much less likely to use advocacy and advice services than white households and much more likely to be homeless or live in overcrowded housing.

### Tenancy support and sustainment

The concepts here will be familiar to Irish readers, but the main difference is that in the UK mainstream funding for floating support is available through the Supporting People programme, whilst in Ireland, there is no such funding stream.

### Joint protocols and sharing information

The guide notes that many of the strategies for preventing homelessness involve multi-agency working and joint protocols. It points out however that many protocols never been implemented, or foundered in the early stages of being implemented. The most common reasons for this were:

- A lack of commitment from all or some of the agencies involved
- key members of staff leaving and projects not being followed through
- a lack of reality about what is possible 'on the ground'
- organisations failing to get staff to buy in to joint working

To counter this, the guide recommends:

- full consultation with service providers and users
- comprehensive staff training on working with the relevant protocol or scheme
- named officers taking responsibility for the project
- mechanisms to ensure strong awareness of joint working

## Policy: briefing Homelessness prevention and sanctuary schemes

The second report is a discussion of 'sanctuary schemes' that aim to prevent people who have experienced domestic violence from becoming homeless. Sanctuary schemes are described as follows:

A sanctuary scheme provides a secured room to enable a victim of domestic violence to remain in their own home safely, if they wish to do so, and thereby avoid the upheaval of rehousing. Sanctuary schemes are specifically designed to assist those who have had to move in the past because of domestic violence and do not want to have to do so again. The schemes are available across all types of tenure, but are not appropriate where the perpetrator lives within the accommodation concerned. The safe room is secured with safety measures such as a reinforced door, heavy duty locks on the windows and doors, alarms and CCTV. The room provides a place to which the victim can retreat if violence occurs, while they call the police and wait for assistance. Sanctuary addresses are recorded on police computer systems to ensure the fastest possible response in the event of an incident. Specialist support is also provided.

Shelter takes the view that sanctuaries should only be provided where remaining at home is the clear choice of the victim and it is safe and appropriate for them to do so, and that in these circumstances sanctuaries can provide valuable and appropriate assistance for people who want to stay in their own home. ■

# Homeless women: careers and landscapes

You can download *Homeless Women: Homelessness Careers, Homelessness Landscapes* from [www.crisis.org.uk/page.builder/researchpage.html](http://www.crisis.org.uk/page.builder/researchpage.html)

Research that tries to find out why people become homeless and what happens to them during their homeless 'career' is relatively rare, and for a very good reason: it's extremely complicated.

New research from the UK homeless charity Crisis attempts to chart this 'landscape of homelessness' through questionnaires and in-depth interviews with homeless women in different towns and cities in England.

The researchers attempt to unravel the complexities of homeless careers by focusing on three realms of women's experiences: life events and experiences; housing situations; and service engagement. These are illustrated below.

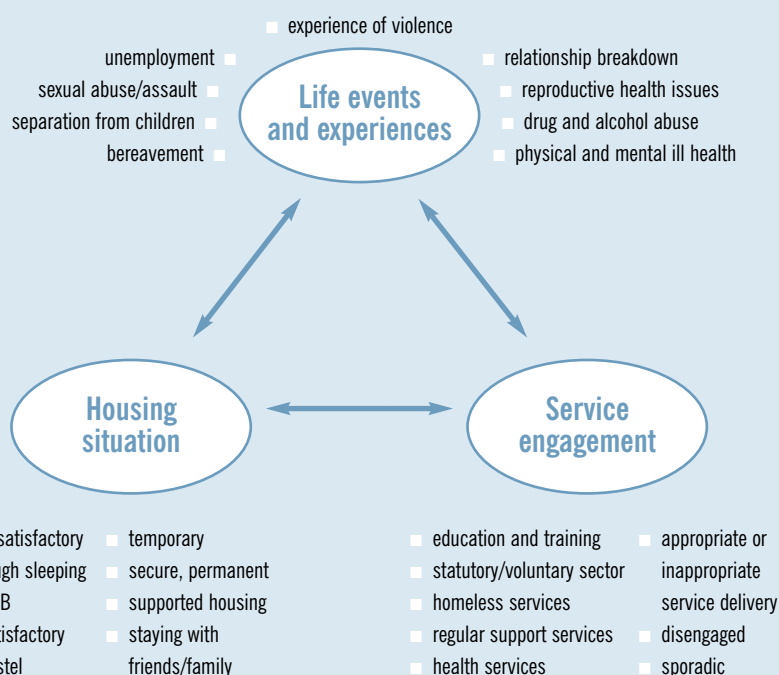
From the interviews, the researchers put together a typical homelessness career, and from this were able to identify some common characteristics:

- It is common for an experience of homelessness to occur very early in women's homelessness careers, sometimes before they have even reached independence.
- Many women's first experience of homelessness is as a rough sleeper.
- Accessing service-led homelessness accommodation does not generally represent a sustained route out of hidden accommodation situations.
- Securing settled accommodation does not necessarily represent the end of women's homelessness career, or a permanent route out of homelessness.

- Women's homelessness is frequently characterised by 'hidden' situations. The first 'stop' on most women's homelessness careers is a hidden accommodation situation and women return to hidden accommodation many times throughout their homelessness careers.
- Women do not move up a 'ladder' of increasing security as they move through their homelessness career. They do not, for example, move from rough sleeping to emergency homelessness accommodation, to hostel provision and, finally, to a settled home.

From this, they identify critical points in women's homelessness journeys:

- Transitions to independence for those who have experienced disrupted or traumatic childhoods.
- The point at which women are threatened with homelessness for the first time, when their awareness of homelessness services is often very limited.
- Any traumatic event in a woman's life but particularly the loss of children (whether through miscarriage, still birth, adoption or if taken into care), sexual assault or abuse, physical assault or abuse, and bereavement.
- The first year of settled housing following an episode of homelessness.
- Any move from one service-led homelessness accommodation situation to another.
- Any approach a woman makes to an organisation for assistance. If a woman has an unsatisfactory experience of asking for help this can deter her from approaching services for assistance again, or result in a general disillusionment in the capacity of services to help her.





- Being taken into custody.
- Moving on, or being referred on, from one (non-housing) service to another, even if this appears to be a positive development. At this point women often lose contact with the workers and services they have previously relied upon for support and usually cannot or do not return to them if their involvement with the new service proves unsatisfactory or unsuccessful.
- The point at which ties are severed with family members, leaving women with no familial safety net to fall back on during episodes of homelessness.
- The early stages of drug or alcohol misuse, which can also be indicative of other issues, problems and needs.
- Accrual of rent arrears – again sometimes indicative of other issues and needs around which women require support, but which can quickly result in homelessness.
- Moving into a residential environment as a means of addressing particular personal issues such as dependencies or mental ill health (for example rehabilitation centres). This tends to represent a positive development in women's lives but also one where previous service related support networks cease. If the residency is not sustained women frequently find themselves sleeping rough and disengaged from support services.

As the report says, 'Homelessness is a dynamic, and non-linear, process. The trajectories women take into, out of, and through homelessness are influenced by a complex range of processes, events, actions and interactions.'

This very brief outline does not do justice to a fascinating report that makes a very determined effort to unravel these complexities. ■

## STOP PRESS

Focus Ireland has just published research on a similar theme, which we'll cover in the next issue. ■

# Streets ahead

*Streets Ahead: good practice in tackling rough sleeping. Interim findings* is at <http://handbooks.homeless.org.uk/streetoutreach/streetsahead.pdf>

**H**omeless Link, which is the national membership organisation for frontline homelessness agencies in England, has recently published an interim report on a major evaluation of street outreach work.

We'll cover it in more detail when the full report is published, but in the meantime, interim recommendations for service providers include:

- Contact with rough sleepers should occur both on the streets and within building-based services
- Outreach services should be capable of identifying and assisting both new rough sleepers and those who are more entrenched in a street lifestyle
- Where rough sleepers prove hard to engage, services should use an approach that is persistent and assertive where appropriate – but they should also consider whether a new approach or a new member of staff might be successful
- Outreach services should develop clear and effective referral arrangements with hostels
- Services should consider employing former rough sleepers. ■



# Do ASBOs and ABCs deter?

*The impact of enforcement on street users in England* can be downloaded from <http://www.jrf.org.uk/knowledge/findings/housing/2074.asp>

Earlier in the year, the Joseph Rowntree Foundation published the report of a research project that evaluated the impact of enforcement interventions on street users in England.

The context for this was growing use of enforcement interventions aimed at street users involved in begging and street drinking. These have included Anti-Social Behaviour Orders (ASBOs); injunctions; arrests for begging or sleeping rough under the 1824 Vagrancy Act; controlled drinking zones; dispersal orders; designing out; and alternative giving schemes.

This study confirmed the findings of previous research that those involved in street activities were highly vulnerable individuals: almost all street users encountered had substance misuse problems, many had mental health problems, and the great majority had suffered a traumatic childhood. All of the in-depth interviewees were homeless or had a history of homelessness.

- 'Harder' forms of enforcement – particularly ASBOs – had a powerful (direct and indirect) deterrent effect. Moreover, when preceded by warning stages (such as Acceptable Behaviour Contracts [ABCs]), and integrated with intensive supportive interventions, ASBOs could bring about positive benefits for some street users. However, the degree to which hard enforcement measures were accompanied by supportive interventions was highly variable across the case studies.
- Some of the 'softer' forms of enforcement – especially controlled drinking zones and environmental designing out measures – were highly effective in reducing the visibility of street activities. However, such measures rarely provided any discernible benefits for street users themselves.
- Enforcement (in both its hard and soft forms) clearly led to 'geographical displacement' (relocation of street activities), and there was also consistent evidence of 'activity displacement', wherein street users turned to shoplifting, for example, during 'begging clampdowns', in order to generate the funds required for their drug and/or alcohol problem.
- The impact of enforcement depends to a significant degree on the local policy and practice context. In particular, 'positive' responses by street users to enforcement action were far likelier where these measures were integrated with intensive support, and where there was appropriate interagency working.
- The personal circumstances of an individual street user are crucial. Those most likely to respond positively to enforcement had something positive to return or aspire to, and/or had experienced other recent 'crisis points' (such as an overdose scare, or the death of a friend) that had prompted them to contemplate their lifestyle and future. Conversely, street users were less likely to benefit from enforcement if, for example, they had a long history of street living and/or substance misuse, had inadequately treated mental health problems, already had an extensive criminal record, or considered themselves to be 'hopeless cases'.
- Given the unpredictability of outcomes for specific street users, and the potential for very negative impacts for some (for example, diversion into more dangerous activities/spaces as well as the possibility of lengthy prison sentences), enforcement is undoubtedly a *high risk* strategy with regards to the well-being of street users.
- A key policy implication arising from this analysis included the importance of addressing gaps within local service networks, not only to increase the likelihood of successful resettlement and treatment of drug or alcohol addictions, but also to enhance the incentive for street users to move away from lifestyles that are damaging to themselves and, sometimes, to the local community.
- The specific actions and personal circumstances of street users must be taken into account in making a considered judgement on whether enforcement action is both necessary and likely to be effective in each particular case. 'Blanket' enforcement policies are inappropriate. Harder enforcement measures (for example, ASBOs) should only be used as a last resort, after appropriate 'warning stages', and should never be used with extremely vulnerable street users, particularly those with serious mental health problems.
- For enforcement to have a reasonable prospect of prompting a positive response from any street users:
  - It must always be carefully integrated with individually tailored and (immediately) accessible supportive interventions;
  - It must involve effective interagency working; and
  - It must be articulated in such a way as to emphasise the positive options open to a street user, particularly the availability of appropriate accommodation and support. ■

# Under the influence

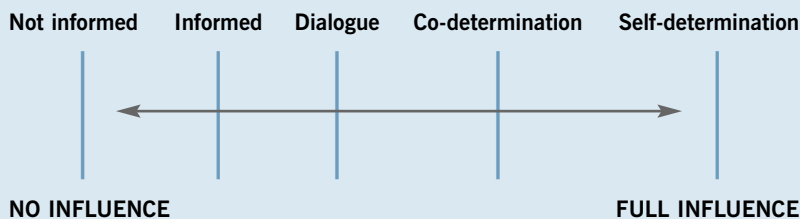
*User influence at Section-110 accommodation facilities for homeless people in Denmark* is at [www.feantsa.org/files/Participation/WG\\_meeting\\_copenhagen\\_07/User%20influence%20at%20Section-110.pdf](http://www.feantsa.org/files/Participation/WG_meeting_copenhagen_07/User%20influence%20at%20Section-110.pdf)

A new piece of research carried out by SAND – the Danish national organisation for homeless people investigated in detail the extent to which users were able to influence different aspects of their life in temporary homeless accommodation run either by local authorities or by NGOs.

## Findings included:

- Staff and users agreed about which areas users had the greatest degree of influence
- But staff generally perceived there to be a higher degree of user influence than the users did.

The researchers used the following scale to illustrate what they were doing:



Staff and users were asked about how much user involvement there was in areas such as:

- programming personal development plans
- voluntary activities
- work tasks
- staff working hours
- arrangement of common rooms
- food budgeting
- house rules

The results should be interesting to anyone thinking about user involvement.

- The present survey showed that there was good agreement between *which areas* residents and staff stated that they found the greatest degree of user influence, but that the staff generally perceived there to be a *higher degree* of user influence than the residents did.
- There was a tendency for residents of private-sector accommodation facilities to report a higher degree of user influence than residents of public-sector ones.

- In general, there was good agreement between the matters which the residents found it most important to have influence over; and the matters where they, in practice, *actually* exercised the greatest degree of influence.
- User influence was complicated by the management and staff, on the one hand, perceiving that the residents exhibited a lack of commitment to user influence, while the residents, on the other, perceived that they had no possibility of achieving real influence on conditions, since, in the last analysis, management had the power to decide.
- In daily life, two forms of user influence were exercised at the accommodation: organised (e.g. residents' committees and residents' meetings) and non-organised (the day-to-day relationships between staff and residents). While non-organised user influence strengthened residents' capacity for action and empowerment during their residency, organised user influence appeared *not* to affect the residents' empowerment.
- Several trends in the survey underlined the importance of reciprocity and respect in the day-to-day relationships between staff and residents, and the importance of resident involvement in the organisation of user influence. ■

## And you think we've got problems?

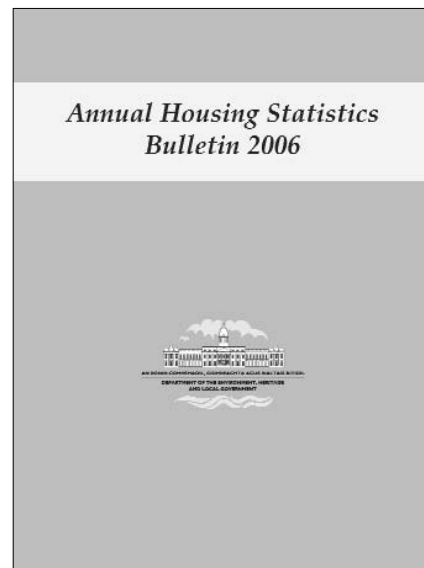
Figures released by the Los Angeles Homeless Services Authority show that LA has the dubious distinction of being the homeless capital of the USA, with over 40,000 homeless people in a city with a population of about 4 million. That would translate to a staggering 10,000 homeless people in Dublin! <http://www.lahsa.org/docs/homelesscount/2007/LAHSAs.pdf> ■

# Local authority and Part V up; housing association down again

The 2007 June quarter of the *Housing Statistics Bulletin* is at [www.environ.ie/en/Publications/StatisticsandRegularPublications/HousingStatistics](http://www.environ.ie/en/Publications/StatisticsandRegularPublications/HousingStatistics)

There is mixed news for social rented housing in the latest numbers released by the DoEHLG. Figures published for the first 6 months of 2007 show that local authority completions were up 24% on the same period in 2006, but housing association output was miserably low. In fact fewer housing association homes were finished in the first half of 2007 than in the same period of every year since 2001. Cumbersome bureaucratic procedures continue to prevent this sector achieving its potential.

But there's brighter news on the Part V front (this requires that up to 20% of all new developments must be reserved for social or affordable housing). After a snail-like start, total social and affordable housing built under Part V was a whopping 80% more in the first half of 2007 than in the same period in 2006. Mind you at just over 900, that's still way below target so it's not quite time to party. But at least the trend is in the right direction. ■



## If this is the peak, how deep will the trough be?

*Review of the Construction Industry 2005 and Outlook 2006 to 2008* is at [www.dkm.ie/uploads/pdf/reports/doe\\_construction.pdf](http://www.dkm.ie/uploads/pdf/reports/doe_construction.pdf)

*A Housing-induced slowdown in the Irish economy is not tenable* is at <http://ftp.ncb.ie/economics/EW11-10-07.pdf>

In 2006, nearly 90,000 houses and apartments were built in Ireland, and everyone agrees that was the peak. But, as always, the fortunetellers are divided about the trough to come. DKM Economic Consultants has cast itself as the doom and gloom merchant, predicting that 77,000 houses and apartments will be completed in 2007, but that this will drop alarmingly by about 25% to either 55,000 or 60,000 in 2008.

When you consider that housing output accounts for over 16% of GNP, that would suggest a pretty big economic downturn. DKM's evidence for this is partly based on the fact that housing guarantee registrations, which have dropped dramatically, are a proxy for housing starts.

But here comes NCB Stockbrokers, stating confidently that, '... it is unlikely that the (2007) full-year total will fall very far short of 80,000 if it falls below that level at all'. NCB pours scorn on the notion that housing output will drop greatly in 2008 (although cutely does not commit itself to a specific prediction). NCB claims that housing guarantee registrations are not necessarily a proxy for housing starts and uses data on employment to claim that employment in the construction sector as a whole is increasing rather than decreasing.

You pay your money and take your choice, but if I were you I wouldn't pay too much money right now. ■

As we went to press, the Construction Industry Federation predicted that only 33,000 homes will be built next year!

# Crosscare and Dun Laoghaire-Rathdown win award

**B**entley House, which is the first purpose-built facility for homeless people in Dun Laoghaire, was a joint winner of the 2007 Irish Council for Social Housing

Community Housing Award. The aim of the prize is 'to encourage, recognise and reward excellence in the provision of social housing and to showcase how innovative design can create a

positive impact on the lives of tenants, the local community and the wider environment'. It's the first time a homeless service has won the award. ■

## 100% CAS

**H**ousing associations can access two different capital funding schemes: the Capital Assistance Scheme (which has traditionally been used for special needs housing) and the Capital Loan and Subsidy Scheme (mainly used for general

needs housing). Until 1st November, funding under CAS was limited to 95% of the capital cost. But housing minister Batt O'Keeffe announced that from 1st November funding under CAS will be 100% of the approved capital cost. This is

very welcome news, both because it reduces the requirement for the housing association to come up with 5% of the capital cost itself, which was no mean feat; and because it moves towards parity between the two schemes. ■

## Scotland's homeless commitment under threat?

**S**o claimed Archie Stoddart, director of Shelter Scotland, at a recent conference. In 2003, the Scottish Parliament passed internationally acclaimed legislation stating that by 2012 all unintentionally homeless people would have the right to a permanent home.

'But,' said Stoddart, 'the 2012 homelessness target is one of the biggest challenges faced by Scotland since devolution. We have five years to meet the 2012 target and the majority of local authorities in Scotland are working towards doing that. However, without significant investment in affordable rented housing, we will put the target under threat. Increasing the supply of affordable rented housing in Scotland is the lynchpin to meeting 2012. But it is not the only tool in the box – we must continue to concentrate on other ways of improving supply, like reviewing the Right to Buy policy, bringing empty homes back in use, as well as improving access to temporary accommodation by using

the private rented sector and schemes like private sector leasing. We should also continue to look at ways we can

stop people becoming homeless in the first place, like ensuring housing benefit is paid on time.' ■



Archie Stoddart, director of Shelter Scotland. Photo courtesy of Shelter Scotland and Ian Jacobs.

# What's so special about housing for people with disabilities?

Housing associations have been significant providers of housing for people with disabilities for many years, but could they do more? The Irish Council for Social Housing did some research to find out, as **Caren Gallagher** explains.



Caren Gallagher is projects officer at the Irish Council for Social Housing

*Enhancing Choices for People with Disabilities in the Community* can be downloaded from [www.icsh.ie](http://www.icsh.ie)

**G**ood housing is a key to independence. The homes and neighbourhoods in which people with disabilities live have a profound impact on their independence, their ability to be socially and economically active, their functionality, and their quality of life.

The national social partnership agreement *Towards 2016* and the housing policy statement *Delivering Homes, Sustaining Communities* focus on the lifecycle approach with one of the key life cycle stages being people with disabilities. It has been acknowledged that people with a disability often have fewer choices in providing for their housing and accommodation needs and the vision set out in the agreement is that 'Every person with a disability would have access to appropriate housing'. The agreement also committed to the provision of a National Housing

Strategy for People with Disabilities and a national group has already now been established.

## Disability and housing

There are nearly 400,000 disabled people in Ireland according to the 2006 Census. Ireland is experiencing a major demographic shift and, although somewhat behind its European counterparts, we are an ageing population. There is also an increasing disability prevalence which is driven by ageing, improved access to healthcare and increasing survival rates among those affected by disabling injuries, conditions or illnesses. There are strong links between poverty and disability and unemployment and disability which limits the opportunity for people to provide housing from their own resources.

People with disabilities have limited housing options due to low incomes and lack of appropriate housing and so the provision of social housing and suitable accommodation is becoming more urgent. The limited housing options have encouraged the use of institutional care and in the past housing options were restricted to institutional environments. The view was often taken that the person was in need of a 'bed' or a 'slot' instead of a home and provision was not made for people with disabilities to stay in their own communities and have choices about where they live and work. This view has changed and being fed into national policy are the higher expectations promoting individual choice and a community based approach.

In order to know where we need to move to in relation to housing for people with disabilities we need to know where we are at now. Along with the census data, there are other databases which collate information on people with disabilities including the National Intellectual Disability Database (NIDD) and the Physical and Sensory Disability Database (PSDD). The housing related information from these two databases show that out of over 25,000 people on the NIDD, only 3.3% are living independently or semi independently. For people on the PSDD, over 77% were living in private accommodation and over 80% of these were with family members. From these statistics it is clear that there are many people with disabilities who could be living independently are not.

When we look at how this level of housing need translates into the local authority housing needs assessment it is clear that it doesn't. From the 2005 Housing Needs Assessment, only 480 people were in the category of disabled from a total of 43,684 – that's just 1% which indicates that this group is significantly under represented in the assessment. A total of 8 County Councils and 20 Town Councils reported that they did not have any people with a disability on their housing list. This under representation makes it more difficult for housing associations in the provision of housing for people with disabilities as before a proposed scheme can be approved, the association must prove that they are responding to a housing need. As a result, many associations have to undertake surveys, compile information and illustrate the often clear need in the area.

## What do housing associations provide?

The housing association sector is a significant provider of social housing to people with disabilities and has a key role to play in working in partnership with disability support providers and other mainstream services.

With the policy developments mentioned earlier and the lack of data on the number, location and type of units and provision by the sector, the ICSH undertook to examine through a survey the existing and planning housing for people with disabilities by housing associations. Over one third of the ICSH members state their primary purpose as being to provide housing for people with disabilities however there was a lack of data on the exact number and type of units provided, their location and additional services available to tenants.

### The main aims of the research were to:

- Profile the accommodation for people with disabilities by housing associations in Ireland
- Highlight the challenges facing housing associations
- Outline the potential role of housing association in the future provision

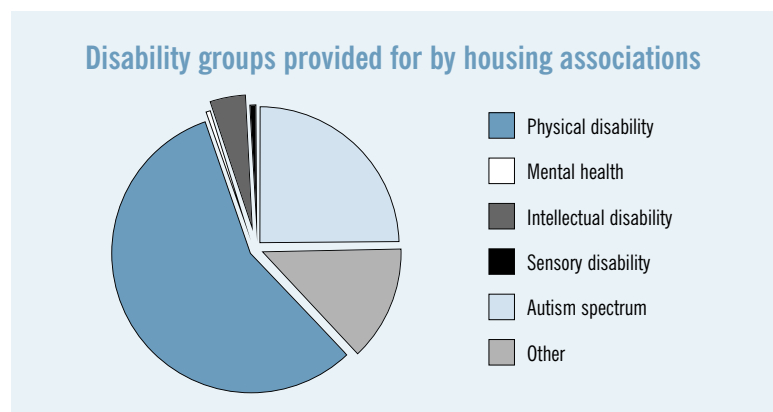
The following are some of the key findings.

There is quite significant provision by the housing association sector with a total of 82 housing associations providing 2,064 units across 267 schemes. The Capital Assistance Scheme, since its inception in 1984, has been the trigger in facilitating this level of provision. The housing schemes vary greatly with a range of housing models provided and while there is a clear indication that no one model fits all, these are a key component of the provision of housing to people with disabilities. The models include group homes, sheltered housing, independent living with visiting support and higher supported housing options.

The chart illustrates the type of disability they primarily catered for. A total of 56% of the units (1149) were described as housing people with an intellectual disability. This was followed by 24% (504) being provided for people with physical disabilities.

In interpreting these findings, the reason for the large number of units being provided for people with disabilities may be because the housing associations have evolved out of care organisations with a strong organisational framework to support the development of housing for people with intellectual disabilities.

...it is clear that there are many people with disabilities who could be living independently are not.





There are significant plans in progress for developing housing for people with disabilities within the housing association sector...



There is a wide variation in provision from county to county with the largest number of units being located in Dublin (691) followed by Wicklow (151), Mayo (130) and Donegal (96). This follows broadly the same pattern in relation to where the larger care organisations would be based and also would be reflective of varying levels of support from HSE and local authorities for housing schemes of this kind.

Housing associations indicated the HSE as being a key source of referrals for housing associations providing accommodation for people with disabilities with the local authority being the second most indicated referral source. There is some confusion in practice with roles and responsibilities of housing associations and the HSE particularly where the HSE provide revenue funding and/or staff directly. Whilst the HSE have a key role to play, the housing associations must comply with the terms and conditions of the capital funding schemes. It is important that this is a tripartite process between the HSE, the LA and the housing association with each of the party's roles and responsibilities identified.

There are significant plans in progress for developing housing for people with disabilities within the housing association sector with a total of 1,156 units reported as being planned across the country. It is apparent that people working in the sector are committed to achieving this but these proposals are reliant on streamlining the capital funding schemes as well as ensuring that at the time of scheme approval there is agreement on revenue funding allocation.



There is a distinct need to enhance the housing choices available and develop supported housing options. As well as the provision of lifetime adaptable housing, people with mental health issues also need accommodation of an acceptable standard.

### Design standards

The creation of accessible mainstream housing and services can be directed by modifying the individual's immediate environment or providing assistive technologies to optimize their functionality within that environment. New homes should be built to be accessible for all and this can be achieved by addressing the Lifetime Homes criteria at the design stage.

### Capital funding

The Capital Assistance Scheme (CAS) has grown as a funding mechanism to provide accommodation to all categories of people with disabilities. In order to meet the demand the CAS budget should be expanded, the limits revised and building lifetime adaptable housing should be provided for in the guidelines for the scheme.

### Revenue funding

A service agreement in relation to the care and support elements should be agreed by all three stakeholders i.e. the housing association, HSE and the local authority. This service agreement should clearly identify the roles and responsibilities of each party and the service being provided to the tenant. It should also be linked to a personal care plan and also staffing requirements in a housing association project for people with disabilities.

## RECOMMENDATIONS

### Assessment of housing need

The housing needs assessment should be rebalanced with the care and support aspects in determining housing need coupled with a greater promotion of the waiting list in terms of supported housing options/housing associations. In order to allow for more up to date planning, the current triennial housing needs assessment needs to be re-adjusted to allow for more periodic assessments.

### Quality of housing information

There should be greater promotion of the housing assessment process to inform people with disabilities that this process is a gateway to a range of housing options including services delivered by housing association.

### Range, supply and quality of housing options

After the housing advice and assessment process a key factor will be ensuring that there is adequate supply of a range of housing options for people with disabilities.

### Interagency co-operation

From the perspective of ICSH members delivering housing for people with disabilities, there is a need for a coherent approach at national policy level as well as at delivery/local agency level. It is essential that there is a designated person within each HSE area appointed to liaise with the Housing Officer within each local authority to facilitate the proper planning and co-ordination of accommodation and support for people with disabilities.

Currently housing associations, which are the largest providers of specialist housing for people with disabilities, are managing over 2,000 homes specifically for this group. The commitment and willingness to increase the building programme in the next few years is one of the main findings of this report however as outlined, there are a number of measures required for this to happen. It is hoped that these issues will be tackled in the National Group for Housing for People with Disabilities where the Irish Council for Social Housing will be representing the sector. ■





# Private rented minimum standards: time for an upgrade

...the State's role in establishing a legal framework covering landlord and tenant relationships and in setting out the obligations of both parties is fundamental to the working of this tenure.

In the first of two articles **Dermot Coates** finds the minimum standards that currently apply in the private rented sector to be inadequate, and welcomes the commitment in *Towards 2016* to improve them. In the next article he will look at local authority enforcement of standards.

The views expressed in this article are those of the author and do not necessarily reflect those of the funders or the board of management of the Centre for Housing Research.

## Background

The State has traditionally played a critical – and multi-faceted – role with regard to the efficient and equitable operation of the private rented sector, a tenure which has assumed an increasing importance over the past decade. In particular, the State's role in establishing a legal framework covering landlord and

tenant relationships and in setting out the obligations of both parties is fundamental to the working of this tenure. In performing this function, there has been a broad trend towards a more prescriptive and proactive intervention by the State and this is exemplified by the area of 'minimum' standards. These standards act as an essential tenant-protection measure by stipulating the responsibilities of each landlord in terms of the content and condition of each rented dwelling. Moreover, these standards are – and ought to be – a reflection of our cultural norms associated with housing in that they set out a common set of expectations as to what constitutes a basic level of acceptable housing and allow us to plot our progress towards better housing over time.



Dermot Coates is a researcher at the Centre for Housing Research

At the request of the Department of Environment, Heritage and Local Government (DoEHLG), the Centre for Housing Research has undertaken a body of research with regard to regulation – and indeed the enforcement of such regulations – in the private rented sector and it is hoped that the findings of this research can and will contribute to the development and modernisation of this tenure envisaged by the policy framework *Delivering Homes, Sustaining Communities* (2007). However, this research has identified a number of weaknesses in the operation of this regulatory regime. These are explored below in the form of a brief critique of the efficacy of the current regulatory requirements.

### Efficacy of the current regulations

The current standards for the private rented sector were introduced under the terms of the Housing (Miscellaneous Provisions) Act 1992. This legislation provided for a number of regulatory changes and assigned responsibility for the

monitoring and enforcement of these standards, the regulation of rent books and the registration of tenancies to the local authorities.

Table 1 summarises the key provisions of these standards. These regulations are not universally applicable but rather, there are a number of important exemptions. Under Article 4, the regulations are taken to apply to 'every house let for rent...unless the house is let' as follows:

- For the temporary convenience or to meet the temporary necessity of the landlord or tenant
- To a person only for the purpose of conferring on that person the right to occupy the house for a holiday
- By a health board or by an approved body, as accommodation with sanitary, cooking, dining or other essential facilities provided for communal use within the building which contains the house
- By a housing authority pursuant to any of their functions under the Housing Acts, 1966 to 1992, and is a demountable house

Article no. Article title and key issue(s)

## 5 Structural Condition

- Each house must be maintained in a proper state of structural repair
- This means essentially sound, with roof, floors, ceilings, walls and stairs in good repair and not subject to serious dampness or liable to collapse because they are rotted or otherwise defective

## 6 Sinks, Waterclosets and Water Supply

- A sink must be provided in the habitable area of each house
- Each sink, watercloset, fixed bath or shower must have an adequate supply of piped cold and hot water
- Each house must have a safe and effective means of drainage
- The water supply pipes, the water storage cistern and the distribution pipes must be protected against damage by frost

## 7 Heating, Cooking and Food Preparation

- Each house must contain an appliance(s) capable of providing adequate space heating
- Each house must contain facilities for the installation of cooking equipment with provision, where necessary, for the safe and effective removal of fumes to the external air
- Each house must contain facilities for the hygienic storage of food

## 8 Electricity and Gas

- Installations in each house for the supply of electricity and gas must be maintained in good repair and safe working order

## 9 Ventilation and Lighting

- Every room used by the tenant must have adequate ventilation and natural lighting
- All windows and other means of ventilation must be maintained in good repair and working order
- Every room used by the tenant must have adequate means of artificial lighting

## 10 Common Areas and Stairways

- All means of preparation, cooking and storage of food must be maintained in good repair and safe working order
- All means of lighting and heating must be maintained in good repair and safe working order
- Every stairway must have a substantial handrail securely fixed
- All areas of a house used in common by the occupants of more than one house must be maintained in good repair and in a clean condition

## 11 Basements, Outoffices and Yards

- Every unoccupied basement and cellar must be maintained in good repair and in a clean condition
- All boundary walls, fences and railings must be maintained in good repair

Table 1: Summary of the Principal Provisions of the Housing (Standards For Rented Houses) Regulations, 1993

Although the revised Housing (Standards for Rented Houses) Regulations 1993 (SI No 147 of 1993) updated the standards required in this tenure, they remain both basic and, in certain areas, vague. This former criticism is particularly relevant in light of the time elapsed since their introduction and the concurrent rise in the expectations of tenants with regard to what constitute appropriate accommodation.

At the time of writing more than 13 years had elapsed since these standards were last updated which suggests that an overhaul is required sooner rather than later. Given the aforementioned view that such standards ought to be reflective of society's expectations of what constitutes a basic standard of accommodation, such a substantial period of elapsed time surely implies that the standards are unlikely to reflect modern cultural norms and by extension implies that compliance with today's standards does not guarantee that such accommodation meets the needs and expectations of the modern tenant. Indeed, the view of Marsh et al (1999) that *'over time commonly used indicators of housing deprivation...become increasingly inappropriate'* would appear to be particularly applicable to this tenure in Ireland.

At this juncture, it is also important to note that there are a number of weaknesses with regard to the content of these regulations (i.e. what they do not require) and to understand just how basic certain provisions of the 'minimum' standards are at present. For instance, the examples here provide a flavour of this, as follows:

...more than 13 years had elapsed since these standards were last updated which suggests that an overhaul is required sooner rather than later.

- There is no requirement that a landlord provide a shower. The regulations provide for a fixed bath or a shower and as such, these are presented as alternatives in the regulations.
- The regulations require that an appliance(s) capable of providing space heating must be provided. For the purposes of the regulations, this does not ensure that central heating will be provided as this requirement could be fulfilled by an open fireplace or a portable heater.

As part of the consultation undertaken by the Centre, submissions were requested from a range of statutory and voluntary bodies in late-2006 and early-2007. Among the submissions received, there were a number of recurrent themes, including the need to incorporate certain fire safety elements into the standards, the need to address thermal efficiency issues and the need for a requirement on the provision of white goods. Table 2 provides a synthesis on some of the issues raised by these submissions.

- ✓ That the standards should recognise differences in the seriousness of breaches (e.g. greater sanctions for those breaches that give rise to immediate health and safety risks)
- ✓ That the local authority's right of access for an inspection and for doing repairs should be strengthened
- ✓ That penalties be updated regularly to maintain the deterrent effect
- ✓ That landlords be required to produce certification from an authorised body on the compliance of gas and electricity installations for a pre-determined duration
- ✓ That a notice be posted in each dwelling giving landlord/agent name, contact details and PRTB registration information
- ✓ That all sanitary facilities be provided in a habitable area of the dwelling (i.e. indoors)
- ✓ That a wash hand basin be provided adjacent to each toilet



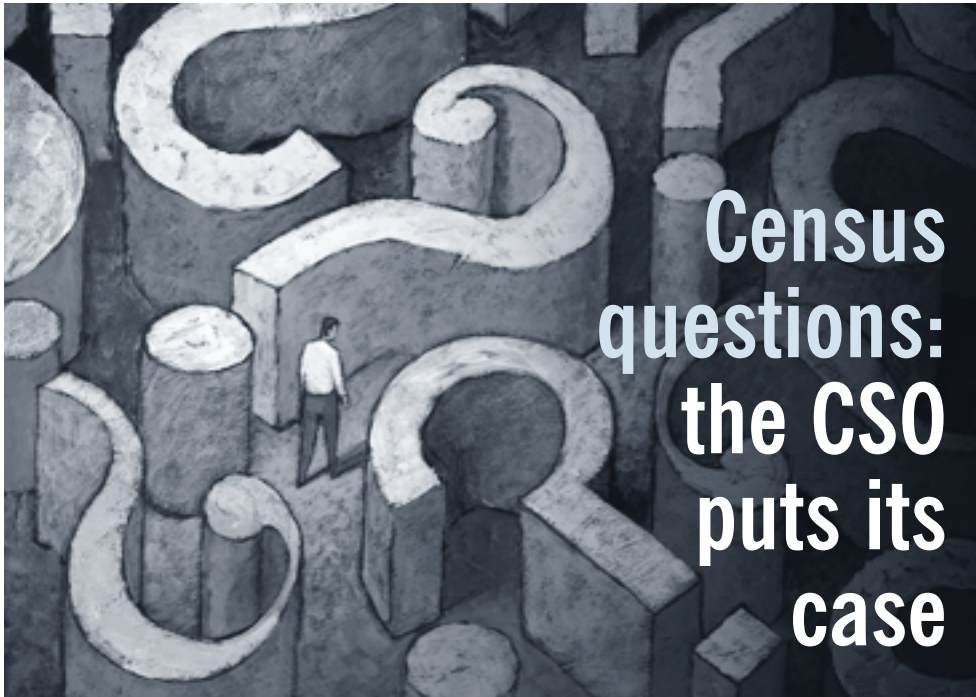
Table 2: Synthesis of selected issues raised by submissions to the DoEHLG on the review of the Housing (Standards for Rented Houses) Regulations 1993

## Commitment to modernisation

In recognition of the need for modernisation, the latest social partnership agreement, *Towards 2016*, has stated that *'Minimum standards regulations for the private rented sector will be updated by the Department of Environment, Heritage and Local Government and effectively enforced by local authorities'* (Government of Ireland, 2006).

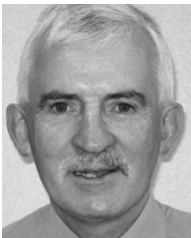
The process of reviewing and modernising the current standards is now well under way

and it is reasonable to conclude that the updated standards – in tandem with the recent progress made in the fields of inspection and enforcement activity – will go a long way to ensuring that households residing in this tenure, many of whom come from vulnerable backgrounds and rely upon the State for support, will receive the protections that much of the rest of society takes for granted. ■



# Census questions: the CSO puts its case

The last two issues of CornerStone have drawn readers' attention to apparent problems with some aspects of the 2006 census. In the October issue the Department of the Environment, Heritage and Local Government replied; and in this issue **Aidan Punch** of the Central Statistics Office responds to the questions raised.



Aidan Punch is director, census of population at the Central Statistics Office

The June 2007 issue of CornerStone – the magazine of the homeless agency – contained an article with the provocative heading 'Census erroneous!'. The same issue contained a note from editor Simon Brooke under the title 'Its time to get the numbers right'. The article and editorial drew attention to the published figures relating to question H3 on the 2006 census form<sup>1</sup> i.e. the question dealing with the nature of occupancy of the household's accommodation.

According to the 2006 census results the number of occupied private dwellings in which the respondents answered that they rented from a Voluntary Body was 50,480. By way of contrast a 1983 study on *Voluntary Housing in Ireland*, updated using Department of Environment, Heritage and Local Government (DoEHLG) figures, put the estimated housing association tenancies in the range 18,000 to 19,000 at the time of the 2006 census. Furthermore, the census figure for occupied local authority rented dwellings was 105,509 compared with DoEHLG figures of 109,800 according to the editorial.

The October 2007 issue of CornerStone took up the issue of the census figures once more in an article entitled 'Census erroneous update....' and added a piece entitled '....and more census woes' which dealt with perceived discrepancies in average weekly rental figures for local authority rented dwellings. The editor really warmed to his task in the October issue by stating that 'if we know the census is wrong in all these areas (i.e. *rents, housing associations*), how can we have confidence in the other areas it reports on?'. He furthermore suggested that 'the CSO has a job of work to do if the census is to be genuinely comprehensible to as many people as possible'.

The remainder of this article sets out to explain the processes followed by CSO in including the revised question on nature of occupancy of the household's accommodation in Census 2006.

First a reminder that housing characteristics questions used to be included only at ten year intervals for censuses held in years ending in '1'. Because of the increasing importance of housing and using the opportunity presented by the re-design of the census form into a 24 page booklet in the 2002 census<sup>2</sup> CSO decided to include the housing characteristics questions in the 2006 census. A wide scale public consultation process relating to questionnaire content was undertaken in early 2004. Arising out of this process and following a request from DoEHLG it was agreed to pilot a revised version of the nature of occupancy question in the 2004 pilot survey<sup>3</sup>. The department expressed a preference to use the term 'voluntary body' rather than 'housing association' as it felt the latter term is less familiar here than in the UK. Figure 1 shows the 2002 version of the occupancy question and the 2006 version which corresponded with the version used in the 2004 pilot.

The results of the pilot survey indicated that 2.1 per cent of all occupied dwellings could be considered to be rented from a voluntary body. In Census 2006 terms this would translate into a figure of about 30,700 units. Given that there was no negative feedback from the pilot regarding the introduction of the new category and given that 2.1 per cent appeared to be plausible it was decided to run with the revised question layout for Census 2006.

A number of points need to be borne in mind when considering census type questions. The census is completed by individuals in households throughout the State so unlike in surveys where face to face interviews take place the scope for in depth question formulation is limited. Added to this the space limitations on the census form curtail question layouts.

There is a constant tension from census to census between maintaining questions unchanged and ensuring that question formulations reflect current societal norms. While maintaining a question

- <sup>1</sup> The 2006 form can be downloaded using the following link: [http://www.cso.ie/census/documents/censusform\\_2006.pdf](http://www.cso.ie/census/documents/censusform_2006.pdf)
- <sup>2</sup> The 2001 census was postponed for a year because of the foot and mouth disease situation in Ireland in March/April 2001.
- <sup>3</sup> The pilot survey was carried out in April 2004 and covered 8,000 households in 32 enumerations areas nation wide.

2002

**H3 What is the nature of occupancy of your household's accommodation?**

✓ one box only

- 1  Owner occupied where loan or mortgage repayments are being made
- 2  Owner occupied where no loan or mortgage repayments are being made
- 3  Being purchased from a Local Authority (Corporation, County or Urban District Council) under a Tenant Purchase Scheme
- 4  Rented from a Local Authority
- 5  Rented unfurnished other than from a Local Authority
- 6  Rented furnished or part furnished other than from a Local Authority
- 7  Occupied free of rent (caretaker, company official etc.)

2006

**H3 What is the nature of occupancy of your household's accommodation?**

✓ one box only

- 1  Owner occupied where loan or mortgage repayments are being made
- 2  Owner occupied where no loan or mortgage repayments are being made
- 3  Being purchased from a Local Authority under a Tenant Purchase Scheme
- 4  Rented from a Local Authority
- 5  Rented from a Voluntary Body
- 6  Rented unfurnished other than from a Local Authority or Voluntary Body
- 7  Rented furnished or part furnished other than from a Local Authority or a Voluntary Body
- 8  Occupied free of rent (caretaker, company official etc.)

Figure 1:  
Layout of nature  
of occupancy  
question

unchanged may enable consistent comparisons to be made between the results of one census and the next this consistency should not be at the price of an outmoded question.

We know from experience in CSO that changing a question, even slightly, will inevitably impact on the comparability of results between censuses. The 2006 census threw up a number of such cases: the nature of occupancy question which is the subject of the present debate; frequency of speaking the Irish language which included a category 'Daily within the education system'; and the disability questions where new categories were added. In all cases, the amended questions led to a lack of comparability between the 2002 and 2006 results<sup>4</sup>.

The CSO accepts that while there is comparability between the 2002 and 2006 figures for total rented dwellings (i.e. the total of categories 4–6 in 2002 and 4–7 in 2006) the individual components are unlikely to be comparable. What can be done about it? CSO is certainly willing to collaborate with the appropriate authorities to try to unravel how the census responses agree or disagree with other sources. It has already indicated a willingness to examine Irish Council for Social Housing data at a micro level if needs be.

More to the point, if the 2006 nature of occupancy question formulation is viewed as being deficient then an opportunity exists to change it in consultation with relevant interest groups with a view to piloting the revised question in April 2009. Clearly, the revised version will have to use make specific mention of the private rental category. However, it should be borne in mind that this in turn will lead to a lack of continuity between 2006 and 2011 (on the assumption that a revised question would be included in that census).

The difference between the number of local authority rented dwellings recorded in the 2006 census (105,509) and the end December 2005 figure from the DoEHLG (109,779) is described in the June editorial as 'equivalent to the total local authority housing stock for about three county councils so it is


not insignificant'. It is accepted that the discrepancy is not insignificant but bearing in mind the two different sources of data and allowing for the possibility that some local authority houses may have been vacant at the time of the census a discrepancy 3.9 per cent is within the bounds of what one might expect. It is also an improvement on the 2002 situation when the relative discrepancy was 14.2 per cent – and this was before the new version of the question incorporating the category voluntary body was introduced.

The various articles also drew attention to the mismatch between the average weekly rental figures as reported in the census and as recorded by the various local authorities and collated by DoEHLG. The census figure was 50 per cent higher than the department's in 2002 and 40 per cent higher in 2006. There is no obvious explanation. One would expect that respondents to the census would know how much they are paying out on rent each week. Feasibility edits are built in at the processing stage to correct for obvious errors such as 2500 instead of 25 where the respondent may have entered the amount in cents rather than to the nearest Euro as requested. However, the local authority data should be subjected to close scrutiny as well (for instance the 2005/2006 comparison shows a decline of 2.6%).

In conclusion, CSO has shown by its actions that it is committed to continuous improvement in census methodology and timing. For instance, by the end of November 2007 it will have concluded its complete publication programme, including full small area population statistics on the CSO website on 25 October 2007. It is heavily committed to providing better housing statistics in particular as illustrated by the inclusion of housing questions for the first time in a mid-decade census in 2006 and focusing on vacant dwellings as part of its field work methodology. As stated above it is willing to engage with interested parties in making further improvements. However, this requires a reciprocal positive engagement from all the agencies involved rather than putting the census down as was done in recent articles in CornerStone. ■

There is a constant tension from census to census between maintaining questions unchanged and ensuring that question formulations reflect current societal norms.

<sup>4</sup> In the case of the Irish language question no valid comparison could be made between the 2002 and 2006 results.



# Mental health is everyone's business

NESF's most recent report, *Mental Health and Social Inclusion* reveals the huge economic and social costs of mental health; and recommends a radical shift in the way mental health is dealt with by employers, local authorities, trades unions and the health sector. **Maureen Gaffney** gives the low-down.



Dr Maureen Gaffney is chairperson of the National Economic and Social Forum

***Mental Health and Social Inclusion*** is available at [www.nesf.ie](http://www.nesf.ie)

**F**or too long, mental ill-health has been examined purely as a medical problem, with service users, their families and over-stretched public services left to cope with its consequences. But, the reality is that these consequences are not only for the individual, but result in very significant wide-ranging and long-lasting

economic and social costs for society at large. In this article, we present key findings from our most recent report, *Mental Health and Social Inclusion*<sup>1</sup> which seeks to broaden the debate and demonstrates, drawing from national and international research evidence, that mental health is everyone's concern.

The economic impact is becoming evident as the global costs increase. In economic terms alone, the cost of mental ill-health for societies represents 3–4% of GDP in Europe<sup>2</sup>. Only 22% of people with mental health problems in Ireland are employed. Furthermore,

<sup>1</sup> The Project Team comprised representatives from the Oireachtas, the social partners, mental health professionals and also service users and was chaired by Professor Cecily Kelleher of University College Dublin.

<sup>2</sup> European Commission (2005) *Green paper: Improving the mental health of the population: Towards a strategy on mental health for the European Union*. Brussels: Health and Consumer Protection Directorate, European Commission.

the longer someone is off-work, the more likely they are to become socially excluded<sup>3</sup>. And for those at work, the incidence of stress is on the increase Europe-wide and accounts for over 30% of absences from work and at least 20 billion euro a year in lost time and health bills<sup>4</sup>.

However, the social costs are equally shocking. There is still considerable stigma and prejudice attached to mental illness in Ireland, higher than for other forms of disability; this impacts on employment, housing and daily life in local communities. Stigma and discrimination are the greatest barriers to social inclusion, quality of life and recovery for people. Many employers consider it a risk to take on people with mental ill-health and would be less likely to promote them, and likely to reduce their level of responsibility.

## Background to the report

In 2006, *A Vision for Change*<sup>5</sup> set out the policy framework for mental health in Ireland and this NESF report seeks to underpin this with a focus on social inclusion, recovery and population health. As increasingly understood, mental health is shaped by our social, cultural, economic and physical world. As a result, there has been a welcome shift in policy from a purely medical focus, to the promotion of mental health and well-being in many policy arenas and an emphasis on a 'Population Health' approach.

The burden of mental ill-health is experienced most heavily by vulnerable groups such as homeless people, young gay, lesbian and bisexual people, older isolated men and women, Travellers and migrants. Research evidence suggests at least 50% of homeless people suffer from mental ill-health, including depression and anxiety<sup>6</sup>. Combined with a marginalised position in society, the risk of mental ill-health and increased social disadvantage contribute to and are affected by higher levels of discrimination<sup>7</sup>.

## Report findings

This report shows that the burden of mental illness falls most heavily on these vulnerable and disadvantaged groups, not just in terms of the health impact on their lives and their families who support them, but through a loss of income and wider social contacts. When someone is ill they lose touch with the very things that will support their recovery.

Yet the irony of the situation is that work, community engagement and social supports are the very things that are effective in supporting the route to recovery. The local community is central to positive mental health, not only in terms of safety, being free from violence, good housing, work and living conditions, but also for social supports and belonging. Employment is the best protection against social exclusion. As part of the NESF Project work, research was commissioned on mental health and the workplace, conducted by Millward Brown IMS<sup>8</sup>.

Individuals with mental health difficulties, their families and mental health professionals cannot confront these issues on their own. Instead employers, local authorities, community leaders etc have to assume collective responsibility for confronting and resolving them. This is the essence of the approach advocated by the NESF in this report: a recovery model – in the broadest sense of the word – versus an exclusively medical model. Everyone has a part to play in shaping mental health, not only in communities, but also in the workplace and in schools. As the evidence shows, action at social and community levels can improve mental health.

The key finding from the report is that mental health can be strengthened. Figure 1 sets out the key ways to improve social inclusion and underpin positive mental health.

There is still considerable stigma and prejudice attached to mental illness in Ireland...

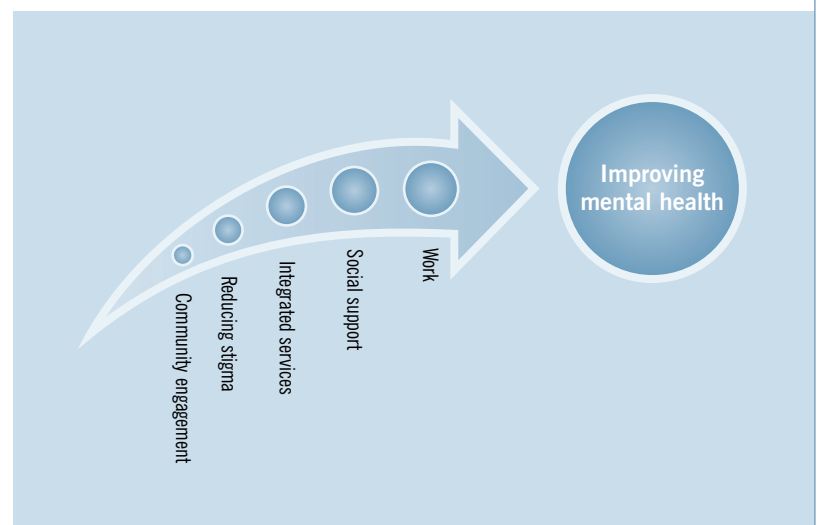


Figure 1: Strengthening Mental Health

<sup>3</sup> Wynne, R., and McAnaney, D. (2004) *Employment and Disability: Back to Work Strategies*, European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities. Conroy, P. (2005) Mental health and the workplace. In S. Quin and B. Redmond (Eds.) *Mental Health and Social Policy in Ireland*. Dublin: UCD Press.

<sup>4</sup> Paoli, P. (1997) *Second Survey on Working Conditions*. Dublin: European Foundation for the Improvement of Living and Working Conditions.

<sup>5</sup> Department of Health and Children (2006) *A Vision for Change: report of the Expert Group on Mental Health Policy*. Dublin: The Stationary Office.

<sup>6</sup> Scott, J. (1993), Homelessness and mental illness. *British Journal of Psychiatry*. 1993. Vol. 162 pp 314–324; Condon, M. (2001), (Ed.). *The Health and Dental Needs of Homeless People in Dublin*. Dublin: Northern Area Health Board; Feeney, A., McGee, H.M., Holohan, T. and Shannon, W. (2000), *Health of Hostel-dwelling Men in Dublin*. Dublin: Royal College of Surgeons in Ireland.

<sup>7</sup> WHO (2005), *WHO Resource Book on Mental Health, Human Rights and Legislation*. Geneva: World Health Organisation.

<sup>8</sup> A summary of this research, *Workplace and Mental Health*, has been published separately and can be found on the NESF website [www.nesf.ie](http://www.nesf.ie).



Research evidence suggests at least 50% of homeless people suffer from mental ill-health, including depression and anxiety.

A key finding is that, for many, work is the best route to recovery. The report documents the ways in which employment is the best protection against social exclusion. However, only a fifth of people with severe and enduring mental ill-health in Ireland are employed. From the Workplace Research, the report reports that only one in five Irish companies has a written policy on mental health, yet nearly all employers would welcome information and guidance in this area. In addition, there are negative attitudes among employers, with risks for employees in disclosing a mental health difficulty. Those with recent mental ill-health experience find the workplace more challenging and report more negative attitudes among employers.

Furthermore, evidence suggests that social and community supports protect against mental ill-health and increasing social networks and reducing social isolation are central to mental health. Community engagement and development are also key to building social capital, particularly in facilitating a self-help approach within communities, so that they can provide solutions to collective problems such as ill-health.

Another central finding is that integrated services play a key role in recovery. To ensure a continuum of care from early intervention to recovery, the links to non-health sectors need to be included and strengthened at every service point. A co-ordinated approach is needed to meet the housing and support needs of service users. Homeless agencies can be faced with particular challenges in supporting their clients with mental health needs who are trying to access services. These challenges can include claiming welfare benefits, getting

assessed by a psychiatric team and finding appropriate accommodation. However, according to *A Key to the Door*<sup>9</sup>, this situation will improve as the recommendations from *A Vision for Change*, relating to the homeless population are implemented.

Finally, reducing stigma contributes to social inclusion. Stigma and discrimination have been identified as the greatest barrier to social inclusion, quality of life and recovery for people with mental ill-health.

As with social inclusion more generally, co-ordinated action is needed at all levels to improve mental health. This includes action at a society level, organisations, in the community and at the individual level. International evidence suggests that strategies have to focus on all these levels to be effective.

## Recommendations

While presenting the recommendations in full is beyond the scope of this article, they cover six strategic areas:

- Institutional and budgetary issues;
- Raising awareness and challenging stigma;
- Young people;
- The workplace and supported employment;
- Integrated services; and
- Community development.

Of critical importance is the emphasis in the report and in many of the submissions made to the Project Team, on placing community groups and the voluntary sector at the heart of its strategy for greater inclusion and positive mental health.

Given the significant links between poverty and mental ill-health, a central recommendation of the report is that responsibility at national level for promoting vocational and social (non-health) outcomes should be vested at strategic level with the Senior Officials Group under the National Action Plan for Social Inclusion (*NAPinclusion*). A further central recommendation is that a cross-departmental team should be established to implement the recommendations, reporting to the Senior Officials Group under the *NAPinclusion*.

In terms of the workplace, the report recommends that the Department of the Taoiseach should arrange for the social partners to draw up and agree a 'Health and Well-being Framework Strategy for the Workplace'.

In conclusion, the NESF is recommending a radical shift in the way the issue of mental health is dealt with by employers, local authorities, trade unions and the health sector. It requires action on everyone's part to promote positive mental health for all and to foster social inclusion for the many vulnerable groups in our society. ■

<sup>9</sup> Homeless Agency (2007) *A Key to the Door: The Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007–2010*. Dublin: Homeless Agency.



Part of what we are about is building up a positive culture within the project.



# St Catherine's Foyer

The Foyer concept originated in France after the second world war, but is a relatively new concept in Ireland. **Fran Cassidy** interviewed St Catherine's Foyer's director to find out more.

**T**he highest praise I can pay the Foyer is that if I was between the requisite ages of 18–25, I would be happy to live there.

The accommodation (for forty eight residents) resembles a modern student campus with equivalent facilities and is spacious and brightly painted with plenty of seating and a well maintained courtyard. It is laid out on landings with eight rooms on each. The rooms are large single study-type bedrooms, with a shared kitchen, and between every two bedrooms, a shared shower and toilet.

There is an internet café on the ground floor, and on the day I visit, the walls are decorated with large paintings by one of the residents (Nala) that would not be out of place in an art gallery.

Most impressively, the accommodation wing is attached to a sports centre, which was built as part of a three way effort between Dublin City Council, St Catherine's Combined Community Groups, and

Cara Housing. This includes a sports hall, five a side pitches, a gymnasium, and a dance studio.

The sports centre is managed by Dublin City Council and is open to both Foyer residents and the wider community, while the accommodation is managed by Cara Housing.

Jeff Marsh who has been the Foyer's director for eighteen months is a clear thinking Wigan man with twenty years experience working with young people in the UK. When I remark that there seems to be seamless integration between locals and Foyer residents in the sports centre, he tells me that 'before the Foyer opened in March 2004 there was initially some scepticism locally, but now the community is really supportive. The chair of the combined St Catherine's community groups recently told me that these young people are part of the community, so that's a credit to the people who've come before me and the whole staff team.'

So what does the Foyer do?

'We provide affordable accommodation for homeless young people,' he tells me. 'The Foyer is based on a holistic model addressing people's educational, training and employment needs as well as their social, leisure and recreational requirements. It's a two year stay and a key concept of a Foyer is that people are doing something constructive with their time.' In particular the Foyer promotes a return to education as way to break the cycle of homelessness. This isn't aided by some of the bureaucratic barriers the young people face. It's our experience that accessing 'Back to Education Allowance' and grants are complicated. Young people under 23 aren't assessed separately from their parents even if they are estranged and living with us. This is an issue which needs to be looked into as a priority.



**The more unstable your accommodation, the more difficult it is to hold together the other parts of your life. It's a key plank.**

'The Foyer concept originated in France and took off after the Second World War. Young workers moving to the city needed decent accommodation. The 'Foyers' that were created in response often had cafés so people could get cheap food and socialise. In the 1990s that idea was taken up, particularly in the UK, as a way of addressing the needs of young homeless people, and now there's a very strong network of Foyers in Europe. Cara Housing Association promoted the idea in Ireland and this was the first one built here.'

'Basically, to get in here you have to be on DCC's homeless list although there's a bit of a mismatch between the traditional idea of a Foyer as low support, and a project that only has referrals who qualify by being homeless.

'It's a big project and a small staff team so the actual amount of support that individual staff members can give is limited and I would say that in general, we take on a higher level of support needs than was originally envisaged. It's a pleasant working environment for staff though and we hope it's a very pleasant living environment for young people.

'We turn down referrals if we feel that their support needs can't be addressed here. We ask young people to manage quite a lot and they have to be ready for that level of responsibility. We have a process

where people come for a tour of the building and we talk honestly about what the project is like and what we'll be expecting. They are signing an agreement that says they will meet regularly with their key worker so we are upfront with people about that.

**O**ver 40% of the people we've taken have had a background in care. There are specific challenges that come with that. For example the number of placements young people in care sometimes have gone through. If they stay here for two years it can be an achievement. Another issue for young people in the care system is that it doesn't matter what they do in terms of behaviour when they're younger as social workers have a responsibility for them. Suddenly they turn eighteen and if they don't behave they're told 'there is the front door, I'm washing my hands of you'. That change in how workers react to them is hard to deal with.

'The others come from a homeless background. These may have issues such as breakdown in family relationships, possible offending, previous drug and alcohol misuse or possible abuse at home.

'Mental health is a big issue that crops regularly. Not necessarily a diagnosis of a major mental health problem but underlying poor mental health, poor self-worth, lack of confidence, all those sorts of things. And as a staff team I think we've risen to those challenges. We've had some good success stories.

'Part of what we are about is building up a positive culture within the project. You can build a framework for a culture of change and development and lay the ground rules. What we expect is that respect is shown to everyone in the Foyer by staff and residents. In general, that works very well.

'People have to want to be doing something positive with their lives. It's the difference between the young person viewing a key worker as a positive support, and the person who doesn't really want to be here, who might view the keyworker as interfering. It can take some young people a long time to get over those feelings that people have been telling them what to do with their lives for a long time. I think we've a good balance here between giving independence and giving support.

**W**e often talk about social exclusion but one of the phrases I use is a poverty of opportunity – the opportunities are not there for them. People here have had possibilities closed down for them and it's our job to open them up.

'So we've been doing things like a horse-riding course, exchanges with other Foyers, a trip down to Monaghan. Some young people have been across to an arts and cultural event promoting artwork of UK Foyer residents. One of our residents Matt had a film showing in the Cork Film Festival. It's about opening up and broadening horizons and finding that key that opens up the door for an individual. A trip can motivate somebody and they carry that motivation into their lives. Starting where the young people are at and

listening to what their interests, concerns, hopes and fears for the future are.'

I ask about rules.

'The building has a no alcohol and no drugs policy. If people go out and drink in a pub or whatever, that's fine. We just don't allow alcohol on the premises. And that's for the safety of all residents. Those sort of rules aren't easy for young people but it's one of the compromises that is necessary in a project like this.

'Residents have keys to their rooms. We ask that they leave them at the desk when they go out. We have no restriction on when people enter or leave. The building is staffed 24 hours a day. Foyer staff from 8 in the morning till ten at night and a security presence overnight. We allow overnight visitors but we restrict the number of people. So perhaps we're more liberal than some projects and less so than others. We expect a degree of independence and a level of compromise that is necessary in terms of keeping order within the project.

**Y**ou don't need to be in employment, education, or training when you come, but you will be encouraged to do something constructive. There is no general set target. It's dependent on where the individual is at, and we tailor a specific plan and our expectations to what that person can achieve. We've people with a huge range of needs here in terms of their education. We've dealt with a number of young people who've got a major literacy problem. They're starting at a very different point from others here on third level courses.

'As long as people have a constructive attitude, then that's something we can work with. People have ups and downs and there are going to be crises, and we will work around that. What we want is the best use to be made of the potential two years, to move them from where they are at to somewhere more positive.

And how do you measure that?

'Targets are important and we have to justify our existence to funders, but we need to be clear what we're aiming to do. In the UK, we're famed for having targets for everything and the danger is that people work to the target and perhaps lose sight of the bigger picture. It's easy to go for quantitative measures such as staff hours spent with a particular resident. It is more difficult to go for an outcome measure that demonstrates how far this person has travelled. There's a definite balance to be found.

'St Mungo's (in London) did a lot of work on a soft outcomes model that attempts to quantify progress on a whole range of issues for staff, and the people they are working with. You can use it as a tool with your clients and discuss with them how far they've come. It's a very visual model to demonstrate progress made over a period of time.'

And after the two years?

'Move on accommodation is a major issue. It's no secret that Dublin City Council is under severe pressure in terms of providing secure accommodation

for young single people who don't have a priority for social housing. When they have invested a lot of money to achieve a degree of stability for individuals to move on, it is in nobody's interest to have them back in an unstable environment or back on the homelessness merry go round.

'We've had people going through the Foyer who have lower level learning needs and who will probably need support for the rest of their life. These are people who often fetch up in homeless projects as a safety net. They need long-term accommodation, not something that could change in six month' time, because that could unravel the progress they've made in controlling their mental health problems. The Foyer is safe and secure accommodation for a couple of years so they can start to explore the other things in life. If somebody is worried about where they are going to sleep tomorrow, there is no way that they can deal with the other issues in their life. The more unstable your accommodation, the more difficult it is to hold together the other parts of your life. It's a key plank.

There was an independent review carried out of the Foyer last year. When they looked at the value for money issue, the Foyer cost per place, half of what it cost to keep somebody in emergency accommodation. The building cost a lot, but any decent provision does.

And plans for the future?.

'The Foyer developed on the edge of things a bit with regard to other homeless services but we are increasingly working to become part of the wider Homeless Agency system – for example we are piloting the Holistic Needs Assessment and using the Link system – so we will continue that.

'One of the areas I want to look at is basic living skills courses. We want to look at what partnerships we can build with other homeless organisations around these because we have a suite of nice training and resources here that can be used.

'We've also just secured a grant from Pobal and ICT Initiatives for Disadvantaged Young People. We're spending half on IT equipment and half on tutoring support costs so hopefully by the New Year we'll have an IT suite installed in the Foyer and we'll be running courses on a regular basis. We're starting off with some fun things around digital photography, video, and music, in partnership with the Digital Hub, and hope to move on to more media courses from that. We'd like to offer other homeless agencies for young people the opportunity to use those facilities as well.

'The building is actually networked into each room and one of the options I'm looking at for the future is that there will be internet access in each of the bedrooms because it's such a vital part of life today. Starting with IT, I'm keen that we build a training ethos within the building itself. We would like to develop social enterprise within the Foyer. The Foyer in Aberdeen for example has its own businesses started by residents that generate income for the scheme.

'We should be cutting edge and pushing the boundaries, as that's very much part of our vision'. ■

**We should be cutting edge and pushing the boundaries, as that's very much part of our vision.**



# CornerStone Questionnaire

Liz Clifford

Homeless co-ordinator, Dun Laoghaire-Rathdown County Council

## When and why did you first get involved in the area of homelessness?

I was always aware of homelessness, it was visible on the streets of Limerick where I grew up and when I came to Dublin it was even more evident. Back then I felt powerless to do anything about it so when I got promotion in 2001 I requested and was appointed to the post of 'homeless co-ordinator'. This was a new assignment in the local authority and gave me the opportunity to finally do something about the homeless problem in the Dun Laoghaire-Rathdown area.

## Has your understanding of homelessness changed since then?

Yes, in that I now understand that any one of us for any number of reasons may become homeless. While there are a number of common characteristics among people who become homeless the one definite is it is always a traumatic time for people. Modern day stress manifests in all sorts of ways and for some it is the loss of a home, which of course compounds the problem and the hurt.

## What one policy initiative would make the most difference to homelessness people?

A policy initiative to establish one body (statutory) with responsibility for all aspects of homelessness including health, housing and funding.

## What have you learnt from homeless people you have met?

I have been taught to appreciate the little things and also that the tiniest gesture of kindness can light up someone's life.

## Do you think poverty and homelessness will always be with us?

Yes but my heart believes we will get to a point where it will be short term rather than permanent. We are working very hard towards creating a more supportive and constructive environment with the aim of minimising the stress and trauma of homelessness.

## Can you think of anything we can learn from another country about tackling homelessness?

The Netherlands is avant-garde in using research to inform policy; their national housing policy is evidence based. Here we need to recognise that research and policy need to marry.

## What's the difference between NGOs and the statutory sector?

I think the differences are lessening though the NGOs are perceived to be creative and flexible and the statutory bodies are perceived to be tied into a bureaucratic morass. Perceptions are good for placing people in pigeonholes but are often rather biased.

## Which matters most, charity or political change?

Does it have to be an either or ... charity gives us an opportunity to be generous ... the drive for political change gives us responsibility to look at where change is a priority though not necessarily for ourselves and do something about it ... it's a wider more expansive generosity.

## What would you do if the homelessness problem was solved and you were no longer needed?

I'd cry with delight and buy tons of blank canvasses.

## Do you give money to people who are begging?

More often than not. ■

CornerStone is distributed free by the Homeless Agency. If you know someone who would like to receive CornerStone, or you would like your own copy, contact:

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