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### News

House prices have fallen before  
Pathways in Australia  
Dispersed or clustered housing for disabled adults?

### Features

Pathway to Home  
Reach for the stars  
The Outcomes Star in Ireland

### Features

After the budget...  
Putting homelessness at the heart of the Housing (Miscellaneous Provisions) Bill

### Portrait of a project

Safety Net

corner  
stone

The magazine of the Homeless Agency

# Pathway to Home

Cathal Morgan on implementing the national homeless strategy *The Way Home* and achieving the vision of *A Key to the Door*



**Vision: By 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin.**

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**Note from the editor**

**The pathway finally leads home**

I've been doing some work recently that has involved looking at policy initiatives in relation to homelessness in Ireland over the last 20 years. There are a number of milestones: the Housing Act 1988; then a rather long period of not much until the establishment of the Homeless Initiative in 1996; four years later, the publication of *Homelessness – An Integrated Strategy*, the first comprehensive government strategy on homelessness; the three Homeless Agency action plans; then following the Fitzpatrick review, the second national strategy *The Way Home*, published at the end of last year, and its national implementation plan published earlier this year.

And now we have another milestone – *Pathway to Home*, which is the implementation plan for Dublin, based on three pieces of work that were carried out last year: *Counted In 2008*; *Evaluations of Homeless Services – 2008 Series*; and *Review of Finances and Expenditure for Homeless Services*. I had the privilege of being involved with the evaluations – and it really was a privilege.

When historians sit down, some time in the future, to look at the history of homelessness policy in Ireland, they will mark *Pathway to Home* as one of the big events. Because *Pathway to Home* is a radical document that sets out major changes to practically all homeless services and the provision of housing to formerly homeless people. This issue features a substantial article by Homeless Agency director Cathal Morgan, which puts *Pathway to Home* in context, and describes its main elements.

Some aspects of homelessness are particularly complex, but it's important to remember that the solution is extremely simple: all homeless people need housing, and some need support and care as well.

So, while all the elements of *Pathway to Home* are important, some are more important than others. The simple truth is that the vision of eliminating long-term homelessness by 2010 can only be achieved if a lot of additional housing is provided for formerly homeless people. I do not say that in a pessimistic tone, because I firmly believe that with strong leadership and political will, the extra housing can be sourced and that the vision is achievable.

And just imagine what historians will think when they discover that during the worst recession in 50 years, Ireland was able to solve the problem of long-term homelessness!

**Simon Brooke**

**The magazine of the Homeless Agency**

# Pathway to Home

**Cathal Morgan** on implementing the national homeless strategy *The Way Home* and achieving the vision of *A Key to the Door*



<b>News</b>	<b>2</b>	<b>After the budget...</b>	<b>18</b>
House prices have fallen before; house prices in Europe; the end of the right to buy in Scotland?; pathways in Australia; dispersed or clustered housing for disabled adults?		The recent budget was bad news for badly housed people on low incomes, but according to <b>Donal McManus</b> it needn't spell the end of social housing	
<b>Pathway to Home</b>	<b>6</b>	<b>Putting homelessness at the heart of the housing bill</b>	<b>21</b>
<b>Cathal Morgan</b> on implementing the national homeless strategy <i>The Way Home</i> and achieving the vision of <i>A Key to the Door</i>		<b>Eoin Ó'Broin</b> from the MakeRoom campaign describes efforts to introduce measures into the Housing (Miscellaneous Provisions) Bill 2008 that would strengthen policies tackling homelessness	
<b>Reach for the stars</b>	<b>12</b>	<b>Portrait of a project</b>	<b>23</b>
<b>Liz Harper</b> outlines the development of a new way of measuring outcomes – the Outcomes Star		Safety Net	
<b>Outcomes Star in Ireland</b>	<b>16</b>	<b>CornerStone questionnaire</b>	<b>26</b>
<b>Catri O'Kane</b> describes how one organisation has used the Outcomes Star in Ireland		<b>Sharon Cosgrove</b> , chief executive, Sonas Housing Association	

**NEWS**

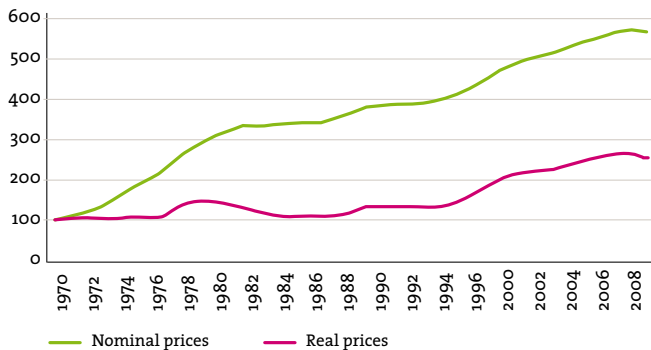
# It's happened before...

From the way the media's been going on you'd think that house prices hadn't fallen since the great depression in the 1930s and that if prices fell – say by a quarter – it would result in the world as we know it coming to an end. But, believe it or not, it has happened before in Ireland, and quite recently.

The house prices that are normally quoted are nominal prices, that is, the actual amount in euro that the average house cost during a particular period. And sure enough, using nominal figures, house prices in Ireland have increased steadily since 1970 – as shown by the green line in the graph below.

But if you look at the red line, which shows real prices, that is, the nominal increase reduced by inflation, then you get a very different picture. You can see that between 1980 and 1987 real house prices dropped by just over a quarter! What's more, it was 1996 – nearly 10 years later before prices got back to the previous peak in 1980. And as far as CornerStone is aware the world didn't come to an end. So is it just possible that we might survive after all?

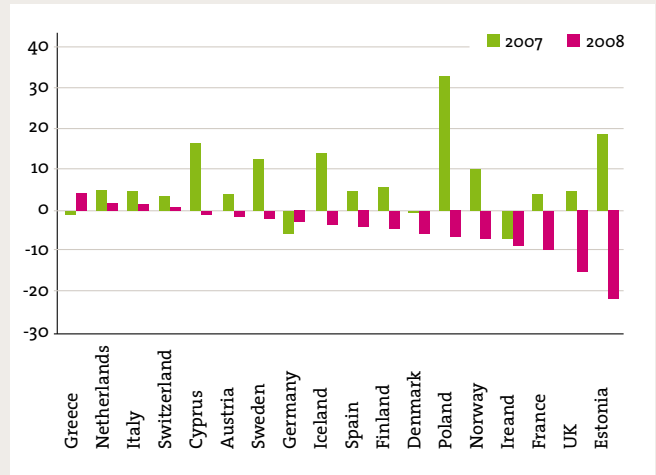
P.S. In case you're wondering why the graph below doesn't show much of a drop in the last year, it's because the DoEHLG figure is for the middle of the year so the most recent data is from nearly a year ago, since then prices have probably dropped about another 10%.



**New house price index Ireland (1970 = 100)**  
Source: DoEHLG and CSO

# It's not just us

Everyone who hasn't been asleep for the last two years knows that house prices are falling in Ireland. But what about other European countries? What's been going on there? Well, quite a lot, as the graph below shows.



**House price changes in Europe**  
Source: RICS European Housing Review

In 2007 (the green bars), lots of other European countries were still seeing house prices rising – for example, Cyprus, Sweden, Iceland, Poland (up 33%) and Estonia. But by 2008 (the red bars), prices were either stagnant or falling practically everywhere. As the RICS European Housing Review 2009 put it, 'Gloom spread to all of Europe's housing markets in 2008'. Even countries that did not experience a boom (e.g. Austria and Germany) are experiencing price falls. By and large however, it's a case of 'what goes up must come down', and those countries that experienced the biggest booms are seeing the biggest busts. Note that the price falls in Estonia, UK and France are all greater than Ireland.

This graph, as is always the case with cross-country comparisons, needs to be viewed with a slightly sceptical eye, as there is no standardised way of reporting house price information across Europe. But the overall picture is probably about right.

Other countries have had price falls before too, sometimes on a spectacular level. The chart below shows the number of house price crashes experienced in 12 European countries between 1970 and 2005.

Country	No of crashes	Maximum % fall
Finland	2	50
Netherlands	1	50
Norway	1	41
Switzerland	2	41
Sweden	2	38
Denmark	2	37
Italy	2	35
UK	2	35
Spain	2	32
Ireland	1	27
France	2	18
Germany	1	15

**Real house price falls 1970 - 2005**

Source: RICS European Housing Review

As you can see, eight countries have experienced at least one drop in price of over a third in this period. Ireland has fared pretty well with only one drop (see 'It's happened before...' above) of a relatively modest 27% during the last 40 years.

RICS European Housing Review 2009 can be found at [www.rics.org/ehr](http://www.rics.org/ehr)

# The beginning of the end of right to buy in Scotland?

**Moves to end the Right to Buy for new build social housing in Scotland were published by the Scottish Government in April this year. It estimates that between 2012 and 2022 this will retain between 10,000 and 18,000 homes for rent that would otherwise be lost through Right to Buy sales.**

The consultation on the Draft Housing (Scotland) Bill also asks for views on extending this to cover new tenants in all social housing, not just new build; and devolving and extending the pressured-area designation process, which can suspend Right to Buy in certain areas.

The consultation also proposes modernising the regulation of social housing by:

- introducing a Scottish Social Housing Charter which will set out what social landlords (local authorities or housing associations) should be delivering for their tenants; and
- giving the Scottish Housing Regulator statutory independence with the aim of safeguarding and promoting the interests of tenants.

## NEWS

*On The Outside: Pathways in and out of homelessness* by Guy Johnson, Hellene Gronda and Sally Coutts is published by Australian Scholarly Publishing Melbourne. You can download a PowerPoint presentation from [www.homelessnessinfo.net.au](http://www.homelessnessinfo.net.au)

# Pathways in Australia

The pathways approach, which involves understanding homelessness by tracing people's homelessness through homeless 'careers', has become a widely used tool. A recent large-scale research study from Australia, carried out by Guy Johnson, who is a research fellow at the Australian Housing and Urban Research Institute (AHURI), found five typical pathways into homelessness:

- Domestic violence
- Housing crisis
- Substance abuse
- Mental health problems
- Youth (becoming homeless before age 18)

He also found that the path into homelessness determines what happens when you become homeless:

- People in the domestic violence and housing crisis groups, resist homelessness and reject the idea of being homeless. They typically manage, through their day-to-day routines, the stigma of homelessness in such a way as to 'pass' as normal. Their homeless careers tend to be short (average 8 months).
- People whose pathway was mental health problems are frequently exploited in the early stages of their homeless careers. Most retreat to the margins of society to avoid this, which increases their isolation and exclusion. They have the longest homeless careers (average 73 months).
- Most people who became homeless because of substance abuse, and many of those who became homeless before they were 18, engage with the homeless subculture. This commonly results in a range of cognitive and behavioural adaptations, which typically 'lock' them in the homeless population. Consequently, these tend to be longer homeless careers (average 50 months).

Overall, the study found that substance abuse and mental ill-health are not primary causes of homelessness. Two thirds of people who reported substance abuse problems developed them after they became homeless and three quarters of the people with mental health problems developed them after they became homeless and for many this was connected to drug use.

### Guy Johnson draws the following conclusions from his work:

- It is important to listen to homeless people and to connect their past to their present circumstances. This will enable a stronger assessment of current and future needs.
- Funding bodies must accept that getting people out of homelessness is often a lengthy and complex process.
- The lack of affordable or emergency housing is leading to most homeless people being referred to boarding houses and for many of them this will decrease their chance to get out of homelessness quickly. Shared refuges and transitional housing frequently lead to the initiation of the newly homeless into the homelessness subculture. Longer support and a stronger emphasis on social inclusion are needed to assist those stuck in long-term homelessness.
- Early intervention not only reduces homelessness it has benefits in avoiding the 'effects' of being homeless, including substance abuse, and reducing the negative impact on people's self esteem, confidence and physical health.
- Policy makers must develop, and appropriately fund, better approaches to ensure that young people leaving care do not continue to 'graduate' into the homelessness service system.

# Dispersed is better than clustered for people with intellectual disabilities

**Its focus is the question whether, in developing services for people with disabilities, it is better to support people in ordinary housing dispersed among the general population or to support people in housing clustered together to form a separate enclave or community.**

Proponents of dispersed housing argue that disabled people have a right to live in the mainstream of society, with the support they need to do this; and that it is better for people to be well-supported in this way. They fear that the creation of separate communities of disabled people, however well-intentioned at the start, will inevitably lead to discrimination and disadvantage. They point to the experience of institutional care in the nineteenth and twentieth centuries as an example of this.

The proponents of grouping disabled people in separate communities argue that it is possible to achieve at least the same benefits as in dispersed housing. They also propose three special advantages of grouping people together: that disabled

people living in clustered settings will have a richer social life; that they will be safer; and that overall costs will be lower because of economies of scale. They point to exploitation and abuse in dispersed housing as evidence that quality of life will not necessarily be better among the general population.

The results of this review show that dispersed housing is superior to cluster housing on the majority of quality indicators studied. The only exception to this is that village communities for people with less severe disabilities have some benefits; this is not, however, a model which can be feasibly provided for everyone. Cluster housing is usually less expensive than dispersed housing but this is because it provides fewer staff. There is no evidence that cluster housing can deliver the same quality of life as dispersed housing at a lower cost.

The findings of this important review clearly have relevance for those planning long-term housing solutions for ex-homeless people.

**Dispersed or Clustered Housing for Disabled Adults: A Systematic Review** can be downloaded from [www.nda.ie](http://www.nda.ie)

## Dispersed housing

This means mainstream apartments and houses scattered throughout residential neighbourhoods among the rest of the population. There are two types: small group homes in which a number of disabled people live with appropriate support from paid staff. They may be run by NGOs or state bodies. This is the dominant form in most countries. The second type is often called 'supported living' where the disabled person rents or owns their own home and receives support they need in the form of visiting support from an appropriate agency.

## Clustered housing

This means a number of living units forming a separate community from the surrounding population. Several different forms have been developed:

- Village communities are distinguished by having support workers, who are often unsalaried, and their families, living communally with disabled people to facilitate close personal relationships and provide a social and cultural framework. The Camphill communities are an example of these. Village communities are a relatively small proportion of total housing provision for people with intellectual disabilities.
- Residential campuses differ from village communities in two main ways: they usually serve much more disabled people, and they employ staff to provide support to residents. Like village communities, they are often self-contained, with day provision and other services on site.
- Cluster housing typically consists of a relatively small number of houses on the same site, for example, forming a cul-de-sac in housing for the rest of the population.

FEATURES



**Cathal Morgan**  
is director of  
the Homeless  
Agency

# Pathway to Home

Cathal Morgan explains how *Pathway to Home* implements the national homeless strategy *The Way Home* and will achieve the vision in the Homeless Agency's action plan *A Key to the Door*.





## Where are we now?

In the January 2009 edition of CornerStone, I wrote about the important steps the Homeless Agency Partnership were taking in order to ensure that the Vision of eliminating long-term homelessness and the need to sleep rough in Dublin would be achieved by 2010. I am of course referring to the Submission to Government, which set out the priority areas for 2009 that will create the conditions required to achieve our Vision and on implementing the national homeless strategy, *The Way Home*. Since then, all the Homeless Agency partners have undertaken much hard and challenging work.

Firstly, let me repeat some background context, which will give you a sense of the work that has taken place to evidence the need for change in how we deliver homeless and housing support services in Dublin. The Homeless Agency Partnership embarked on and completed a comprehensive review of homelessness in 2008 seeking to measure the extent of homelessness in Dublin; to evaluate the current responses and services in place to respond to homelessness; and to review expenditure on these services in order to determine whether the resources allocated from central Government are deployed in a way that meets the strategic aims of the Homeless Agency Partnership action plan *A Key to the Door 2007-2010*.

From this comprehensive review, *Counted In, 2008, Evaluation of Homeless Services 2008 Series and Review of Finances and Expenditure for Homeless Services* were completed. The recommendations arising from these reviews formed the basis for a submission to Government on the implementation of national homeless strategy *The Way Home 2008-2013* and on realising the 2010 Vision of the Homeless Agency Partnership to eliminate long-term homelessness and the need for people to sleep rough in Dublin.

The submission, which was positively received by Government, pointed clearly to the need for change in direction in both policy and service delivery so that we can move to providing real and tangible solutions for people who are experiencing long-term homelessness in Dublin. At the launch of the submission in December 2008 Mr. Michael Finneran, T.D., Minister for Housing and Local Services signalled some very important measures to achieve this objective by way of announcing new arrangements in terms of bringing into being, measures to establish housing support and the acquirement of housing.

So where are we now? We are now at a watershed in our work, aimed at putting into action the many policy and practice changes as a result of the 2008 reviews, which are required to meet the challenge of the 2010 Vision. That is, as a partnership we can transform our resources, expertise and service responses into making a reality the provision of long-term housing with support as required. Further, we have an important opportunity to ensure that we strengthen our efforts in preventing homelessness where it does occur, and to provide even better quality supports on a localised basis, which assists people in exiting homelessness.

## How do we make the change?

In order to achieve this required change in how services are being delivered, the Board of the Homeless Agency Partnership agreed the development of *Pathway to Home*, which sets out a comprehensive implementation plan aligning specific actions to the recommendations arising from the submission to government.

The Board of the Homeless Agency established an Implementation Steering Group (ISG) to project manage the direction of *Pathway to Home* and to maintain a sense of direction and leadership when introducing change. As director of the Homeless Agency Partnership, I was a member of the ISG in conjunction with senior representatives of the statutory partners as well as the chair of the Dublin Homeless Network of voluntary service providers.

An extensive consultation process took place with key stakeholders across a spectrum of mainstream and specialist service provision, whereby voluntary and statutory service providers played an active role of engagement and input into the development and direction of *Pathway to Home*.

In agreeing the approach to developing a *Pathway to Home* and in keeping with its terms of reference, the ISG developed a comprehensive work programme, which involved a significant level of time and in developing a pathway model of homeless and housing provision. Agreeing the details of a *Pathway to Home* required extensive consultation with statutory and voluntary service providers and involved a formal reporting arrangement with the Board of the Homeless Agency Partnership.

The ISG invited stakeholders to examine the impact of the recommendations outlined in the submission to Government arising from *Counted In, 2008, Evaluation of Homeless Services 2008 Series and Review of Finance and Expenditure for Homeless Services in Dublin*. Discussion was centred on examining sustainable solutions to ending long-term homelessness and also the impact that reconfiguration would have on homeless and housing support service providers and their respective services. The consultation sessions worked to formulate the actions that have been put in place to respond to the recommendations outlined in the submission to Government.

We will ensure that further consultation will take place with key stakeholders once *Pathway to Home* is being implemented to ensure that collaborative working is maintained, this will include discussions and dialogue in relation to the implementation of decisions and actions arising from *Pathway to Home*. We also have a comprehensive communications strategy in place that will work to ensure that all homeless service providers are aware of *Pathway to Home* and realise the valuable contribution they can make to the successful rollout of the plan.

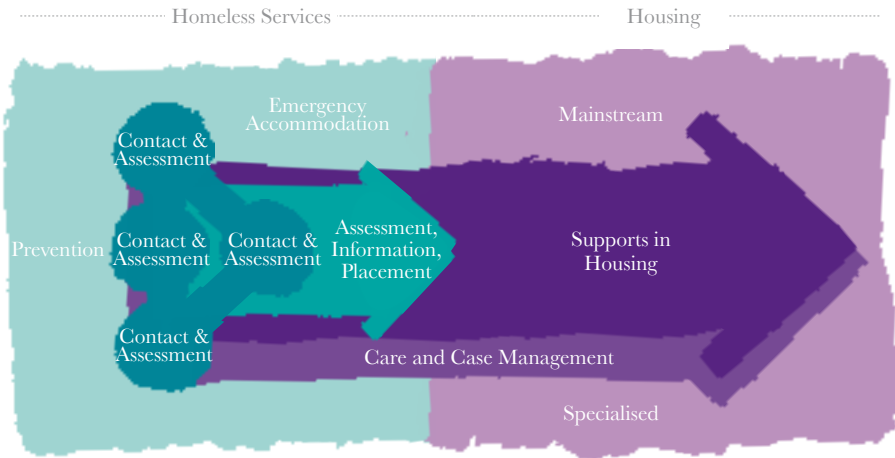
## What is a *Pathway to Home*?

The main focus of the *Pathway to Home* model of homeless and housing support services in Dublin, is to both prevent homelessness and simplify and speed up the journey out of homelessness for those that do experience it. It provides a series of concrete actions for all stakeholders in the provision of services to people who are homeless in Dublin, both statutory and voluntary, that will need to be completed in order to implement change in how their needs can be best addressed.

In essence, this means that homeless services are to be reconfigured to ensure that we will be able to increase the number of people who can gain access to long-term housing with supports provided in their own home (as required) and minimise the time that people are staying in an emergency situation without access to appropriate support or housing options.

The key aspects related to the operation of the *Pathway to Home* model and how it will generate sought after outcomes for people who are experiencing homelessness in Dublin have three inter-related and mutually dependent elements to its structure; namely:

- Interventions and services that prevent homelessness;
- Temporary accommodation and homeless service; and
- Housing with supports



The above diagram is a visual representation of the proposed *Pathway to Home* model of homeless and housing provision, representing the sought after, overall person centred outcome of the model. The outcome of each element of the model is as follows:

### Person centred outcome for prevention

A person's risk of homelessness can arise from any number of living situations. There are known circumstances that increase the risk of homelessness and can become established pathways into homelessness. *Pathway to Home* will ensure that homelessness is prevented by services delivering early interventions diverting the person at risk from experiencing homelessness or from having to enter temporary accommodation.

### Person centred outcome for temporary accommodation

Where prevention does not occur and a person is experiencing homelessness, a *Pathway to Home* will ensure a same day initial assessment of a person's needs and their placement into an appropriate form of temporary accommodation. During their residence in this accommodation, the person will work with their key worker to complete an assessment of their holistic needs and their housing options will be examined and assessed by the local authority. This will result in a person centred support plan and move on housing options being agreed. Prior to an allocation being made to appropriate move on housing, the required housing supports will be confirmed and secured so that as seamless as possible a move, from temporary accommodation into housing is made for the person.

### Person centred outcome for housing with supports

The housing support service will deliver person centred housing supports to the person who resides as a tenant in appropriate housing. Housing support will work to help establish, secure and sustain the tenancy, settle the person into their neighbourhood and community and support the person towards independent living and the realisation of their full potential and rights.

## Pathway to Home assessment

To attain the sought after person centred outcomes of *Pathway to Home*, it is important that all statutory and voluntary providers agree and utilise a common process of assessment of a person's needs. This should achieve a comprehensive understanding of the multiple care and related needs of the person in a holistic manner as well as establish the extent of their experience of homelessness, their housing and their housing support needs. This is a challenging and sometimes complicated task and requires time, resources and practices that respect and protect the individual.

In order for the *Pathway to Home* model to work well, certain key operational components are in place including a operational criteria for the common assessment of homelessness that ensures a Dublin city and countrywide provision of services to all people at risk of rough sleeping and rooflessness, work is well underway under Core Action 4 of *A Key to the Door* in developing and implementing the Holistic Needs Assessment, and a Care and Case Management Approach across the sector needs to be built on. Mechanisms such as interagency protocols are being put in place that clarify and strengthen roles, relationships, and responsibilities among service providers that in turn aim to improve the assessment process.

## The Pathway to Home model portfolio

The *Pathway to Home* model is made up of a portfolio of housing and temporary accommodation types and services configured to realise and ensure the sought-after person-centred outcomes.

The table below sets out a summary outline detail of prevention services, temporary emergency accommodation and services, housing and housing support service.

A: Prevention Services	B: Temporary Accommodation and Services	C: Housing and Housing Support Services
<p><b>A1 The Local Authority Homeless Helpline:</b> a 24-hour free phone service providing information, advice and (on an out-of-office hours basis) initial contact and placement into temporary accommodation</p> <p><b>A2 The Local Authority Housing Service:</b> (across all Dublin local authorities) providing information and advice and referral to prevention services A1, A3 and A5 where appropriate.</p> <p><b>A3 The Community Welfare Service:</b> a statutory service providing income maintenance, early interventions and access to housing options that prevent rooflessness and shorten and truncate an episode of homelessness.</p> <p><b>A4 The Contact and Outreach Services:</b> that delivers early interventions, initial contact and placement into TEA to prevent rough sleeping and rooflessness.</p> <p><b>A5 The Homeless Prevention Services:</b> specifically: day services, information, advice and advocacy services, mediation and dispute resolution services and early intervention housing support services that prevent homelessness. In addition, all mainstream public services have a role in preventing homelessness.</p>	<p><b>B1 The Local Authority Housing Service:</b> providing initial contact and placement (based on common criteria in use across all Dublin local authorities) into temporary accommodation.</p> <p><b>B2 The Local Authority Housing Service's Centralised Placement Service:</b> confirms and monitors access to all temporary accommodation via a bed management function.</p> <p><b>B3 Supported Temporary Accommodation:</b> (STA), including in-reach services provided by the HSE, FÁS, VEC etc and housing support services for persons moving into housing.</p> <p><b>B4 Temporary Emergency Accommodation:</b> (TEA) including housing support services for persons moving into housing.</p>	<p><b>C1 The Local Authority Housing Service:</b> providing the Assessment of Housing Need and delivering priority access to all available housing options<sup>1</sup>, including specialised housing schemes with on-site housing support services.</p> <p><b>C2 The Housing Support Service:</b> including Visiting Housing Support Services and On-site Housing Support Services that are provided in addition to established mainstream social service provision.</p>

1. Mainstream Housing Options, including (a) Local authority social rental (b) Approved housing body (housing association) social rental (c) Rental Accommodation Scheme (RAS) (d) SWA rent supplement private rental (e) The new Support to Live Independently scheme (SLI) (f) Local authority affordable housing schemes and shared ownership housing. Specialised Housing Options, including (a) Local authority group housing schemes for the elderly (social rental), (b) Approved housing body (housing association) group housing schemes (social rental) (c) Social Housing Investment Program (new leasing arrangement)

## Where to next?

In order to drive the implementation phase over the forthcoming weeks and months, the Board of the Homeless Agency Partnership endorsed a series of actions and decisions to ensure the momentum and necessary change that is required. This includes the establishment of a high level Implementation Advisory Group (IAG) and the establishment of, as appropriate, inter-sectoral working groups for the purpose of assisting with the process of change. Some of these actions are briefly outlined as follows.

- Roll out of comprehensive communications strategy to ensure that all stakeholders are informed about the process of change and the details of *Pathway to Home*.
- The Homeless Agency Partnership Board has set up an Implementation Advisory Group (IAG) with the task of leading, negotiating and monitoring the implementation of *Pathway to Home*.
- The IAG will prioritise the following areas of work in the immediate future:
  - The development of a commissioning and procurement framework for the Homeless Agency Partnership
  - Develop the detail of the leasing and support arrangements underneath the DEHLG scheme with particular attention to be paid to the duration of housing support and leasing tenures.
  - Develop in detail the operation components of Housing Support Teams (e.g. Specialist and Generic)
  - Further development of Contact Teams, Street Outreach Services and Day Services.
  - A process to be outlined for the transitional arrangements to support reconfiguration and including detailed examination of the legal status underpinning licensing and tenancy arrangements.

As we commence the implementation of the many and varied actions outlined in *Pathway to Home*, it is extremely important that we keep the person at the heart of the process in all that we seek to do. It goes without saying that the roll out of *Pathway to Home* is dependent on the existing resources that are in place from the state and that these resources are protected and maintained so as to facilitate the many policy and service delivery changes that are required in the reconfiguration of services. It is equally important that we continue to maximise and strive for value for money in the planning, organisation and delivery of efficient and quality services in Dublin, especially in a time of economic uncertainty.

In conclusion, my plea is for all the partners to remain steadfast in the times ahead as the Vision we have set is achievable and worthwhile in ways beyond what words can describe.

If you have any questions or have any feedback on *Pathway to Home* please contact the Communications and Information team in the Homeless Agency on [homeless@dublincity.ie](mailto:homeless@dublincity.ie) or 01 7036106.

Please log onto [www.homelessagency.ie](http://www.homelessagency.ie) for a copy of *Pathway to Home*.

FEATURES



**Liz Harper**  
is head of  
performance  
at St Mungo's

# Reach for the stars!

St Mungo's, a large homelessness agency in London, has pioneered the development of an innovative system of outcomes measurement called the Outcomes Star. This aims to demonstrate visually what is being achieved in work with clients and to improve service provision. **Liz Harper** explains.



*Keyworking session  
at St. Mungo's*

St. Mungo's is London's largest homelessness agency, running hostels, care homes, complex needs housing and supported housing that accommodates 1400 people each night. We have a fourfold vision that every one should have somewhere to live, something meaningful to do, satisfying relationships with other people and the good health to enjoy them; and our services have been developed to help us deliver this vision.

Our interest in outcomes was kindled in the mid nineties. The services of our sector were viewed in terms of inputs – how many staff hours of service were delivered and how many clients served; and outputs – how many clients were resettled. We were concerned that:

- the sector's work was not appropriately recognised through the input output models of funding and commissioning;
- our clients individual journeys were not recognised;
- the subtle and complex work of our staff was not supported to improve through an input output model; and
- improvements to someone's quality of life was not recognised as fundamental to service excellence.

The introduction of the Supporting People funding programme (established in 2003 to fund housing related support services) presented a risk to us in that, using only an input and output model it was possible that:

- services could be rewarded for cherry picking clients and leaving those in need of the sectors best efforts adrift; and
- achievements being made in working with the most vulnerable would not be sustainable as services may be undervalued and under funded.

St Mungo's actively lobbied for outcomes measurement, as we viewed this as an opportunity to develop a new approach to monitoring based on an understanding of needs and services.

## Research

As part of St Mungo's outcomes journey we carried out a lot of research that identified that similar journeys were also taking place in related sectors and unrelated sectors, organisations such as the Foyer Federation and Off the Streets and Into Work were discussing developing outcomes tools to measure progress on work readiness, Riverpoint, Pheonix House and London Connection had developed a pilot assessment form to measure client progress and in the healthcare sector measures had been developed to measure rehabilitation and pain management.

## Development

As a result of our research, we decided that we should develop an independent system, tailor made for the homeless client group which incorporated the best elements of existing systems (actively including the client in their assessment, a holistic approach) and also addressed some of the clear weaknesses of existing fledgling systems. We also wanted to increase objectivity, have very clear guidelines, and develop a system that was able to visually represent progress. With a grant from the London Housing Foundation, we developed a system that is now known as the Outcomes Star.

The Outcomes Star is a visual representation of the whole person. Each of the ten axes on the Star represents a key area against which a client may be assessed. The Star places the client firmly at the heart of the work that we do, it anticipates that our clients are the experts about their circumstances and that our work is to use their insight through careful keyworking to establish a relationship that allows us to work to gain a shared understanding and to work together into the future as equal partners.

Plotting Stars at intervals allows both clients and staff to track changes over time, to look at the interplay between different areas of their recovery journey and to understand the journey of change. It is not simply the measuring of client outcomes that is critical but what this measure means for the service that is being delivered. At St Mungo's, we have linked the Star with the Cycle of Change so that our staff can easily recognise the supportive actions and behaviours that correlate with a client outcomes measure.

Implementing the Star across our wide range of services has brought both expected and unexpected benefits. Not only have we been able to measure and plot individual client's journeys but we have also been able to amalgamate outcomes Star data to help us identify strengths and weaknesses in our services and this supports our performance improvement. We have identified that women appeared to do least well of all our clients when in mixed hostels and as a result of gathering this evidence we were able to secure funding to more fully research the issue and develop – with our clients – a new women's services strategy. We also identified that targeting specialist provision (for example we have Portuguese workers working with Portuguese clients at one of our hostels) significantly improves their outcomes. This kind of evidence is powerful when negotiating with commissioners.

If we are doing a better job of assessing our clients needs – working with them to gain a shared understanding and if we are able to tailor our responses appropriately to that assessment

then each action will necessarily be more efficiently delivered, our clients will receive a better service, our staff will have better morale.

There are of course risks in the world of outcomes measurement. Whilst I wholly endorse the adoption of soft outcomes measurement, our experience is that implementing a new system presents the same challenges as any introduction of a new way of working. It is essential that if you are considering using the Outcomes Star that you ensure that it fits with your existing way of working. That way of working must essentially be client focused and must have clarity of process and purpose. Using the Star as an add-on rather than an integrated tool makes it less effective. Providers must also not fall into the trap of giving staff the impression that the speed distance is travelled on say the Star is a measure of their success – we must hold firm to the principles that the right measurement of the client will give rise to the right intervention and we must support our staff to work at the pace of the client – personalisation and client-centred planning are key.

Since 2007, services funded through the Supporting People Programme are required to report on the outcomes that they achieve but in practice local authorities are really struggling to understand outcomes measurement. They are certainly not commissioning outcomes. We have found though that Supporting People commissioners are keen to use the data from the Star to help shape their views and assessments of our services. Whilst we are working to support managers to develop their skills around assessing how well their staff are using this tool with clients and are still developing our own understanding of what we can learn from Star data this is inappropriate. In my view our sector needs to really understand what it is that soft outcome data tells us about the ways in which our different clients experience recovery, what the interplay is between different axes and how this can help us deliver better services. Commissioners must not incentivise individual progress on a distance travelled tool, as the risk of skewing the scores and therefore the service are too damaging for the clients. For example this could result in resettled clients who can't cope. Both commissioners and providers need to be clear – using an outcomes measurement tool does not make your service excellent – it is how you use that can make it excellent.

This is not to say that we don't support Outcomes based commissioning but that commissioners and providers must together discuss the implications of using outcomes measures and how the effectiveness of their use is to be assessed. Working together in an outcomes-led commissioning relationship, instead of the traditional input/output model, commissioners can demonstrate their commitment to invest in our work. We would have more room to innovate – one of the key strengths of our sector – and not have to deliver to pre-existing conceptions and misconceptions about what good service delivery and inputs look like.

Outcomes-led commissioning can bring about a change in emphasis that we believe is critical. For St Mungo's it allows us to concentrate our attention on delivering services that our clients want, in keeping with our recovery orientation.

In summary Outcomes Star data can be used:

- **To improve your services**

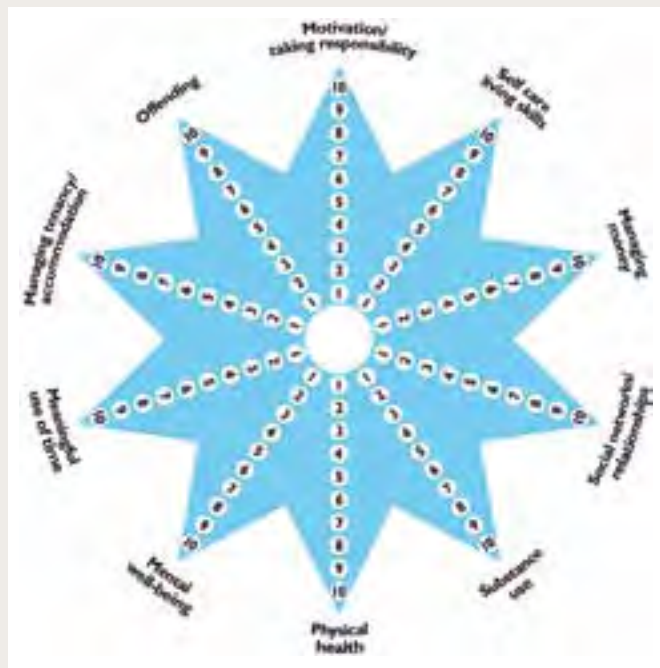
Collating your data may help you identify strengths and weaknesses in your approach to working with particular clients or areas of need. You may be able to identify where best practice might exist and you can plan dissemination of best practice and other training in response to this. You can obviously use it to measure the impact of your work on individuals but you can also collate data to measure the overall impact of a service on different areas of identified need.

- **To demonstrate what you are achieving**

I believe that soft outcome measurement can be a powerful tool for demonstrating not only the successes that you are achieving but also the gaps in the provision for clients. For example clients who are scoring between 1 and 4 on the Star are unlikely to go out and make and keep appointments, services will usually need to be in house or offered on an outreach basis. Where such services are not available clients are much less likely to succeed and this will be born out in their star scores. Your measurement data can be used in discussions about service configuration.

Ultimately, we hope to use the Star data to add value to our work. We have carried out research to identify patterns in different client groups' recovery journey so that we can learn how to orient our resources to offer the right support at the right time. Our preliminary finding will be published this summer. Reassuringly the research does tell us that having a key worker who is supportive, responsive and hopeful for the client is essential.





### Motivation & Taking Responsibility

Whether clients are ready to make changes, whether they are going along with help or are actively creating change themselves.

### Self Care & Living Skills

How well clients are able to look after themselves and their home, and can make choices about any support provided to help do that.

### Managing Money

This covers all aspects of managing money, including filling in forms, sorting out benefits and taking responsibility for them, budgeting, paying bills, managing and reducing debt, lending and borrowing money appropriately and being able to live within your income.

### Social Networks & Relationships

Clients' relationships - who they mix with, whether their social circle supports them in achieving the things they want in life, and whether they feel they can trust and rely on people.

### Substance Use

Whether clients use drugs, whether their drinking has a bad effect on their life and how they are dealing with any drug or alcohol issues.

### Physical Health

How well clients look after themselves - noticing when they don't feel well, doing what they need to do to deal with any long-term conditions and living a healthy lifestyle so that they can enjoy a good quality of life.

### Mental Well Being

How clients manage their mental well being. It is not necessarily about not having any more symptoms or medication, it is about learning how to manage them to build a life, which is not defined or limited by them.

### Meaningful Use of Time

How clients spend their time - whether they find the things they do interesting and satisfying and if not, how clear they are about what they would like to do instead.

### Managing Tenancy/Accommodation

How well clients comply with the terms of their tenancy - things like paying rent and bills, getting on with their neighbours and taking responsibility for visitors.

### Offending

Clients and the law – whether they have got into problems with the law, how well they are complying with any legal orders or terms that they are under, whether they understand what causes difficulties and are making changes to stay within the law.

FEATURES



# The Outcomes Star in Ireland

**Catri O'Kane**

is best practice and training co-ordinator with the Simon Communities of Ireland

The Simon Communities of Ireland first became interested in the Outcomes Star early in its development and some local Simon Communities have been using it for a number of years, as **Catri O'Kane** describes.

Before using the Outcomes Star, we understood that we were missing information that could be useful in terms of understanding the changes that happen to people as a result of using our services - the impact of our services on individuals. We realised that by using the Star, we would be able to see what we were doing well and where we might need to change the way we provided a service.

In the first Simon Community to pilot the Star, a working group was established to look at the tool, which was then in its first version. We made a number of changes to the language, trying to make it more accessible and relevant to the service user and made a radical and much debated decision by adding an additional spoke, gambling. This has proved to be very useful and highlighted the extent of problematic gambling amongst some of the people who use our services.

Outcome Star allows service users to identify where they are at in their lives and how much change they want to bring about.

After the pilot period the working group met again to review the use of the tool at about the time the second version was produced. The improvements to this second tool were met with delight as the changes made were in the areas we had identified. Simplifying and streamlining the journey of change and most importantly it being written in the first person, making it explicit that this is a tool for service users themselves was how we were hoping the tool would be developed.

What also became apparent at the review was just how much using this tool could enhance keyworking. Many service users and keyworkers spoke about how having areas named, with specific points on the journey of change identified, give a real structure to their sessions and give both the service user and the keyworker a shared language in which to discuss and reflect upon pertinent issues.

The completed Star gives a visual picture of where people see themselves and as more Stars are completed, over time, can show a picture of growth and change. One service participant, who struggles with reading and writing, at review said:

**“I really like this. When I’m down and feeling like nothing has happened, I can look at my chart and see what I have done”.**

After the initial piloting of the Outcomes Star was undertaken in the one Simon Community to generally positive feedback, implementation is happening in the other Simon Communities, and is currently at different stages. However all eight Simon Communities will have received training for at least a proportion of their keyworking staff by the end of 2009. In general, we are at the stage of using the Star in keyworking sessions in some of the relevant projects, and are going to be moving on into strategically collecting and analysing the data shortly. We are building in reviews at relevant stages of implementation in each Community.

As touched on above, one of the main reasons why we are interested in this tool is because it allows the service users themselves to identify where they are at in their lives and how much change they want to bring about, at their own pace. The role of the keyworker is to enable the person they are working with to place themselves on the ladder, to give feedback and guidance where necessary yet the service user remains the author of the completed tool. This is important to us in terms of working in an empowering way with people who use our services. In relation to service user participation, it means people can participate in the most fundamental and therefore most important area of the service they receive, that of identifying their own needs and designing their own action/care plans.

Another benefit of the tool is that it can open up the possibility of change in a way that is not too daunting or immense, as it breaks things down into smaller steps. If you are step two in the area of ‘motivation and taking responsibility’ for example, getting to ten might seem like a long journey but getting to three might seem achievable. We have had feedback on the tool that suggests that thinking about where you are on the ladder can help motivate you to the next step, where previously you might have remained fixed.

For some staff too the ladder has proved valuable in this area.

**“Our team find it very useful tool as it highlights where our service participants appear to get stuck and it helps us to target our interventions to those areas as and when necessary”.**

Also, for the key worker, when there is a difference on where someone puts herself or himself on the scale to what they think, it provides the opportunity to positively challenge the person. It allows the keyworker to explain why they might position the person on a different rung. It is important that it is used sensitively and proactively, to challenge the person to reflect on change. Belief in the person’s ability to move beyond where they are now and posing a realistic challenge is the key to personal growth and development.

One of the areas that each Simon Community looks at when introducing the Outcomes Star into their work is around ethics. Each organisation needs to be clear why it is using the tool and how it is going to be introduced to service users. People who are using it should be clear how the information is going to be collected and how it is going to be used, issues of confidentiality etc should be clarified. Who uses the star and who doesn’t is also very important. We are very clear that service users who don’t find this tool useful or relevant will not have to use it. However we are confident that enough service users will be using the tool to give us credible and robust information on the services we provide that can only be invaluable to ourselves, and all our stakeholders.



FEATURES



**Donal McManus**  
is executive  
director of the  
Irish Council for  
Social Housing

# After the budget...

The recent budget was bad news for low income households trying to find somewhere to live. But says **Donal McManus**, the budget need not spell the end of social housing, and new ways of delivering social housing programmes could mean more social housing, not less.

The direction of the 2009 supplementary budget and related revised estimates had already been well flagged in discussions with the social partners in recent months. Officials from the Department of Finance had indicated the scale of the so-called 'adjustment' required up to 2013 to stabilise public finances. Although a national recovery plan was not agreed with the social partners before the budget, much was made in discussions that an underlying objective for the Government was to protect the vulnerable as far as possible. Therefore, in relation to housing related measures in the budget a useful question to analyse is did the budget and revised estimates pass the test of protecting the vulnerable?

Within the large DoEHLG financial allocation in the revised estimates, of which social housing is a significant element, provision for water services appeared to take precedence with a small increase. The social housing budget itself was 16% down from the 2008 allocation, with the local authority social housing investment programme down almost €220m. An important issue here is that in the late 1980s and early 1990s the 'base' of capital expenditure for local authority housing was severely reduced and it took considerable period before capital funding reached a similar base again.

From the perspective of homeless people the 5% increase in the DoEHLG allocation for homeless services was extremely welcome. This was initially announced in November 2008 and survived the new round of cuts, which was very much against the grain of reductions in other areas. This should help to provide a foundation for implementing the Dublin and national homeless implementation plans. However, the future of funding contribution from the HSE towards homeless services is not immediately clear, although examination of the overall allocations for the different HSE regions, shows overall reductions from the 2008 level in all areas. Capital Assistance Scheme allocation will be reduced to €110m for 2009 from €130m voted expenditure for 2008.

Similarly to homelessness, the allocation for traveller accommodation has not been reduced and is kept at the same level as 2008 to allow the traveller accommodation programme to progress. The Capital Assistance Scheme (CAS), one of the most successful capital funding schemes used by housing associations to house special needs groups has been reduced to €110m for 2009 from the November estimates figure of €130m. However, the high 2008 figure for CAS was boosted by additional end of year funding to meet the increased programme. This was where housing associations had entered into contractual commitments that had to be met immediately. However, the development pipeline of special needs projects waiting to progress is huge and is still far in excess of allocations for 2009. In the regeneration related area, where there have been a

number of prominent Public Private Partnership projects that have been stalled, there is a reduction, although less than compared to the overall local authority programme and this should allow some of the regeneration projects to progress although in some larger regeneration projects like those in Limerick the more significant bills for expenditure may not be this year but in subsequent years.

After a number of years of increased state investment and in turn increased social housing output both for local authorities and housing associations, it is certain that the scale of new social housing starts will be dramatically reduced in 2009. This will affect output in both 2009 and 2010 and beyond. A significant amount of the 2009 social housing allocation will be for projects that have already been committed to including any residual Part V's. Part V was dependent on activity of developers and is not likely to be an immediate supply source for local authorities and housing associations in the near future. Voluntary housing associations, particularly in the Dublin area, were recipients of some high quality social housing in mixed tenure developments through Part V, which benefited many families on local authority waiting lists in high demand areas.

Although the direction for Government financing in the coming years is to reduce both capital and revenue expenditure, it does pose a real conundrum for housing associations providing and managing housing under the Capital Loan and Rental Subsidy Scheme. This innovative funding scheme established in 1991 involved borrowing the capital expenditure from the Housing Finance Agency. This meant that funding under this scheme was not counted as part of direct exchequer capital expenditure; instead, the cost of revenue funding to service these loans was part of current expenditure.

The Capital Loan and Subsidy Scheme has produced thousands of family type homes and the subsequent loan book will be in excess of €1.1 bn, which will be added to by the large increase in output in 2008. This means that current revenue has to be found to service these loans. The allocation for the Capital Loan and Subsidy Scheme increased in the estimates reflects the fact that more loans need servicing due to more units completed in recent years. However, with such pressure of current funding it is unlikely there will be any significant activity under this scheme in the year ahead.

In relation to the measures in the supplementary budget, which will affect lower income tenants in the private rented sector, there are two obvious impacts. The first is the increase in the minimum contribution for rent supplement recipients of €6 per week (from €18-€24), which comes on top of the increase of €5 per week announced in the November budget estimates (from €13-€18). Alongside this, it was announced the various rent

supplement levels will be reduced by an average 8% on market rents due to falling rents. It had been argued that a number of lower income tenants on rent supplement and in receipt of social welfare incomes were previously using their own income to provide top ups in some rental locations to the level of rent allowance they received. Although the regulation to give effect to these changes has not yet been published at time of writing, it should not be long before it will be established how these changes will affect low income tenants. In contrast to the private rented sector, housing associations charge economic rents and not market rents under the capital assistance scheme. This scheme is primarily used for vulnerable tenants such as people who are homeless, older people and those with disabilities. Therefore, it would be important that these housing association tenants are not affected by reductions in rent supplement levels, as this would be a test in demonstrating whether this measure is protecting the most vulnerable. The ICSH has already sought to ensure clarity on this in any regulation. It is important that vulnerable housing association tenants are not doubly affected; firstly by the increase in the minimum contribution which has now risen by €11 per week in the space of six months and secondly by reduction in rent supplement levels. Housing association tenant rent supplement levels are fixed below the private rented sector.

Aside from the reduction in capital expenditure, Housing Minister Michael Finneran had previously announced the new leasing initiative, which is intended to yield up to 2000 rental units to assist people on housing waiting lists. Over the coming months it should be clearer what is the level of interest will be from private developers and in which areas.

The housing association sector has over the last year been examining alternative models of capital funding to try and resolve the backlog of projects in the development pipeline. These have included alternatives to the traditional exchequer-funding route such as private finance models, which would of course need to be predicated on the ability to satisfactorily service loans over time, cover management costs as well as having an affordable rent structure. One such example is purchase/acquisition of homes using private finance by housing associations and a lease with local authorities. This would be a different form of securitisation between housing association and local authority compared to the traditional non-repayable loans. This type of model could ensure that social housing stock would be maintained, which would be owned and managed by a housing association while meeting local authority housing needs. Consideration of any new models would require an appropriate regulatory structure and certain types of housing associations may be more interested than others.

Another important housing related matter in the supplementary budget was the abolition of mortgage interest relief except for the first seven years and thereby better targeting of this subsidy. Maybe now there is the start of revaluation of homeownership as homeownership levels in other countries such as the USA and Britain have been falling. There has been a reduction in the number of owner occupied dwellings in 2007 and 2008 in these two countries for the first time in the last 25 and 50 years respectively. Indeed in the Economist Magazine in April, an article was written questioning the social and economic benefits brought by higher owner occupation levels. This critique argued that subsidies to homeownership have increased economic volatility and that in the current climate mobility of homeowners is reduced creating labour market immobility. One of the contributors, Nicolas Retsinas from the Joint Centre for Housing Studies at Harvard University argues that expanding homeownership may actually have reduced neighbourhood stability. The ICSH have argued in the past that a greater social housing stock can provide stability on two levels. Firstly, for the wider housing market and secondly for the individual on the waiting list looking for housing seeking a long-term housing option.

The other issue of note at the time of the supplementary budget was the establishment of the National Asset Management Agency (NAMA). Although the focus is for NAMA in absorbing property loans it would be important with so much taxpayer's money being used there is a longer-term meaningful social dividend. One such relevant example of a social dividend would be, as part of the Government strategy, Delivering Homes, Sustaining Communities. A strategic land assembly programme would assist in meeting this objective. Land transferred for example for delivery of social housing at a written down value would feed into a reduced overall cost in supplying social housing in the long-term.

From a housing perspective there have been a number measures that have prioritised protecting the vulnerable, including special groups as homeless people and travellers. However, the popular housing grants schemes for older people and people with disabilities have seen reduced allocations. This has been exacerbated by some local authorities, who provide match funding in the schemes, encountering reductions in their own income such as from a fall in tenant purchase sales.

Going forward for the coming years with more restricted capital and revenue funding, yet with rising demand evidenced through the waiting list figures, new ways of delivering programmes will have to be considered, which present new opportunities and working arrangements in delivering services to those in most need.

## FEATURES



**Eoin Ó Broin**  
is policy analyst  
with Focus  
Ireland

# Putting homelessness at the heart of the Housing Bill

The Housing (Miscellaneous Provisions) Bill 2008 deals with a wide range of housing issues, but includes no substantive reference to homelessness. MakeRoom spokesperson **Eoin Ó'Broin** describes efforts by the campaign to correct this.

**MakeRoom is a campaign alliance involving Focus Ireland, the Simon Communities of Ireland, the Society of St Vincent de Paul and Threshold. It was formed in 2006 to lobby for an end to homelessness by 2010. For more information on the MakeRoom campaign to 'Put homelessness at the heart of the Housing Bill' log on to [www.makeroom.ie](http://www.makeroom.ie)**

Launched in July of last year, the Housing (Miscellaneous Provisions) Bill 2008 is a significant piece of legislation. It proposes amendments to a wide range of policy instruments including housing service plans, needs assessments and allocation schemes. It also provides a legislative basis for the Rental Accommodation Scheme, a new Incremental Purchase Scheme, and local authority Anti-Social Behaviour Strategies.

When announced by Ministers Gormley and Finneran, many observers were surprised that the Bill contained no substantive mention of homelessness. That it was launched a month before the Government's new homeless strategy, *The Way Home*, made this omission all the more glaring.

In response, MakeRoom, the campaign alliance of Focus Ireland, Simon Communities of Ireland, the Society of Vincent de Paul and Threshold, launched a campaign to 'Put Homelessness into the Heart the Housing Bill.' At the time MakeRoom welcomed the Bill and supported many of the positive improvements it would make to housing service provision.

However we argued that as issues of housing and homelessness are interconnected, there needed to be a stronger link between the two at the levels of legislation, policy and practice. To this end we drafted over 50 amendments and engaged in an intensive round of lobbying as the Bill made its way through the Seanad. We met with TDs from all parties – including Government parties- and the independent group, in an attempt to secure cross party support for amendments that we believed were would strengthen the Bill.

We wanted the Government to use the Housing Bill to provide the statutory basis for the Homeless Fora and local Homeless Action Plans as outlined in their new strategy, *The Way Home*. We also wanted amendments to aspects of the housing service plans, needs assessments, allocation schemes and anti-social behaviour strategies, that would allow these policy instruments to be used more effectively in ending long-term homelessness.

### New statutory definition of homelessness

MakeRoom also proposed amendments providing for a new statutory definition of homelessness based on FEANTSA's ETHOS typology and a statutory right to housing services.

While none of MakeRoom's amendments were passed, all were tabled, all were discussed, and most were voted on. As a result the debate in the Seanad became a debate on the issue of homelessness. Senator after senator called on the government to mainstream homeless policy into housing policy, and to put the legislative commitments contained in *The Way Home* into this Bill.

During the passage of the Bill through the Seanad, Minister Finneran responded positively announcing that he would bring forward amendments at Dáil stage relating to issues of homelessness.

The Housing Bill concluded in the Seanad in December and entered the Dáil in March of this year. To coincide with the Dáil stage of the Bill, MakeRoom launched an on-line dimension to our campaign. In addition to our own lobbying of TDs, we called on our supporters to e-mail their local TDs, the Ministers of Environment and Housing and the housing spokespersons for all the political parties, using an innovative e-mail campaign tool on our web-site. Everyone who participated included their postal address and constituency.

Almost 500 people signed up to the on-line campaign, sending almost 5,000 e-mails in five weeks to politicians in every constituency in the country. The e-mails urged TDs from all parties to put homelessness at the heart of the housing bill and support the MakeRoom amendments.

### Political reaction

The Bill was debated on the floor of the Dáil in March and April. In his opening remarks Minister Finneran said; 'during the Bill's passage through the Seanad there was considerable debate on providing a statutory basis for the preparation and adoption of homeless action plans and I am determined to bring proposals on this matter before the House.'

Speaker after speaker continued to raise the issue of homelessness and the need for stronger statutory instruments. Fine Gael housing spokesperson Terence Flanagan TD said that, 'the omission of provisions to deal with homelessness is a major oversight in the Bill.'

Labour housing spokesperson Ciaran Lynch TD said that, 'It is very disappointing that when first published the Bill made no reference to homelessness.' And called on the Government to 'adequately resource and fully implement... the government's strategy to address adult homelessness.'

Sinn Féin housing spokesperson Aengus Ó Snodaigh said that his party would, 'like to see legislative commitments outlined in *The Way Home* strategy included in this Bill.'

Speaking from the government benches Fianna Fáil TD Mary O'Rourke replied to the TD's concerns, informing the House that 'the Minister of State will deal with homelessness in a series of amendments on Committee stage, of which I greatly approve.'

Closing the Debate Minister of State Michael Finneran said that, 'It is clear that Deputies from all sides of the House are concerned with the issue of homelessness. As the Minister of State with responsibility for housing, it is also a key concern of mine.' The Minister informed the House that he would be tabling amendments on homelessness at Committee Stage.

At the time of writing no date has been set for Committee Stage, although the Bill is expected to pass into law before the summer recess. From the outset MakeRoom's approach to the Housing Bill has been positive. We welcomed the Bill arguing that when passed it would help improve the quality of housing services provided by local authorities. But we continue to believe that with constructive amendment the Bill can also have a positive impact on ending long-term homelessness by 2010.

MakeRoom strongly welcomes the Government's commitment to put the legislative instruments outlined in the Government's new homeless strategy, *The Way Home*, included in the Bill. Placing local Homeless Fora and local Homeless Action Plans on a statutory footing will ensure that all local authorities and statutory agencies will have to meet their commitments.

We also still firmly believe that the Housing Bill should include a right to housing for those in need; a new legal definition of homelessness; and a greater level of standardisation in housing needs assessments and local authority allocation schemes. These issues will be debated at Dáil committee stage as a result of amendments proposed by MakeRoom.





**Fran Cassidy,**  
writer and  
researcher

# Safety Net

Safety Net is a network of GPs and nurses providing primary healthcare in clinics based in Dublin's homeless services. To find out more, **Fran Cassidy** made an appointment to meet the instigator, **Dr Austin O'Carroll**.

In fact I had to make two appointments to Austin's bustling GP's surgery on Dublin's Mountjoy Street as the surgery was inundated with medical emergencies on my first visit.

Austin tells me that Safety Net started with three functions - clinical governance, support and communication; and that the network's overview of services meant that it then developed a fourth function, identifying and plugging gaps.

"A common clinical governance structure means that we are all providing the same type and quality of healthcare. We follow the same protocols on things like vaccination, blood pressure management, or abscesses. And when a new service develops and needs health intervention, we offer advice and medical support and can provide or organise a doctor.

"We communicate regularly so that is the support function. We can also inter-refer if we think that somebody would be better off seeing a particular doctor with a particular skill set.

"As regards communication, the HSE started the first nurse run clinic in Cedar House in 2004, but as more clinics developed, often working with the same people, it became obvious that there was a need for continuity of care for patients. Otherwise clinics risked adopting different approaches to a patient's problem, or giving different tablets, or the same tablets twice. Now we are united on one computer database. If somebody had high blood pressure at a previous clinic, I check it, if they need follow up vaccinations, I give them."

## *Are there ethical issues with a central shared database?*

"Confidentiality is important and I accept that you have to have some protection around civil rights and have to be very careful about access to data. Homeless people give us consent to keep the data. But personally I think there is an imbalance in the argument. Research suggests the vast majority - 90-95% of people on any health data system are pragmatic about it, and the potential gains are massive.

"In Dundee, they have piloted a scheme that is to be extended throughout England, where your chemist has access to your hospital records, so they know if you have any allergies and the hospital has access to your GP and chemist files, so they won't interfere with your medication. It has improved the healthcare of patients. My feeling is that most homeless people I know don't have an issue with sharing information. If you keep it confidential to the medical team, they are happy to consent."

## *Does that extend to something like the Holistic Needs Assessment?*

"I can only talk about the medical database but I think the proper way to provide healthcare to homeless people is through integration of services, and that a baseline for the integration of services is a proper assessment. I haven't reviewed the HNA so I don't know if every bit of information collated is justifiable, but there is a good argument for doing such an analysis."



*You said that Safety Net's overview enabled you to identify gaps. Can you give some examples?*

"A lot of the people we encountered had drug addictions and were finding it very difficult to access methadone treatment. So we piloted an extremely successful methadone programme in hostels. People treated were much more likely to get permanent accommodation, their health and ability to interact in hostel programmes improved significantly and staff reported a much better atmosphere and decreased barrings in the hostel.

"We have now expanded that programme and are taking more clients through it with the help of the HSE.

"Another gap was for a mobile medical outreach service. We were donated one bus and got another one at a very reduced rate, so we are developing a service with Simon Outreach and the Salvation Army, and another with Chrysalis aimed at street-working women, which will provide sexual health and cervical screening as well as general health care.

"The lack of an out-of-hours service for people who are homeless at night time without a medical card was another gap. We have agreed with Ddoc, that anyone on the northside of Dublin, associated with a homeless hostel with a Safety Net service, can use the Out of Hours Service and they won't be charged, even without medical cards.

*A lot of homeless people don't have medical cards?*

"We've researched why homeless people don't have medical cards. Some don't apply, some can't get doctors, and sometimes the card is deleted for administrative reasons – they don't renew them. But how do you send a renewal form to homeless people? We've suggested that the best way is to send it to where they collect their social welfare. But data protection prevents that because it's sharing of information. I'd query whether the client would prefer to lose their medical card on the basis of data sharing concerns like that.

"Another gap we are working on is that homeless people often forget appointments so we are getting a computer system to send out texts. So the hospital informs us of outpatient appointments and we will send reminder texts."

*Do you think homelessness can be eliminated?*

"My own belief is that you can reduce it significantly. I would love it to be ended but my gut feeling is that there will always be a small group of people who will end up sleeping rough due to their lives and what is going on for them."

*So what does that mean for Safety Net?*

"They will always need something like Safety Net in emergency hostels, but the key issue is housing. The evidence shows that you won't improve health unless you have housing, and that when you're in housing your health doesn't improve for a year or two. If your health is bad you may not even hold on to housing.

"So we should move towards providing support to people who go in to a Housing First type model. You need to have services following. I don't think that will necessarily happen just by providing housing. I think the health services will have to learn to follow.

"The danger is that you have your health assessed here, and then you go into a flat or house and suddenly there are no services. We need to get into a situation where people move into permanent accommodation and the services follow cleanly. We can facilitate somebody going to the local GP directly or we can provide services for a short time and then they go to a GP. The ideal would be that we have that continuum so that somebody who moves out of an emergency hostel will still have the care they need in the intermediate stage. So I would like to see Safety Net moving towards ensuring that people who go into housing will have the health services they need following them into that housing".

Austin's surgery has a mission statement that it "won't exclude anyone and will work with health inequalities" and it seems talking to him, and from his record working for people with disabilities and with refugees, that he is passionate about equality and treating people properly.

As this is the first gratis consultation I have had with a GP, I rather shamefully take up the surgery's time asking his opinion on some wider sociopolitical issues surrounding the practice. CornerStone's strict word limit precludes me from doing justice to the discussion but it is worth giving a flavour.

From professional and personal experience, Austin argues persuasively against an American style moral underclass argument", which would suggest that drug use and other social problems have their roots in personal failings, although he does accept that "there is responsibility to deal with your own issues, but my experience is that when you reach out to people they take that responsibility".

He suggests that all workers (including himself) need to regularly examine their own prejudices and stereotypes, and warns against setting up a confrontational dynamic from the outset. "People come in wanting valium and if the immediate reaction they get is a straight 'no', then the person gets annoyed. So then you get annoyed. It's self perpetuating. But if you explain why you can't give valium and that you can help in many other ways, they usually engage.

"Where I grew up, I knew one person used drugs: here there are loads. Are people here much worse than where I grew up, or is it because here there is huge relative poverty? It has to be to do with deprivation. So drugs is class orientated, it's hugely linked to deprivation."

### *Despite the recently deceased Celtic Tiger?*

"You hear the argument that all boats have risen. Absolute poverty has improved so people are much better off. But statistics on health inequalities are mainly based on relative poverty. You're still far more likely to die if you're from the lowest socio-economic group than from the highest socio-economic group. If you're relatively poor, you can afford the basics, but you've no hope of you or your kids getting a proper education or a job that will be fulfilling. Or, importantly, to be in control of your own life. The feeling of having no control over your life causes stress, and that causes deterioration into poor health. Poverty can lead to hopelessness and hopelessness can lead to depression, anxiety and stress.

"And of course there are social influences," Austin continues. "You have children come in here at two or three years old, and they are great kids. And a few years later they're great kids but they're going wild, they're en route. It's not the parents' fault -they are trying their best, but they have no support, and they're in poor positions.

"Education is a well recognised way of having control over your life, but around here even children who do well academically have to leave school early for financial reasons. Whereas my children would go on to university in a similar situation".

### *Are there solutions?*

"There are no quick solutions, but I think the the answers lie in redressing income inequalities. In the Boston vs Berlin debate, which I think is skewed incidentally and should be represented as Paris vs Pittsburgh, I would veer towards the European model. Boston has a good quality of life and some people are well off, but if you're not well off.. Berlin and more particularly some of the Scandanavian countries, have more equality of income, and a much better quality of life for everybody, and a better society".

### *What are the essentials of that model?*

"Income distribution - they've far higher tax rates and they distribute it. They've also moved toward social integration. For example the public housing service is much better, and people have access to equal education and health care. In the Irish model, a lot of people go into the private system and that pulls out the voices for change. The most likely people to call for change are the middle classes. But because the middle classes are getting out of the public system, they're not calling for the changes needed."

It is equality rather than politics that seems to animate Austin. As I prepare to leave he tells me that student doctors sometimes ask him does he prefer a left wing or a right wing person,

"I tell them that I can work with anyone who is humane, whether they're left wing or right wing. A sense of compassion is the key. Although you also have to beware of compassion fatigue."

As with the Safety Net service, it sounds like a sensible prescription.

## QUESTIONNAIRE



**Sharon Cosgrove**  
chief executive  
officer  
Sonas Housing  
Association

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

I graduated with a BSc in Environment Health in the late 80's and headed across the water to Bristol where I worked in the City Council's Environmental Health Department enforcing standards in hostels for homeless people, residential care homes and houses in multiple occupancy (flats and shared houses).

### Has your understanding of homelessness changed since then?

Like many others I now come across, I used to think that only people living on the streets and in hostels were homeless. Now I am aware of those homeless people who are not so visible, including those who are living in cars, or sleeping on different floors or couches on different nights of the week, or women and children in refuges and people coming out of institutions. I am committed to quality accommodation, but only as part of a broader response to meet the needs of homeless people.

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

A commitment to implementing existing homeless policies would make the most difference. There are excellent policies in existence at the moment, including the current national homeless strategy. But they need to be seen as 'live' documents rather than something that adorns policymakers' bookcases and are rewritten in five years' time.

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

I have been impressed by the resilience of women I have met at Sonas, especially given their traumatic experiences and the difficult lives they have led. I have learned that they are really interesting and funny women, when they live somewhere where they feel safe and secure and are properly supported.

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

Unfortunately, yes. I think we can deliver better preventative services to significantly reduce the numbers who actually become homeless. But I think that given human nature, the impact of forces beyond a person's control such as unemployment and the impact of difficult life experiences, some people will ultimately find themselves homeless.

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

I think that the move from mandatory engagement to voluntary engagement in homeless and supported housing services in the US has resulted in better outcomes for service users. Accepting this puts the onus on our service in Sonas to be flexible and creative and to really be people-centred.

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

Having spent a good deal of my career in a statutory service and now working in a voluntary service, the main difference I can see is in terms of organisational culture and ethos. I certainly don't see one as better than the other. I do think our respective roles and contributions are complimentary.

### Which matters most, charity or political change?

Definitely political change! Almost all the problems are due to structural problems. So that's how they need to be tackled.

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

No, but I do contribute monthly to an overseas development organisation. I do the odd sponsored walk and I attend charity events for homeless organisations and organisations that work with children at risk. So I hope that this money is put to good use and targets those who are begging or who may be at risk of it later in life.

**HOME  
LESS**  
agency

The Homeless Agency is responsible for the planning, co-ordination and administration of funding for the provision of quality services to people who are homeless in the Dublin area and for the development of responses to prevent homelessness.

We work in partnership with a range of voluntary and statutory agencies to implement the agreed plan A Key to the Door, Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007-2010, to deliver integrated services to people who are homeless and assist them to move to appropriate long-term housing and independence with appropriate supports as required.

We advocate for improvements in mainstream policies and services to make them responsive to the needs of people who are homeless or at risk of homelessness and we work with voluntary and statutory bodies to develop strategies to prevent homelessness from occurring in the first instance.

The vision of the Homeless Agency is that by 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin.