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HEALTH BOARD

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REPORT OF THE FORUM ON YOUTH HOMELESSNESS

"**forum** on youth homelessness"

to improve and develop services to young people out of home in the Eastern Regional Health Authority area

Report of the Forum on Youth Homelessness

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homelessness *m*

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Contents

Terms of reference

Background to Forum

The Forum was established by the Eastern Health Board in conjunction with the Homeless Initiative. The Forum arises directly from the work of the Homeless Initiative Youth Working Group, which was established to focus on the needs of young homeless people and to secure improvements in the delivery of services to them.

Purpose of the Forum

The purpose of the Forum is to bring together a group from relevant sectors in the field of youth homelessness in order to draw up a plan to improve and develop services for young homeless people, aged between twelve and twenty, in the Eastern Health Board area.

Principles and general approach of the Forum

The Forum will bring people together in a spirit of genuine co-operation to draw up a Plan of Action which will redress the current inadequacies and to ensure that the services on offer are effective and responsive to the needs of young homeless people. The proposals of the Forum will be based on valid and accurate data and information. The Forum will take into account the views and experiences of young homeless people. The Forum will also ensure that those working in the area of youth homelessness are involved in and encouraged to take ownership of the Plan of Action.

Tasks of the Forum

The Forum will agree and make proposals on:

Definitions

The definition of homelessness in the context of young people.

The objective of services for young homeless people.

Structures, systems and practices

A structure within which services for young homeless people can be planned, co-ordinated, developed and improved.

Mechanisms to ensure that services can be better linked and integrated with one another and with other relevant services.

Ways in which the experience of young homeless people and those providing services to them can inform the mainstream services in order to ensure that these services become more responsive to the needs of this group.

Methods of good practice to be adopted and developed by services in order to ensure consistent levels of quality across services and standard practice in relation to record keeping, information gathering, referral procedures, intake procedures, etc.
A system which will ensure the continuing collection and analysis of accurate and adequate information on the nature and extent of the problem of youth homelessness.

Resources and implementation of the Plan
The resource implications of the plan.
A time frame for the implementation of the plan.
Arrangements for the implementation of the plan and its monitoring and review.

In drawing up the Plan the Forum will have regard to:

Nature and needs
The needs of young homeless people in the area.
Existing services and successful interventions.
The shortfalls in existing provision and how best these can be addressed.
The links between homelessness and residential care.
The potential to develop existing services.
Interventions which have proved successful in responding to the needs of young homeless people in Ireland and elsewhere.

Other relevant information
Related government policy developments (e.g. National Anti-Poverty Strategy, Integrated Services Process, Report of the Commission on the Family).
Demographic trends and projections.
Previous experience of working groups and forums attempting to address this or similar problems.

Forum members

Dr Miriam Hederman O'Brien, Chairperson

Maurice Ahern, Development Officer, City of Dublin Youth Service Board *

Orla Barry, Divisional Head of Services, Focus Ireland

Sara Burke, Youth Health Promotion Officer, Department of Health and Children **

Captain Mavis Cavell, Officer in Charge, Le Froy House

Brid Clarke, Programme Manager, Children and Families, Eastern Health Board

Siobhan Connolly, Senior Social Worker, Crisis Intervention Service, Eastern Health Board

Erica Cox, Independent

Frank Goodwin, Senior Housing Welfare Officer, Dublin Corporation

Paul Harrison, Director, Children and Families, Eastern Health Board

Mary Higgins, Administrative Director, Homeless Initiative

Michael McCarthy, Superintendent, Garda Siochana

Jarlath McKee, Team Leader, Crisis Intervention Service, Eastern Health Board

Fr Peter McVerry, Director, Arrupe Society

Patricia O'Connor, Assistant Principal Officer, Social Inclusion Unit, Department of Education and Science

Maeve O'Hare, Senior Probation Officer

Sr Catherine Prendergast, Director, St Vincents Trust

Kieran Smyth, Assistant Principal Officer, Child Care Policy Unit, Department of Health and Children

i

Dr Brion Sweeney, Consultant Psychiatrist, Substance Misuse, Trinity Court and Eastern Health Board

Claire Barry, Project Director, Forum on Youth Homelessness

* **Maurice Ahern** resigned from the Forum in September 1999 on his retirement.

** **Sara Burke** resigned from the Forum in August 1999 to pursue graduate studies.

Executive summary

The Forum was established to improve and develop services to young people out of home in the Eastern Health Board region. It was also required to outline the needs of young homeless people between the ages of twelve and twenty and the services currently available to them. The report identifies shortcomings in the existing system and recommends a structure to ensure the delivery of planned, co-ordinated and effective services to young homeless people in the region.

The new structure and the plan of action to deliver services to young homeless people should have certain characteristics.

Statutory responsibility for the care and welfare of young homeless people in the age group concerned must be clear and should be vested in one authority.

A mechanism must be created to ensure that young homeless people are provided with coherent and continuing care until such time as they are able to live independently and safely. This principle requires co-operation between the various agencies involved and co-ordination of their work.

The Forum therefore recommended the following structure and outlined a plan for its implementation.

The designation of one authority to have statutory responsibility for the delivery of services to young people, aged twelve to twenty years, who are out of home. This authority should have responsibility imposed on it by law, and be given the necessary statutory powers and duties to fulfil that responsibility. (This may involve the establishment of a new executive authority.)

Young homeless people require a wide range of services. The authority must encompass a comprehensive range of services and a wide geographical area, and have a legal relationship with the relevant area health boards of the Eastern Regional Health Authority and with other agencies.

The establishment of an Independent Board

A Board with responsibility for the effective planning, delivery and monitoring of services for young people aged between twelve and twenty out of home, should be established. It should be chaired by an independent person and have a maximum of twelve members. It should include people with relevant experience of the funding, delivery and co-ordination of services for young homeless people. It should also include members of statutory and voluntary services, and service users. It should be the conduit for all statutory funds to the various agencies. It should have its own budget and be responsible for the discharge of its obligations.

The appointment of a Director reporting to the Board

A Director responsible to the Board for a range of duties, including the preparation of short-term and longer-term plans, research and the co-ordination and delivery of appropriate, integrated services should be appointed. He or she will be responsible for liaison with services for homeless people in general, and with the entire range of services for individuals and families in the statutory and voluntary sectors. The functions of the Director will include ensuring the provision of training, support of staff, and collation and dissemination of information. He or she would also have responsibility for ensuring that services are monitored and evaluated. The Director should have sufficient resources, including support staff, to carry out the range of duties for which he or she is responsible.

The designation of teams, which would include professionals from a range of different disciplines, to work with young people out of home or at risk of homelessness in the community.

The teams would be based in appropriate areas throughout the Eastern Health Board region, where the need is greatest. Their primary functions would include working with young people out of home or at risk of homelessness in the local community, establishing a link between residential and other relevant community services for adolescents, and providing continuing support for adolescents and their families, leading to long-term stability for young people. The teams would operate independently of, but have strong links to, current community care teams. They would be in a position to make referrals to local or other services, provide placements and generally co-ordinate the delivery of appropriate services. The number of such teams would be decided on need.

Managers of these teams would be appointed in designated areas of the Eastern Health Board region to implement plans agreed with the Director and the Board. The managers would be responsible for ensuring access to residential and community based services and preventative services for young homeless people or those at risk of homelessness in the designated area.

The establishment of a range of residential and other care and accommodation services, in local areas and centrally, to specifically address the many needs of young people out of home.

Residential and other care and accommodation services would be based in areas of greatest need. Existing residential, fostering and other accommodation services would be reviewed, need would be identified, and gaps in services filled. Additional residential and fostering-type services would be established as required. Residential units would provide a wide range of care and accommodation options for young people who are out of home. The residential services would have strong links with the local multi-disciplinary team working with adolescents, described above, and the managers of each unit would report to the local manager of homeless services.

The first phase of the Plan would be implemented by December 2000

Rapid access to those services which have been identified as urgently needed should be given to the existing core of young homeless people as a priority.

The creation of the framework within which basic requirements, such as information, consultation, and co-ordination of the services can take place should be completed within a short period of time. The structure should be in place and operational by the end of the year 2000. There are some options as to the effective choice of the statutory authority responsible and these can be explored to find the most legally efficient solution. Agreement on contracts with the service providers should be implemented as a matter of urgency.

Proposals which require long-term planning and implementation, such as staff training and evaluation and the re-organisation of certain services, can begin in the year 2001. They will not disrupt the delivery of current services but improve and supplement them.

The recommendations in this report have been made in response to the requirements set out in the terms of reference. They should be considered together, as a means of addressing present problems and bringing about a decrease in the numbers of young homeless people in the Eastern Health Board Area.

Introduction

The Forum on Youth Homelessness, to Plan the Improvement and Development of Services for Young Homeless People in the Eastern Health Board Area, was established in February 1999 by the Eastern Health Board and launched by Frank Fahey TD, then Minister of State at the Department of Health and Children.

The Forum resulted from recommendations made by a Homeless Initiative workshop that brought together workers from voluntary and statutory sectors in 1998. The Homeless Initiative is an administrative and consultative body established in 1996 to plan, co-ordinate and improve the delivery of services to people out of home in the Eastern Health Board region. It operates under the joint direction of the Eastern Health Board and Dublin Corporation. Those attending the workshop stated that the existing framework of services was not meeting the needs of young people out of home and that workers in the area were frustrated at the apparent intractability of the services with which they were trying to cope. A mismatch existed between the needs of young homeless people and the services that were available to them. A plan of action to address inadequacies and to ensure that services were effective and responsive to the needs of the young people was urgently needed.

The Forum on Youth Homelessness was given the task of drawing up such a plan. Its members were drawn from the public and voluntary sectors, with experience of the issues involved, under an independent chairperson. The Forum followed the practice used by bodies such as the National Economic and Social Council in the preparation of reports, whereby a member who was also a member of staff of a Department of State would not be considered to have bound the department concerned to the findings of this report.

The Forum held fifteen meetings. It created several working groups to address issues of particular relevance whose findings were then considered by the entire membership. Advertisements were placed in a number of relevant publications. About 200 agencies that offer services to young people in the Eastern Health Board area were invited to let us know their views. The opinions of young people with experience of homelessness and of the services available were sought over a four month period and made available to the members. International and national research was consulted, as were experts in specific areas. The Forum, in association with the Clondalkin Area Partnership, commissioned a research project on youth homelessness in the Clondalkin area.

The work of the Forum took place against a background of considerable activity and change. The Homeless Initiative was preparing proposals for a new structure to provide services for homeless people in Dublin, Kildare and Wicklow, which are now complete. The Eastern Regional Health Authority came into force on 1 March 2000, with changes in relevant legislation and in the administrative positions of individual health boards in the area. Our work, however, effectively finished at the end of February, so the report refers to the Eastern Health Board in the present tense throughout. We retained the identification of the region given in our terms of reference, although it is now under a different statutory structure. The population of about 1.3m of the Eastern Health Board will be covered by the Eastern Regional Health Authority. The National Programme for Prosperity and Fairness was agreed and published as we completed our report. Framework III of the Programme, dealing with *Social and Affordable Housing and Accommodation,* includes the objective *'To comprehensively address the problem of homelessness'.* Our proposals are in the same spirit and will contribute towards the achievement of that aim.

We were conscious of these developments and concerned that our recommendations would focus on the specific issues that were in our terms of reference and would avoid duplication of effort and resources. We did not wish to be prescriptive about details in a way that could cause difficulties or delay for the implementation of our proposals. The Plan of Action that we have recommended can and should be started immediately, irrespective of any administrative or legislative changes which might be considered necessary at a later stage.

We refer, in several parts of this report, to lack of adequate, reliable information on matters that are very important for the proper planning and delivery of services to young homeless people. This is an issue that must be addressed before any strategic policy response can be correctly implemented. The recommendations that we propose are designed to remove both gaps and blockages in the present system and ensure cohesion in the delivery of services to young homeless people in the region covered by the Eastern Health Board. Emergency arrangements will always be needed; the Independent Board, which we propose, and its Director should be working to ensure that the numbers for whom they are planning services should decrease substantially. In the immediate future, however, steps must be taken to improve and co-ordinate the delivery of service to young people who **are** at this moment homeless in the Eastern Health Board.

It was important from the outset to be clear on the question of who exactly the homeless are. The Forum therefore began by agreeing and adopting a definition of youth homelessness. The Forum also sought to ascertain the number of young people who were homeless in the Eastern Health Board region at the time of its deliberations. We went on to investigate, in general terms, why certain young people become homeless and, by a process of questioning and listening to a diverse group of young

people with personal experience of homelessness, developed a fuller understanding of what these young people need.

The above matters are dealt with in Chapter 1 of our report.

In Chapter 2 the Forum attempts to identify the number and the nature of the various services which are currently in place to help young homeless people in the Eastern Health Board region.

Chapter 3 outlines the factors which contribute to a young person's homeless status. We identify these as 'risk factors', which can be indicators, causes, or effects, of homelessness and which may prolong the young person's experience of homelessness.

Chapter 4 is concerned with specific groups of young people for whom the risk of becoming homeless is greater than normal, though not all young people in these groups will experience homelessness.

Chapter 5 describes difficulties encountered by young people who are trying to secure suitable, stable accommodation. The chapter examines the options available to young people aged under eighteen and those aged over eighteen years. It refers to the evolution of and current provision of residential services.

In Chapter 6 the shortcomings in the current structure are analysed. The effects of poor co-ordination, lack of information, and funding mechanisms are identified. The impact of staffing on service provision is considered.

Chapter 7 outlines the Response and Plan of Action which is intended to ensure a more streamlined and effective response to young people who become homeless. The chapter describes the structure which will provide for the effective planning, delivering and reviewing of services for young homeless people. It also indicates how this structure should be implemented.

Chapter 8 lists our recommendations.

Acknowledgements

This report has benefited from the generous help given by individuals and organisations involved in the area under review. Many experts, both in Ireland and elsewhere, gave of their time and experience to help the Forum to clarify the issues and understand their implications. A list of these (other than those who wish to remain anonymous) is attached in Appendix 1.

We are particularly grateful to the staff of the Homeless Initiative, who gave practical and vital support in many ways to the work of the Forum.

Claire Barry, who was appointed Project Director to the Forum in April 1999, has acted as a resource in the preparation of this report and made a very substantial contribution throughout. She did most of our research, liaised with providers of services for young homeless people and maintained contact with relevant statutory and voluntary bodies concerning the work of the Forum.

Finally, we wish to express our appreciation for the helpful dialogue that we have had with those responsible for the current services. They identified shortcomings and suggested many improvements. The criticisms contained in the report are substantial. They would have been more considerable were it not for the commitment and dedication of workers, at all levels, in voluntary and statutory bodies for young homeless people. It is to those already active in the field that we must look **for** the changes that are needed. The experience of the Forum has been such that we are optimistic that they will recognise the improvements contained in the recommendations that we have made and will implement and, indeed, further improve on them.

Miriam Hederman O'Brien

CHAPTER 1

Young homeless people: who are they?

Young homeless people: who are they?

Our concern as members of the Forum was with young people out of home, in other words not living in family units and without adequate shelter, or living in the company of people incapable of offering them safe, permanent shelter. The young people in question were in the Eastern Health Board area and were aged between twelve and twenty.

It is difficult to identify and accurately quantify all those who are out of home. Some children may stay away from home for a night or two in a crisis; they may stay with friends or even sleep 'rough' for a short time. Normally such young people are traced by the gardai or return to their families of their own accord.

Young homeless people who are the subject of this report are those for whom the experience is not confined to a short stay away from home, whether with friends or relatives. They are young people who have no stable, consistent home life.

A multi-disciplinary group from the Eastern Health Board issued a report on homelessness in March 1999 in which it recommended that all agencies should use the following definition of homelessness, consistent with that of the Homeless Initiative:

> *Those who are sleeping on the streets or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, B & B or such, providing protection from the elements but lacking the other characteristics of a home and/or intended only for a short stay*

We adopted this definition but included within its meaning: 'young people who look for accommodation from the Eastern Health Board Out of Hours Service' and 'those in insecure accommodation with relatives or friends regarded as inappropriate, that is to say where the young person is placed at risk or where he or she is not in a position to remain'.

We were obliged to consider the issue of age as well as the condition of 'homelessness'. Our terms of reference defined our age parameters as twelve years to twenty years. This age spread proved a challenge. It was challenging not only because relevant legislation applies to different age categories but also because statutory authorities have differing obligations depending on whether the person for whom they are making provision is an adult or a child. For example under the 1991 Child Care Act,

'child' applies up to the age of eighteen while, under Mental Health legislation, a 'child' is defined as a person under the age of sixteen years.

People do not become completely transformed on the morning of a particular birthday. Young people of thirteen or fourteen, despite their classification as children, may be without family or home support. Eighteen-year-olds may find themselves classified as adults and deprived thereby of social support and services they were receiving only a short time previously and which they still need. Older or more 'experienced' teenagers may exploit younger or less mature youngsters.

Having arrived at a definition of young homeless people we went on to consider certain essential aspects of their condition. We sought to discover how many of these young people there were in the Eastern Health Board region and what services were available to them. We were prompted to inquire into the reasons why some young people become homeless.

How many young homeless people are there?

The Eastern Health Board Out of Hours Service (OHS) was an important source of information on the numbers of those aged under eighteen years who are homeless for a significant period in the Eastern Health Board region. The OHS provides an emergency social work service including access to accommodation at night-time and weekends. This service compiles figures on a monthly basis and there is no way of knowing what overlap may occur between any two months. It provides data on the annual number of referrals rather than the individuals who use the service. Such data cannot deliver an accurate annual figure. Figures compiled by the Out of Hours Service between January and June 1999 showed that the monthly number of individuals dealt with ranged from 59 to 78. A new minimum data set, devised by the Department of Health and Children, has recently been used to compile comprehensive data from area teams in the EHB region.

Young people aged over eighteen years may use adult services, whether welfare, probation, or others. These are rarely classified separately from the general body of recipients and are therefore difficult to quantify. Eighteen-year-olds and over who need accommodation must call directly to a hostel *or* contact the after-hours freephone operated by the Eastern Health Board Homeless Persons Unit in West Charles Street. Because hostels operate independently of each other, and do not necessarily publish information, it is difficult to compile accurate figures of the total number of young people out of home.

i-residential services which young people use are another possible source of information for s, but accurate information on the 'home' position of the young people concerned is not 3. Each agency which provides services maintains its own record-keeping system

independently. Without any central co-ordinating body to collate this information it is impossible to determine accurately the numbers involved. In the absence of an adequate system of information common to all voluntary and statutory agencies, it is possible that some young people, availing of different services, may be counted twice. It is also likely that a number will not be classified correctly as homeless because they have not used a service which would have identified them as such.

Thus the Forum, like other interested groups, is dependant on 'snap shot' figures from local authority assessments and other sources to provide an estimation of the extent of the issue. One such 'snap shot' survey is provided by the 1999 publication, *Counted In,* by James McWilliams and Muiris O'Connor on behalf of the Homeless Initiative in the week of 25 March 1999. The survey was the most precise attempt to date to discover the extent of the problem. Its accuracy is supported by the allocation of a unique identifier for each person so that there was virtually no risk of duplication.

The table below outlines the age and sex of young people who were characterised as 'homeless' from the survey.

Table 1

	Male	Female	
16 years	30	20	
17 years	10	10	
18 years	40	50	
19 years	30	60	
20 years	30	60	
Total	**140**	200	= 340

Of this total, 170 were in **direct contact with homeless services during the survey while the remaining 170 were young people who were registered with local authorities as being homeless.**

In contrast to the figures in the above tables, the number of under eighteen-year-olds who presented to the Out of Hours Service in the same period was thirty-two. It would appear that less than half of the young people aged under eighteen who were classified as homeless used the statutory emergency accommodation service.

We recognise that there are what we call 'hidden homeless', that is to say young people not living in a 'home' environment and not availing of any of the services provided by statutory or voluntary bodies This fact is confirmed by the findings of the research *Youth Homelessness in Clondalkin, a community perspective* (1999) which was jointly commissioned by the Forum and the Clondalkin Area Partnership and conducted by Albert Perris. The study points out that 40% of those who were homeless had had no contact with any service, while 20% would appear to have had contact with some services, but not with those designed for people who are homeless.

Those working in different capacities and in various organisations devoted to caring for young homeless people told us that lack of knowledge about the number and needs of people was a serious obstacle to providing adequate services. It ,s apparent that the statistical information available is limited to those young people who seek a service, rather than covering those who may require a service. This further complicates the task of understanding the extent of the issue and hampers the planning process.

Why do some young people become homeless?

Young people out of home are a very diverse group. Some are homeless simply as a result of a lack of affordable accommodation. But for the majority the reasons are more complex.

Public responses to the problem are also complex. Because homeless young people have become more h.ghly viable in doorways, shelters and on pavements, passers-by are aware of their existence. he, reactions can include compassion, irritation, fear, dislike, and concern. But the reasons why such young people are not at school, at work or at home may not be readily understood or acknowledged by the people who observe them.

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the young T s o T ^ Pr,oVIdeSan adequate solut,'on to these problems. Without speedy intervention enpmu a J T * 5oon Coping with a hostile and dangerous environment. Adults may become the enemy and those wishins tn hpin m.» u y resisted- Mental and physical health is likely to deteriorate. Mainr *m*** . Major d1Sadvantage and exclusion gradually prevail.

Without sustained contact with a young homeless person, it is not possible to identify which, or how many, of the above reasons, or what other reasons, may have driven him or her to live in this way.

What do young homeless people want?

A group of Forum members met with young people who were then out of home or had been in the past. Some of these young people, and others who were not present on the day, prepared a video to be viewed by all Forum members, and also represented their situation through artwork. While their views are incorporated throughout the report we considered it important to specifically summarise the issues identified by young people as having the greatest impact on their lives and homeless situation. The majority of the fifteen young people in question were under the age of eighteen years although one young man was twenty-four.

Each young person had particular experiences of the path to homelessness. They had been homeless for varying lengths of time. The responses of agencies to each person's situation were also quite different. Yet the sentiments of the young people, which we summarise below, reflected many of the views expressed to us by the professionals and other contributors to the Forum.

The chaotic nature of being out of home. The high degree of uncertainty in their daily lives was apparent. Having to leave the hostels early in the morning and being left to their own devices **for** the rest of the day was very disruptive and unsettling. Nobody checked on them to see if they were alright. They wanted to live independently but were obliged to live in hostels or in semi-independent **units.** Since they lived independently for most of every day on the streets they found institutional care in **the** night-time very constricting. When offered transitional arrangements they often felt they were already capable of living independently.

The Out of Hours Service. **They were** critical **of the current structure of the OHS. They considered that** beds available through **the service should be allocated for more than three nights at a time. Young people aged** under **eighteen objected to having to wait until 8** pm **to report for a bed. On the other** hand, **those aged over eighteen objected to having to queue for a hostel bed at such an early hour as 5 pm. Young people particularly resented having to report to a garda station in order to access the OHS. They wanted an alternative, and quickly.**

Staff. **The young people acknowledged that a lot of staff care about them but maintained that some are not trained and others are very young, with little life experience and a poor understanding of issues affecting young people out of home. Young people also considered that they were not being listened to, and wanted social workers to spend 'more than five minutes' with them. They reported negative experience of the gardai, both in garda stations and on the streets, and considered that it would be**

helpful to have a nominated garda, for example a community garda, available as the receiving officer at the garda stations for the OHS.

Rules versus freedom. The young people recognised that there needed to be rules in hostels and day services. They objected to rules that took little account of their ages and circumstances. Some rules were unnecessarily strict and sanctions unusually harsh. For example being 'barred' was tantamount to the withdrawal of services. Rules they considered fair and reasonable were those that banned drugs, prevented violent behaviour and disallowed smoking in bedrooms. They wanted a place more closely resembling home.

Drugs and services to drug users. The young people acknowledged that drugs were a dominant feature in their lives. This issue provoked the greatest diversity in their views. They all believed that services were needed for young drug users, but disagreed as to whether drug users should be segregated from non-drug users. These views were influenced by the degree to which young people felt they were subject to peer pressure to use drugs. Some considered any segregation as a form of discrimination in a system which was already unable to respond to young people's needs. All agreed that young people who were using drugs or drinking should have access to accommodation. Many felt that getting help with a drug problem was the first step to resolving their homeless situation.

While critical of many elements of the services, the young people were not unanimous about all the measures which should be taken to improve them. But they gave a very clear picture of the extent and complexity of their needs and of the urgency of getting out of the cycle of deprivation in which they had become enmeshed.

Where can young homeless people turn?

CHAPTER 2

Where can young homeless people turn?

A home is a place in which to rest, to wash, to keep belongings safely, to receive support and reassurance. These are facilities which should be part of the services available to those who are without any home. Young homeless people consulted by the Forum agreed with these requirements and also identified a need for recreational facilities and somewhere simply to sit. In this chapter we try to identify the number and nature of the various services currently in place to help young homeless people in the Eastern Health Board region.

There is no single agency in the Eastern Health Board area with the authority to ensure that young homeless people aged twelve to twenty years receive these basic facilities. In addition to the health board, four departments of state and six local authorities are involved with young homeless people through a multiplicity of agencies.

The Eastern Health Board has had primary responsibility for those under eighteen years and there is a degree of interdepartmental consultation and co-ordination for this age cohort but no one authority is focused on the wider group of the homeless who are between twelve and twenty years of age.

There follows an outline of the principal services available to young homeless people in the Eastern Health Board area. The range of services which young people may use is extensive, and we decided not to try to identify and describe each one. We recommend however that a comprehensive directory of services be compiled and published as soon as possible.

Many of the ways in which these services are currently provided have been the subject of adverse criticism. The pattern of service delivery is seen as fragmented and not always amenable to easy access. The criticisms have come from those providing the services as well as from those using them.

Locally based community care services

The Eastern Health Board has ten community care areas, each of which is locally managed. Teams provide a range of health and personal social services to the local community. Family support and child protection services are the responsibility of a social work team in each area.

When a young person becomes homeless it is the local social work team which should intervene, often with the advantage of some knowledge of the affected family and their circumstances. Social workers will first attempt to reconcile the young person with his or her family. Failing this, the young person will be taken into care, with or without parental consent. At any given time upwards of 1400

children and young people are in the care of the Eastern Health Board. None of these is regarded as homeless: they are in foster care or in a family placement or in residential care in group homes.

Of the fifty-four residential units funded by the Eastern Health Board (see Appendix 2) five are devoted to young people out of home. One is managed directly by the Eastern Health Board; the other four *are* funded by it, but independently managed. The five centres have between them a total of forty-

Table 2

Name of unit	Managed by	Total beds	Out of Hours beds	Age	Sex
Parkview	EHB	8	3	12-17	both
Le Froy House	Salvation Army	6	6	12-17	both
Off the Streets	Focus Ireland	8	2*	16-18	both
Sherrard Street	Homeless Girls Society	14	2	13-17	female
Eccles Street	CrossCare	9	2	12-17	male

A few family placements, which can be made at night, are also available.

* Focus Ireland has no contract with the Eastern Health Board regarding the allocation of beds to the Out of Hours Service, t oug two beds referred to above are regularly used by the Out of Hours Service.

It was indicated to us by professionals that local area social services can vary considerably in effectiveness in dealing with youth homelessness. The predominance of child protection duties o e means that younger children and particularly child abuse referrals receive priority while teenage receive less attention. The case for increased capacity and resources to deal more effectivey young homeless people was made.

When a young person is at risk of becoming homeless or is already homeless, speedy access o a solution is vital. In many cases this implies a local response. Concern was expressed to us that young people are not receiving early help locally and are drawn into the city centre to receive assistance Once a young person begins to use city-centre based services he or she meets other more 'streetwise' people. This increases the risk of being enticed into drug use, prostitution and ot er criminal activities.

A young person who becomes homeless in his or her local community may seek help through the local community care social work team in relation to homelessness. The service provided by local social work teams was criticised to us for several reasons:

- the focus is mainly on child protection; adolescents may experience long delays before being allocated a social worker

- social workers may not be particularly skilled in working with adolescents, many of whom have multiple needs

- some social workers routinely refer young people to the OHS rather than make direct referrals to hostels which provide emergency placements

- the service does not appear to take the initiative; the onus is on the young person to go to his or her social worker for a service, even when the social worker is aware that the young person is out of home.

Contributors to the Forum have advocated the provision of locally based teams whose sole brief would be to work with young people at risk. This work would involve identifying young people at risk, making appropriate interventions, mediating with the families concerned, linking with appropriate community adolescent services and providing a resource to young people and to the community. Because of the diverse needs of young people such teams would be multi-disciplinary in nature. They would also ensure that a consistent follow-through service is available, from the time the young people enter services to when **they are settled** in a stable environment. Ideally one team person would be responsible for managing the agreed care plan for each young person.

Recommendations

That a comprehensive directory of ***services be compiled and published as soon as possible.***

The *establishment of multi-disciplinary* ***teams to work with adolescents who are out of home, or at risk of becoming so. The teams would be based in designated areas of the Eastern Health Board region, dependant on need.***

The Independent Board (see Chapter 7) for young homeless people and its Director should ensure that local communities are in a position to know what services are available and to gain access to those appropriate for young homeless person's needs.

Out of Hours Service

The purpose of the Out of Hours Service (OHS) is to deal with emergency situations arising outside normal working hours and affecting children and young people aged from twelve up to their eighteenth birthday. The Eastern Health Board established the service in 1992. It is a social work service rather than a specific accommodation service but much of its work relates to young people out of home. The OHS has access to a total of fifteen residential beds distributed among the five residential units listed in Table 2 above. These beds have been 'ring-fenced' for its exclusive use.

In the case of homelessness, the OHS must first carry out a social work assessment and try to achieve the safe return home of the young person in crisis. Failing this, it can use the dedicated residential beds at its disposal, together with a small number of specialised family placements. If no beds or services are available, young homeless people will be left to their own devices, and to the streets.

Over time, many of the young people using the OHS have become well known to it. The perception among professionals is that these young people have become stuck in a system that is often helpless in terms of moving them on to more appropriate long-term arrangements. To an extent, the service has become a funnel through which the unresolved problems of the day services pass when no other stable solutions can be found.

Conditions for access to OHS changed as we prepared this report. In February 1999, a young person had to 'present' to a garda station after 8 pm to get access to the OHS. In December 1999, the Nightlight Reception Centre, run by the Salvation Army, and funded by the Eastern Health Board, was opened. Young people can now report to Nightlight. It is open throughout the night, from 8pm to 6am, although young people who have been assessed by the OHS and not been placed must leave the premises by 2 am. (They may then return to the garda station). The centre provides food, washing and laundry facilities, and recreational space. The service caters for up to fourteen young people at any one time.

ng homeless people who are not in the city centre, or who do not know about Nightlight, or who ook for access to OHS when they are full, may still use the procedure of going to the garda station, w ere the gardai will contact the ambulance service, which will notify the OHS. A social worker will

* the young person and decide whether to allocate a placement, if there are beds available,

fassistance- On occasion, young people do not get placed. This arises from a shortage

:e places. The suitability of a placement will depend on the young person's age and sex as well as on his or her needs

On rare occasions, units may be unable to cope with young people who exhibit extremely difficult behaviour. In very exceptional circumstances they may have been barred from some or all services and end up on the street or in a garda station.

When a young homeless person has been to the OHS, the social work team in his or her local area is notified and is required to provide a follow-up service. We have been informed that this follow-up does not always happen as a matter of routine, hence the same young people continually come back to the OHS.

The OHS has been criticised by contributors to the Forum because of the difficulties of access, the limited range of services, the length of time for which it can be used and the lack of adequate transition arrangements from it. The access through garda stations, which was the primary access point to the OHS during the work of the Forum, has been criticised by those involved, young people, gardai and social workers alike, as utterly inappropriate for the service provided.

Many of those who spoke to us recommended a single centre, properly staffed, which would supply a service to the many locations to which young people could apply for emergency care. The most obvious location for the centre would be in the city of Dublin, providing easy access for young people in need. It might act solely as a liaison and information centre, or perhaps also provide some initial services to the young people coming to it. (The Nightlight reception centre has some of the features of such an establishment).

A particular problem reported by users and providers of emergency services to people under eighteen years is that young people who use overnight beds must leave the hostel in the morning with no further arrangements in place and apply for the OHS again that night. It has been recommended to the Forum that young people should be allocated **a bed for up to five nights at the time when they** are initially placed **so that a proper assessment of their needs can be made. The procedure** would alleviate stress, provide **some assurance of safety and enable the service providers to offer a** better response.

Young people aged eighteen years **or over can present directly to adult hostels or use the Eastern Health** Board **free-phone helpline for hostel referral. The Homeless Persons unit of the Eastern Health** Board **may from time to time arrange Bed and Breakfast (B & B) accommodation for young people.**

There are over 800 hostel beds in Dublin. The majority are occupied by long-term hostel dwellers and many hostels do not admit young people aged under twenty-five years. Services for young homeless people between the ages of eighteen and twenty are not separately categorised at present.

Recommendations

A *range of access points to the Out of Hours Service should be available. Suitably safe places in the community where young people can access social workers, such as health centres and community centres should be designated. The gardai should continue to have a role in identifying young people at risk. The gardai would have access to the central information system [see Chapter 6]. It is important to state thatgarda stations will still be available to any young person who is in need.*

The current provision of emergency services should be changed so that accommodation can be made available for a period which would allow a proper assessment to be made of the needs of the young homeless person and provision made for his or her further care.

Welfare payments

Young people out of home are entitled to social welfare payments. How these are administered depends on age.

Eighteen years of age and over

Eighteen-year-olds and upward receive supplementary welfare assistance of £72.00 per week (all payments referred to are correct as at February 2000). This is provided directly by the Eastern Health Board Homeless Persons Unit, usually on production of evidence of having stayed in a hostel. Some young people, for reasons that appear quite reasonable, do not use adult hostels and as a result may not receive their statutory entitlements, or may need to engage in a process of special pleading to do so.

Young homeless people are expected to pay for food and hostel accommodation from their assistance payment. The Homeless Persons Unit makes certain other payments, for example deposits for private rented accommodation and initial rent supplement, when necessary.

Under eighteen years of age

A number of changes have recently been made to the Social Welfare payment system to young people out of home and under eighteen years of age. Since summer 1999 young people receive their payment in their local area, rather than in the Homeless Persons Unit situated in the city centre. This payment is made on the recommendation of their social workers.

In January 2000 the payment to young people with access to day services for food and washing **facilities was** reduced from £49 to £15, with the addition of a bus pass. This reduction in payment **was made** in response to concern expressed by service providers that young people were reluctant to

accept residential placements, other than one night beds, because this would result in the loss of their payment. There were also indications that many young people were spending the money meant to cover expenses for a week on alcohol and drugs.

Non-residential services

Outreach/Streetwork

In 1998 the Homeless Initiative Outreach Working Group agreed the following definition for outreach work.

> *In the context of homelessness, outreach work is work which is targeted at homeless people on the streets, and which is primarily carried out on the streets. The purpose of street outreach is to facilitate a change in lifestyle of street homeless people based on linking them into services with the objective of moving them into accommodation, at their own pace. To distinguish this work from other outreach work it should be called streetwork.*

Two services provide a streetwork service in the city centre: Focus Ireland, whose primary target group is young people, and the Dublin Simon Community, which targets adults. The Forum is aware that streetwork is also undertaken by the Ronanstown Youth Service in the Clondalkin area.

Day centres

Those using emergency accommodation must normally leave the hostels each morning. Those young people and those who are sleeping rough, need to be provided with somewhere to spend the day. Some of the homeless day services cater specifically in this regard for young people. These services combine basic care services, recreational and developmental activities, advice, information and one-to-one work. The services identified as mainly used by young people in the city centre are the Extension and the Loft managed by Focus Ireland, and F^iltiu, managed by the Franciscan Social Justice Initiative.

Young people also use a variety of other services, for example food centres, Neighbourhood Youth Projects and Youthreach, some of which also cater for young people who are not homeless. A list of services that have been identified to us are contained in Appendix 3.

CHAPTER 3

Cause or effect?

Substance abuse

Health issues

Prostitution

Education and training issues

Breaking the law

Behaviour and mental health issues

Learning problems

Cause or effect?

This chapter examines some of the most common and serious risks faced by young people who are out of home and who lack family, social, or other supports. These risks may be discernible in the causes of homelessness, they may be among the results of homelessness or they may be indicative of impending homelessness.

Substance abuse

Whether the misuse of drugs, including alcohol, by young people out of home or by members of their families, is a cause or an effect of homelessness is not always clear. It certainly contributes to and exacerbates young people's problems. In the research, *Youth Homelessness in Clondalkin,* 50% of young people interviewed indicated that drug use contributed to their homelessness, but it is worth noting that a number indicated that the drug use of other family members was the cause.

A 1999 study by Gemma Cox and Marie Lawless, *Wherever I lay my hat... a study of out of home drug users,* found that 120 of the 190 people who presented to Merchants Quay drugs project over a one-week period were out of home, and a further 57 reported previous experience of homelessness. Of the 120 active drug users who were out of home, 53 took part in a more detailed study. Ten (19%) of interviewees were aged twenty years or less.

According to service providers the drugs of choice for young people include alcohol, opiates, including heroin, benzodiazepines and hash. Addiction can prove highly disruptive so that a young person becomes unreliable, unresponsive to help and subject to health problems, some potentially very serious. We have been told that difficult behaviour resulting from drug use is a major cause of young people being barred from hostels and other services. A vicious circle is created, leading to prolonged homelessness, criminal activity, prostitution, serious infection such as HIV or Hepatitis, addiction or death. Despite this, some young people do not view their drug use as being a major problem.

A prevention strategy seeks to reduce the incentive and opportunity for drug use. But where young people are currently drug users, a 'harm reduction' approach is vital. This would provide for their personal basic care needs and involve working closely with them and, where appropriate, with their family and school. Where these interventions fail and the young person progresses to more extreme and harmful usage, including needle use, early access to appropriate treatment is essential. Counselling about safe drug use practice, including needle use, is needed. These intervention and preventative services are most important. They must be available locally, as well as in central units, so that they can be rapidly accessed.

Young drug users who are homeless use the services that are available to all addicts, including needle exchange, counselling and methadone treatment. They may also seek referral to any vacancies among the forty beds that are available to people needing residential detoxification and to which young people have priority access. Waiting lists of up to three months for services are standard and often the delay between seeking and receiving a service may blunt a young person's resolution. The chaotic nature of their lives impedes access to appropriate services because treatment requires high motivation, persistence and a significant degree of family or group support. It is the experience of substance misuse services that stable accommodation is a prerequisite for successful engagement in treatment. Even where treatment is available, including residential treatment, the benefits are often not realised because of the lack of follow-on options. No specialist services currently exist specifically for young homeless drug users. For the range of the most widely used drug services see Appendix 5.

Some hostel and other staff who are currently working with young homeless drug users have stated that they recognise that they often lack the expertise required to fully provide for young drug users. In some cases they said they needed further information regarding drug use. They acknowledge that they would benefit from training in a wide range of skills in order to respond to the multiple problems of young people, particularly those with considerable emotional and developmental needs. A basic training in adolescent development is seen as necessary to working therapeutically with their client group. Training in substance misuse, intervention and treatment is required. They also reported a need for back-up psychological and psychiatric services.

We understand that the Eastern Health Board is currently developing plans, in partnership with voluntary agencies, to address the gaps in services to young people out of home who are drug users. A feasibility study is being conducted into the development of a hostel for drug users in Dublin city, based on **the** principal of 'harm reduction'. Other plans include a doubling of the number of beds available for detoxification and the establishment of an aftercare facility for young people who have been through a detoxification programme. Such aftercare will involve providing drug-free hostel accommodation for those who complete residential detoxification.

Services which **are** developed to meet the needs of young drug users who are also homeless must **take a long-term and** holistic approach. Strong links must be developed between specialist services, **for example drug** services, homeless services, mental health services and general welfare services, to minimise the incentive and opportunity for drug use, and maximise the benefits and outcomes of **treatment.**

Recommendations

The establishment of residential care for young drug users, based on the principles of early intervention and 'harm reduction'. These units should be available to young drug users, including those who are under the influence of drugs. Such units require high levels of trained staff. They could be an effective first step to engaging with young drug users and assisting them to get access to other appropriate services.

Access to an adequate supply of detoxification beds and aftercare facilities for young people who have successfully completed a residential detoxification programme and are working to maintain a drug free lifestyle.

That hostel staff who are required to deal with young people using drugs should receive sufficient training to enable them to do so effectively. This should include basic training in adolescent development and assessment and early intervention initiatives in drug misuse. In addition, special support should be available, particularly to local hostels and services, which may not have the range of expert knowledge required if a young person in a critical drug-related condition comes under their care.

The provision of a drug treatment service within the homeless services, including counselling and early intervention as well as treatment.

Health issues

General health

Relatively little research into the medical conditions of young homeless people in Ireland is available. Most attention has been on older people. In 1997 Dr Tony Holohan reviewed the health status, service utilisation and barriers to utilisation among Dublin's adult homeless population. He found the most prevalent health issues to be dental problems, foot problems, skin problems, respiratory disease, ulcers, hypertension and arthritis. Foot problems are particularly prevalent among those who spend all day walking the streets. Because the lower age limit of this study was eighteen years it is not possible to identify the most prevalent problems in our target group of twelve to twenty-year-olds. Reports from young people and service providers indicate however that there is some correlation with the above findings.

Being homeless creates health problems arising from poor nutrition, inadequate shelter, lack of a stable environment and the absence of the kind of care which growing children receive in a proper home environment.

Medical services to young homeless people are limited. All emergency residential units for under eighteens have a general practitioner (GP) service. However, young people placed in emergency beds for one night will not be seen by the unit's GP, except in an emergency. Similarly, young people who move between residential centres in an unplanned way may be in contact with different medical practitioners, who will not have access to records of previous medical treatment. This situation makes it very difficult to give consistent and adequate medical care. What should be routine medical and dental treatments are often not addressed until they become problems or chronic illnesses.

Young people who are not in a residential unit, those for example sleeping rough or staying with friends, have even greater difficulties accessing basic health care services. Their recourse to medical services is through their own GP or through the Accident and Emergency Units of hospitals. The GP service is available to young people over sixteen who have been allocated their own medical card. Those under sixteen, whose parents have a medical card, are entitled to the services of their family GP but, if they have left home or have a problem with their family, they may be reluctant to use this service. One of Dr Holohan's findings was that 'young males (>eighteen years) and rough sleepers had particularly low medical card ownership and this ownership was not influenced by the existence of a chronic disease'.

Dr Holohan's study also indicated that people cited negative experiences of medical services, and a lack of understanding of their situation as patients as reasons for not using services. Reports from some young people and staff who have accompanied them to Accident and Emergency departments are consistent with these findings.

Once diagnosed with special health problems, a young person out of home is eligible for services available to the general population at specialist clinics or outpatient departments. However, waiting lists, coupled with the young person's unstructured lifestyle, are not conducive to regular attendance at clinics or medical services.

The dispensing of prescribed medication to young people not resident in one place presents difficulties. There is, for example, the issue of how to ensure that the young person takes medication as prescribed. Practice varies. Some of the emergency units may take responsibility for keeping custody of the medication and some social workers may do likewise but, in general, the young person will have to cope with keeping and taking the medication as prescribed.

One of the problems that can arise in the case of young homeless people, under sixteen years, who require serious medical or psychiatric treatment is that of gaining the consent of a parent or guardian. This may occur because of conflictual familial relationships. Under the Non-Fatal Offences Against

the Persons Act 1997 a young person aged over sixteen years can give consent to medical treatment. Under the 1991 Child Care Act a health board can seek an order through the District Court to provide medical care for a young person in its care, including psychiatric care. However, young people categorised as homeless under Section 5 of the 1991 Child Care Act are not necessarily in the care of the health board and for that reason it is unclear who is responsible for consenting to medical care.

In view of the lack of clarity in existing legislation, the medical status of young homeless people should be clarified.

Medical aftercare

The provision of medical aftercare for young homeless people who have been acutely ill or treated in hospital is often unsatisfactory. In some ways the problems are similar to those experienced by elderly patients for whom there is no adequate support system at home following discharge from hospital. The young people, however, have no actual home to which ancillary services can be supplied. The Department of Health Circular 5/87 makes recommendations regarding the discharge of patients to emergency accommodation, including the provision of day care, but we understand that this does not always happen. Some of these young patients may have harmed themselves and may require continued specialised psychiatric and psychological help when their physical condition has improved. Others may be suffering from the effects of abuse and violence of different kinds. Having access to a stable care placement with a medical aftercare service is necessary to enable them to recover. It is also necessary in order to provide some time and opportunity for social workers to organise appropriate placement and support for them. This would free up acute hospital beds where they might otherwise be left longer than is medically necessary.

Sexual health

Since the discovery and recognition of the devastating effects of sexually transmitted diseases, including HIV and Hepatitis, the Health Promotion Unit of the Department of Health and Children and many health authorities have paid particular attention to encouraging safe sex practices, particularly the use of condoms. A report, *Youth as a resource, promoting the health of young people at risk,* by Sara Burke, was published by the Department of Health and Children in 1999. It refers to the present level of sexual activity among adolescents in Ireland. There is no evidence to suggest that sexual activity is greater among young people out of home than in the general youth population. However, we know from recent reports that a significant majority of young people involved in prostitution are homeless. We also know that some young people who may be sexually active are using drugs.

All necessary precautions should be taken to protect and promote the medical health of young people who are homeless.

Recommendations

The establishment of a dedicated primary health care team, including addiction services, for young people out of home. The service should incorporate a general medical service and referral to specialist services. The service should operate in locations accessible to young people out of home and be available regardless of their use of other services. It should be developed in the city centre and in local areas, where access to local medical services is not possible and there is a sufficient level of need. It should be affiliated to the primary healthcare teams currently being established by the Eastern Health Board to provide services to homeless adults.

Resources should be made available to allow for appropriate medical aftercare to young homeless people who have been hospitalised with acute illness. Appropriate medical and convalescent accommodation should be provided.

Given that some young homeless people are sexually active, and that some of these may be using ***drugs or*** *involved in prostitution, all necessary steps to protect and promote their health should* ***be taken.***

Prostitution

The Eastern Health Board *Report of Working Party on Children in Prostitution* was published in September 1997. It is a comprehensive document which considered the extent of child prostitution in the Eastern Health Board area and made recommendations to address the problem.

A survey, which forms the basis of the report, was undertaken and 'yielded useful information regarding some of the features of the problem'. The issue was found to affect both boys and girls. Most of those identified were soliciting on the streets. However, some girls were believed to be working in massage parlours, which raised concern that an unidentified but increasing number might be in that situation and unknown to any of the social services. A very significant finding from the survey was that forty-eight of the fifty-seven children surveyed either had been homeless, or were presently experiencing homelessness. The report clearly demonstrates the hazards faced by children who are out of home for any length of time.

There is no doubt that young homeless people are seriously at risk of becoming involved in prostitution but the impression should not be given that most or even many of them are so engaged. As the report of the working party indicates, not enough is yet known about the causes, effects and extent of child prostitution.

The young homeless people with whom we are concerned range up to the age of twenty, so the matter of the exploitation of vulnerable adolescents into prostitution must be a concern. If such young people are organised by those running prostitution as a business they will not be classified as young homeless in so far as they no longer use or try to use the services available. In August and September 1999 a total of thirty-five young people aged twenty years or less were known by the gardai to be working as prostitutes in the Benburb Street area of the city. Three of these young people were aged seventeen years or younger.

The conclusions of the report can be summarised as follows:

- a significant number of children involved in prostitution experience difficulty in accessing the range of services relevant to them

- these children are deeply entrenched in 'streetwise' behaviour and will not respond to a 'rescue' model of intervention

- the children who are most vulnerable are those with a variety of social problems

- the majority of the children involved in prostitution have experienced *or* are experiencing homelessness.

Included in the recommendations of the report are the following:

- that sufficient numbers of quality placements are required

  that specific services are required which are accessible and flexible enough to respond to the diverse needs of these children in a non-stigmatising environment

  that staff who are working with this group of children need specific skills and that specific training should be provided

  that a unified approach is required by all the agencies involved with these children to promote awareness among professionals and the public.

•s clear that the sooner services intervene to assist young homeless people into appropriate accommodation, the less likely they will be to end up in prostitution. We endorse the conclusions and commendations of the Working Party and understand that they have been the basis of a programme undertaken by the Eastern Health Board.

Education and training issues

International evidence suggests that poor school attendance, low educational achievement and early school leaving are often indicators of other difficulties, including family conflict, harmful addictions, abuse and neglect, mental and psychological problems, which may result in homelessness. The findings of the research carried out in Clondalkin by Albert Perris, referred to above, indicate that 60% of the young homeless people interviewed had left school by the age of fourteen. We need further empirical research on the interaction of homelessness and education in Ireland. Many young people stop attending education and training programmes when they become homeless because of their unstable accommodation arrangements and the efforts required to meet their most basic needs. Street culture is not conducive to formal education or training.

According to the National Economic and Social Forum Report (1997) 'more boys than girls are likely to leave school early. Traveller children are most likely to leave school early and the social origin of early school leavers is pronounced, with 75% coming from working class origins or small farms'.

Early school leaving and poor school attendance are indicators of risk of homelessness. Homelessness, in turn, affects education and training opportunities for young people. Shortcomings in education, therefore, figure as both indicators and effects of youth homelessness.

The *National Anti-Poverty Strategy Annual Report* (1998) recognises that 'education is crucial in breaking the cycle of intergenerational disadvantage and reintegrating into society and the work force those at risk of becoming marginalised'. In September 1999 the then Minister for Education and Science, Micheal Martin TD, stated that 10,000 teenagers leave school in Ireland each year without any qualifications. No comprehensive mechanism exists for intervening where school attendance has become a problem. Within the Eastern Health Board region, school attendance officers operate only in a small area. Even where difficulties are noted, no support mechanism is provided and current school attendance legislation is viewed as punitive.

Communication between many education/training projects and the statutory child welfare services would appear to take place largely on an individual basis. In this regard we welcome the Education (Welfare) Bill 1999, which is currently progressing through the Oireachtas. We support in particular its provision for the establishment of a National Educational Welfare Board, whose brief will include the co-ordination of state services to young people with school attendance problems. According to the Department of Education and Science 'New Deal' document 1999, it is intended that the Board will be operational by September 2000. The establishment of such a board will be a step towards achieving early and effective intervention for young people experiencing difficulties.

We recognise the importance of early identification of, and intervention on behalf of, young people who have a poor record of attendance at school and who leave school prematurely, as a means of preventing homelessness. For many of the young people with whom we are concerned, the cycle of disadvantage is already well advanced and the prospects for constructive training opportunities, and subsequent career development, are uncertain.

The reintegration into education and training services of young people already out of home, represents a significant challenge. Such young people are in a very difficult situation, with insecure accommodation, uncertain welfare entitlements and poor social supports. They have frequently had very negative experiences of education/training and employment. For many of them the prospect of long-term unemployment, or poorly paid insecure work, is real and overwhelming. There may therefore be little incentive to engage in training courses that are perceived as unlikely to improve their position economically or socially. In the course of its work, the Forum identified a total of twelve education and training models, funded by the Department of Education and Science, the Department of Justice, Equality and Law Reform, the Eastern Health Board and FAS. These projects are listed in Appendix 4. They provide a wide range of education and vocational skills training, including some specially designed for marginalised young people.

The *Integrated Services Process* (which has been developed by an Interdepartmental Committee to co-ordinate services in education, health and social welfare) provides a model which could be used to redress gaps in the co-ordination of services for young homeless people. The model is currently in operation in four local areas. It includes youth services which operate in the local community and would be in a position to identify young people out of home and to establish links with them.

The atmosphere and routines of hostels should help young people to maintain jobs and pursue training courses and education. Allowances need to be made for class schedules when timing meals, and support must be provided for study. Young people who have been out of education and training for a prolonged period will probably require extra support to re-enter training services. Such support may involve dedicated pre-vocational training programmes. It will include understanding on the part of mainstream training services of the needs of young homeless people.

Young people who have been homeless for an appreciable amount of time, even those who have successfully completed a training course, will need support when entering the world of paid employment. They may have no work experience whatsoever and find the discipline very difficult.

Recommendations

That the proposed National Educational Welfare Board, when constituted, should specifically promote the educational welfare of young homeless people. The Statutory Authority [see Chapter 7] responsible for young homeless people in the Eastern Health Board region should, through the Independent Board and its Director, assist in the co-ordination of services and assessment of needs in this area.

That education/training programmes should specifically address the needs of the existing core of young homeless people in the Eastern Health Board area.

That adequate provision be made for a job seeking/job support service, which takes account of the specific needs of young people who may never have worked before, or who may have experienced long periods of unemployment. Such a service should be based at a central, accessible location and have strong links to relevant education and training projects, as well as to job placement agencies.

Breaking the law

One of the hazards faced by young homeless people is that their lifestyle may lead them into conflict with the law. Some of them may have become homeless as a result of breaking the law and find that they are no longer accepted in their families or community.

The legal framework for juvenile justice includes the Probation of Offenders Act 1907, the Children's Act 1908, the Criminal Justice (Administration) Act 1914, the Criminal Justice (Community Service) Act 1983. Young persons may be part of the Juvenile Liaison Scheme established in 1963 and expanded in 1991. This is a non-statutory scheme operated by the Garda Siochana, designed to keep young offenders from prison, and deals with young people under eighteen years. Persons under the age of seventeen years charged with summary offences (offences which can be tried in a District Court) are dealt with separately from adults and, in Dublin, by the Dublin Metropolitan Children's Court. The child in such cases cannot be identified. Children charged with indictable (more serious) offences are subject to the same procedures, before a Circuit or High Court, as adults.

Concern regarding the present system of juvenile justice has given rise to the Children's Bill, which is currently proceeding through the Oireachtas.

The primary purpose of the Bill is to replace the remaining provisions of the Children Act 1908, and associated legislation, with a modern comprehensive statute.

We welcome the spirit of the Bill and recognise that the fundamental change in work practices, which it involves, will have significant resource implications for service providers, particularly the relevant health boards. Four sections of the Bill are significant in this context.

Part 2, Section 7, allows for the convening of a Family Welfare Conference.
Family support is central to reducing the risk of re-offending and to promoting non-custodial sentencing, but the relevant authorities must be adequately resourced and trained to assume this new role effectively and should involve all relevant personnel including child welfare, gardai and education.

Part 10, Section 193, removes the right of Directors of Places of Detention to refuse a place to a young person sent to them by the courts on the basis of having no vacancy.
A change in policy of this nature is likely to have a profound impact on care planning. People have expressed the concern that it increases the likelihood of a 'revolving door' policy, whereby young people are discharged to make places available for others. Such a development is something that many professionals involved have highlighted, and warned against. In order to ensure that such a situation of unplanned discharges does not arise in special schools it is imperative that services to provide for young people leaving these schools are properly resourced.

Part 5, Section 52, proposes to raise the age of criminal responsibility to twelve and to eliminate the existing distinctions between child, young person and youthful offender, replacing them with the generic term Child, meaning any person under eighteen years of age.

Part 3, Section 16, amends the 1991 Child Care Act by providing for Children in Need of Special Care and Protection.
The implications of this amendment will be discussed further in this chapter.

A Juvenile Justice Review Group has been established whose terms of reference include the following:

- intervention and prevention strategies as a means of keeping children out of courts
- why there appears to be an increase in the number of children coming before the courts
- the behavioural patterns of children coming before the courts in the lead up to a court appearance

- the present non-custodial options open to the courts when dealing with children

- and best practice models in existence in this country and in a number of other countries where community sanctions are in place.

Custodial sentences

It was indicated to us that young people of no fixed abode or family support who come before the courts are more likely to receive a custodial sentence for breaking the law than those who are from settled homes. This is because their chances of rehabilitation or even, in some cases, survival are better if they are put into a structured environment where they will have to remain for a definite period during which they can be helped.

It was suggested to us that a greater availability of remand places, even for a short period, would give social workers a better opportunity to contact young people's families, provide a better response to the needs of the young people and be of assistance to the courts.

Unplanned discharges are commonplace within the prison system and young people may be released without reference to the supports available and end up homeless. This is not an effective response to **the** young person's needs. Where home or other support is not available, efforts should be made through the welfare system to provide for the young person. There should be close liaison between the authorities in young persons' prisons and the agencies which can assist them on their release.

The *Final* *Report of the Expert Group on the Probation and Welfare Service* (1999) advocates 'a significant shift in policy to facilitate the increased use of a much greater range of non-custodial **sanctions', with** consequential additional resources. If such a policy were to be introduced it should **be carefully** considered in the context of young homeless people. The report made several **recommendations** which **are relevant** to the situation of young homeless people who break the law. **These include:**

- that the role of probation hostels be expanded and linked to existing community-based initiatives, and that the establishment of bail hostels be considered

- the establishment of an Advisory Forum which would include organisations concerned with the criminal justice and family law systems, both statutory and voluntary, and would include clients of services

- provision for a comprehensive aftercare service for prisoners.

One of the most visible breaches of the law by young homeless people is that of begging. Some people with whom we spoke, including young people who had been arrested or imprisoned for this offence, argued that it was neither serious nor criminal; that it was, for the most part, a last resort and was a preferable option to stealing. On the other hand, it was argued that it led to intimidation and that, unless and until the law was altered, it should be obeyed by homeless young people as by others.

Behaviour and mental health issues

Contributors to the Forum have emphasised that many young people who are out of home exhibit disturbed and difficult behaviour. Such behaviour may be part of the cause or part of the effect of homelessness - or both. It is rarely immediately clear whether such behaviour is the result of a clinical condition, or is due to a psychological disorder, or is a reaction to the difficult situations in which the young people find themselves. Without an accurate diagnosis to identify the cause of each young person's difficulties it is not possible to provide an adequate response.

Disturbance may manifest itself as self-harm or injury, aggressiveness and violence, extreme resistance to authority or inability to concentrate. Severely disturbed behaviour can result in a young person being excluded from services. This, in turn, further isolates the young person from help and may lead to a cycle of further deprivation.

The prevalence of mental health problems, whatever their cause, among our target group of young people out of home is not accurately known. It has been represented to us that this lack of information is due to the inadequate assessment and treatment services for young people with mental health problems. We also understand that there is a problem of definition as to the precise cause of adolescent behaviour which manifests itself in severe disorders, including self-harming and threatening behaviour.

Kieran McKeown in his 1999 report, *Mentally III and Homeless in Ireland: Facing the Reality, Finding the Solutions,* states that research throughout the nineties consistently estimates the rate of mental illness among the homeless population in Ireland at 40%. This compares with a rate between 1% and 10% in the general population, depending on the reference source.

Studies of the prevalence of psychiatric disorders among children and adolescents show that between 10% and 18% of children/adolescents show evidence of psychological stress. Research published in 1995 by Dr Michael Fitzgerald in *Irish Families under Stress* has shown a close correlation between evidence of psychological stress and parental mental illness, marital disharmony and poverty. In the absence of specific research relating to homeless children and adolescents, we can expect that they will experience at least the same incidence as their age groups who are not similarly disadvantaged.

Providers of residential and day services, both for those under and over eighteen, readily admit that they do not have the expertise available to meet the needs of young people with disturbed behaviour. Nor are there sufficient specialist services which might increase their capacity to work with young people who may have mental health problems.

Young people must join the queue for the Eastern Health Board's own already over-stretched psychological services, where waiting lists are of the order of six months. The delay is very difficult for young people who are out of home or in unstable accommodation. If they have mental health or psychological problems they are even more at risk of exploitation and danger than others of their age, who are also homeless, but who are more capable of looking after themselves.

The options for adolescents, particularly in emergencies, are limited. When the Health Board's care units and social workers are not in a position to provide special services, the young people's needs may go unmet. Emergency access to services is essential, especially where a young person in traumatic circumstances may be threatening self-harm or showing signs of serious distress. Residential assessment and treatment facilities for adolescents with mental health difficulties, which may be the only option for young people who have no stable accommodation, are insufficient to meet the demand.

A further difficulty facing young people out of home requiring or seeking treatment is that services are provided on a geographical basis. This is an impediment to young people out of home, who are constantly moving from place to place. The Eastern Health Board acknowledged in its 1996 *Report of the Committee on Services for Homeless People with Mental Health Problems* that the current system of local area services did not meet the needs of many people who were mentally ill and homeless, and that centralised services should be provided.

This issue of assessment and treatment is complicated by the anomaly in legislation whereby a young person who is a child under the 1991 Child Care Act must use adult psychiatric services if aged over sixteen years. While many contributors consider that this situation is inappropriate they also acknowledge that a young person is likely to receive a quicker response from adult services. The recently published Mental Health Bill (1999) recommends increasing the age limit of child services to eighteen years.

There is no statutory provision to detain a young homeless person for his or her own protection. In order for a young person to be placed in a secure setting he or she must be sent there by the courts, either as a sentence for a criminal offence, or as the result of a High Court Order, sought by or on behalf of a young person, to provide for his or her care. The problem of providing for young homeless

people who pose a danger to themselves has been hampered because health boards, which are responsible for the welfare of such young people, do not have statutory authority to intervene. Issues relating to the level and extent of services available to young people after an order has been made have been raised by the courts on occasion.

We are aware that this situation is being addressed both from the legal and resource perspectives. Part 3 of the Children's Bill 1999, currently before the Oireachtas, proposes, by way of an amendment to the Child Care Act 1991, to introduce special care orders for the care and protection of young people where the behaviour of the child poses a real and substantial threat to his or her welfare and adequate care can only be provided by making such an order. The provision of special facilities for young people who are subject to such court orders is advancing in the Eastern Health Board area. It is expected that when special care and high support units currently being developed by the Eastern Health Board are fully operational (autumn 2001) a total of sixty-two special care/high support placements will be available within the Eastern Health Board's region.

Services currently available to meet the needs of homeless people who are mentally ill, either by way of assessing their situation or providing for emergencies or long-term care, are minimal. This inadequacy applies to both residential and community based responses. As Kieran McKeown states in the report already cited:

- at its simplest, people who are mentally ill and homeless face two problems:

    i) they do not receive treatment or rehabilitation services for their mental illness and

    ii) they live in accommodation such as emergency hostels or sleeping rough which is not appropriate to their needs and may even exacerbate their illness. Any strategy to address their needs must tackle these two problems.

oung homeless people who need psychiatric assessment and treatment for mental illness should be given such services.

Young homeless people who need psychological assessment and help should receive them.

Learning problems

small proportion of young people within the general population suffer from degrees of learning problems. They need special care and education to enable them to develop their abilities and live 3PPy and productive lives. The same small proportion of young homeless people may have a

learning problem and, because they are homeless, they do not have the substantial help and care which they need. They run the risk of being incorrectly classified as difficult, mentally ill or gravely disturbed. They are also even more vulnerable than others to being preyed upon and victimised.

Access to the appropriate services which they require should be readily available to young people with learning problems.

Recommendations

That young homeless people who need psychiatric assessment and treatment for mental illness are provided with rapid access to these services. Young people should be able to access these services in the area they now reside in rather than solely in their area of origin.

***Access** to services providing for assessment and treatment of mental and psychological difficulties and of learning problems should be readily available to young homeless people who require them.*

Psychological and psychiatric services should be available to locally based teams for adolescents at risk, and young homeless people should get priority access to them.

Acknowledging difference

CHAPTER 4

Young single parents

Young Travellers

Refugees and asylum seekers

Acknowledging difference

Among young people generally, there *are* some who have special needs. These needs may have to be met in a different way when the young people are homeless. We decided to examine three categories of people with special needs and to try to discover how they are affected by the fact of being homeless.

Young single parents

Organisations which work with single parents, primarily young women, have identified a number of problems. Appropriate antenatal care may not be received if young women are living on the streets, or in insecure accommodation. Adolescent women have a history of lower attendance for antenatal care than the general population, to such an extent that the Coombe Women's Hospital introduced a specific teenage antenatal admission procedure in order to engage with young women at an early stage. Some young women move to a settled environment during their pregnancy, either returning home or going to designated accommodation.

A small number of transitional housing units provide support for homeless single mothers, some of which are available at short notice. Emergency accommodation for single parents is limited to B & Bs or to a very few hostels in the Eastern Health Board area. In some cases the premises must be vacated during the day, leaving the young parent few options but to wander the streets or gravitate between meal centres. This is clearly bad for her and for the developmental needs of her child. The Homeless Initiative survey, *Counted In,* referred to above, suggests that 170 children, in the company of their parents, had contact with homeless services during the last week in March 1999.

The lack of sufficient transition and long-term accommodation is a cause for concern. The private rented sector often will not accept or is not suitable for children. Local authorities in the Eastern Health Board do not appear to have a consistent policy regarding the provision of accommodation for single parents, particularly in cases where they have just one child.

Some contributors to the Forum suggested that young single parents are generally offered larger housing than they require, often in areas that isolate them from their own support systems. Unable to maintain the house, they may invite friends and family members, who are not official tenants, to stay with them. This can give rise to further difficulties. Such conditions militate against forming normal family bonds, and against the long-term stability of the family.

Children have been taken into the care of the state because the parent, often still a child, is unable to provide adequate care and attention.

Young Travellers

Some organisations which deal specifically with Travellers, as well as those who meet young Travellers in the course of their work, have made contributions to the Forum. The issue of young Travellers who are homeless has come to the fore only in recent years. Traditionally the Traveller community, for cultural and mobility reasons, tended to remain apart from the settled community and mainstream services, including education and health. Where family problems arose they were usually resolved within the extended family or by the Traveller community generally. Greater political activism among Travellers and those concerned for their situation has brought about some improvements in the provision of specialist services for the Travelling community. Mainstream services are now more readily available to Travellers, and young Travellers are presenting to mainstream homeless services in greater numbers than before.

Among the issues that have been highlighted to us as warranting attention is the widespread difficulty of getting accurate information from or about individual young Travellers. It is unclear whether many young Travellers are actually homeless and sleeping rough, or whether most return to their halting sites at night. One Traveller organisation reported that young people presenting to mainstream homeless services would not use its day service, because the young Travellers would be likely to be seen and recognised by older family members, who would confirm their ability to be with their families on sites.

Mainstream homeless services have reported that many young Travellers are unwilling to link with statutory homeless services, which is the most realistic option for moving out of the homeless scene, and this seriously reduces the options available to them.

According to the 1995 *Report of the Task Force on the Travelling Community,* young Travellers traditionally leave school early and engage in casual work, like trading, in the community. The expectation of hostels that residents would participate in training programmes or find conventional jobs therefore needs to be adapted if Travellers are to use their services. Specific residential care for young Travellers is provided in Ballyowen Meadows and Dellarossary. These units, funded by the Eastern Health Board, are normally accessible only to children aged under ten years. Travellers can access Travellers' Families Care and Shared Rearing Programmes.

Efforts have been made in recent years to encourage and assist Travellers to pursue training and education in health and childcare, so that knowledge and experience of these matters will be more readily available within their community. One such example is the Travellers' Health Project, run

jointly by Pavee Point and the Eastern Health Board, which is a peer led initiative. Young Travellers who are currently using services for homeless young people, however, have not had the advantage of these efforts.

It appears that a small group of young Travellers is in the vulnerable situation that they have left their own family and community but are reluctant to use the few other options that are available to homeless young people in general. The Report on *Youth Homelessness in Clondalkin,* for example, indicated that *'It is known locally that some Traveller children regularly sleep rough in parks, disused shopping centres and abandoned cars on the fringes of the estates. They are less inclined to access mainstream youth services or community centres...'* This isolation creates a problem for those charged with providing for their welfare and, more importantly, for the young people themselves.

The specific needs of young homeless Travellers should be considered by the Interdepartmental Committee currently working on issues concerning Travellers.

Recommendations

Attention should be paid to the specific problems of young homeless Travellers within the general structure of the services for young homeless people and within the services provided for the Travelling community.

Members of the Travelling community who would be suitably qualified to assist young Travellers who have left home should be involved in the delivery of services to them.

Refugees and asylum seekers

As we noted throughout this report, many developments have occurred in the past year. One such change has been an increase in the numbers of people seeking refuge and asylum in Ireland. nevitably, there have been among them some young, unattached people in the age group we are considering. It is, however, difficult to know exactly how many there are, what are their needs and how many of them are still in Ireland after a certain time.

Refugee Application Centre run by the Department of Justice, Equality and Law Reform, where the EHB has an office, informed us that ninety-four unaccompanied minors have presented there since it was opened in 1998. Once a young person aged under eighteen presents for asylum the case is passed from the Department of Justice, Equality and Law Reform to the local health board, which is then obliged to provide the necessary care and accommodation under the 1991 Child Care Act.

Service providers should be in a position to know the ethnic background, language and family history of asylum seekers. Some young people are fleeing war torn countries and may have experienced severe trauma prior to their arrival, while others are economic refugees whose needs are different but equally pressing. Experiences in the country of origin are likely to affect how a young person perceives statutory services and, consequently, how he or she is likely to respond to them.

One particular Eastern Health Board community care area has been given the responsibility for providing a social work service for refugees and asylum seekers. Extra resources were identified as necessary to meet the increase in numbers and complexities relating to the service. The Eastern Health Board has recently appointed a social worker to work with 'unattached minors' among the asylum seekers. The Department of Health and Children has provided financial resources for a *Refugee Language Centre* in Trinity College, Dublin, to provide a language service for refugees and asylum seekers.

Only those assessed as very young, vulnerable, unattached young people are likely to be offered a **care** placement. Older adolescents often express a preference for B & B rather than a care setting. However, this presents a problem because they are still legally children. More alternatives need to be found.

The needs of young refugees and asylum seekers who come to Ireland are complex and should be specifically addressed. They are vulnerable to deprivation and exploitation but their needs are likely to differ in some important respects from those of young Irish homeless people.

Recommendation

That the Independent Board [see Chapter 7] for young homeless people should liaise closely with agencies providing services for the particular needs of young refugees and asylum seekers, alone and without a home in a foreign country, to ensure that these needs are met.

Where can young homeless people call home?

CHAPTER 5

Where can young homeless people call home?

It might seem that accommodation, or lack of it, is the core of the state of homelessness. The issue, however, is not simply confined to accommodation. Yet the circumstances in a person's life leading to homelessness are unlikely to be addressed, let alone resolved, without the support of stable shelter. This chapter considers the options open to young people aged between twelve and twenty and outlines the evolution and current provision of accommodation services for them.

There is a severe shortage of reasonably priced accommodation in the greater Dublin area. Certain members of society, including those on low incomes or dependant on social welfare, and those without family supports, both financial and emotional, are more adversely affected by this shortage than others.

In reviewing the accommodation services available to young homeless people we decided to treat separately those in the age group under eighteen and those aged eighteen to twenty years. Although services are very different in each case there is some overlap between the categories. Some problems are common to the services for both age groups, among them the following:

- lack of clarity as to whose role it is to plan for development and a shortage of information to inform the planning process. There is an absence of evaluation and review mechanisms
- a scarcity of specialised accommodation for young people out of home
- no integrated care plan for individuals within the care/homeless services.

Accommodation for young homeless people under eighteen

This report has focused on residential care as the primary type of care experienced by adolescents who are or have been homeless. We recognise the importance of foster care, which has traditionally been allocated to younger children. We understand that the Eastern Health Board is developing alternative forms of foster care placement. These are centred on the needs of children, and of adolescents, with difficult behaviour and are being developed in collaboration with voluntary services They offer better support to families, higher rates of payment and quick access to resources.

The issue of residential care concerned us, first because it is the primary option available to young people who become homeless, and secondly because research has established a link between a history of residential care and homelessness. In their 1998 study of care leavers, *Out on their own*

commissioned by Focus Ireland, Patricia and Carmel Kelleher estimated that a third of young care leavers experienced homelessness in the six months subsequent to leaving care. The research that we commissioned in Clondalkin corroborates their figures: slightly more than a third of young homeless people surveyed had a history of residential or foster care. We were conscious that our recommendations should make provision for many young homeless people whom the child welfare system has already failed.

The evolution of residential care

Residential care in Ireland was traditionally provided by religious orders in large institutional settings. The institutions received grants from the state and were subject to minimal inspections.

The decline in religious vocations and a change in policy with regard to appropriate responses to child care led to the disappearance of such institutions.

The 1970 *Kennedy Report* was influential in bringing about a change in approach to residential childcare, as was the *Task Force on Childcare Services Final Report,* published ten years later. The policy thrust of the 1991 Child Care Act, and a number of recent childcare scandals, has led to new settings for children in need of care. The momentum is now towards smaller group homes where the hope is that children's needs will be met in a family-like environment.

The withdrawal of religious orders has placed heavy demands on the Eastern Health Board, as has the broadening of the term 'child' under the 1991 Act to include those up to eighteen years. In less than ten years the Board has become the largest provider of residential care in its own area. It operates twenty-four units with 160 beds and it funds a further thirty units, with 239 beds, operated by sixteen different voluntary organisations.

Such diversity is reflected in a wide variety of policies and management practice. Voluntary organisations report to their boards of management, each with its own constitution and traditions, while units managed directly by the Eastern Health Board report to the head social worker in the relevant community care area, of which there are ten. Not counting individual managers, policy and practice directives for the fifty-four units come from twenty-six different decision-makers.

In theory there is a plentiful supply of beds for the use of young people out of home. But in practice **most residential units are not** available to young people in emergency situations, particularly those in **the upper age range of** sixteen to seventeen years. As has been indicated elsewhere in this Report, **many agencies feel unable to** provide **for** the multiple needs of young people with behavioural **problems. Their perception** is that such young people would disturb and upset other young residents

in the unit. It has been suggested to us that, in general, residential units operate at about 75% occupancy. If this is so there is a mismatch between the services available and the services required.

A comprehensive analysis of the present care system is needed. Without such an analysis we cannot accurately and authoritatively pinpoint the shortcomings. There is pressure on staff and on the system. Care staff reported to us that social workers seem to detach themselves once a placement is secured, while social workers think that some care staff needlessly expect them to resolve difficulties that arise during placement. Such shortcomings may result in young people being discharged without adequate provision for their future. This is a matter of concern to those providing the services.

A Strategic Plan for Residential Care in the Eastern Health Board region was formulated in December 1999 and the *Report of the Task Force on Residential Care* was published in the same month. A Residential Care Inspectorate to register and inspect residential children's homes in the voluntary sector has been established by the Eastern Health Board.

These developments should help to address some of the problems within the residential services of which we were informed.

The quality of care

Receiving a young person into care is not simply a matter of providing accommodation. This has been made clear by contributors to the Forum and in the relevant literature. Robbie Gilligan in his 1991 publication, *Irish Child Care Services- Policy, Practice and Provision,* points out that children being received into care 'have been scarred by the troubles which culminated in their admission to care'. Agencies providing care to young people must recognise that the term 'care' cannot be limited to the provision of basic services. A strict reading of section 5 of the 1991 Child Care Act could give the impression that accommodation is the young homeless person's only requirement. However. therapeutic and compensatory services must be provided to ensure that the difficulties which have led to the young person's admission to care are dealt with and that normal development is not inhibited by the admission.

Contributors to the Forum, including young people who have been in the care of the state, have indicated that liaison and planning are too often deficient.

According to the Kelleher's study a significant number of young people return to their families following their care placement. This number ranges from 33% for those who have been in the care of the health board, to 63% of those who have been in Department of Education and Science Special Schools. (Special Schools are for young people who have been referred by the courts and

of which there are five.) What is not clear is whether all of these are planned returns or forced by the breakdown of the care arrangements. According to the Kelleher's findings, 48% of young people surveyed left care following a crisis which resulted in the placement breakdown. Many young people are taken into care as the result of a crisis, and very often they are discharged from a placement as a result of another crisis.

Staff of residential units indicate that many placements break down because the young person's behaviour is deemed to be too difficult to manage in the unit and is likely to pose a threat to other residents or staff. As a result, the young person is likely to be discharged for the very behaviour that may have precipitated his or her reception into care in the first place.

Residential care services need versatility and an extended range so that young people do not become homeless because no place in a unit capable of managing difficult behaviour or drug misuse is available. If difficulties arise during a placement it should be possible to find alternative facilities, even **for** a short period. Movement from one unit to another should be on the basis of the young person's needs rather than those of the units. Protocols and specialisms should be agreed so that an adequate range is available. It should then be possible for a young person to be moved to the unit most appropriate to his or her development in a planned way and with the minimum of disruption.

The need for localised residential services has been identified over a number of years in studies, including one undertaken in 1995 in the Tallaght area by Focus Ireland. The Tallaght study, *Here, There and Nowhere,* recommended the establishment in Tallaght of at least two small residential units and one high support facility for disturbed young people in need of special care. To date Tallaght has only one long-term residential unit. The provision of localised services is vital if young people are not **to** become rootless as well as homeless.

The development of localised care and ancillary services, including residential and family placements, should take place in areas of greatest need in the Eastern Health Board region. The services should be organised from centres which are flexible, localised and co-ordinated. There would probably be a total of about six centres, five in the areas identified as having greatest need, plus a central unit for those young people not covered by local centres. The centres would have access to the multi-disciplinary teams working with adolescents, referred to earlier. There would be close liaison between the various services and the community.

The link between a history of being in care and homelessness is a matter of concern. The transition from a structured environment or home life to adulthood and independent living is difficult for young

people. However, the difficulties are compounded for a young person without an adequate family support network or whose capacity to cope has been diminished as a result of his or her experience in care placement. For many young people who have been in the care of the state, it is clear that their family network is unable to meet their needs. Many also find that their educational and job prospects have been adversely affected by their previous experiences.

Young people often experience problems with accommodation and multiple moves, poor job and training opportunities, as well as drug and alcohol addiction in the six months subsequent to their leaving care.

This significant correlation between a care history and being homeless raises the issue of how young people are provided for after they have been in the care of the state, in other words what constitutes aftercare, and who is responsible for providing it?

The 1991 Child Care Act decrees that health boards may provide aftercare to young people leaving their care and also outlines what form this aftercare may take, for example by visiting, through payment, providing hostel accommodation, or co-operating with local authorities in the provision of accommodation when a young person has reached eighteen years. The use of the word 'may' in the legislation implies that the provision of aftercare is optional. There is no lower age limit attached to the receipt of aftercare, so it is unclear as to whether aftercare should begin when young people leave the care unit in which they have been resident or when they reach adulthood. Many young people do not remain in residential care until they reach eighteen years. Indeed the Kellehers point out that the majority of young people who leave Special Schools, do so before the age of sixteen years, yet find it difficult to secure health board accommodation on discharge from the Special Schools.

Prior to the legislation governing aftercare, introduced in1991, it had been the informal practice of many residential centres that staff known to the young people would continue to visit them. Sight must not be lost of the number of young people leaving family placements, some of whom may need further services.

Conclusion

The addition of aftercare to health boards' range of responsibilities under the 1991 Child Care Act placed extra demands on their resources and a national policy in relation to the provision of aftercare is required.

It would appear that developments in both the statutory and policy frameworks for aftercare are needed.

Many representations to the Forum, as well as the ever growing body of research, make it clear that there are significant difficulties in the current residential care structure. Residential units, by their own admission, are unable to deal with the challenging behaviour and complex problems presented by young people. Hence the rates of unplanned discharge and of refusals of placements are high. A multifaceted response is required to enable staff in residential units to meet the needs of these young people, so that they do not end up being discharged from their care unit and propelled into homelessness.

Recommendations

That an examination be undertaken of the existing pattern of accommodation and a reallocation of places be provided where necessary to ensure that emergency accommodation is available to meet emergencies. Emergency accommodation should be a point of entry only, for those in a crisis, from which they should be transferred to appropriate care. It should not form part of a routine pattern of response to young homeless people.

Interlinked groups of residential units, family placements and ancillary services should be established. They should be flexible, localised and co-ordinated, and should be developed to meet the multiple needs of young people. The units and ancillary services would be based in areas of greatest need so ***that*** *young people are not forced to move from their localities, with one group of units based in a central location to provide for young people unable to remain in their local communities. The units* ***would have*** *strong links to multi-disciplinary teams which would work in the community with adolescents at risk, and whose brief would include liaison between the units and the community.*

Individual care plans should be prepared and reviewed for each young homeless person. They should be carried out wherever the young person is accommodated and should not cease because he or she moves from one service provider to another.

National guidelines should be drawn up defining aftercare.- clarifying its nature and extent. If necessary, a legal obligation should be imposed on the statutory authority responsible to provide an adequate system of aftercare.

Accommodation for young people aged eighteen to twenty years

As a group, young people aged over eighteen years who are homeless need several different kinds of accommodation. There is the immediate necessity for emergency accommodation. Some require transitional accommodation. All ultimately need to secure stable long-term accommodation. But

young homeless adults have severe difficulties in finding **appropriate accommodation of any type. The** current provision of accommodation to these young **people has been criticised for several reasons:**

- lack of a coherent overall strategy
- not enough suitable emergency accommodation
- lack of transition housing options for those without **adequate social supports**
- lack of reasonably priced private rented accommodation
- inadequate support services for those young people moving into **independent living**
- the underdeveloped voluntary housing sector for young people out of home
- the low priority given by local authorities to providing housing for young people.

Emergency accommodation

Many hostels in Dublin will not accept people aged under twenty-five. Their traditional focus is **on** older people. There are thirteen hostels in Dublin, with a capacity **of over 800** beds. In practice, we understand that two hostels are mainly used by young men and one by young women. Many of the adult hostels have effectively become large social-housing units where residents can live for up to forty years. Because of their size, staffing levels and the requirements of their regular users, they cannot meet the needs of young people, many of whom may be homeless for the first time in their lives, or coming from a care placement in crisis.

In Ireland we do not provide emergency accommodation specifically for young adults who become homeless on leaving children's services at eighteen years of age or who become homeless for the first time in early adulthood. Young people who have been used to comparatively well-supported and well-----ed residential care may, therefore, find themselves on reaching eighteen years in hostels where there may be many residents and very few staff. The young person must then seek out other support services, either voluntary or statutory, in order to move to a more stable setting. Young people forced to rely on hostels are unlikely to have the necessary emotional and financial supports to easily secure more suitable accommodation.

There is no hostel accommodation in the Eastern Health Board region outside the city centre. A young person moving to a central Dublin hostel may become isolated from family and community, a

condition which increases the risk of remaining homeless. Young homeless adults should be able to avail of a wider range of responses than the limited options on offer at present. Even the anomaly in the legislation, which we have already noted, regarding who provides for young homeless people aged over eighteen years, serves to put them at a greater disadvantage. Many young people just turned eighteen, who should be receiving aftercare from the Eastern Health Board, are cut off from this care and become dependent on local authorities, or adult services, to provide for their needs.

Transitional and long-term accommodation

Three sources of accommodation might be expected to be available to people aged over eighteen with limited financial means. These are the private rented sector, local authorities and the voluntary housing sector. The reality is that these sectors are neither individually nor collectively meeting current demand.

In the Eastern Health Board region the private rented market is virtually inaccessible to young single adults. The limited accommodation available is prohibitively expensive and of poor quality. The present housing shortage has hit people at all income levels, but those on low incomes or dependant on social welfare have been severely affected. Eighteen-year-olds and over who are in receipt of social welfare payments may receive a rent deposit and a rent supplement, paid by the Eastern Health Board Homeless Persons Unit. Rent supplement is based on a maximum rent of £70 per week, and the maximum subsidy is £64 per week, with the tenant paying the balance. Young people report being offered poor quality, often damp and dangerous, accommodation, for £90-£100 per week. They do not complain, because they need a place to live and they fear eviction.

It is clear from young adults' reports to the Forum, reports that are corroborated by care staff and social workers, that accommodation on offer subsidised by the Department of Social, Family and Community Affairs, and administered by the Eastern Health Board, may contravene building and safety regulations. Each local authority has statutory responsibility for enforcing Rented Housing regulations. Levels of enforcement vary widely across the four Dublin local authorities, as does the rate of standards' inspections, and rent book investigations.

The voluntary social housing sector is underdeveloped. Housing organisations in the past concentrated on particular needs, for example the elderly or those with physical or mental health disability. Very little accommodation has been targeted at the young who are also homeless.

Local authorities acknowledge that traditionally they have not planned or catered for young single people. Their priority in building programmes has been to provide family units. Whatever single person accommodation is available is virtually always allocated to much older people. The total

amount of bed-sit and one bedroom accommodation (excluding special accommodation for the elderly, except where marked with an asterisk) provided by local authorities in the Dublin area is as follows:

Table 3

	Dublin Corporation	Fingal County Council	Dun Laoghaire & Rathdown	South Dublin County Council	Total
Total no. of units	24,221	3,140	4,351	7,714	39,426
Single person units	3519	318*	369	450	4,656 (11.8%)

Clearly there is little respite for our target group of young people in the three sectors that might be expected to be available to them, private rented, voluntary and local authority housing. They are almost bereft of options in terms of transition and long-term housing needs. Once enmeshed in homeless services many young people risk becoming long-term hostel dwellers, and the difficulties that precipitated their introduction into homeless services become more entrenched.

The Forum urges therefore that local authority housing strategy should give priority to those young people who:

have been known to social services prior to reaching eighteen yea

have a history of being in the care of the state

experienced detention or prison or contact with the probation services

are without adequate family or social support

• self-care skills that are identified as not adequate to enable them to manage their lives •ndependently.

Ancillary service inri *A~*
assi ' mciuaing personal support, counselling, settlement services, as well as practical Tiay also be required for short or long-term periods. It matters not where these services

are delivered. They can be provided in individual housing units or in larger scale accommodation settings. Such larger scale accommodation settings with support could act both as long-term or transitional housing units. Transitional housing involves the provision of housing for a clearly defined period of time to enable the young people to live independently in the future.

The system operating in Glasgow of 'scatter flats' has come to our attention as an example of a service that meets the needs of young people requiring different levels of support. These are designated units of accommodation in existing housing complexes run by the local authority. Young people are given conditional contracts which later become regular contracts if the tenancy is managed satisfactorily. Central to this system is the provision of settlement support with a designated settlement worker in contact with the young person. The degree of support provided is flexible and dependent on each young person's need. The settlement service can be provided by the local authority directly or, by agreement, by other agencies. Such a system of 'scatter flats' would provide support to young people making the transition from homelessness to independent living, as well as ensuring that long-term housing is made available by local authorities to young people who are homeless.

Young people should be given every opportunity to live as independently as possible rather than have to return to an institutional or dependent setting. It should be possible for them to obtain accommodation at a particular level of social support and then move through the system receiving support to the extent that they need it.

Information is at the core of any housing strategy. We repeat that accurate figures for the numbers and needs of young people out of home are not currently available. The Forum believes that systems must be introduced to ensure that such information is readily available. It is urgently required.

Recommendations

The establishment of small, localised emergency services, which would focus on providing accommodation to young people aged eighteen to twenty-one years out of home. These small local units could be complemented by the provision of a city-centre hostel for people who gravitate there. AM units should be adequately staffed, offer a high standard of accommodation and a reasonable period of time to allow a young person to prepare to move to more permanent accommodation.

The development of a system of 'scatter flats' in each local authority area. Young people who are tenants should ham access to a settlement service provided either by the local authority or another agency

Recommendation

That Dublin Corporation and the other local authorities in the Eastern Health Board area develop transitional housing projects for eighteen to twenty-year-olds who are at risk of homelessness, as an identified target group. These could be provided directly by the local authority or by the voluntary housing sector, supported by the local authority

An analysis of the system

CHAPTER 6

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An analysis of the system

This chapter identifies the effects of shortcomings in the current structure. It considers the impact of staffing and funding mechanisms on service provision. Many agencies, voluntary and statutory, are working in the Eastern Health Board region to help young people who are homeless. Each has its aims and objectives. Each is dedicated to addressing the problem of homelessness through the provision of services. They engage in advocacy, public awareness campaigns, research, and fund-raising.

A young homeless person aged under eighteen may come into contact with as many as eight of these agencies in a single day. Such a person may also have contact with a school or educational body. If there is a health problem, a number of health professionals, including doctors, nurses, medical social workers and others may become involved. Another institutional response may well be triggered if there has been a breach of the law. The young person will probably have to explain his or her situation in turn to each individual professional and the responses in each case may well not be co-ordinated with the others. It is not surprising that some young people, as evidenced by the report *Youth Homelessness in Clondalkin,* use no services at all.

Agencies have made efforts in recent years to co-operate in the delivery of services. It remains true nevertheless that the principle weakness identified to us in the current system is the lack of proper co-ordination over a wide area. Co-ordination is deficient in the provision of funding, in the gathering and sharing of information and in the delivery of services.

We wish to indicate again some of the more fundamental weaknesses we have identified in the current system.

- Poor co-ordination between current services, both voluntary and statutory, which results in young people having to maintain contact, sometimes over many months, with a large number of agencies in order to meet their basic needs.

- Scarcity and inaccuracy of information available to agencies regarding the numbers of y$_{0U}$n people out of home and their needs.

- The focus of the current system is on addressing the needs of young people who seek assista rather than identifying young people in need of care, as required by the 1991 Act. The vulnerable young people are often those who are unable to access services, either because th do not know of their existence or for some other reason.

The mismatch between services required by young people and those available to them, in terms of their location, timing, accessibility and their capacity to address the real issues affecting young people.

- Inability of locally based services to identify at an early stage young people who are at risk of becoming homeless and to intervene swiftly, or to respond adequately to young people who are already out of home.

- Inappropriate organisation of emergency services, including their concentration in city centre locations.

- The general dearth of suitable accommodation, both emergency and long-term, for under and over eighteen-year-olds, both for those who are newly homeless and those who require aftercare.

The problem of homelessness cannot effectively be solved by a system with such weaknesses. On the contrary, the shortcomings seem to contribute to prolonging the problem. Many young people continue to use the homeless emergency services for long periods of time and reach a point where they are unable to break out of the cycle of homelessness.

We will address first the central place of co-ordination in the system of social services which we are proposing to meet the needs of young homeless people. We will then examine certain key elements of best practice, such as funding, information and staffing, that flow from effective co-ordination.

A number of reports in recent years, including those emanating from the Kilkenny Incest Inquiry and the Madonna House Inquiry, have highlighted the negative impact of poor co-ordination in responses to critical and complex situations. The crisis nature of many of the services for homeless people and that of homelessness itself compound the already difficult task of providing quick and effective responses. The challenge of combining the efforts of the many and varied services and agencies involved may be difficult but it can and must be met.

A substantial body of research has been undertaken in Ireland and the UK over the past two decades on the issue of inter-agency and inter-professional co-ordination in the area of child welfare. This research has attempted to define what co-ordination actually means, what factors enhance and inhibit it. and how it can be maximised.

Hallett and Edith Birchall in their 1992 joint publication, *Co-ordination and child protection: of the literature,* suggested consideration of co-ordination at three levels: the most formal

level, which is generally at the top tier **of organisations; regular and routine collaboration, which is less** formal; and co-operation, which is the least **formal kind. The description has been found to be helpful** and the Forum makes recommendations **involving all three levels.**

The research identifies a number of factors **which affect co-ordination, both inter-agency and** inter-professional, across the range of services. **These include lack of trust, fear of losing professional** and organisational autonomy, confusion **of roles, professional rivalries, stereotyping, issues of** confidentiality, high staff turnover, poor **managerial relationships, diverse work schedules and** inadequate administrative support and **information systems.**

Although the negative factors may appear overwhelming, **policy-makers who recognise and** understand them can use the insight so gained to **eliminate them and improve the services. There** are also positive factors which strengthen the **co-ordinating process. These include a clear** understanding between agencies of the problems they are trying to address, **agreement about their** respective roles in providing the desired solutions, and **agreement on such issues as financial** arrangements, geographical boundaries and modes of collaboration.

Co-ordination must take place at every level of activity. Protocols agreed at the most senior level need to be understood and carried out by the people delivering the services. 'Front-line' staff need the support of their management.

Workers in homeless and child welfare services have reported that good interpersonal relationships between individuals, rather than agreed protocols, have produced successful results. Managers of residential units providing beds to the OHS service meet on a regular basis, as do local community agencies like Clondalkin Youth Working Group. However, these bodies do not have authority **to** address the issues they identify. A manager was appointed in 1999 to co-ordinate and develop the Eastern Health Board services for young people out of home.

Obstacles to collaboration between members of different agencies, identified to us, include restriction to the 'client group', geographic boundaries, legislative limitations on their scope of action, different reporting arrangements and traditional differences between their organisations. As a result, a relatively large number of individuals maintain constant contact with a relatively small number of young homeless people, yet fail to deliver all the services which are needed. Workers within the agencies have acknowledged that the services seem more designed to meet the requirements of those employed in delivering the services rather than those who use them.

One authority must have the statutory responsibility for formulating policy and providing a mechanism for co-ordination. This does not imply that this authority would provide all, or indeed any of the services required to meet the needs of young people out of home. In order to enable the responsible statutory authority to discharge its functions, an Independent Board, as described in Chapter 7, should be created. The Board would assume the central role in collating information, identifying trends, devising strategies, and agreeing contracts as appropriate, as well as evaluating and reviewing outcomes of the services for young homeless people. It would be responsible for the strategic policy for the area and would publish an annual report: it would be a conduit for funding from all state agencies to those providing services to young people out of home.

A Director should be appointed to the Board with responsibility for ensuring that its policy is carried out. He or she would have a particular duty to liaise with a wide range of agencies, including those for homeless people in general and with social, legal, and medical services within the statutory and voluntary sectors. The Board, through the Director, would be in a position to use appropriate organisations to provide the services needed for its various duties, including the use of information technology, research, and the evaluation of the use of resources.

Recommendations

The designation of one statutory body as the authority responsible for policy the co-ordination of services for young homeless people aged twelve to twenty years, and for providing for their delivery.

The creation of an Independent Board, which would be responsible for the development, delivery and evaluation of services for young homeless people.

The appointment of a Director, reporting to the Board, who would be responsible for the implementation of its plan, and particularly for liaison with all agencies with services relevant to young people out of home.

Funding

Services for young homeless people receive funding from many sources, mainly from the Eastern Health Board itself but also from government departments and from the European Union. The voluntary agencies, which attract donations from the public, also rely heavily on state and EU finances.

It is not possible to indicate the amount of funding from private sources spent on young homeless people in the Eastern Health Board region. It has also been impossible to single out the precise level of public expenditure on young homeless people between the ages of twelve and twenty in the same region because the amounts are not specifically designated. (The funding that we have been able to ascertain is outlined in Appendix 6.) If even approximate public and charitable funds are combined, however, it is apparent that a large and increasing amount of money is devoted to addressing the needs of young homeless people. The agencies apply their funding across broad areas of activities, such as education, health, probation, accommodation, development and social services.

Two aspects of this issue were brought to our attention: first, the amount of time and effort invested by already hard-stretched organisations to secure funding; second, the lack of recognised criteria against which funders and providers can measure and evaluate the services being provided. Both can lead to anomalies and inefficient use of resources. It must be acknowledged therefore that the current methods of funding constitute a weakness in the present system.

The absence of contracts between funders and service providers has exacerbated this difficulty. Current practice indicates a lack of clarity regarding role and function and impedes the task of reviewing the effectiveness of a particular service. It may also result in a lack of accountability or in duplication of services. The absence of contracts may require agencies to apply to a range of bodies for funding, particularly if they want to respond to a developing need that is ancillary to the specific brief of the service, for example the provision of education or health or counselling programmes within homeless residential services.

We have been made aware that the existing funding arrangements could be greatly improved if the state funding authorities were to channel resources through one body and if the service agencies could deal with one source of state funding. Funding must be closely linked to the nature and quality of the services supplied and agreed on a multi-annual basis, subject to performance criteria and an independent evaluation of the services. In addition, the statutory authority, which we are recommending as responsible for the welfare of young homeless people, must be a position to know which agencies will deliver services and on what conditions.

The use of the Independent Board, outlined in the next chapter, as a conduit of funds for services designed for young homeless people will be a more efficient means of funding for the bodies which provide the funds and the agencies which provide the services. It will also inform policy makers and the public of the amount being spent on services for young homeless people and how it is allocated.

Recommendation

The *creation of a general contract between the funding authority and all voluntary and statutory bodies involved, for the orovision of services.*

Information

Information, and its use, is vital to the co-ordination of homeless services. The absence of an agreed and reliable method of gathering and collating information has made the effective planning and delivery of services in the Eastern Health Board region difficult. Organisations involved with young homeless people collect and use information differently from each other and no single body is responsible for the management and sharing of information. A computer-based information network is needed.

The final report, published in November 1999, of the SITYA *(Sharing Information on Troubled Young Adults)* pilot project was of particular interest to the Forum. The report, which was commissioned by the European Union, reviewed the issues surrounding electronic sharing of information about young people involved with the criminal justice system. Such young people invariably have a history of involvement with other relevant services, and the project was designed to see how the needs of each young person could be better served by more effective communication and information sharing across the services.

Representatives from the Eastern Health Board, the Department of Justice, Equality and Law Reform, the Department of Education Children's Special Schools' Division, and the Garda Siochana were represented on the project. The research found that there were nineteen different IT systems operating in the four organisations involved and 'that all systems were planned independently of each other and appeared to focus on providing information to facilitate management rather than service delivery'.

The SITYA project showed that current data protection legislation was misunderstood and misinterpreted. Legislation intended to protect people from inappropriate use was incorrectly interpreted as generally prohibitive of information sharing.

The report also discovered that while many individuals and agencies regularly cited confidentiality as a reason for not sharing information, this view was not necessarily valid, nor did it reflect what was happening on the ground. Many agency staff members share information about clients. They do so however on an informal basis when they work well together, not because of any agreed protocols.

The SITYA report recognised that different agencies need access to **different information about young** people. Some require a lot of detail while others need only **the barest personal tacts The protect** identified six different levels of information and expressed **confidence that an information system** could be designed that would allow organisations to gam access only **to that level of information vrfuch** was appropriate to their particular service for young **people. The level of access for each organisation** would be a matter of agreement. The report considered that such **a** system **could be adapted to meet** the needs of a host of different client groups.

We believe that many of the current problems surrounding the sharing of information **could be solved** by correctly identifying and agreeing the different levels of information **needed by agencies dealing** with the same person. Compatible information technology must be **adopted as a first step by afl** agencies serving young homeless people. Protocols can then be **agreed on the levels of information** to be shared by different services, bearing in mind the best interests of the **young person concerned**

Recommendations

The statutory authority responsible for young homeless ***people should ensure, through the*** *independent Board and its Director, that protocols* ***are operated for the collection and use of*** *necessary information.*

Access to a dedicated Information Technology System ***by all agencies, statutory and voluntary, whtch*** *operate services for young homeless people and the provision* ***of necessary training to staff to enable*** *them to operate such a system*

The establishment of procedures to ascertain the needs and the number ***of the young people ussng*** *the homeless services and the co-ordination of information for those availing of the* ***emergency and*** *community care services.*

Staff

Staff make services effective. They have to be of the highest quality and skill to deal with young people who have experienced trauma, often leading to demanding and disturbed behaviour. Such behaviour can include self-harm, verbal and physical violence, drug use, prostitution and persistent absconding.

Managers of units have consistently reported continuing difficulties in recruiting and retaining Qualified and experienced staff. They are competing in a buoyant labour market. Two studies, one devoted to the residential care sector and the other to homeless services, describing the difficult task of finding and retaining suitably qualified and experienced staff, have come to our attention.

A report by Trutz Haase and Kieran Mc Keown for the Homeless Initiative in 1997 indicates that of the 1,283 people working in homeless services, i.e. adult hostels and day services which people of all ages use in the EHB region, 37% were in paid employment. Volunteers accounted for 46% of staff, community employment scheme employees for 14% and religious for the remaining 3%. In terms of qualifications, 28% of the total had educational qualifications deemed directly relevant to their duties. Of those in paid employment, 40% had directly relevant qualifications.

A 1999 study (unpublished) by Catherine Carty profiled the staff of residential units in the Eastern Health Board area and found that 38% held the recognised care qualification. A quarter of staff were under twenty-five and almost a further third were under thirty. We know from numerous studies that people taking on residential child care work need to be mature and to have a range of experience in working with difficult children. The present situation suggests that many young staff without a recognised qualification are expected to deal with the needs of a demanding group of young people, who may have experienced great trauma.

The study also reviewed the permanency of tenure of residential care staff. The findings indicate that 48% of staff employed in units run directly by the Eastern Health Board are permanent employees, in comparison with 75% of staff in voluntary sector units. In four of the forty-one units, which responded to the survey, no staff had permanent contracts, not even the manager. All four units were run directly by the Health Board. One reason for this situation may be that decisions of the courts have required the health boards to set up units almost instantly to fulfil their legal obligations.

Continuity of care should be a core element of any service to people out of home. The turbulent nature of adolescence makes this principle even more imperative for young people. Lack of permanency of job tenure militates against achieving this continuity, as does the over dependence of organisations on volunteers, who change frequently, and staff employed on short-term contracts.

The issue of staff training, support and payment has been a recurring theme in publications throughout the last thirty years. High quality training and support services for staff must become the norm if we are to ensure that the young person's experience of homelessness is minimised and that services with whom he or she comes in contact can be effective in their response.

Training and support enhance the capacities of staff to assist young people. It should be emphasised that people without specific academic or formal qualifications, but with relevant experience, have been very effective workers with young homeless people. All staff working with homeless people can benefit from support and further training, particularly from multi-disciplinary and multi-agency sources.

In-service training would appear to be encouraged in most agencies but the reality makes it difficult for staff in some institutions to take the opportunity when it arises. It is significant that the reports of enquiries dealing with cases involving children, particularly the Madonna House, Kilkenny Incest and Kelly Fitzgerald cases, all raised issues of the need for training to promote greater awareness of different professional roles and competencies. The publication of the *Children First - National Guidelines for the Protection and Welfare of Children,* published in September 1999, improved the knowledge of procedures for staff, and others, working in this area. The Guidelines are also designed to enhance communication and co-ordination of information between disciplines and organisations'.

We were made aware of the stress experienced by staff, particularly those dealing with some of the most difficult and vulnerable young homeless people. Some staff commented on the lack of specialist or even general back-up services, particularly for those dealing with problems arising at night-time or weekends.

A further weakness of the current system is the absence of a general context of human resource management. This would include movement of staff between different agencies. Significant efforts must be made to ensure that there is a recognised career structure for staff working in services for young people out of home, both residential and non-residential. Such a structure would value and enhance the experience, skills and qualifications of staff and would ensure that staff could use these skills to their greatest effect to the benefit of young people. Skills can be acquired through teaching, experience and inter-action. There must, however, be a framework in which staff can improve their skills and have their progress evaluated.

Without an independent system of evaluation, it is unlikely that significant progress will be made in adopting the best practice and discarding processes which inhibit improvement in the current response to young homeless people. Such an independent system, embracing all the statutory and voluntary organisations in the field, does not now exist.

Recommendation

The Independent Board for young homeless people should provide for an independent evaluation of the quality of the services provided by the various agencies, including the training and development of the staff. Such evaluation would be operated as a resource for the agencies and their workers.

Our response and plan of action

CHAPTER 7

7

Our response and plan of action

It is acknowledged, in the Irish Constitution and in specific legislation, that the community has a duty to care for its young. Irish society has only begun *to* come to terms with its responsibility for those children who were officially taken into the care of the state on its behalf and who were failed by the system. Some of those children are now found to be among the homeless even though there is genuine concern among the Irish people for the plight of young people out of home.

On the basis of the information before the Forum and the issues which were considered, we have identified shortcomings in the current system for planning, delivering and evaluating the services required for young homeless people. We have also identified a wide range of factors which affect young people out of home. Our response must therefore be both comprehensive and precise.

Plan of Action

The Forum's Plan of Action is based on the following principles, which are consistent with those adopted by the Homeless Initiative:

services should offer a continuum of care to young people

services should focus on the needs of young homeless people and respond accordingly

services should offer as quick a route out of homelessness as possible, that is to say should move the young person to a suitable, stable environment, as close as possible to that of a good, supportive, family. Indeed, for those aged under eighteen years, we would advocate a good family environment, whenever possible

there should be multiple access points to services in relevant health board and local authority areas: this implies that services should be available locally as well as centrally

the onus is on agencies to liaise with each other, in order to maximise the effectiveness of services to young people who are homeless

an appropriately skilled workforce is central to the effectiveness of any and all services and the work force should have a sufficient range of skills and experience to respond to the needs of young homeless people.

Based on the above principles the Forum recommends the following structure.

The designation of one authority with statutory responsibility for the delivery of services to young people, aged twelve to twenty years, who are out of home. This authority should have responsibility imposed on it by law, and be given the necessary statutory powers and duties to fulfil that responsibility. (This may involve the establishment of a new executive authority.)

Young homeless people require a wide range of services. The authority must encompass a comprehensive range of services and a wide geographical area, and have a legal relationship with the relevant area health boards of the Eastern Regional Health Authority and with other agencies.

The establishment of an Independent Board

A Board with responsibility for the effective planning, delivery and monitoring of services for young people out of home aged between twelve and twenty years should be established. It should be chaired by an independent person and have a maximum of twelve members. It should include people with relevant experience of the funding, delivery and co-ordination of services for young homeless people. It should also include members of statutory and voluntary services, and service users. It should be the conduit for all statutory funds to the various agencies. It should have its own budget and be responsible for the discharge of its obligations.

The appointment of a Director reporting to the Board

A Director responsible to the Board for a range of duties, including the preparation of short-term and longer-term plans, research and the co-ordination and delivery of appropriate, integrated services should be appointed. He or she will be responsible for liaison with services for homeless people in general and with the entire range of services for individuals and families in the statutory and voluntary sectors. The functions of the Director will include ensuring the provision of training, support of staff, and collation and dissemination of information. He or she would also have responsibility for seeing that services are monitored and evaluated. The Director should have sufficient resources, including support staff, to carry out the range of duties for which he or she is responsible.

The designation of teams, which would include professionals from a range of different disciplines, to work with young people out of home or at risk of homelessness in the community

The teams would be based in appropriate areas throughout the Eastern Health Board region, where the need is greatest. Their primary functions would include working with young people

out of home or at risk of homelessness in the local community, establishing links with school, medical, probation, residential and other relevant community services for adolescents, and providing continuing support for adolescents and their families, leading to long-term stability for young people. The teams would operate independently of, but have strong links to current community care teams. They would be in a position to make referrals to local or other services, provide placements and generally co-ordinate the delivery of appropriate services. The number of teams would be decided on need.

Managers of these teams would be appointed to ensure implementation of plans agreed with the Director and the Board. The managers would be responsible for ensuring access to residential and community based services and preventative services for young homeless people or those at risk of homelessness in the designated area.

The **establishment of a range of residential and other care and accommodation services, in local areas and centrally, to specifically address the many needs of young people out of home**

Residential and other care and accommodation services would be based in areas of greatest need. Existing residential, fostering and other accommodation services would be reviewed, need would be identified, and gaps in services filled. Additional residential and fostering-type services would be established as required. Residential units would provide a wide range of care and accommodation options for young people who are out of home. The residential services would have strong links with the local multi-disciplinary team working with adolescents, described above, and the managers of each unit would report to the local manager of homeless services.

Resources

Our terms of reference required us to consider 'the resource implications of the plan' which we would recommend.

A serious difficulty in estimating the precise cost of the current system or the extent to which wastage or duplication may occur through overlapping or blockages has made the task of identifying the resource implications of the proposed structure extremely complex. A reasonable assessment would indicate that some services could be improved at little extra cost. Other areas will require additional extra resources to provide more coherent care for young homeless people and more rapid access to the range of services which they need. Many of these services are specifically for young homeless people but others may be delivered as part of services for adolescents generally or for homeless people of any age. The resource implications of giving young homeless people access to this latter group of services will therefore relate only to the extra component delivered as a result of our proposals.

We have therefore added an appendix which includes the figures we received relating to the funds currently spent by the state through the Eastern Health Board and the City of Dublin Youth Service Board. Figures were not available from other departments, largely because the age group we covered, from twelve to twenty years, is not specifically designated in many of the services involved.

We were not in a position to do a cost analysis of all of our proposals, but this can be undertaken immediately. Extra human and financial resources will be needed. The returns in improvement of life chances for young homeless people, in greater efficiency of services, effectiveness of staff and prevention of homelessness in this age group will be substantial.

Implementation of the Plan of Action

The structure proposed is designed to deliver an efficient, co-ordinated response to the needs of young people who are homeless and contribute to the prevention as well as the solution of the problem.

It will be introduced in two phases, the first lasting until December 2000, the second lasting a further one to two years.

The initial phase of development should focus particularly on those young people who have been involved with emergency services for a long time. Such young homeless people should be given effective support to ensure, if possible, a move into appropriate permanent accommodation. **In** the **case** of young people not yet ready to make this transition, they will be offered suitable alternatives to continued use of emergency services.

Phase I: To December 2000

The designation of one statutory body as the authority responsible for policy, the co-ordination of services for young homeless people aged twelve to twenty years and providing for their delivery.

The establishment of an Independent Board, responsible for the effective development, delivery and evaluation of services for young homeless people.

The appointment of a Director reporting to the Independent Board.

Phase II: To December 2002

The Independent Board will begin the process of providing for an independent evaluation of the Quality of the services provided by the various agencies, including the training and development of the staff. Such evaluation to be operated as a resource for the agencies and their workers.

Agreement of service contracts between the statutory body **and all agencies, statutory and voluntary.** providing services on its behalf.

Access to a dedicated Information Technology System to **which all agencies, statutory and voluntary,** which operate services for young homeless people will have access **and the provision of necessary** training to staff to enable them to operate such a system.

The statutory authority responsible for young homeless people **to ensure, through the Independent** Board and its Director, that protocols are put in place for **the collection and use of necessary** information.

The establishment of procedures to ascertain the needs and the **number of the young people using** the homeless services and the co-ordination of information for those availing **of the emergency and** community care services.

The publication of a directory of services for young homeless people.

The Board and its Director to ensure that local communities are in a position **to know what services** are available and to gain access to those appropriate for young homeless people's needs.

Changes in the current provision of emergency services to be implemented so **that accommodation** can be made available for a period which would allow for a proper assessment **to be made of the** needs of young homeless people and provision made for their further care.

A range of access points to the Out of Hours Service should be made available. Suitably safe places in the community where young people can access social workers, such as health centres and community centres, should be designated.

The establishment of teams to work with adolescents who are out of home, or at risk of becoming so The teams to be multi-disciplinary in nature and based in designated areas of the Eastern Health Board region, dependant on need.

The provision of care plans to be carried out wherever the young homeless person is accommodated and not to cease because he or she moves from one service provider to another. The professional with primary responsibility for the young person to ensure that the care plan is developed.

National guidelines for the provision of aftercare to be drawn up defining aftercare: clarifying its nature and extent. If necessary, a legal obligation should be imposed on the statutory authority responsible to provide an adequate system of aftercare.

Hostel and other staff who are required to deal with young people who may be using drugs to receive sufficient basic training to enable them to do so effectively. In addition, special support to be available, particularly to local hostels and services, which may not have the range of expert knowledge required if a young person in a critical drug-related condition comes under their care.

The provision of a drug treatment, counselling and early intervention service within the services for young homeless people.

Access to an adequate supply of detoxification beds and aftercare facilities for young people who have successfully completed a residential detoxification programme and are working to maintain a drug free lifestyle.

The establishment of a dedicated primary health care team for young people out of home, including addiction services. The service to incorporate a general medical service and referral to specialist services. The service should operate in locations accessible to all young people out of home. It will be developed at local and centre-city areas, wherever there is sufficient demand. The service should have strong links to the health care teams currently being established by the Eastern Health Board for homeless adults.

Given that some young homeless people are sexually active, and that some of these may be using drugs or involved in prostitution, all necessary steps to protect and promote their health should be taken.

Resources to be made available for appropriate medical aftercare to young homeless people who have **been** hospitalised with an acute illness. Appropriate medical and convalescent accommodation **to be provided.**

Adequate provision to be made for a job seeking/job support service, which takes account of the **specific needs of young people who** may never have worked before, or who may have experienced **long periods of unemployment.** Such **a** service to be based at an accessible location, and have strong **links 10 relevant** education **and** training projects, as well as to job placement agencies.

The Independent Board to liaise closely with agencies providing services for the general population of refugees and asylum seekers and ensure that the particular needs of young people, alone and without a home in a foreign country, are addressed.

Access to services providing for assessment and treatment of psychiatric conditions and learning problems should be readily available to young homeless people who require them.

Psychological services should be available to locally based teams for adolescents at risk, and young homeless people should get priority access to them.

The process of examining the existing pattern of accommodation and a re-allocation of places, where necessary, to begin. This would ensure that emergency accommodation would be available to meet emergencies and not form part of a routine pattern of response to young people who do not receive adequate services elsewhere. If necessary, extra units to be made available throughout the Eastern Health Board region.

Following the examination of services, residential units and ancillary services to be grouped together. These services should be flexible, localised and co-ordinated, and should meet the multiple needs of young people. The units and ancillary services would be based in areas of greatest need, so that young people do not have to move from their locality, though the units would have responsibility for a larger geographical area. The units would have strong links to a multi-disciplinary team which would work in the community with adolescents at risk, and whose brief would include liaison between the units and the community.

Access to residential care for young drug users to be established, based on the principles of early intervention and 'harm reduction'. The unit would be open to young drug users, including those who are under the influence of drugs. The unit would require high levels of trained staff.

Small, localised emergency services to be established to provide accommodation to young people aged eighteen to twenty-one years out of home where necessary. These small local hostels could be complemented by the provision of a city-centre hostel for people who gravitate there. All hostels should be adequately staffed, offer a high standard of accommodation and a reasonable period of time to allow a young person to prepare to move to more permanent accommodation.

A system of 'scatter flats' to be developed in each local authority within the Eastern Health Board area. Young people who are tenants should have access to a settlement service, provided by the local authority or another agency.

Dublin Corporation and the other local authorities in the Eastern Health Board area to establish a transitional housing project for eighteen to twenty-year-olds at risk of homelessness as an identified target group. These houses could be provided directly by the local authority or by the voluntary housing sector, supported by the local authority.

The proposed National Educational Welfare Board, when constituted, to specifically promote the educational welfare of young homeless people. The statutory authority responsible for young homeless people should assist in the co-ordination of services and assessment of needs in this area.

That education/training programmes should specifically address the needs of the existing core of young homeless people in the Eastern Health Board area.

Members of the Travelling community, who are suitably qualified to assist young Travellers who have left home, to be involved in the delivery of services to them.

Attention should be paid to the specific problems of young homeless Travellers within the general structure of the services for young homeless people and within the services provided for the Travelling community.

Conclusion

The importance of information, consultation and co-ordination have been evident throughout this report.

We have made specific recommendations about the use of information and it will be the responsibility **of** the Director of the Independent Board to see that these are implemented. Consultation with those using services, those providing them, those funding them and those in other relevant areas of responsibility will be necessary. Such consultation must become an integral part of the Plan of Action **of the** Board.

Responsibility for the co-ordination of services rests with the Board and its Director but the introduction of service agreements and the operation of a comprehensive system of liaison will allow for the devolution of real responsibility to the people and agencies involved.

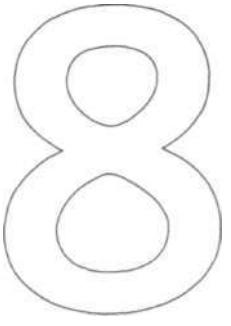
The wide range of agencies already working directly or indirectly to meet the needs of young homeless people can be used more effectively under the proposed framework. The structure has been designed to rectify the shortcomings which were identified, to prevent duplication of resources and *to avoid* isolated responses to crises as they arise.

Resources devoted to the care of young homeless people in the Eastern Health Board area will reduce the numbers of young people in this situation by giving the young people concerned the opportunity to move into stable, secure ways of life with adequate accommodation. It is unlikely, however, that no further young people will find themselves homeless in the future. If the proposed Plan of Action is successful, the role of the Board and its Director will be to ensure that those who find themselves in emergency situations will be enabled to move out of them as quickly as possible. The experience and resources available will then focus on the prevention as well as the elimination of homelessness. The Board should be working to reduce the numbers of young homeless people substantially. It should also be in a position to respond to changing circumstances in our society.

Some of the recommendations made in this report can be put into immediate effect, but the new structure will be necessary to ensure that most of the proposals made by the Forum will be carried out. The creation of the new structure is therefore a matter of urgency.

Recommendations

CHAPTER 8



Recommendations

Co-ordination

1 The designation of one statutory body as the authority responsible for policy, the co-ordination of services for young homeless people aged twelve to twenty years, and for providing for their delivery.

2 The creation of an Independent Board, which would be responsible for the development, delivery and evaluation of services for young homeless people.

3 The appointment of a Director, reporting to the Board, who would be responsible for the implementation of its plan, and particularly for liaison with all agencies with services relevant to young people out of home.

4 The creation of a general contract between the funding authority and all voluntary and statutory bodies involved, for the provision of services.

5 The Independent Board for young homeless people should provide for an independent evaluation of the quality of the services provided by the various agencies, including the training and development of the staff. Such evaluation would be operated as a resource for the agencies and their workers.

6 Access to a dedicated Information Technology system, accessible to all agencies, statutory and voluntary, which operate services for young homeless people and the provision of necessary training to staff to enable them to operate such a system.

7 The statutory authority responsible for young homeless people should ensure, through the Independent Board and its Director, that protocols are operated for the collection and use of necessary information.

8 The establishment of procedures to ascertain the needs and the number of the young people using the homeless services and the co-ordination of information for those availing of the emergency and community care services.

9 **The independent Board for young homeless people and** its Director should ensure tha, ieca, **communfe, are in a position to know what services are** available and ,o gain access to those **appropriate (or a young homeless person's needs.**

10 That a comprehensive d.rectory of services be compiled and published as soon as possible.

Access to services

11 A range of access points to the Out of Hours Service should be available. Suitably safe places in the community where young people can access social workers, such as health centres and community centres should be designated. The gardai should continue to have a role in identifying young people at risk. The gardai would have access to the central information system. It is important to state that garda stations will still be available to any young person who is in need.

That an examination be undertaken of the existing pattern of accommodation and a reallocation of places be provided where necessary to ensure that emergency accommodation is available to meet emergencies. Emergency accommodation should be a point of entry only, for those in a crisis, from which they should be transferred to appropriate care. It should not form part of a routine pattern of response to young homeless people.

13 The current provision of emergency services should be changed so that accommodation can be made available for a period which would allow a proper assessment to be made of the needs of the young homeless person and provision made for his or her further care.

14 The establishment of multi-disciplinary teams to work with adolescents who are out of home, or at risk of becoming so. The teams would be based in designated areas of the Eastern Health Board region, dependant on need.

Care and accommodation

15 Individual care plans should be prepared and reviewed for each young homeless person. should be carried out wherever the young person is accommodated and should no Q because he or she moves from one service provider to another.

16 National guidelines should be drawn up defining aftercare: clarifying its nature and ex n . necessary, a legal obligation should be imposed on the statutory authority responsi provide an adequate system of aftercare.

17 Interlinked groups of residential units, family placement and ancillary services should be established. They should be flexible, localised and co-ordinated, and should be developed to meet the multiple needs of young people. The units and ancillary services would be based in areas of greatest need so that young people are not forced to move from their localities, with one group of units based in a central location to provide for young people unable to remain in their local community. The units would have strong links to multi-disciplinary teams which would work in the community with adolescents at risk, and whose brief would include liaison between the units and the community.

18 The establishment of small, localised emergency services, which would focus on providing accommodation to young people aged eighteen to twenty-one years out of home. These small local units could be complemented by the provision of a city-centre hostel for people who gravitate there. All hostels should be adequately staffed, offer a high standard **of** accommodation and a reasonable period of time to allow a young person to move to more permanent accommodation.

19 The development of a system of 'scatter flats' in each local authority area within the Eastern Health Board area. Young people who are tenants should **have access to a settlement service** provided either by the local authority or another agency.

20 That Dublin Corporation and the other local authorities in **the Eastern Health Board area** develop transitional housing projects for eighteen to **twenty-year-olds who are at risk of** homelessness, as an identified target group. **These** could **be provided directly by the local** authority or by the voluntary housing sector, supported by the local **authority.**

Substance abuse

21 The establishment of residential care for young drug users, based on the principles of earty intervention and 'harm reduction''. These units should be available to young drug users. including those who are under the influence of drugs. Such units require high levels of trained staff. They could be an effective first step to engaging with young drug users and assisting them to get access to more appropriate services.

22 That hostel staff who are required to deal with young people using drugs should receive sufficient training to enable them to do so effectively. This should include basic training in adolescent development and assessment and early intervention initiatives in drug misuse, In addition, special support should be available, particularly to local hostels and senrces. which may not have the range of expert knowledge required if a young person in a critical drug-related condition comes under their care.

23 The provision of a drug treatment service within the homeless services, including counselling and early intervention as well as treatment.

24 Access to an adequate supply of detoxification beds and aftercare facilities for young people who have successfully completed a residential detoxification programme and are working to maintain a drug free lifestyle.

Medical care

25 The establishment of a dedicated primary health care team, including addiction services for young people out of home. The service should incorporate a general medical service and referral to specialist services. The service should operate in locations accessible to young people out of home and be available regardless of their use of other services. It should be developed in the city centre and in local areas, where access to local medical services is not possible and there is a sufficient level of need. It should be affiliated to the primary healthcare teams currently being established by the Eastern Health Board to provide services to homeless adults.

26 Psychological and psychiatric services should be available to locally based teams for adolescents at risk, and young homeless people should get priority access to them.

27 That young homeless people who need psychiatric assessment and treatment for mental illness are provided with rapid access to these services. Young people should be able to access these services in the area they now reside in rather than solely in their area of origin.

28 Access to services providing for assessment and treatment of mental and psychological difficulties and of learning problems should be readily available to young homeless people who require them.

29 Resources should be made available to allow for appropriate medical aftercare to young homeless people who have been hospitalised with acute illness. Appropriate medical and convalescent accommodation should be provided.

30 Given that some young homeless people are sexually active, and that some of these may be using drugs or involved in prostitution, all necessary steps to protect and promote their health should be taken.

Education/training

31 That the proposed National Educational Welfare Board, when constituted, should specifically promote the educational welfare of young homeless people. The statutory authority responsible for young homeless people in the Eastern Health Board region should through the Independent Board and its Director assist in the co-ordination of services and assessment of needs in this area.

32 That education/training programmes should specifically address the needs of the existing core of young homeless people in the Eastern Health Board area.

33 That adequate provision be made for a job seeking/job support service, which takes account of the specific needs of young people who may never have worked before, or who may have experienced long periods of unemployment. Such a service should be based at a central accessible location and have strong links to relevant education and training projects, as well as to job placement agencies.

Special needs

34 Attention should be paid to the specific problems of young homeless Travellers within the general structure of the services for young homeless people and within services providing for the Travelling Community.

35 Members of the Travelling community who would be suitably qualified to assist young Travellers who have left home should be involved in the delivery of services to them.

36 That the Independent Board for young homeless people should liaise closely with agencies providing services for the particular needs of young refugees and asylum seekers, alone and without a home in a foreign country, to ensure that these needs are met.

BIBLIOGRAPHY

Bibliography

Acton, M and Hynes, **M.** (1998).
Teenage Health Initiative.
Eastern Health Board.

Avramov, D.(Ed.) (1998).
Youth Homelessness in the European Union.
Feantsa.

Burke, S. (1999).
Youth as a resource, promoting the health of young people at risk.
Department of Health and Children.

Carty, C. (1999).
A study in profile of Social Care Workers in Children's Residential Centres in the Eastern Health Board Region, with particular reference to training.
Unpublished.

Costello, L. and Howley, D. (1999).
Under Dublin's Neon - Report on Street Drinkers in Dublin City.
Centrecare, Dublin.

Cox, G. and Lawless, M. (1999).
Wherever I lay my hat... a study of out of home drug users.
Merchants Quay Project.

Department of Education (1970).
Reformatory and Industrial Schools Systems Report.
Dublin: Government Publications Office (also known as The Kennedy Report).

Department of Education and Science (1998).
National Anti-Poverty Strategy Report.
Dublin: Government Publications Office.

Department of Education and Science (1999).
The New Deal, A Plan for Educational Opportunity.
Dublin: Government Publications Office.

Department of Equality and Law Reform (1995).
Report of the Task Force on the Travelling Community.
Dublin: Government Publications Office.

Department of Health (1994).
Shaping a Healthier Future - A Strategy for Effective Healthcare in the 1990s.
Dublin: Government Publications Office.

Department of Health (1980).
Task Force on Child Care Services - Final Report.
Dublin: Government Publications Office.

Department of Health (1996).
Report on the Inquiry into the Operation of Madonna House.
Dublin: Government Publications Office.

Department of Health and Children (1999).
Putting Children First, National Guidelines for the Protection and Welfare of Children.
Dublin: Government Publications Office.

Department of Foreign Affairs (1996).
United Nations Convention on the Rights of the Child - First National Report of Ireland.
Dublin.- Government Publications Office.

Department of Justice, Equality and Law Reform (1999).
Final Report of the Expert Group on the Probation and Welfare Service.
Dublin: Government Publications Office.

Department of the Taoiseach (2000).
Programme for Prosperity and Fairness.
Dublin: Government Publications Office.

Eastern Health Board (1997).
Report of Working Party on Children in Prostitution.
Eastern Health Board.

Eastern Health Board (1999).
Child Care and Family Support Services in 1998, Review of Adequacy.
Eastern Health Board

Eastern Health Board (1999).
Homelessness in the Eastern Health Board, Recommendations of a Multi-disciplinary Group.
Eastern Health Board.

Eastern Health Board (1997).
Report of the Committee on Services for Homeless People with Mental Health Problems.
Eastern Health Board.

Eastern Health Board, (1999).
Report of the Task Force on Residential Care.
Eastern Health Board.

Eastern Health Board and Western Health Board (1999).
Standards and criteria for the inspection of children's residential centres.
Eastern Health Board/Western Health Board.

European Union (1999).
Sharing information on troubled young adults: Telematics Application Programme,
IADS 4:1A 1110(DE), Deliverable D6.
European Union.

Evans, A. (1996).
'We don't choose to be homeless': Report of the National Inquiry into preventing Youth Homelessness.
Char.

Fitzgerald, Michael (Ed.) (1995).
Irish Families under Stress, Volume 4.
Eastern Health Board.

Fitzpatrick, S. (1999).

Pathways to Independence: The Experience of Young Homeless People.
Scottish Homes.

Focus Ireland (1995).

Here, There and Nowhere, a Study of Youth Homelessness in Tallaght.
Focus Ireland.

Focus Point (1993).

A Social Integration Programme for Young People Out-of-Home.
Focus Ireland.

Gilligan, R. (1991).

Irish Childcare Services - Policy, Practice and Provision.
Institute of Public Administration, Dublin.

Haase, T. and McKeown, K. (1999).

Audit of Services for Homeless People in the Eastern Health Board Region, 1997.
Homeless Initiative.

Hallett, C. and Birchall, E. (1992).

Co-ordination and Child Protection, a review of the literature.
HMSO, Edinburgh.

Harvey, B.Q999).

Emigration and Services for Irish Emigrants, Towards a Strategic Plan.
ICPO and IECE.

Holohan, T. (1997).

Health Status, Health Service Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin.
Eastern Health Board.

Homeless Initiative (1999).

Submission to the Cross Department Team on Homelessness.
Homeless Initiative.

Homeless Initiative (1998).
Homing in on Outreach.
Homeless Initiative.

Kelleher, P and Kelleher, C. (1998).
Out on their own - Young People leaving Care in Ireland.
Focus Ireland.

Kilkelly, U. (1997).
Small Voices: Vital Rights - Submission to the United Nations Committee on the Rights of the Child.
Children's Rights Alliance.

Lennon, L (1998).
Under one roof? A report on the Future Options for the Organisation of Homeless Services in Dublin.
Homeless Initiative.

Martin, M. (1999).
Speech to consultative seminar on Education (Welfare) Bill.
Unpublished.

Morris, (1995).
A Select Summary of the Federal Inquiry into Youth Homelessness.
Department of Business and Employment, Office of Youth Affairs, Australia.

McCarthy, P. (1996).
Focus on Residential Child Care in Ireland - 25 years since the Kennedy Report.
Focus Ireland.

McCluskey, J. (1994).
Breaking the Spiral.
Char.

McGuinness, C. (1993).
Report of the Kilkenny Incest Investigation.
Dublin: Government Publications Office.

Mc Keown, K. (1999).
Mentally Ill and Homeless in Ireland: Facing the Reality, Finding the Solutions.
Disability Federation of Ireland.

National Economic and Social Forum Report, Number 11 (1997).
Early School Leavers and Youth Unemployment.
Dublin Government Publications Office.

Perris, A. (1999).
Youth Homelessness in Clondalkin, a community perspective.
Clondalkin Area Partnership.

Randall, G. and Brown, S. (1999).
Ending exclusion: employment and training schemes for young homeless people.
Joseph Rowntree Foundation.

Smith, J., Gilford, S. and O'Sullivan, A. (1998).
The family background of young homeless people.
Joseph Rowntree Foundation.

Travellers Interest Group South Side Partnership.
Moving On ... Traveller participation in Post-Primary Education and Training.
South Side Partnership.

Vostanis, P. and Cumella, S. (Eds.) (1999).
Homeless Children, Problems and Needs.
Jessica Kingsley Publishers.

Western Health Board (1996).
Kelly - A child is dead.
Dublin: Government Publications Office.

Williams, J. and O'Connor, M. (1999).
Counted In: The Report of the 1999 assessment of homelessness in Dublin, Kildare and Wicklow ESRI.

APPENDICES

Appendix 1

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Mr Ger Doherty	Integrated Service Process
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Irish Association of Care Workers

Social Work Department, Our Lady's Hospital for Sick Children, Crumlin

Children's Rights Alliance

National Youth Council of Ireland

Twenty-two young people, who were currently using services or had used services in the past, expressed their views to the Forum, through a half-day meeting and also through video and art work.

Appendix 2

Residential care units in the Eastern Health Board Region

	Units managed by the Eastern Health Board	Units managed by Voluntary Agencies but funded by the Eastern Health Board
Area 1	Aislinn Aftercare	Ms Smyley's Homes x 2
	St Anne's	Cottage Homes x 2
	Bartres	Los Angeles Society x 2
Area 2		Ms Carrs Homes x 2
		Cottage Home
		Lakelands
		Crosscare
Area 3	Owendoher House	Crosscare
	Clan Og	
	Millbrook House	
Area 4	Tallaght Residential Project	
Area 5	Goldenbridge	Bally **Owen Meadows**
	Crossfields	
	Killinarden House	**Los Angeles Society**
	Keeloge	
Area 6	Glenview	**Don Bosco Aftercare**
		Off the Streets

	Units managed by the Eastern Health Board	Units managed by Voluntary Agencies but funded by the Eastern Health Board
Area 7	Blaithin	Royal Oak
	An Grianan	Lisdeel
	Park View House	Balcurris Boys Home
	Grace Park Meadows	Sherrard House
	Cuan Solas	Lefroy House
	Amiens Street	Tabor House
		Crosscare
		Don Bosco x 3
		Ballymun Residential Project
		Streetline
		Belvedere Social Services
Area 8	Foxfield	
Area 9	Creag Aran	
	Ivy Cottage	
Area 10	Newtown House	
	Vineyard	Derralossary
Sibling Homes	Balbriggan	
	Bettystown	

Appendix 3

Services identified as used by young people out of home, not mentioned in the body of the report

St Vincents Trust

Carline

City Motor Sports

Phoenix Project

Youth Reach: managed by VEC, of which there are nineteen in the greater Dublin Area

Neighbourhood Youth Projects (NYP): managed by the EHB

Sports Reach

Garda Diversion Projects

RRR (Treble R)

Ushers Island Day Project (Mental Health Service)

St Andrews Resource Centre

Probation and Welfare Service

YMCA Steps Programme

Main stream youth clubs/services; **City of Dublin Youth Service Board funds 57 community based** youth projects

Food Centres, of which there are seven in Dublin City Centre Area

Appendix 4

Educational / Training Projects Reviewed

1 Mainstream Schools

2 Neighbourhood Youth Projects(NYP), funded by the EHB

3 Line projects

4 Youth Reach

5 Youth Encounter Projects

6 Department of Education and Science Special Schools

7 Garda Diversion Projects

8 8-15 years Projects

9 Community Training Workshops

10 Youth Service Projects

11 Probation and Welfare Projects

12 Pathways

Appendix 5

Drugs Services identified as used by young people out of home (note: this is not a full list of all drug services in the Eastern Health Board region)

Trinity Court, Pearse Street

City Clinic, Amiens Street

Baggot Street

Cuan Dara

Fortune House

Merchants Quay

Beaumont Hospital

Crinan Project

Talbot Centre

Youth Action Project

EHB Drug Service Outreach Workers

EHB Mobile Drug **Unit**

General Practitioner Service

Domville House

EHB Castle Street

Appendix 6

Funding, including directly to youth homeless services

Table 1 Eastern Health Board Children and Families Programme: Determination for 1999

	Pay £000	Non-pay £000	Total £000
Residential Childcare	7,048	10,301	17,349
Child Behavioural Difficulties	1,911	384	2,295
Family Support Services	10,594	11,378	21,972
Fostering	-	6,629	6,629
Child Psychology	1,128	124	1,252
Child Psychiatry/Child Autism	3,577	3,704	7,281
Women's Health	363	2,731	3,094
Victim Domestic Violence	574	809	1,383
Clinic and Programme Support	1,952	1,662	3,614
TOTAL	27,147	37,722	64,869

Table 2: Funding by the EHB to residential units providing beds in emergencies to young people aged under eighteen years, and other young homeless services.

	Direct Funding	**To Voluntary Services**	**Total**
1997	£1.262m	£1.325m	£2.587m
1998	£2.368m	£1.471m	£3.8399m
1999	£3.512m	£2.000m	£5.512m

Income Maintenance

Income maintenance is administered by EHB Homeless Persons Unit, to young people aged under eighteen years out of home.

January - December 1998: 1046 payments made to 174 young people, £46,768.95
January - June 1999: 434 payments made to 90 young people, £21, 079.56

In addition to the above funding:
The City of Dublin Youth Service Board provided a total of £436,842 in 1999 for educational and development programmes/services for young people out of home.