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**REPORT 07/02**



# **Homeless Strategy Report**

**Report for the Board of the Eastern**

**Regional Health Authority**

**7<sup>th</sup> March 2002**

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INFORMATION SERVICE**

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February 2002**

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## INTRODUCTION

### BACKGROUND

This strategic plan to address Youth Homelessness has been produced by the ERHA, with the involvement of the 3 Area Health Boards in the Eastern Region, the Provider Forum on Youth Homelessness and other voluntary and statutory agencies in fulfillment of the requirements by the government's Youth Homeless Strategy. The National Youth Homeless Strategy states that a two year strategic plan be drawn up following consultation with statutory and voluntary partners in line with preventative, service and administrative objectives.

The goal of the Youth Homeless Strategy is to *"reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at re-integrating him/her into his/her community as quickly as possible"* It sets out the objectives and the steps required to achieve this, placing particular emphasis on preventing youth homelessness and on the importance of supporting schools, communities, young people themselves and their families. Where youth homelessness occurs, the Strategy stresses the need for a prompt responsive child focused service. It recognizes the importance of coordinated inter-agency working in tackling this complex multi-dimensional issue. The National Youth Homeless Strategy complements the National Anti-Poverty Strategy and the strategy on adult and homelessness – "Homelessness – an Integrated Strategy 2000" and the forthcoming "Homelessness Preventative Strategy" –both published by the Department of Environment.

The actions in this plan are based on the best information available on the extent, pattern and nature of youth homelessness and the existing service provision in the ERHA. This includes information gathered through formal and informal means, research, and consultation with youth homeless service providers and young people themselves. **Within this plan when referring to children and young people we are including all children and young people including those from the traveling community, those with particular/special needs and children/ young people who are non nationals.**

This plan has been submitted to the Board of the ERHA for approval. The Eastern Regional Health Authority is responsible for planning, arranging, overseeing and coordinating health and personal social services for the 1.5 million people who live in the eastern region of the country in Dublin, Kildare and Wicklow.

## DOCUMENT STRUCTURE

This strategic plan is comprehensive in dealing with the range of policies and services which impact on young people who are homeless and young people at risk of homelessness. It is divided into a number of sections each dealing with a different aspect of youth homelessness. **All areas are linked and should be seen as a whole.**

**Section One** outlines the goals and guiding principles informing the strategy.

**Sections Two to Four** concentrate on the objectives and actions required to implement the strategy

**Section Five** outlines resource issues and details interim summary costs

The context and overview describes Youth Homelessness in the Eastern Region, the policy context, the nature, extent and causes of youth homelessness, the services available including problems and gaps in the services and progress in addressing them. The overlap between youth homelessness and other forms of social exclusion – poor education experiences, lack of employment/training opportunities, drug/alcohol misuse, experience of being in care cannot be overlooked and the overlap between youth and adult homelessness cannot be overstated.

Close working links have been developed with the Homeless Agency who produced the adult homeless action plan – Shaping the Future. The Homeless Agency has the responsibility to coordinate and manage the delivery of services to people who are homeless in Dublin.

# YOUTH HOMELESSNESS IN THE EASTERN REGION

## CONTEXT AND OVERVIEW

### INTRODUCTION

This section aims to set the scene for the strategy. It begins by describing the current policy context. It then discusses the nature and extent of youth homelessness and the dynamics that leave young people at risk of becoming homeless. A description of services currently available including recent developments follows, including a discussion on the problems and gaps remaining to be addressed.

### Policy Context

Youth Homelessness is defined in the Government Strategy thus: *“ 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, young people who look for accommodation from the ERHA Out of Hours Service, 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”*

### The following inform this Action Plan:

The UN Convention on the Rights of the Child	The National Children's Strategy
National Health Strategy 2001	The National Anti Poverty Strategy
The Children's Acts 1991	Homelessness Preventative Strategy
The Children Act 2001	The National Drugs Strategy
The Educational Welfare Act 2000	Regional Childcare Framework
	Homelessness – An Integrated Strategy
Shaping the Future – An Action Plan on Homelessness in Dublin 2001 - 2003	

Table 1

The **UN Convention on the Rights of the Child** is in essence a bill of rights for all children. It contains rights relating to every aspect of children's lives including the right to survival, development, protection and participation. Ireland ratified the convention in 1992. The convention recognizes the critical role of the family in the life of the child stating that the family as the fundamental group of society and the natural environment for the well being and growth of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community. The involvement where appropriate of extended family members should be taken into consideration in delivering local arrangements for individual children.

The **National Children's Strategy "Our children, their lives"**, provides an integrated framework as well as a broader policy context for the delivery of services to children over a ten year period. The strategy reflects the aspirations and concerns of children themselves and those who care for them. This is demonstrated by the "*whole child*" approach which address' all aspects of a child's life. The context within which services are developed is also characterized by increasing public awareness of the plight of children who are neglected, abused, homeless and who appear before the courts.

The recently published **Health Strategy "Quality and Fairness- a health system for You"** emphasizes the need for greater co-ordination between child welfare and protection and primary care services such as general practice and public health nursing:-

*"Closing the gap between the advantaged and disadvantaged requires a level of planning that is based on clear evidence and ensures that funding is channeled to appropriate service developments. Having the appropriate human resources in place to design, deliver and manage such services is critical. The recruitment and retention of staff is a constant challenge for service providers and they have devoted considerable investment in human resources over the last number of years".*

The **Child Care Act, 1991** places a legal obligation on each health board to promote the welfare of children in its area who are not receiving adequate care and attention. The Act also provides at Section 5 that:

"Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him".

The **Children Act 2001** makes further provision in relation to the care, protection and control of children and, in particular to replace the Children Act 1908. It provides for the convening of Family Welfare Conferences, extends the Child Care Act 1991 in relation to juvenile offenders and other matters and establishes the Special Residential Services Board.

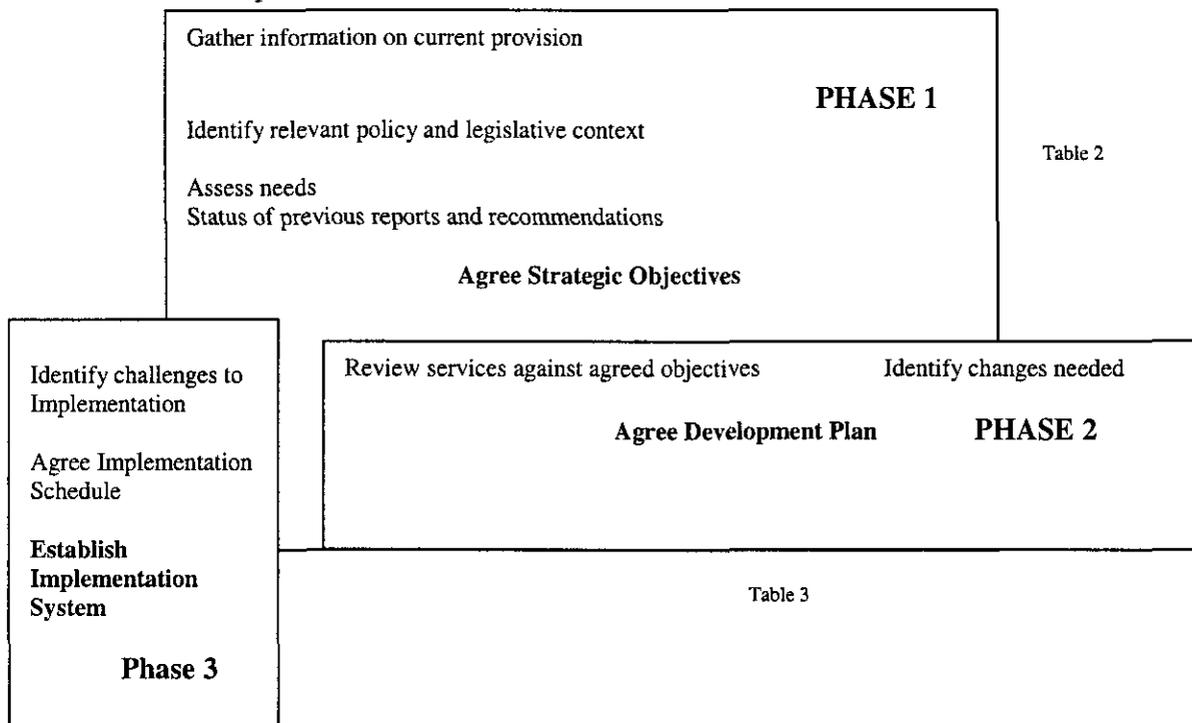
The **Education (Welfare) Act 2000** provides for the entitlement of each child to a certain minimum education and for the registration of children receiving education in places other than recognized schools; the compulsory attendance of certain children at recognized schools and the establishment of the National Educational Welfare Board.

**Homelessness – An Integrated Strategy** is the government strategy to tackle adult homelessness in a comprehensive and coherent way. It provides a framework for 3 year action plans to be implemented by local authorities.

**The Homelessness Preventative Strategy** focuses on people leaving institutional care, whether custodial or health related, and young people leaving care. The Departments of Justice, Equality and Law Reform; Health and Children; and Education and Science participated in the preparation of the strategy under the aegis of the Cross Departmental Team on Homelessness.

**National Drugs Strategy** aims to significantly reduce the harm caused to individuals and society by misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research.

**Regional Childcare Framework** – In May 2001 the ERHA began working with the 3 Area Health Boards to develop a strategic childcare framework for Childcare and Youth Homelessness in the Eastern Region. There is much good work being done with children and young people by both statutory and voluntary agencies. The majority of staff working directly with children and families do so in a dedicated and sensitive manner. However, there are problems and barriers which need to be addressed so that plans are put in place to guide services in a coordinated manner. The following proposal was made to address the above problems and ensure that children and families receive adequate care and protection. The development of effective Youth Homeless Services will be an important component of the Regional Childcare Framework. Phase 1 is in operation. As can be seen the different Phases are not independent of each other.



## THE NATURE AND EXTENT OF YOUTH HOMELESSNESS

Information on the extent of youth homelessness in the Region is gathered by a range of different bodies, both statutory and voluntary. Examples include the Area Health Boards Community Care Areas and Crisis Intervention Services, Gardai, VEC, Focus Ireland, ISPCC. Statistics for 2000 collected by the 10 Community Care Areas provide the following data:

### Number of children whom it appeared to the Health Boards were homeless in 2000 in the Eastern Region

Age	Males	Females	Total
↓ 12 years	26	21	47
12 – 14 years	43	28	71
15 – 16 years	56	44	100
17 – 18 years	23	27	50
<b>Total</b>	<b>148</b>	<b>120</b>	<b>268</b>

Table 5

### Reason for homelessness of children presenting to Health Boards in the Region

Primary Reason	Males	Females	Total
Physical Abuse	28	18	46
Sexual Abuse	8	6	14
Emotional Abuse	1	0	1
Neglect	5	7	12
Parents unable to cope/parent ill	9	8	17
Parents abusing alcohol/drugs	11	14	25
Child with emotional/behavioural problems	27	16	43
Child abandoned/rejected	7	4	11
Family Problems	18	22	40
Domestic Violence	3	1	4
Pregnancy		3	3
Child abusing alcohol/drugs	12	15	27
Other	19	6	25
<b>Total</b>	<b>148</b>	<b>120</b>	<b>268</b>

Table 6

**Breakdown of children/young people presenting as homeless by Community Care Areas for 2000. Community Care Areas are the boundaries within which each Area Health Board operates. CC1, 2 and 10 are in the East Coast Area Health Board, CCA 3, 4, 5 and 9 are in the South Western Area Health Board and CCA 6, 7 and 8 are in the Northern Area Health Board.**

	Males 0-12	Males 12-18	Females 0-12	Females 12-18	Total
CC1 Dunlaoghaire, Ballybrack, Sallynoggin, Shankhill, Blackrock and Killiney	6	12	8	12	38*
CC2 Ringsend, Ballogan, Pearse St, Ballinteer and Dundrum	1	8	2	0	11
CC3 Dublin South City	5	9	2	11	27
CC4 Dublin South West	1	18	0	5	24
CC5 Dublin West	1	10	0	17	28
CC6 North West County Dublin – Finglas, Glasnevin, Phibsboro	0	13	0	10	23
CC7 North County Dublin – Ballymun, Fairview & Dollymount	7	39	5	22	73
CC8 North County Dublin – Damdale, Coolock, Kilbarrack & Donaghmede	0	4	0	16	20
CC9 Kildare & West Wicklow	5	8	4	4	21
CC10 Wicklow apart from West Wicklow		1		2	3

Table 7

\* this figure includes families in b&b accommodation with children

These recorded presentations to the 10 Community Care Areas for 2000 account for 45.58% of the total recorded presentations for the country as a whole. *Counted In* (Homeless Initiative 1999) which was a snapshot of homelessness in the Dublin region, identified 340 young people under 20 who were homeless.

There are a number of issues in relation to the information and data on youth homelessness that require attention at both a national and local level. We welcome the major review being undertaken by the Department of Health & Children and the proposed establishment of a National Child Care Management Information System.

Issues requiring attention include double counting, lack of information on outcomes, lack of information on barriers to accessing services, seasonal patterns, repeat presentations and the extent of hidden homeless. Other agencies within the statutory and voluntary sector collect information and data on young people using their services who may or may not be coming to the attention of the 10 Community Care Areas. Partnership areas outside of the City Centre such as Blanchardstown and Clondalkin have undertaken research into youth homelessness and in consultation with both community, voluntary and statutory agencies are developing local plans for services within national strategies.

## UNDERSTANDING YOUTH HOMELESSNESS

An understanding of the causes of Youth Homelessness is crucial to developing effective services and preventative strategies. Young people's relationships with family and friends have changed, their experiences of education and the labour markets have altered dramatically, whilst their leisure and lifestyle choices have developed in ways that reflect a very different culture to that of their parents.

Crucially, the transition towards independent living has been extended. The restructuring of the labour market (with the increased demand for educated and specialist workers alongside flexible specialization in the workplace) and the impact of certain social policies, (e.g. housing) has meant that young people are dependent on their families for longer periods of time. The increasing importance of education, further education and educational attainment and the increasing difficulty of making successful domestic and housing transitions combine to produce a range of pressures and risks.

The paths to inclusion then become even more difficult to negotiate for young people already on the margins of an "educated", "working", "law abiding" society. Across western societies, the rate of youth unemployment runs at twice or three times the adult rate.

Within this context, becoming homeless is not a single unique event, it is a process acutely demonstrated in table 6 above. Physical abuse, sexual abuse, parent/s ill unable to cope, drug and / or alcohol abuse by parent and/or young person, emotional/behaviour problems, domestic violence may be key triggers to a young person presenting as homeless. We know, however, that not all young people who experience these problems become homeless. Other factors that may contribute to a young person becoming homeless include little or no community/extended family support, the interplay of events on each other – e.g. domestic violence coupled with sexual abuse and emotional/behaviour problems. We also know that early identification and intervention with families under pressure is crucial in preventing homelessness and/or minimizing the length of time a young person is out of the family home.

The longer a young person is out of their home which usually also means disruption of education and loss (temporary) of community/friends, the harder it is for them to leave the connections and support they may have found within the homeless culture and be reintegrated back with their families, community and school.

## **SERVICES FOR YOUNG PEOPLE WHO ARE HOMELESS – PROGRESS AND DIFFICULTIES**

The present services for young people out of home in the ERHA consist of the 10 CCA teams, outreach services, day services, a regional Crisis Intervention Service including a spectrum of residential units, out of hours social work teams and a day team to follow up on young people. These services are provided either directly by the Area Health Boards or provided by voluntary bodies and funded by the Health Boards.

The Forum Report on Youth Homelessness (2000) and the evaluation into the Crisis Intervention Services identified key difficulties in the present range of services. These included:

- Fragmentation of services
- Barriers to access
- Isolation within and between services
- Lack of resources in the community care areas
- Staff recruitment and retention
- New policies and demands that they bring
- Challenge for services in how they support and safely accommodate young people
- Lack of transparency and accountability in service delivery
- Few if any service contracts in place
- Mismatch between needs and services
- Scarcity and inaccuracy of information regarding the numbers of young people out of home
- Focus on crisis rather than on prevention and early intervention
- Concentration of services in City Centre
- Inappropriate organization of emergency services

The Forum Report on Youth Homelessness provided a wide ranging number of recommendations for the improvement, development and expansion of youth homeless services and work has been taking place over the past year to put these recommendations into place. A table of the recommendations and the status of their implementation is attached in an appendix to this Action Plan.

*There are some very real challenges to service improvements, developments and expansion which must be acknowledged.*

- The gathering of baseline information is only beginning and has been a slow and difficult process
- Prevention/early intervention is seen as an either/or relationship with crisis management. Dealing with crises has absorbed the majority of funding. In 2001 for the first time, new development monies were allocated so that 52% went into preventative services.
- Having appropriate resources in place to design, deliver and manage services is essential – recruitment, retention and support for staff are the key to this. The level of vacancies is a challenge that calls for creative, innovative responses
- Frustration leads to demands for quick fix responses that can be seen quickly but may not be appropriate, effective or in a young person's best interests.
- There is a need to develop more services and increase the number and range of organizations providing services.

## **SECTION ONE**

### **GOALS AND GUIDING PRINCIPLES**

This section sets out the goal for youth homelessness in the Eastern Region and how this strategy seeks to reach that goal. It sets out the purpose of the strategy and the values and principles that underpin it. This section also sets out a number of key assumptions on which the strategy is based. Key strategic aims and performance indicators are also included against which the strategy will be measured.

### **GOALS**

By 2004 youth homelessness will be reduced and if possible eliminated in the Eastern Region. This will be done by a combination of preventative strategies and ensuring that if a young person does become homeless they will be reintegrated back to their family and/or community as appropriate and as quickly as possible

The purpose of this strategy is to:

- Tackle youth homelessness in a practical and focused way.
- Ensure that there is a comprehensive response to youth homelessness.
- Ensure that the importance of supporting the family and wider community is recognized.
- Ensure that services match individual needs and are easily accessible.
- Ensure that monitoring and evaluation of services is undertaken strategically.

### **GUIDING PRINCIPLES**

The following principles inform and guide this strategy.

- The State is obliged to protect children from any form of discrimination and to protect their rights.
- A child's best interests must be taken into account in any actions affecting them and where their family cannot provide adequate care the State should do so.
- Each child has an inherent right to life and the State has an obligation to ensure their survival and development.
- A child has a right to express their opinion freely and to have that opinion taken into account in any action that affects them.
- Promoting the best interests of a child who is not receiving adequate care and attention is the responsibility of the Health Board within which that child resides.

## **KEY ASSUMPTIONS**

This strategy is based on the following assumptions.

- That all relevant services will cooperate in the implementation of this strategy, this includes statutory and voluntary providers, local communities and their elected representatives
- That the necessary additional staff for services will be recruited
- That adequate resources will be forthcoming to underpin the necessary development of services.
- That the ERHA will be effective in its role of coordinating this strategy.

## **KEY PERFORMANCE INDICATORS**

- The numbers of young people presenting as homeless monthly
- The number of new locally based emergency placements analysed by age, sex and tier of care
- The length of time between presentation as homeless and placement
- The occupancy rate in residential accommodation for young homeless people by age, sex and tier of care
- The range of accommodation developed for young people leaving care
- The number of young people leaving care who settle successfully
- The number of young people who have a "live" care plan and key worker
- The satisfaction of young people who are homeless with the services
- The effectiveness of the ERHA in it's role

**The National Strategic Objectives outlined in the National Youth Homeless Strategy are:**

- Family support and other preventative services will be developed on a multi-agency basis for children at risk of becoming homeless, this will incorporate a generic out of hours crisis intervention service and where necessary multi-disciplinary teams to target young people at risk
- Schools will actively support children at risk of homelessness
- Local communities will be supported to assist children at risk of becoming homeless and their families
- Aftercare services for children leaving foster care, residential care, supported lodgings and centres for young offenders will be strengthened so that there is the support necessary for the transition to independent living or returning to families
- Emergency services will be provided promptly to children who become homeless which are accessible with specialist 24hr reception services in cities where appropriate
- A comprehensive assessment of children who become homeless will be carried out as the basis for individual action/care plans for case management/key working with the young person where necessary
- A range of accommodation arrangements will be provided for children who are unable to return home as part of an integrated response to the child's needs
- A range of supports will be provided to meet children's health, educational and recreational needs based on each child's action/care plan and aimed at reintegrating the child into their community as quickly as possible
- The ERHA will take the lead role in implementing this strategy and will work with the Provider Forum on Youth Homelessness as a mechanism for co-ordination along with putting other co-ordination arrangements in place with both the statutory and voluntary sector
- Multi-access information points will be put into place to facilitate ease of access to youth homeless services
- Effective information systems on homeless young people will be put in place that include both the voluntary and statutory sector
- Ongoing evaluation will be conducted at both a local and national level of the effectiveness of interventions to prevent homelessness occurring and of the services to assist and support young people who become homeless.

## SECTION TWO

### Preventative Measures

#### Objective 1

*Family support and other preventative services will be developed on a multi-agency basis for children at risk of becoming homeless. In particular, this will incorporate a generic out of hours crisis intervention service and where necessary multi-disciplinary teams to target at risk young people.*

“Family support services” is a collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children in their own homes and communities.

#### Services currently available

Having baseline information on what services are currently in place is a crucial first step to planning future service developments. As part of the work to develop a regional Child Care Framework, the ERHA has recently undertaken an extensive audit of services provided for or on behalf of the Health Boards, this included voluntary and private agencies providing services funded by the Health Boards. The audit collected information on the following;

- *Day Nursery Provision*
- *Neighbourhood Youth Projects*
- *Parent Support Programmes*
- *Family Support Projects and Family Centres*
- *Child Welfare & Protection Services*
- *Alternative Care Services including Fostering, Adoption, Residential Homes including High Support/Special Care provision*
- *Domestic Violence Services*
- *Pregnancy Counselling*
- *Psychology Services*
- *Services for young people misusing Drugs*

#### **Summary of Child Care and Family Support Services within the ERHA**

64 Day Nurseries/Pre Schools  
18 Neighbourhood Youth Projects  
10 Parent Support Schemes  
35 Family Support Projects

350 families receive a home based service from the Family Support Programme  
1178 children are receiving care through fostering arrangements  
21 children/young people are in Supported Lodgings

Table 8

East Coast Area Health Board

South Western Area Health Board

East Coast Area Health Board			South Western Area Health Board			
<b>CCA1</b> Dun Laoghaire Ballybrack Sallynoggin Shankhill Blackrock Killiney  Population 127,014 21.5% children entitled to medical card	<b>CCA2</b> Ringsend Ballogan Pearse St Ballinteer Dundrum  Population 126,681, 21.2% children in receipt of medical card	<b>CCA10</b> All of Wicklow  Population 102,417 32% of children in receipt of medical card	<b>CCA3</b> Dublin South Inner City Fatima Mansions Rialto James St Meath St Sth Circular Rd Ballyboden Population 92,577 23.9% of children in receipt of medical card	<b>CCA4</b> Dublin South West Dublin Crumlin Tallaght Drimnagh  Population 143,035 33% of children in receipt of medical card	<b>CCA5</b> Dublin West Clondalkin Ballyfermot Inchicore Palmerstown Lucan  Population 112,608 40.8% of children in receipt of medical card	<b>CCA9</b> Kildare & West Wicklow  Population 134,881 23% of children entitled to medical card
4 day nurseries (waiting lists)	5 day nurseries (waiting lists)	1 Day Nursery (waiting list)	8 Day Nurseries	5 Day Nurseries	7 Day Nurseries (waiting list)	9 Day Nurseries
2 NYP	1 NYP		4 NYP	2NYP	2 NYP	3NYP
4 FSP (waiting lists)	2 FSP	1 FSP	5FSP (waiting list)	5FSP	5 FSP (waiting list)	3FSP (waiting list)
PSP (waiting list)	PSP (waiting list)	PSP (waiting list)	PSP (waiting list)	PSP (waiting list)	PSP (waiting list)	PSP (waiting list)
34 Foster Care Families supporting 85 children	107 children in Foster Care	97 children in Foster Care	110 children in FC	110 children in FC (waiting list)	191 children in FC (waiting list)	97 children in FC
1 After Care Project						

Table 9

NYP – Neighbourhood Youth Programmes; FSP- Family Support Programmes; PSP- Parent Support Programmes

**NAHB**

<p><b>CCA6</b>  NW County Dublin  Finglas, Glasnevin, Phibsboro  Nth Inner City  Population of 141,461 31.9% of  children in receipt of medical  card and there are 5 Areas with  a High Child Population and  High Deprivation Areas</p>	<p><b>CCA7</b>  North County Dublin  Ballymun, Fairview and  Dollymount   Population 118,312 40.5% of  children entitled to medical card</p>	<p><b>CC8</b>  North County Dublin  Darndale, Coolock, Kilbarrack  and Donaghmede   Population 192,978 23.8% of  children entitled to medical card</p>
<p>10 Day Nurseries  <b>(waiting list)</b></p>	<p>6 Day Nurseries  <b>(waiting list)</b></p>	<p>6 Day Nurseries  <b>(waiting list)</b></p>
<p>1NYP   1 Youth Initiative for 14-18 yr  olds</p>	<p>4 NYP  <b>(waiting list)</b></p>	<p>0 NYP</p>
<p>PSP  <b>(waiting list)</b></p>	<p>PSP  <b>(waiting list)</b></p>	<p>PSP  <b>(waiting list)</b></p>
<p>4 FSP  <b>(waiting list)</b></p>	<p>5 FSP  <b>(waiting list)</b></p>	<p>1 FSP  <b>(waiting list)</b></p>
<p>159 children in FC</p>	<p>125 children in FC  <b>(waiting list)</b></p>	<p>115 children in FC</p>
<p>2 After Care Projects</p>	<p>6 After Care Projects  <b>(waiting list)</b></p>	

Table 10

NYP – Neighbourhood Youth Programmes; FSP- Family Support Programmes;  
PSP- Parent Support Programmes

## OBJECTIVE 1

**To identify needs, in relation to young people at risk of homelessness, and plan for appropriate preventative responses.**

Clearly, the provision of preventative services needs considerable development. Intervening early, providing support, assessment and access to local services based on assessment of need and continuum of care require services that are easily accessible and as near to the ground as possible. Assessing need is a complex task and there are a range of ways it can be done –

- Projecting needs on the basis of existing service users.
- Generating data on the basis of sampling.
- Developing indicators of well being.
- Selecting some types of service provision and identifying geographical areas that merit the location of such services.
- Consulting with staff providing services.
- Consulting with service users.

The **Regional Childcare Framework** will be undertaking a needs led approach to designing and delivering services and Dartington Social Research Development Unit have been commissioned to work alongside staff and service users to carry out this work. DSRU offer a method of auditing referrals to services in order to identify patterns of need and design appropriate interventions. The method enables agencies *to rapidly and regularly build up a picture of need among referred populations and brings together key players required to analyse the information and implement the results*. Matching needs and services can be used broadly to design services taking a needs-led, multi-agency approach.

### **Action:**

- Assessment of need will be undertaken to identify families at risk including the risk of homelessness, measures that can be taken to prevent homelessness in local areas will be identified and piloted - **Target September 2002**
- Research into the use of “day services” by young people at risk of homelessness will be undertaken – **Target July 2002**
- Each Health Board will bring forward a plan for the phased development of local generic crisis intervention services - **Target December 2002**
- Pilot initiatives will be undertaken to further expand and develop the range of family support and preventative services – **Target December 2002**

## OBJECTIVE 2

*Schools will actively support children at risk of homelessness e.g. truanting children and those who leave school early, using the structures proposed under the EWA.*

The link between disrupted school attendance, early school leaving, minimum educational attainment and youth homelessness is well documented. The key organizations/initiatives that can interact and support young people leaving school early are the following;

The **City of Dublin Youth Services Board** is a statutory body of the City of Dublin Vocational Education Committee. The CDYSB aim is to promote, support and co-ordinate the development of a comprehensive youth service to meet the changing needs of young people.

**Youthreach** is a national programme for 15 – 18 year olds who left school without any formal qualifications. The programme has drawn together a number of strands from the education and training spheres and has been running for over 10 years. There are over 150 centres across the country. Youthreach is delivered across two separate networks – Youthreach centres via Vocational Education Committees and Community Training Workshops via FAS.

The **Educational Welfare Act 2000** provides for the entitlement of each child to a certain minimum education and for the registration of children receiving education in places other than recognized schools, the compulsory attendance of certain children at recognized schools and the establishment of the National Educational Welfare Board.

The **National Educational Welfare Board** was established in May 2001 on an interim basis in order to carry out the planning and preparation work for phasing in an educational welfare service as provided in the EWA legislation. The new educational welfare service will subsume and replace the existing school attendance service following consultation with the respective parties. The NEWB membership includes representation from an ACEO of the ECAHB who is also a member of the Provider Forum on Youth Homelessness.

### **Action:**

- Links between Area Health Boards and programmes such as 8-15's Early School Initiative, the Stay in School Retention Initiative will be explicitly drawn and supported – **Target December 2002**
- Links between multi disciplinary teams, community development workers and Education Welfare Officers targeting young people at risk of homelessness will be developed – **Target December 2003**
- Working in partnership, a tracking system will be established of young people in the education system at risk of homelessness – **Target December 2003**

### OBJECTIVE 3

*Local communities will be supported to assist children at risk of becoming homeless and their families*

There are tremendous pressures and pulls within local communities that can both support and exclude families. Young people within the traveling community may be especially marginalized. The role of community development, neighbourhood projects, multi disciplinary team working, outreach services, family centres and support programmes are crucial in providing a key layer of support and early identification and intervention with children and young people at risk of homelessness. The ERHA, Health Boards, Statutory and Voluntary agencies participate in and contribute to a range of community development supports and initiatives at both a local and national level, e.g. Local Area Partnerships, RAPID, Local Drug Task Forces and National Drugs Strategy Team.

There are 14 Local Drug Task Forces, 12 in the Greater Dublin Area. Their brief is to co-ordinate an effective response to drug misuse in their local areas. The LDTF identified 8 key issues that cross all 14 LDTF, one of which was Homelessness.

#### **Action:**

- Resources will be strengthened to support links and co-ordination between Health Boards, Local area Partnerships and Community Development Initiatives -**Target ongoing**
- The structure and links of the Provider Forum will be reviewed to ensure it connects with local areas and young people - **Target May 2002**
- Links with NDST and the Local Drugs Task Forces will be supported and strengthened – **Target December 2002**
- Plans will be drawn up for the development of respite placements/accommodation for young people at risk of homelessness in their local areas – **Target September 2002**

#### OBJECTIVE 4

*Aftercare\* services for young people leaving foster care, residential care, and other services provided by health boards such as supported lodgings and for those leaving centres for young offenders, will be strengthened so that children are supported in making the transition to living independently or returning to their families.*

\* young people who by agreement have left the care of the health board/agency but are still in need of support of different types. This would include young people who leave care on reaching eighteen years of age

The baseline information we currently hold on the number of children/young people in alternative family placements is as follows:

	ECAHB	NAHB	SWAHB	Total
No of Children in short term FC	289	513	570	1372
No of children in residential care	40	229	138	407
No of children in High Support			6	6
No of children in special care			7	7

**There are also approximately 160 children either at home or in residential care awaiting foster care.**

**There are 9 after care projects in the ERHA**

This information was collected and analysed in 2001, it was a start in mapping the extent and nature of children/young people in alternative family placements. More work needs to be done on this and it forms part of the actions under this heading.

The need for effective coordination in relation to young people leaving care is clear and unambiguous. The vulnerability of young people having left care without adequate preparation, support or resources and subsequently becoming homeless and/or involved in risk behaviours including substance misuse and crime is both anecdotal and documented. There is some excellent Aftercare work taking place within the ERHA but it is ad hoc, disparate and under resourced. Moreover, the need for key organizations to work together is crucial, e.g. Health Boards, Education Services, Probation and Welfare Service, FAS, VEC and the Local Authorities. The role that the Irish Association of Young People in Care may play strategically and locally in this area is important. The Provider Forum has set up an Accommodation Feasibility sub committee working with Dublin City Council to develop a range of accommodation for young people leaving care.

**Action:**

- Research will be commissioned in consultation with key stakeholders including young people to examine and analyse the types and scale of after care provision required in the ERHA. This will include needs in relation to accommodation, education, training and other supports with timelines for each young person – **Target December 2002**
- A data base will be set up within each Health Board to track all young people leaving care - **Target September 2002**
- The Region Childcare Framework will pilot needs assessment within the alternative care provision- **Target September 2002**
- An aftercare protocol will be drawn up to include the elements outlined in the Youth Homeless Strategy - **Target September 2002**
- An aftercare service with designated staff will be established within each Area Health Board to oversee the policy, practice, and protocols on aftercare, ensure staff receive training and support in this area, that each young person has an aftercare plan and that the system for tracking young people leaving care is robust - **Target December 2002**
- After care workers will be employed to provide the necessary preparation, advice, information and support for young people making the transition to independent living including linking with accommodation providers – **Target Ongoing**
- Consideration will be given to the role that the IAYPIC can play strategically and locally to the development of an Aftercare Service – **Target May 2002**

### SECTION THREE

#### Objective 5

*Emergency responses will be provided promptly to children who become homeless; these services will be accessible and acceptable to this client group. Specialized 24 hour reception services will be provided in cities where appropriate*

#### Current Provision

Within the ERHA, a regional Crisis Intervention Service provides in partnership with the voluntary sector a range of services to children and young people out of home between 12 and 17 years of age. There seems to be very little local provision for young people out of home, however this needs to be examined in more depth. The CIS is a specific spectrum of services made up of an Out of Hours (8pm – 6am 7 days a week) Social Work service comprising three Social Work Teams, an Outreach service (7 day a week), a Reception Centre, a range of Residential Units and Day Services in Dublin City Centre. These services are either directly provided by the Health Boards or funded by the Health Boards. The residential units have 47 beds available with 15 ring-fenced for emergencies. Young people who are newly homeless access the CIS by going to a Garda Station who bleep the Social Work Team. When the SWT go the Garda Station, the young person is assessed which either results in the young person returning home or being allocated one of the ring-fenced emergency beds. Young people who are known to the CIS and are in and out of accommodation can go to the Reception Centre where they wait for the Social Work Team to visit and carry out an assessment which may lead to a return home or access to alternative placement, i.e. one of the emergency beds. Placements are made for between 1- 3 nights, there is a high number of repeat presentations.

#### Accommodation within the Crisis Intervention Services

SERVICE NAME	ACCOMMODATION	PROVIDER
Park View House	5 beds short term + 3 emergency beds	Northern Area Health Board
City Lodge	12 Beds	South Western Area Health Board
Eccles St	9 Short term and 2 emergency beds	Crosscare
Off the Streets	4 short term beds and 2 emergency beds	Focus Ireland
Sherrard House	12 short term and 2 emergency	Homeless Girls Society
Le Froy	6 emergency beds	Salvation Army

## **Day Services**

Reception Centre - Salvation Army  
The Loft - Focus Ireland

All services within the CIS are funded by the Health Boards

In 2000 the number of OHS beds available was 5475, the recorded bed usage was 3172, i.e 58%

An independent review of the CIS was carried out at the end of 2000 and a report produced with the following issues identified.

### **Issues identified - recommendations for improvement**

- a) Access to the OHS was convoluted both for young people and other agencies
- b) At any one time there can be a core group of approximately 25 young people who have ongoing contact with the CIS. They require assessment and placements that meet their needs for support and stability
- c) The mix of young people within the residential units can have a negative impact in that newly homeless young people are mixing with older more experienced young people
- d) The links between the OHS and the CCA teams need reviewing. Similarly, agreed protocols need to be in place between Health Boards so that young people do not fall between the boundaries of different Health Boards. It may be preferable that one Health Board oversee the city centre services
- e) There is spare capacity within the residential units in relation to short term beds, however, there is a need for more capacity locally for emergency placements, and with respect to stable and transitional accommodation
- f) The present configuration of the residential units should be changed to support the needs of young people more effectively and separate out those newly homeless and those requiring longer term accommodation
- g) Locally, services need to be developed in relation to early intervention, accommodation and support
- h) Emergency accommodation needs to be just that, for an emergency

### Information on children under 12

Work has begun on identifying the nature and extent of services that are required for children aged 12 and under who are in crisis and may not be able to remain in their own home or have an alternative family placement.

Meetings have taken place and data gathered which reveal the following picture:

Keelogue was opened as a facility to accommodate children under 12 in crisis, however, it is now full and no longer used in such situations. Temple St is one of the hospitals used as a place of safety.

Year	No of children	No of days in hospital
2000	49	525
2001	43	265

In 2000, 30 children were in the hospital less than 3 days, 11 longer than 4 days and 6 longer than 7 days

In 2001, 26 children were in the hospital less than 3 days, 15 longer than 4 days, 3 longer than 6 days

The average age was between 1 and 3, the main Community Care Areas of origin were 6 and 7

**Action:**

- The number of dedicated youth homeless services outside of the City Centre is small, however, there are addiction outreach services which connect with young people out of home, youthreach centres and outreach services, multidisciplinary teams, neighbourhood projects and community workers. How these services respond and identify young people out of home will be reviewed and assessed with a view to strengthening and enhancing their services and/or developing additional services – **Target December 2002**
- An alternative placement service for children aged 12 and under will be developed within each Health Board. - **Target December 2002**
- Assessment on the number and range of emergency accommodation placements required locally outside of the City Centre will be undertaken - **Target August 2002**
- Areas such as Dunlaoghaire, Blanchardstown, Clondalkin and Tallaght will be supported in developing locally based services - **Target December 2002**
- Work on implementing the recommendations within the CIS evaluation will continue, with the next step being to reshape the existing residential and day services to the tiered model recommended – **Target June 2002**
- The ERHA will convene a working group chaired by the Director of Homelessness to support, facilitate and monitor the changes in the CIS evaluation – **Target May 2002**
- An operational group will be convened to support the transition of young people from the city centre to the area based services – **Target May 2002**

## **OBJECTIVE 6**

*A comprehensive assessment of children who become homeless will be carried out as the basis for individual action/care plans for care management/key working with the young person where necessary*

### **Action:**

- In line with implementing the evaluation into the CIS, assessments will be carried out on young people presently in the CIS to identify the accommodation and support appropriate to their needs and enable places to be freed up and more appropriately used. – **Target September 2002**
- Assessments will be carried out within a multi disciplinary and multi agency model including the views of the young person and their family where appropriate – **Target September 2002**

## OBJECTIVE 7

We intend to take both these objectives together.

*A range of accommodation arrangements will be provided for children who are unable to return home as part of an integrated response to the child's needs*

## OBJECTIVE 8

*A range of supports will be provided to meet children's health, educational and recreational needs based on each child's action/care plan and aimed at reintegrating the child into their community as quickly as possible.*

There are 99 units within the spectrum of accommodation within the ERHA. The spread is as follows:

NAHB	58
SWAHB	29
ECAHB	9

The evaluation into the Crisis Intervention Service in recommending that the present units within the CIS be reshaped recommended a tiered approach that includes harm reduction, assessment, stabilization and resettlement. The links between residential accommodation, support, educational/training and employment support and options for young people is crucial.

### Action:

- The need for developing alternative accommodation including additional foster care placements, supported lodgings, after care placements and specialist supported accommodation for young people with particular needs will be assessed, mapped and begin – **Target ongoing**
- Research will be commissioned into the use of day services by young people out of home, particularly young people who may not be coming to the attention of the statutory services- **Target July 2002**
- The partnership developed with Dublin City Council by the Provider Forum examining the feasibility of developing a range of accommodation for young people leaving care will be progressed – **Target ongoing**
- Accommodation for young people who are homeless and have substance abuse problems will be opened in the City Centre funded by the NAHB and operated by a voluntary body – **Target September 2002**

## SECTION 4

### OBJECTIVE 9

*The ERHA is responsible for and will take the lead role in implementing the YHS in their area by putting in place effective arrangements for co-ordination with both statutory and voluntary service providers.*

The ERHA as the statutory body with responsibility for health and personal social services for the 1.3million people living in Dublin, Kildare and Wicklow has the role of commissioning, strategically planning, funding, monitoring, reviewing and evaluating services. The 3 Area Health Boards within the Eastern Region, the Northern Area, the South Western and the East Coast have responsibility for planning and delivering services within their own areas. The ERHA and the Health Boards consider the development of services in terms of "care groups", one of which is Children and Families within which Youth Homelessness is located. The other main "care group" interacting with Youth Homelessness is Social Inclusion within which Addiction, Disability, Travellers and Adult Homeless services are located. The Mental Health "care group" is another important area that interfaces with Youth Homelessness.

The Forum on Youth Homelessness established by the former EHB in conjunction with the Homeless Initiative, published a milestone report in 2000 that identified strengths and gaps in existing services for young people out of home and the measures that needed to be taken to improve and develop services for young people aged between twelve and twenty out of home in the Eastern Region.. A Director of Homelessness was appointed by the ERHA in October 2000 along with the appointment by each of the three Area Health Boards of Assistant Chief Executives in Childcare & Youth Homelessness to put in place a comprehensive package of childcare developments. Moreover, work began on implementing the recommendations contained in the Forum Report whilst also establishing a Provider Forum on Youth Homelessness on which the 3 Area Health Boards sit along with wide representation from both the statutory and voluntary sector with the following terms of reference.

Terms of Reference for Provider Forum on Youth Homelessness  
October 2000

1. To advise the Executive of the Authority on the adequacy and inadequacy of the present range of services for young homeless persons;
2. To assist the Executive of the Authority in preparing a development plan for the region which will ensure the delivery of a comprehensive quality service;
3. To monitor the implementation of the development plan;
4. To recommend to the Executive of the Authority how capital and revenue resources should be provided annually and multi-annually;
5. To establish such sub committees as may be required from time to time to review priorities and make specific recommendations on the development of services to meet needs.

**Action:**

- The Provider Forum will be the strategic body coordinating and overseeing the implementation of this action plan and the coordinated planning and monitoring of services for young people at risk of homelessness and those out of home. It will be renamed the **Youth Homeless Forum**, its membership reviewed and structures put in place to ensure it can carry out its role, include young people and connect with local areas – **Target May 2002**
- Steps will be taken to include young people in the work of the YHF in a manner that is relevant, effective and respectful – **Target May 2002**
- Formal links will be strengthened with the Homeless Agency and other key bodies – **Target Ongoing**

## OBJECTIVE 10

*Each Health board will facilitate ease of access to its youth homeless services through the development of multi access information points*

**Shaping the Future** – the action plan on adult homelessness includes the development of a 24 hr line and a range of multi access points and updating the existing Directory of Services. The Provider Forum on Youth Homelessness considered how access and information to youth homeless services could be improved and decided that it made sense to work in tandem with the Homeless Agency in the work they are undertaking in this regard.

### **Action:**

- A Directory of Youth Homeless services will form part of the Adult Homeless directory. This can be reproduced separately if required – **Target June 2002**
- Working with the Area Health Boards and local area partnership for a, information and advice for young people out of home will be expanded and strengthened- **Target Ongoing**
- Multi access points to youth homeless services will be part of the specification for services both in the city centre and in local areas – **Target December 2003**

## **OBJECTIVE 11**

*Effective information systems on homeless young people will be developed including a database accessible to both voluntary and statutory service providers.*

Much work has been done in 2001 on gathering and analyzing baseline information on services. Information sharing between organizations does happen and has been instrumental to the review of services and placement plans put in place for young people during the Christmas and New Year period in both 2000 and 2001. Sharing information across organizations and between different professions and services requires discussion and consultation.

### **Action:**

- The Crisis Intervention Data Base will be reviewed as to it's applicability – **Target September 2002**
- Discussions will take place with the Homeless Agency and the DPA to consider the applicability of the system developed for use within the Adult Homeless Sector – **Target December 2002**
- Discussions will take place on core information that can be shared across the statutory and voluntary sector including crisis, residential and day services- **Target September 2002**
- Analysis of accommodation available for young homeless people by age, sex, tier of service, needs addressed and geographic location. – **Target December 2002**

**OBJECTIVE 12**

*Ongoing evaluation will be conducted at both local and national levels of the effectiveness of interventions to prevent homelessness occurring and of the services to assist and support young people who become homeless*

**Action:**

- A range of research, evaluation and monitoring programs will be commissioned. **Target ongoing**

## SECTION FIVE

### Resource Issues and Summary Costs

The allocation of new monies in 2002 to implement the YHS is 1.905€. The monies have been allocated in the following manner to resource and support actions outlined in this plan in 2002.

<b>East Coast Area Health Board</b>	
Dunlaoghaire Youth Action Adventure	127,000€
Child Care Area Teams Local budgets	100,000€
Admin support for FSW	10,665€
Development of Out of hours Social Work Service	150,000
Multi-disciplinary teams Development	150,000€
Needs Assessment	75,000€
IAYPIC	25,000€

<b>Northern Area Health Board</b>	
Extra Family Support Workers	160,000€
Social Housing Project (part funding)	50,000€
Part funding for development of single room accommodation in Le Froy	120,000€
Development of panel of Emergency carers	
Development of hotline for Support	
Training for carers and staff	126,590€
Needs Assessment	75,000€
IAYPIC	25,000€
Blanchardstown Homeless Steering group - Co-ordinator post	55,000€

<b>South Western Area Health Board</b>	
Aftercare Project – Dublin South West	77,000€
Counselling service – expansion	57,000€
Kildare Youth Services	203,000€
Brookfield – Dublin South West (contribution) 50% funding coming from LDTF	200,000€
Needs Assessment	75,000€
Clondalkin Partnership seed funding	15,000€
IAYPIC	25,000€

## Notes

We believe that the funding of the services outlined will be an important component to supporting and developing the implementation of the plan. As we move through different stages of identifying the details of services that are needed, the range of accommodation required and the measures required to build and support the staff, provider and interagency base, there will clearly be a need for additional resources.

An preliminary analysis of additional resource requirements identified the following:-

Therapeutic services in prevention	500,000€
Support to Foster Families	250,000€
Alternative Family Placements	750,000€
Development of accommodation locally	2.75€
Leaving Care Services	750,000€
Transitional/settled accommodation	3.25€
Access to drug treatment options	750€
Community Workers	350,000€
Expansion of out of hours social work teams	1.5€
Planning/administrative support	150€

We wish to thank the organizations and individuals who have commented upon and contributed to this Strategic Action Plan.