

Green Party of Ireland

Homelessness Policy



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List of Abbreviations

Adverse childhood experiences (ACEs)
Approved Housing Bodies (AHB)
Health Service Executive (HSE)
Housing Assistance Payment (HAP)
Local authorities (LAs)
Local Traveller Accommodation Consultative Committee (LTACC)
Minimum Essential Standard of Living (MESL)
National Quality Standards Framework (NQSF)
Notice of termination (NOT)
Non-governmental organizations (NGOs)
Officer of the High Commissioner on Human Rights (OHCHR)
Ombudsman for Children's Office (OCO)
One night only (ONO)
Pathway Accommodation and Support System (PASS)
Personal protective equipment (PPE)
Private rental sector (PRS)
Reception and Integration Agency (RIA)
Rental Accommodation Scheme (RAS)
Residential Tenancies Board (RTB)
Sustainable Development Goals (SDGs)

1. Executive Summary and Key Points

The struggle with homelessness has now been recognised as a widespread social problem, despite the individual perspective dominating for much of the history of social policy in Europe. In Ireland, this acknowledgement was led by non-governmental organizations (NGOs) who have implemented a rights-based Housing First philosophy, but without adequate resources to roll this out State-wide. The Rebuilding Ireland Implementation Plan 2018-2021 recognised Housing First as a highly effective programme to end long-term homelessness and the need for rough-sleeping. It commits to extending the plan State-wide. However, it has been shown that there are barriers to fidelity to Housing First principles. There is insufficient access to adequate and affordable housing, inadequate and inconsistent resources, and a lack of focus on the most vulnerable. Questions also arise in relation to the capacity for service providers to coordinate at the level required, and a lack of support and training for practitioners. Research conducted for the Irish context may be insufficient to implement the Plan effectively and we continue to see a lack of success in achieving Housing First outcomes for various types of homelessness in Ireland, including families and children, and rough sleeping.^{1 2}

With regard to the Covid-19 pandemic, congregate residential settings such as family hubs, direct provision, homeless hostels, halting sites, and overcrowded housing do not meet best practices that protect vulnerable populations from infection. The Green Party recognises the Officer of the High Commissioner on Human Rights (OHCHR), COVID-19 Guidance ‘Protecting those living in homelessness, by Leilani Farha Special Rapporteur on the right to adequate housing’, which states:

Housing has become the frontline defence against the coronavirus.

Home has rarely been more of a life-or-death situation.³

The homeless population especially is a medically high-risk population, disproportionately affected by disease, such as lung cancer and COPD, which increases their susceptibility to

¹ Social care/Institute of Technology Carlow. Dowling, D (2018) An Exploration of the Housing First Approach from Practitioner Perspectives <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

² Social Justice Ireland (2020) Housing First Key to addressing Homelessness <https://www.socialjustice.ie/content/policy-issues/housing-first-key-addressing-homelessness>

³ https://www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_homeless.pdf

Covid-19. A lack of adequate housing increases risk for both this vulnerable population, and the wider population.

The Green Party recognises the success of the Housing First strategy in other jurisdictions and sees it as fundamental to the elimination of homelessness and need for rough sleeping in Ireland. We therefore welcome the publication of the Housing First National Implementation Plan 2018-2021⁴. However, bearing in mind the OHCHR guidance on Covid-19 and protecting those living in homelessness, this must be adequately and evenly resourced with a focus on the most vulnerable and key affected groups. Attention must be given to supporting practitioners to implement the Housing First Model. There must be access to adequate and affordable housing, effective coordination between service providers, relevant supports and training for practitioners, and further research conducted for the Irish context. This must be implemented with urgency, along with the extensive conversion of emergency hostel and shelter spaces into supported independent apartments. There is a clear message from pathways biographies that there needs to be more early intervention and attention to the structural causes and individual risk factors that lead to homelessness. We need to better resource flexible preventative services in our communities, and deliver safe, own-door, affordable shelter - stable, permanent homes for all types of households. We need to see housing as more than shelter, but rather as an integrated part of a neighbourhood, and a means to individual, family, and community wellbeing, in order to carry out our responsibilities according to the Sustainable Development Goals (SDGs).⁵ Tackling Ireland's homelessness crisis addresses our responsibility to the following SDGs:

No Poverty (1) Zero Hunger (2), Good Health and Well-Being (3), Decent Work and Economic Growth (8) Industry Innovation and Infrastructure (9), Sustainable Cities and Communities (11), and Partnerships (17).⁶

⁴ https://www.housing.gov.ie/sites/default/files/publications/files/housing_first_implementation_plan_2018.pdf

⁵ Design Council Towards better integration of urban design and mental health promotion, Designing good mental health into cities: the next frontier for urban design, <https://www.designcouncil.org.uk/news-opinion/designing-good-mental-health-cities-next-frontier-urban-design>

⁶ Sustainable Development Goals Partnership Platform: Accelerating the 2030 Agenda for Sustainable Development: Center for Comprehensive Homeless Services <https://sustainabledevelopment.un.org/partnership/?p=36653>

1.1 Policy Summary

1.1.1 Prevention

- Put in place a National Housing Plan, which sees adequate housing as a human right, and enshrines and mainstreams the principles of the 2030 Agenda for SDGs throughout the sector. The National Housing Plan must address low housing stock and insufficient affordable and social housing supply. The provision of sufficient affordable and adequate housing is imperative to delivering the 2030 Agenda for SDGs.
- Rent supplement schemes must cease to be used as a quasi-social housing sector. Those allocated the Housing Assistance Payment (HAP) should not be considered to have had their long-term housing needs met and not be removed from the housing list. There must be rationalisation of all rent supplements, with equal income thresholds for everyone applying for support.
- Address inadequacies in the Residential Tenancies (Amendment) Act 2019 such as the 28-day notice period to vacate a rental property, and the six-year lease system.⁷ Improve dispute resolution procedures. Tenancy sustainment supports should be offered to social and PRS tenants who have received a warning, before legal action is taken and notice of termination (NOT) given.⁸
- Develop and adequately resource the implementation of a Family Homelessness Strategy.⁹
- Develop and adequately resource the implementation of an End Youth Homelessness Strategy as well as adequately resourcing and implementing the National Aftercare Policy for Alternative Care, and the Protocol on Young People Leaving State Care.¹⁰¹¹

⁷ Residential Tenancies Board (RTB) Security of Tenure <https://www.rtb.ie/beginning-a-tenancy/security-of-tenure>

⁸ Focus Ireland (2019) **Will changes to the Residential Tenancies Act Prevent Homelessness?**

<https://www.focusireland.ie/will-changes-to-the-residential-tenancies-act-prevent-homelessness/>

⁹ Family Homelessness in Dublin: Causes, Housing Histories, and Finding a Home <https://www.focusireland.ie/wp-content/uploads/2019/09/Research-Briefing-No-1-Interactive.pdf>

¹⁰ Irish Coalition to End Youth Homelessness, Rebuilding Ireland. <https://www.endyouthhomelessness.ie/youth-homelessness/rebuilding-ireland/>

¹¹ <https://www.tusla.ie/services/alternative-care/after-care/national-aftercare-policy-for-alternative-care/>

1.1.2 Housing First

- The Housing First National Implementation Plan 2018-2021¹² is welcomed by the Green Party, and we propose that this strategy is given the strong funding commitment and political will needed to achieve the success it has achieved in other jurisdictions.¹³
- Housing First workers must have the capacity to deliver the core principles of Housing First. Caseloads must be small with numbers depending on intensity of service, they must be supported and heard, and the risks associated with lone workers and new risks from COVID-19 addressed.^{14 15 16}
- Housing First must be facilitated to address the needs of the most vulnerable or key affected and underserved groups who must be enabled to access services, and served using wraparound services such as Inclusion Health and the Case Management Approach.
- Community support for Housing First projects must be negotiated.

1.1.3 Evaluation

- The Minister for Housing, Local Government and Heritage will evaluate the Housing First programme to assess the effectiveness of outcomes, and fidelity to the core principles of Housing First.
- This data will be used to ensure adherence to and resourcing of the Housing First programme, and monitor and improve outcomes.

2. Introduction

According to the Housing Act, 1988¹⁷, a person is regarded as homeless by a housing authority if:

¹² https://www.housing.gov.ie/sites/default/files/publications/files/housing_first_implementation_plan_2018.pdf

¹³ The Finnish Homelessness Strategy An International Review Nicholas Pleace, Dennis Culhane, Riitta Granfelt and Marcus Knutagård, 2015. https://helda.helsinki.fi/bitstream/handle/10138/153258/YMra_3en_2015.pdf?sequence=5

¹⁴ Dowling D; (2018) An Exploration of the Housing First Approach from Practitioner Perspectives. Social Care Ireland, <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

¹⁵ Housing First National Implementation Plan 2018-2021 <https://www.homelessdublin.ie/content/files/Housing-First-Implementation-Plan-2018-2021-final.pdf>

¹⁶ Pleace, N; (2017) Housing First Guide Europe https://housingfirsteurope.eu/assets/files/2017/03/HFG_full_Digital.pdf

¹⁷ <http://www.irishstatutebook.ie/eli/1988/act/28/enacted/en/html>

(a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or

(b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a),

and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

Neither this Act, nor the Housing (Miscellaneous Provisions) Act 2009, compel local authorities (LAs) to provide housing to homeless people. However, they do give them responsibility to carry out a housing need assessment using the number of people assessed as being in need of housing who are registered with the local authority, and to consider and respond to their needs. The Green Party believes that adequate housing is a human right, and therefore that LAs must be resourced adequately to meet this right. At present, LAs can house people who are homeless from their own housing stock, through Approved Housing Bodies (AHB), or to provide money through a rent supplement such as HAP for the homeless person to source their own accommodation in the private sector.¹⁸

People represented in homeless figures may be in family hubs, hostels or shelters, or in various institutions. People not accounted for in homeless figures are those sleeping rough, and the hidden homeless (described as households in ‘unsuitable accommodation due to particular housing circumstances’, reasonable requirement for separate accommodation, ‘unsuitable accommodation due to exceptional medical or compassionate grounds, ‘overcrowded accommodation and ‘unfit accommodation.’)¹⁹. The government commitment to eliminate the need to sleep rough in Ireland by 2016, has not been met. This is despite research showing rough sleeping to be socially excluding, and a pathway to poor mental and physical health including early onset of chronic disease and a shorter life-expectancy.²⁰

¹⁸ Dublin Region Homeless Executive. **Policy and legislation.** Key legislation relating to homelessness in Ireland includes the Health Act, 1953 and Childcare Act, 1991, the Housing Act 1988 and most recently the Housing (Miscellaneous Provisions) Act 2009. <https://www.homelessdublin.ie/info/policy>

¹⁹https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/submissions/2018/2018-11-08_opening-statement-professor-eoin-o-sullivan-school-of-social-work-and-social-policy-tcd_en.pdf

²⁰ A Profiling Study of Physical function and Performance in Inpatient Adults Experiencing Homelessness at St. James’s Hospital <http://www.tara.tcd.ie/bitstream/handle/2262/92838/21.06.20%20Thesis%20Final%20submission%20MSC%20for%20TARA.pdf?sequence=1&isAllowed=y>

The emergency services system has been called ‘not fit for purpose’ by Peter McVerry. Not only is the system fraught with hurdles for people trying to gain access to emergency accommodation, but also there are only enough beds during the Cold Weather Initiative season, and even when access is gained, safety is an issue, with users being robbed, assaulted or offered drugs. McVerry also criticises the system as people have to ring each day to gain access to a bed for that night, providing no security or stability.²¹ Qualitative research has found that emergency accommodation, specifically hostels and shelters, can be very stressful for people experiencing homelessness, with interactions between the person and the environment varying, dynamic, emergent, and changing over environment and time. Perceptions or experience of threats, violence or harm, not liking being around other people, the threat of, or actual exploitation, victimisation, theft of alcohol and other drugs, theft of precious belongings and paperwork including identification, all challenge people using the service. This makes coping strategies such as substance use difficult to resist, while at the same time, access to the emergency accommodation is often conditional on resisting these coping strategies. When people choose avoidance, rather than engagement with emergency services, they may be judged as not being able to make decisions that serve their own interests, when non-engagement could be a perfectly rational response.²² Emergency accommodation must be the last resort, and the short-term stopgap until rapid rehousing relieves the trauma of homelessness. Additionally, the provision of Emergency Accommodation must be provided directly by the state and in conjunction with relevant state service providers and must not be provided through a ‘for profit’ focused service model.

The causes of homelessness may be structural, such as lack of affordable housing, poverty, unemployment, lack of mental health services, and so on, or they may be personal factors, such as health issues, or family breakdown. According to Focus Ireland’s report ‘About Homelessness’, the current homelessness situation in Ireland constitutes a homelessness crisis, and is, primarily, structural. It is caused by a housing system that does not meet society’s needs. The level of provision of affordable and social housing has been inadequate and has not kept pace with the number of families and individuals whose housing needs cannot

²¹ CatholicIreland.net, Homeless emergency services not fit for purpose - Fr McVerry, 2019. <https://www.catholicireland.net/homeless-emergency-services-not-fit-purpose-fr-mcverry/>

²²Avoidance strategies: stress, appraisal and coping in hostel accommodation, Lynne McMordie, 2020, in Housing Studies. <https://www.tandfonline.com/doi/pdf/10.1080/02673037.2020.1769036>

be met by the private market, or private rental sector (PRS). The lack of investment in public housing, and the huge decrease in private house building, has put stresses on the PRS that has led to rising rents, lack of supply, and landlords ‘selling up’ or their properties being repossessed. In addition, there is a lack of properties meeting the standards required for RS and HAP and a lack of landlords willing to accept tenants in receipt of these payments. To qualify for this payment, prospective tenants must find a property where the cost of rental falls on or below a specific rental ‘cap’ for their particular circumstance (e.g. single household, family household) and for their geographical area. These rent ‘caps’ are hugely unrealistic and have failed to keep up with rising rents in Ireland. This has contributed to the homeless crisis and has left countless numbers of families without a home.²³

Homelessness is intrinsically gendered, and often, men and women experience different pathways into and out of homelessness. Most commonly, statistics report that the homeless population is predominantly male, but true statistics on homelessness, especially by gender, are hard to determine, and the homeless population is generally difficult to track. The latest official statistics for Ireland show that women account for 41% of homeless adults. However, this figure is an underestimate. Owing to a lack of female-appropriate services, many women choose not to engage with homeless services and fall into the category of hidden homeless, often choosing to live or ‘sofa surf’ with other family members and friends. Domestic violence refuges for women are managed by Tusla Child and Family Agency and women residing in these centres are not counted in homelessness figures. Incredibly, there are no safe beds or refuges for men and their children fleeing domestic abuse/violence. Victims of gender-based violence, such as trafficked women and girls - are particularly vulnerable and require specialist care and gender-specific accommodation. Trafficked women and girls are most often undocumented and therefore remain unrepresented in homelessness figures. The numbers of families and children experiencing homelessness in Ireland have risen dramatically, with an overrepresentation of female-headed single parent families (lone mothers account for 86% of lone parents). Although many are accommodated in ‘family hubs’, there is a high number of lone mothers in hidden homelessness, and so not recorded in homelessness figures. Women’s experience of homelessness is most often detrimental to their health, with one study reporting that almost 90% of women who participated had been

²³ Focus Ireland. Why are so many becoming Homeless? 2020 <https://www.focusireland.ie/resource-hub/about-homelessness/>

diagnosed with a physical or mental health problem for which specialist, trauma informed medical care is needed, including care after domestic violence, and sexual violence.^{24 25 26}

The LGBTQI+ community are also overrepresented in the homelessness population - specifically amongst youth homelessness, with international studies reporting up to 40% of young people who experience homelessness are LGBTQI+. Family rejection is cited as a contributing factor to this, coupled with a lack of homeless prevention and support services to meet the needs of LGBTQI+ adults and youths.²⁷

2.1 Policy Points

The Green Party believes that we need to develop strategies and policies that deal with all forms of homelessness concurrently, recognising that the causes, and therefore needs of each group may be very distinct. We believe that housing and homelessness policies need to address homelessness on multiple fronts to:

- Prevent homelessness.
- Expand our definition of homelessness by using the European Typology of Homelessness and Housing Exclusion (ETHOS) definition. Expanding the definition using ETHOS would mean the inclusion of the hidden homeless, and a consistent approach by LAs to housing and homelessness criteria and what is considered an emergency situation.²⁸
- Build adequate affordable housing whose social geography is within integrated neighbourhoods designed or regenerated for wellbeing.
- Provide solutions such as rapid rehousing to help those at risk of homelessness to find suitable, stable, long-term housing and to enable them to address other support needs that can contribute to homelessness.

²⁴ Focus Ireland. Young Families in the Homeless Crisis: Challenges and Solutions, 2018 <https://www.focusireland.ie/wp-content/uploads/2018/12/Lambert-et-al-2018-Young-Families-in-the-Homeless-Crisis-Full-Report-1.pdf>

²⁵ National Women's Council of Ireland. The Impact of Homelessness on Women's Health, 2011 https://www.nwci.ie/images/uploads/NWCI_Womens_Health_and_Homelessness_-_6th_April_2018.pdf

²⁶ Men's Aid Ireland <https://www.mensaid.ie/>

²⁷ Focus Ireland. Understanding LGBTQI+ Youth Homelessness in Ireland, 2019 <https://www.focusireland.ie/understanding-lgbtqi-youth-homelessness-in-ireland/>

²⁸ Houses of the Oireachtas Joint Committee on Housing, Planning & Local Government Examination of Local Authority Housing Lists December 2018 https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/reports/2018/2018-12-14_examination-of-local-authority-housing-lists_en.pdf

- Use the principles of Housing First.
- Utilise an inclusion health-based approach to respond to healthcare needs.
- Use a person-centred Case Management Approach to address the support needs of individuals and families. Provide Trauma Informed Care where appropriate.
- Focus on key affected and underserved populations.
- Acknowledge gender and sexuality issues around homelessness, and the need for gender-appropriate accommodation and services.
- Evaluate outcomes to ensure policies are working as intended, and to highlight where improvements are needed.

2.2 Issues with Temporary Accommodation

Of concern until recently, has been the lack of supply of temporary, and emergency accommodation. However, the COVID-19 pandemic has not only made the supply of accommodation imperative and urgent, but also the nature of that accommodation. According to the COVID-19 Guidance Note, by the OHCHR Special Rapporteur on the right to adequate housing, any emergency accommodation must allow for physical distancing, self-isolation, and quarantine, as recommended by the World Health Organisation (WHO).²⁹ People in need of emergency accommodation, including women, children, and youth seeking refuge from violence in the home, families living in homelessness, women with children, individuals with physical or psycho-social disabilities, and people at particular risk (those over 65, or with pre-existing health problems for example) must have access to accommodation that provides privacy, adequate sanitation, food, supports, health services and Covid-19 testing. Children must not be separated from family members or guardians, including when self-isolation of the family member or guardian is necessary. Free and non-discriminatory access to healthcare, and testing, and distribution of up-to-date and accessible information on Covid-19 must be made available.

Emergency shelters, where there is shared sanitation and sleeping quarters, are not generally adequate, as they could contribute to the spread of Covid-19. Where there is no alternative, and such facilities remain open, the safety of all who reside, work or visit must be assured through hygiene measures and personal protective equipment (PPE). The forced eviction and

²⁹ COVID-19 Guidance Note | Protecting those living in homelessness Leilani Farha, Special Rapporteur on the right to adequate housing, https://www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_homeless.pdf

dismantling of encampments of homeless people should be ceased. It should be recognised that they may be safer than emergency shelters with shared sanitation and sleeping quarters.³⁰

2.3 Principles

- **The 2030 Agenda for Sustainable Development:**

A rights-based policy approach takes into account the Universal Declaration of Human Rights and the Sustainable Development Goals (SDGs), and their mandates to provide an adequate standard of living to all, which must include clean air, sufficient food, the right to clean water, and adequate housing, across time, in order to maximise intergenerational welfare and without leaving anyone behind.³¹

- **Safety and Security:**

- The provision of suitable, good quality short term temporary and transitional, and permanent accommodation for all those not in a position to provide their own. This must include security of tenure, and take into account the OHCHR guidance on COVID-19.

- Accommodation and services must promote health, safety and welfare/wellbeing in integrated neighbourhoods with good amenities. Service users should be safeguarded against intimidation, violence and theft. Support workers should be adequately trained to work with people with behaviours that challenge. They should be provided with appropriate guidance, supervision, support and protection. Adequate security should be provided to protect service users' possessions and medications.

- **Caring Services:** We believe that the state must continue to fund and expand services that conform to the National Quality Standards Framework (NQSF), the national standards for homeless services. This ensures that homeless services are working in line with best practise guidelines in that they are:

- Person-Centred. There should be no barriers to care. People must be taken as they are, and services delivered in a manner that is compassionate and non-judgemental.
- Safe for service users, and support workers.

³⁰ https://www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_guidance_homeless.pdf
Marmot et al., 2019

³¹ UN-Habitat, Housing Unit, Salcedo, J (2019) Homelessness and the SDGs https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/07/SALCEDO_Jesus_Presentation_2-1.pdf

- Adequately resourced, with providers and support workers sufficiently trained and supported.
- Efficient and effective.
- Focused on health, well-being and personal development through Primary and Specialist Health Care (GP, Mental Health, Dental, Addiction services).
- Focused on providing clear and accessible information, and protection of personal data.
- **Independence and Empowerment:** The Green Party believes that homeless services must enable service users to build the required skills to become more independent and autonomous, by:
 - Providing a focus on promoting independent living skills and procuring supported independent living units where suitable.
 - Providing information on resources within the community.
 - Providing information around rights and responsibilities within the service.
 - Providing peer support and mentoring programmes.
- **Trauma Informed Care:** We believe that all homeless services must recognise the trauma that accompanies homelessness. For some, the appropriate support is Trauma Informed Care. This should be included in organisational, regional and national policies around homelessness.

3. Prevention

The prevention of homelessness is imperative in a rights-based approach to adequate housing, but this cannot be achieved without an adequate stock of affordable housing and social housing, and the safety net supports in place for households who find themselves unable to provide housing for themselves. Well-designed neighbourhoods, with adequate affordable housing, rents supplements, information and fair rights all serve to prevent homelessness, and meet the responsibilities of rights-based housing policy.

3.1 Housing as a Right

The Green Party proposes a rights-based approach that makes the SDGs and the 2030 sustainability agenda a guiding principle to achieving adequate housing for all - development that leaves nobody behind! We acknowledge publication of the UN Rapporteur on Adequate Housing as a component of the right to an adequate standard of living, and on the right to non-

discrimination in this context.³² On this principle, local housing authorities must be fully resourced to meet the right to sustainable, adequate, affordable, energy-efficient housing. A referendum on Housing as a human right, if passed, will enshrine a rights-based adequate housing policy into the Irish Constitution. There are seven conditions that must be met in order to consider housing to be adequate according to OHCHR, which are as follows:

- Security of tenure.
- Availability of services, materials, facilities and infrastructure, such as safe drinking water, and sanitation.
- Affordability, so that its cost does not threaten or compromise other human rights.
- Habitability, for example, that it can guarantee physical safety, adequate space and protection from the elements.
- Accessibility, so that it meets the needs of disadvantaged and marginalised groups.
- Location which must not cut off occupants from employment, health-care, school and other social facilities, and is not near polluted or dangerous areas.
- Cultural adequacy, in that it must respect and account for the expression of cultural identity.³³

3.1.1 Policy Points

The Green Party proposes to replace ‘Rebuilding Ireland’ with a National Housing Plan, which aims to:

- Enshrine and mainstream the principles of the 2030 Agenda for SDGs throughout its homelessness policy to leave no one behind. It aims to ensure adequate housing for all, ensuring gender equality, and the right to adequate housing for migrants and internally displaced persons, that is secure; safe; affordable; habitable; accessible; integrated into well-served neighbourhoods; and respectful of cultural identity.^{34 35}
- This must be facilitated by the following actions:

³² UN Human Rights Council (2019) Guideline for the Implementation of the Right to Adequate Housing <https://undocs.org/en/A/HRC/43/43>

³³ Office of the United Nations High Commissioner for Human Rights/UN Habitat (2014) The Right to Adequate Housing https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf

³⁴ European Network of National Human Rights Institutions (ENNHRI) (2020) Getting the right indicators to measure extreme poverty: homelessness and the SDGs <http://ennhri.org/news-and-blog/getting-the-right-indicators-to-measure-extreme-poverty-homelessness-and-the-sdgs/>

³⁵ UN Human Rights Council (2019) Guideline for the Implementation of the Right to Adequate Housing <https://undocs.org/en/A/HRC/43/43>

- Address low housing stock and insufficient social housing supply through land management that addresses hoarding of land zoned for, or likely to be zoned for, residential purposes.
- Address affordability of accommodation through the provision of new, social and affordable housing on public land, funded on a cost-rental model, and through new funding streams for Co-operative and AHB housing. This housing must be energy-efficient, and integrated into neighbourhoods designed for wellbeing.
- Make Local Authorities more accountable in the management of housing stock to ensure an efficient ‘turnover’ of vacated social housing stock.
- Providing affordable housing for all at no more than 30% of net income.
- Optimise planning processes that support local communities to identify the nature and location of the homes they need.
- Recognise and support the Social Justice Ireland Election 2020 Briefing on Housing, that recommends that a minimum target of 20% of all housing stock should be social housing.³⁶

3.2 Rent Assistance Payments

Rent and income supplements, intended as temporary supports, have become ‘a de facto, marketised quasi social housing sector, albeit one where tenants have no long-term security’.³⁷ The Housing Assistance Payment (HAP), for example, is a means tested rent supplement payment paid by the local authority directly to landlords in the private rented sector on behalf of qualifying tenants. This approach to social housing has in effect served to privatise a public housing need. In addition to this, once a tenant qualifies for a HAP payment to occupy accommodation in the private sector, they are deemed by the local authority to no longer have a ‘housing need’ and are subsequently removed from the local authority social housing waiting list. This is far from a fair and just evaluation of housing need. The private rented sector cannot be considered to be secure, stable, long term accommodation as the tenants are always subject to the long-term needs and wishes of the landlord. While rights for tenants in the private rented sector have been greatly advanced by the establishment of the Residential Tenancies Board (RTB), the use of the private rented sector by local authorities is not a viable or justifiable solution for public and social housing need. Receipt of HAP should not mean

³⁶ <https://www.socialjustice.ie/sites/default/files/attach/policy-issue-article/6202/2020-01-16-election2020briefinghousing-final.pdf>

³⁷ European Social Policy Network (ESPN) National Strategies to fight homelessness and housing exclusion, Ireland, Mary Daly, p.11

removal from the Housing Waiting list as this disincentivises taking up the payment, it fails to provide security of tenure, and HAP limits are insufficient to access private rental accommodation for households on low incomes, which prolongs the journey into stable housing and employment.

The Green Party believes that Rent Supplement can create a poverty trap as it is removed when a member of a household enters full-time employment, defined as 30 hours or more a week. This is a disincentive to finding employment.³⁸

3.2.1 Policy Points

- Those receiving HAP should remain on the housing waiting list, with the understanding that they will be housed in suitable social housing when it becomes available. The PRS should not be a substitute for the social housing sector.
- Should a household have to reapply for RS within a given period, they should not have to go through the full approval process again, and those identified as having a housing need by a local authority should be pre-approved for RS.
- All housing support payments should be tapered off as income levels increase and not operate on a cut-off/cliff edge basis as this causes a poverty trap and disincentive to finding employment.
- LAs must resume responsibility for finding suitable accommodation in the PRS for those entitled to HAP, and LAs should enter into a direct contract with the landlord for the lease as is the case with the Rental Accommodation Scheme (RAS).
- A person living in private rented accommodation may apply for HAP if they have a long-term housing need. Under this scheme, an individual may take on full time employment and keep their HAP, contributing a weekly means tested HAP payment to their LA. However, another person may be assessed as having different circumstances and therefore would not receive any subsidy even where they are paying the same rent and earning the same wage. We believe that there needs to be equal income thresholds for everyone applying for or receiving Rent Supplement or HAP, regardless of circumstance.

³⁸ Threshold, Society of St Vincent de Paul Joint Research Paper, The Housing Assistance Payment (HAP): making the right impact? 2018. https://www.threshold.ie/assets/files/pdf/00881_hap_survey_report_2019_-_web.pdf

3.3 Rights of PRS Tenants

Rent supplements are intended to enable the PRS to meet public housing needs, however, for individuals with no permanent address or with limited funds it can be difficult to apply for housing payments and other government assistance. In addition, individuals may require practical supports with form filling and detailing the large amount of information requested. The slow pace of administration and decision making on rent supplement applications frequently result in landlords opting for non rent supplement (non-RS) households. Further, people with a housing need are often removed from the local authority housing needs list for failing to submit a yearly social housing needs review. This is an unacceptable and unfair practice, particularly where applicants are experiencing homelessness or have been included on the local authority homeless status list. Homelessness can often be nomadic in nature where there is inevitably a lack of a stable address at which the applicant can receive such forms and requests for information. Focus Ireland reports that early access to information, support and advice is a key factor in the prevention of homelessness, and to supporting people to exit homelessness.³⁹

3.3.1 Policy Points

- The Green Party welcomes The Residential Tenancies (Amendment) Act 2019 which aims to tackle affordability and security in the rental sector through extending the designated Rent Pressure Zones until 2021, acknowledging the skewing effect of the rental market in Dublin. The Act also establishes a complaints, investigations and sanctions process and introduces new requirements and notice periods for Landlords serving a NOT. However, we concur with Focus Ireland, in that the Amendment does not go far enough. This Amendment allows a landlord to give a 28-day notice period to tenants to vacate the property, which is inadequate time to source alternative accommodation.⁴⁰ We therefore propose:
 - Ensure secure occupancy by removing the sale of property as a reason for eviction/vacant possession, while i) there is a homelessness crisis, and ii) where the eviction is likely to lead to homelessness.

³⁹ <https://www.focusireland.ie/wp-content/uploads/2016/04/focus-ireland-annual-report-2012.pdf>

⁴⁰ Focus Ireland, Will Changes to the Residential Tenancies Act Prevent Homelessness, 2019. <https://www.focusireland.ie/will-changes-to-the-residential-tenancies-act-prevent-homelessness/>

- Increase the current six-year lease system to one where leases can be effectively indefinite.
- Improve dispute resolution procedures, and address the minimal rights that tenants have regarding evictions and short NOT. Offer tenancy sustainment supports to tenants who have received a warning, before legal action is taken or a NOT is served.
- With regard to Short Term Lettings such as AirBnB, these are creating a situation where tourists are being put into homes and homeless people into hotels. People needing emergency accommodation must have the right to live in a home. We need a review of regulations in this area, especially for units within the currently identified rent pressure zones.⁴¹ ⁴² Websites such as Airbnb should be required to provide the planning authorities with details of all such lettings on their platform.⁴³
- We will allow LAs and Co-operatives/AHBs increased flexibility and cooperation between regions to house families and individuals from other areas where this is acceptable to housing applicants.
- We believe that information about housing rights and avoiding homelessness must be readily available in as many languages throughout the community as is possible.
- We propose a re-introduction of the free phone number for all callers to Central Rent Units in order to ease the financial burden on those having to interact with the department.
- We support the construction of a clear and coherent website, which will provide updates and information on all services available nationwide to homeless people, in one place. This should include State agencies, homeless services, soup kitchens and runs, and drop-in day centres.
- We propose that housing officers should be allocated to specific geographic areas to enable applicants to have a consistent point of contact to discuss their applications. This would also alleviate the difficulty of having to travel considerable distances in order to visit housing authorities. This would be especially beneficial for people who may be experiencing a particularly difficult or stressful time in their lives.

⁴¹ <https://www.greenparty.ie/wp-content/uploads/2018/05/Q039.pdf>

⁴² Costello, P (2018) GreenParty.ie **Costello: Full-time commercial AirBnB landlords not paying rates**
<https://www.greenparty.ie/costello-full-time-commercial-airbnb-landlords-not-paying-rates/>

⁴³ See Green Party Housing Policy

3.4 Rights of Social Housing Tenants and Applicants

LAs currently draw up their own policies on the order of priorities on the housing waiting list (Allocation Schemes) as well as on maintenance and management. This creates a situation where LAs have no common interpretation of what constitutes applicants' needs for housing. It also means no common criteria for housing, what is an emergency case, or standardised policies, for example for the adult children living with parents who are the official tenants of social housing. There is no consistent policy between LAs on the right of adult children to inherit the tenancy in the case of the tenant vacating the property or dying, despite their income being included in assessments of rent and housing needs. These inconsistencies are also reflected in adult children's own applications for social housing - their needs may be seen to be met if they are living with parents who are tenants of social housing, even if there is overcrowding (hidden homelessness), or they may cease to be eligible for housing on parents' social housing application when they reach adulthood and have to apply in their own right, so losing many years on the Allocation Scheme of their LA's housing list.⁴⁴

Currently, individuals or households renting from LAs who feel they have failed to fulfil their duty, must report grievances to their landlord – in effect to the LA itself - before they can seek a judgement from the Ombudsman, or Ombudsman for Children. In addition, if tenants require legal assistance with a housing situation, they may be entitled to apply for legal aid through the Legal Aid Board law centre, but this often entails a lengthy wait. Individuals and households living in the PRS and receiving a payment such as the HAP or RAS payment may experience even more difficulties when trying to report and find a legal resolution to their grievances.

3.5.1 Policy Points

- Adoption of the ETHOS definition of homelessness will standardise interpretations of applicants' needs for housing across LAs. Housing criteria and what constitutes an emergency case will be more consistent. The rights of adult children of tenants will be clear, they will not be left in overcrowded family housing situations, or conversely

⁴⁴ Houses of the Oireachtas Joint Committee on Housing, Planning & Local Government Examination of Local Authority Housing Lists December 2018
https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/reports/2018/2018-12-14_examination-of-local-authority-housing-lists_en.pdf

children will not lose their place on Allocation Schemes or housing lists once they become adults because of differing criteria across LAs.^{45 46}

- Establish an independent complaints board that can resolve complaints about, for example, social housing, NOTs, or help with appeals when an application for social housing support is refused.
- LA tenants should get as much notice as is possible when a housing authority or PRS landlord receiving HAP is intending to apply for a possession order. This should enable the household the opportunity to obtain advice and information, so that they can participate meaningfully in the legal process, or avail of support for tenancy sustainment, or rapid rehousing.
- Referral to and coordination of tenancy sustainment supports, provided by a suitable housing support organisation, should be put in place in cases where legal action is taken against a tenancy for ASB incidents. This is especially important when such action affects households containing vulnerable people, such as those under 18, elderly people, or people with disabilities. Tenancy sustainment supports provided by the Local Authority or a suitable housing support organisation may help to prevent further incidents of anti-social behaviour, reducing the risk of homelessness and avoiding wasteful legal costs.
- Legislation relating to LA housing should explicitly require the LA to do everything reasonable to prevent its tenants becoming homeless, while bearing in mind the impact of ASB on the right to peaceful enjoyment and adequate housing for those living nearby.⁴⁷
- The LA's ability to exclude a household from the housing list for 3 years due to ASB is effectively a 3-year sentence of homelessness. During this time the LA must maintain the family in emergency accommodation, at public expense. Children's attendance levels at school are often affected while parents' authority and morale are totally undermined, and whatever social problems existed in the first place are profoundly deepened. LAs should develop appropriate accommodation for

⁴⁵ Getting on the social housing list. Citizens Information.

https://www.citizensinformation.ie/en/housing/local_authority_and_social_housing/social_housing_waiting_lists.html#

⁴⁶ Houses of the Oireachtas Joint Committee on Housing, Planning & Local Government Examination of Local Authority Housing Lists December

2018 https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/reports/2018/2018-12-14_examination-of-local-authority-housing-lists_en.pdf

⁴⁷ Adequate housing includes habitability, in that it can guarantee physical safety, and location in that households are protected from pollution, which may include noise pollution.

households who have been excluded from LA rented accommodation or had their tenancy terminated. A qualified AHB might be well-placed to provide such accommodation, and/or provide supports that address the causes of ASB, so that the household may then progress on to mainstream housing.⁴⁸

3.5 Housing Co-operatives and AHBs

The Co-operative enterprise model is a global model whose principles are to support inclusivity and sustainability, and so offer the possibility of attainment of the SDGs within the housing sector.⁴⁹ Co-operatives have shared values and principles around self-help, and have provided access to adequate affordable housing to millions of households globally and have developed thousands of dwellings for ownership, shared or co-ownership, and rental homes managed by local co-operative societies in Ireland. Co-operative Housing Ireland (an AHB in Ireland) points to the level of quasi-social housing provision. A third of households in the private rental sector receive housing assistance, and this quasi-social housing makes up almost half of the social housing sector in Ireland - despite the lack of security of tenure and support. This State purchasing power over the PRS contributes to market/price distortions and shocks.⁵⁰ The Green Party Ireland are in agreement with Co-operative Housing Ireland that we need a radically different long-term approach and new plan for housing provision in Ireland.

3.5.1 Policy Points

- The voices of tenants, key affected and underserved groups, need to be heard when developing new proposals for the housing sector.
- Develop the capacity of AHBs and review the Capital Advance Agreement and Payment and Availability Agreement.
- Phase out the PRS quasi-social housing sector as more AHBs and social housing become available.
- Carry out a review of Fair Deal, so as to prevent properties being left empty for long periods of time.

⁴⁸ <https://www.drugsandalcohol.ie/23021/1/Preventing%20and%20combating%20anti-social%20behaviour.pdf>

⁴⁹ Gicheru, P (The Role of the co-operative enterprise modelling implementing the Sustainable Development Goals (SDGs) in Least Developed Countries (LDCs) <https://www.un.org/esa/socdev/egms/docs/2016/Coops-2030Agenda/Gicheru.pdf>

⁵⁰ Co-operative Housing Ireland <https://cooperativehousing.ie/co-operative-housing/>

- An affordable rental model must be developed that is tied to household income and not to market rents.

3.6 Families

Families should not be facing homelessness, and rights-based housing policy would focus on the prevention of this tragic and traumatising experience for families of all types. Homelessness can be the catalyst for generations of marginalisation, and deprivation within families. The housing crisis has created a situation where even while more houses are being built, low housing stock, insufficient social housing supply, and affordability remain barriers to adequate housing for too many families. NGOs tackling family homelessness are supported by LAs, Tusla, and the Health Service Executive (HSE), but are also dependent on donations from the public and corporate partners. These resources have put in place homelessness prevention strategies such as Focus’s Tenancy Sustainment Prevention Service (TSS Prevention), which provide early intervention, information and advice on various tenancy sustainment services throughout the country. Where a tenancy cannot be saved Rapid Rehousing responses through the availability of Homeless HAP prevents families from having to be placed in temporary emergency accommodation.⁵¹ If sustainment or Rapid Rehousing fails, NGOs are also working with families to help them move from emergency accommodation such as family hubs and hotels, through developing accommodation pathways called Pathway Accommodation and Support System (PASS) that intend to help families find and sustain a secure, and adequate home. A family is recognised as newly homeless if they have no previous PASS record when presenting to access emergency accommodation.⁵² ⁵³ Emergency accommodation for homeless families consists of hotels, B&Bs, and Family Hubs. Those who stay in Family Hubs, also have the support of a Case Manager, while those outside of the Family Hub system must manage homelessness without support.

A report by the Ombudsman for Children’s Office (OCO), ‘No Place Like Home, Children’s Views and Experiences of living in Family Hubs’ took on the task of learning what it is like

⁵¹ Focus Ireland Submission to the Review of Rebuilding Ireland <https://www.focusireland.ie/wp-content/uploads/2014/08/Focus-Ireland-Submission-to-Review-of-Rebuilding-Ireland.pdf>

⁵² <https://www.focusireland.ie/wp-content/uploads/2019/09/Annual-Report-2018.pdf>

⁵³ <https://www.homelessdublin.ie/content/files/A-report-on-the-2016-and-2017-families-who-experienced-homelessness-in-the-Dublin-Region.pdf>

for children living in Family Hubs as they are to be developed as a form of emergency accommodation that gives greater stability for families experiencing homelessness, while hotels and B&Bs are recognised as unsuitable. The report found that families most likely to experience homelessness are lone parents (the majority), young parents aged between 18 and 24, families with four or more children, members of the Traveller community, and non-Irish national families. The report found the main reasons for becoming homeless are: leaving PRS accommodation after receiving a NOT; relationship/family breakdown; and inadequate housing through, for example, overcrowding - families suffering hidden homelessness may be found in this category. The report noted that families living in Family Hubs congregate living impacted family life, privacy, children's rest and sleep, health, wellbeing and development, ability to learn and study, opportunities for play and recreation, exposure to inappropriate behaviour aggression and fighting, their freedom of movement, and ability to maintain a relationship with wider family and friends.⁵⁴ Focus Ireland, points out that the problems experienced in Family Hubs are intrinsic to all emergency accommodation⁵⁵.

3.6.1 Policy Points

- The development and implementation of an adequately resourced Family Homelessness Strategy.⁵⁶
- In line with guidance from the Special Rapporteur on the right to adequate housing, on protecting those living in homelessness before and after the Covid-19 pandemic, and bearing in mind that people who experience homelessness in childhood are more likely to experience it throughout their lives, we believe that the state must address the adequate housing needs of families living in homelessness as a priority and with urgency. The State must bear in mind the need for cultural adequacy that must respect and account for the expression of cultural identity.
- Support the call to action for skilled case management and child support workers for all families who find themselves experiencing homelessness, regardless of what type of emergency accommodation they are living in.
- Support the OCO's calls to action, including bringing self-accommodation in B&Bs and hotels to an end within a specified time as a matter of urgency in line with adequate

⁵⁴ <https://www.oco.ie/app/uploads/2019/04/No-Place-Like-Home.pdf>

⁵⁵ https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_children_and_youth_affairs/submissions/2019/2019-06-11_opening-statement-mike-allen-director-of-advocacy-focus-ireland_en.pdf

⁵⁶ Family Homelessness in Dublin: Causes, Housing Histories, and Finding a Home <https://www.focusireland.ie/wp-content/uploads/2019/09/Research-Briefing-No-1-Interactive.pdf>

housing as a human right. The OCO notes that although Family Hubs are the preferred policy response to family homelessness in Rebuilding Ireland, there is no evidential basis for this approach, and in light of the perceptions of those living in this type of emergency accommodation, there must be a formal, independent evaluation of their suitability.

- Support the assertion that congregate emergency accommodation cannot be tolerated by families for beyond a few weeks at most.
- We believe that all families experiencing homelessness must be supported with dignity and respect, to combat any stigma associated with family homelessness.
- Preventing family homelessness and Rapid Rehousing programmes must be adequately resourced to deal with crisis homelessness (short term homelessness) in a housing-first-led strategy to prevent newly homeless families needing to enter emergency accommodation, and/or becoming chronically/long term homeless. This should shift funding away from the resourcing and development of emergency accommodation, and towards making sure family homelessness is prevented and crisis homelessness resolved quickly and effectively.
- We advocate the protection of larger single parent or blended families by increasing housing income disregard from maintenance payments assessed on the number of children and not as a flat rate as it is currently.
- In order to prevent/eradicate poverty, and facilitate social inclusion, all social welfare supports must be adequate and provide a Minimum Essential Standard of Living (MESL).⁵⁷

3.7 Children and Young People

3.7.1 Ending Youth Homelessness

There is a clear need for early intervention to the structural causes and individual risk factors that lead to homelessness. A Focus Ireland report states that vulnerable young people, including young people leaving State care, or those that cannot go home to families, have been the first to suffer the effects of the housing crisis. Many of these young people are among the hidden homeless who are not included in official homelessness figures. But many private landlords, AHBs, and LAs have been reluctant to rent to this demographic, and under-26s are

⁵⁷ The European Anti-Poverty Network (EAPN) Ireland Submission to National Reform Programme 2020, March 2020

given significantly reduced welfare rates. Experiencing homelessness at this stage of life can lead to long-term homelessness, therefore prevention at this critical stage is crucial, and a dedicated Ending Youth Homelessness Strategy must be given urgent attention.

3.7.2 Policy Points

- The Green Party supports the Irish Coalition to End Youth Homelessness' call to create an End Youth Homelessness strategy, that includes:
 - Housing First for Youth.
 - Prevention and early intervention, including family supports, education in schools on transitioning to independent living, and comprehensive supports for those presenting to homeless services with a guarantee that they will be transferred from emergency accommodation within 2 weeks.
 - Addressing policies that disadvantage young people, including restoring the full rate of Jobseekers Allowance for under 26s.⁵⁸⁵⁹ Reduced social welfare payments must be ended for all young people, and not just those receiving RS, RAS or HAP. Additionally, in order to prevent/eradicate poverty, and facilitate social inclusion, all social welfare supports must be adequate and provide a MESL.⁶⁰

3.7.3 Aftercare for Young People Leaving State Care

Children who are placed in the care of the state may include those who fail to attend school, who have suffered the loss of family, or neglect or abuse, or whose parents cannot cope, or who commit a prisonable offence. They may be placed in foster or residential care, or probation hostels or special schools for young offenders. Many come from backgrounds of poverty, experiences of homelessness and social disadvantage, alongside suffering trauma and/or loss. Some have special needs such as a mental or physical disability. While most make a smooth transition into adulthood, these circumstances in a young person's life may lead to unresolved grief, low self-esteem, anger, disruptive behaviour, disrupted schooling, and misuse of drugs and alcohol and/or involvement in crime.⁶¹ Significant numbers find

⁵⁸ https://www.endyouthhomelessness.ie/assets/files/pdf/iceyh_call_for_government_action.pdf

⁵⁹ <https://www.focusireland.ie/young-people-irelands-forgotten-homeless/>

⁶⁰ The European Anti-Poverty Network (EAPN) Ireland, Submission to National Reform programme 2020, March 2020

⁶¹ Focus Ireland, Left Out on their Own, Young People Leaving Care in Ireland <https://www.focusireland.ie/wp-content/uploads/2016/04/Keheller-Kelleher-and-Corbitt-2000-Left-out-on-their-own-Young-people-leaving-care-in-Ireland.pdf>

themselves suffering social exclusion, poor mental health and homelessness. This has increased in recent years due to the housing crisis which has asymmetrically affected young people leaving care while State resources are ‘wholly inadequate’ and the lack of aftercare has been shown to increase the chance of eventually ending up in prison.^{62 63}

It is stipulated in the Child Care (Amendment) Act 2015 that Tusla has a duty of care to provide an aftercare plan for eligible young people leaving care.⁶⁴ Aftercare Provision is a planning and support service for young people aged between 18 and 21 leaving care, which provides education, training, financial support, social network support, and advocacy, recognising that the greatest needs are secure, suitable accommodation, further education and training, employment, and supportive relationships⁶⁵. Yet, according to Focus, young people aged 18-24 made up approximately 10% of people experiencing homeless in 2017. Focus identified several underlying reasons for this. Some young people are not getting support on leaving State Care, or have family problems, mental health problems, or are experiencing poverty and unemployment at a time when they have suffered a drastically reduced rate of social welfare.⁶⁶

The Irish Aftercare Network - a network of the providers of aftercare services - points to gaps between legislation, policy and practice. The Green Party supports its call for more resources for young people leaving care, especially for the most traumatised and vulnerable, as these are the young people suffering the effects of the housing crisis the most, and who are further traumatised by homelessness. We also support its call for more resources for those providing aftercare services, who must face the challenges of caring for young people too traumatised to interact successfully with the independence model of aftercare, and present with extra emotional and psychological needs.⁶⁷ At present, Supported Lodgings Providers are paid a daily rate for providing placements for young people leaving care. This rate varies depending on the age of the young person and is also variable throughout the country.

⁶² Focus Ireland, Irish Aftercare Network Calls For More Support For Young People Leaving Care <https://www.focusireland.ie/press/irish-aftercare-network-calls-for-more-support-for-young-people-leaving-care/>

⁶³ Irish Penal Reform Trust (2011) Youth Homelessness and imprisonment <https://www.iprt.ie/youth-justice/youth-homelessness-and-imprisonment/>

⁶⁴ Child Care (Amendment) Act 2015 <http://www.irishstatutebook.ie/eli/2015/act/45/enacted/en/html>

⁶⁵ <https://www.gov.ie/en/policy-information/86ee99-aftercare-provision/>

⁶⁶ https://www.endyouthhomelessness.ie/assets/files/pdf/youth_housing_partnership_approach.pdf

⁶⁷ Irish Aftercare Network Calls For More Support For Young People Leaving Care <https://www.focusireland.ie/press/irish-aftercare-network-calls-for-more-support-for-young-people-leaving-care/>

3.7.4 Policy Points

- The Green Party supports Simon Community’s Trauma Informed Care model, and proposes a National Trauma Informed Care Strategy with a remit to care for the children and young people who have been traumatised by childhood experiences, and homelessness.⁶⁸
- We propose a review of foster families as aftercare providers, so that they can apply for the same resources as Supported Lodgings Providers and thereby enable the continuation of care for a young person who has reached the age of 18 years old, but who wishes to still live in the home. Policies should address the role of foster families, residential care units and birth families in providing aftercare.
- We call for a full review of the Supported Lodgings policy and for the rates to become standardised, and adequate.
- Special provision should be made for young people with special needs, such as intellectual disability or mental health problems, who continue to live with their foster families after they reach the age of 18 years. We propose the integration of care service between children and adult service to optimise this transition.
- The Green Party supports the full implementation of the National Aftercare Policy for Alternative Care, which guarantees a right to an aftercare assessment on turning 18 and leaving care. We also advocate for the full resourcing of this service given the high prevalence of young people in care ending up living in homelessness.

3.7.5 LGBTQI+ Young People

International research shows a high prevalence of homelessness among LGBTQI+ young people (people between 18 and 26). Most studies estimate 40% of young people living in homelessness are from the LGBTQI+ population. This could be because of family rejection, or choosing to leave the family home after experiencing physical and emotion abuse, stigma and discrimination. But for those who become homeless because of their sexual orientation, or gender identity, their issues may remain hidden from services through the fear of stigma, violence or assault.

⁶⁸ Trauma Informed Care, A Model of Best Practice. Cork Simon Community. <https://www.corksion.ie/trauma-informed-care>

3.7.6 Policy Points

- The Green Party supports the Focus Ireland and BeLongTo study into LGBTI+ Youth Homelessness that aims to develop appropriate prevention schemes, training and support, and specialist housing/gender-neutral homeless accommodation.
- We support current research examining the lived experiences of the LGBTIQ+ community and homelessness and propose the development of prevention schemes (school supports and youth mediation services focused on LGBTIQ+ issues).
- Support staff must receive training around LGBTIQ+ issues.
- We support the development of specialist/gender-neutral homeless accommodation.⁶⁹
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- The response to homelessness and rough sleeping in Ireland is highly dependent on NGOs. NGO's in turn are dependent on donations and fundraising alongside State funding. Their activities have their foundations in activism, have been historically demand-led rather than prevention-orientated, and are often group-specific. These NGOs are now the conduits through which government policy is fed, but in order for policies to be effective, they need to work with a 'well-funded, long-term, integrated strategy, focusing on replacing temporary housing solutions with permanent ones', according to Focus Ireland.⁷¹

3.8 Data Management

Data collected on the numbers of people experiencing homelessness or at risk of homelessness does not always capture the true extent of the homelessness problem in Ireland. Therefore, historically, the planning of services to meet needs into the future has proved difficult and fallen short of addressing the full nature of the homelessness issue.

The Pathway Accommodation and Support System (PASS), established by the Dublin Region Homeless Executive, is a welcome development in addressing data collection issues. PASS is an online, shared system which is utilised by almost all homeless services in Ireland as well as by all local authorities. PASS is used to record all homeless presentations and bed occupancy nationally and therefore provides a coordinated bed management system as well

⁶⁹ Focus Ireland. Understanding LGBTIQ+ Youth Homelessness in Ireland. <https://www.focusireland.ie/understanding-lgbtqi-youth-homelessness-in-ireland/>

⁷⁰ Gen. Study on LGBTI+ Youth Homelessness Launched by BeLonG To and Focus Ireland. <https://gen.ie/study-lgbti-youth-homelessness/>

⁷¹ <https://www.focusireland.ie/rhetoric-governments-ending-rough-sleeping/>

as being a national database for homelessness figures. In addition, PASS is used as an online service delivery tool; used by services staff in conjunction with individuals availing of the services to assess, plan, review and record supports required, delivered and achieved. In that way, PASS serves as a planning and monitoring tool for services, enabling services to monitor compliance with the NQSF for homeless services. PASS, as used, informs the planning of future services both locally and nationally.

Despite the effectiveness of PASS, there are still categories of homeless people who are not captured by the system:

- People using emergency and temporary shelters that do not have a service level agreement and are not funded through the local authority.
- Rough sleepers who have not come into contact with homeless services.
- Hidden homeless categories such as those living in unsuitable, unstable, overcrowded or inadequate accommodation; those sleeping on couches or bedding provided in the homes of friends and wider family members (also termed ‘sofa surfers’), those living with friends and family to escape domestic abuse situations.
- Prisoners of no fixed abode, often remaining in prison beyond the sentence term due to the lack of accommodation or ultimately discharged into homelessness.
- Patients of no fixed abode living in hospital settings, often having to remain there beyond the time that their health necessitates, due to the lack of move on accommodation.
- Young people on leaving state care settings.
- Women or men, and children residing in domestic violence refuges and shelters, as these services fall under the remit of Tusla and therefore generally these persons are not included in homeless data unless they are also utilising a service provided by a homeless provision organisation; for example, addiction services, health services, wellbeing services, and so on.
- People living in Direct Provision services.

3.8.1 Policy Points

- The Green Party proposes a cooperative and collaborative approach between relevant services with pre-agreed local homeless provision, prevention or advisory services being open for referrals from other cooperating services.
- All organisations and groups who are likely to be providing services to people falling into the categories listed above, although not limited to them, during the course of their business (for example general practitioners and in-patient medical services) should ensure the designation of responsibility to a suitable professional within their service for supporting people where they are known to be, or report to be homeless or at imminent risk of homelessness.
- This designated professional should in turn have responsibility for referring these people on to a suitable and pre-agreed local homeless service provider, prevention service or advisory service with the agreed informed consent of the person.
- In addition, the Green Party believes there is a need to fund the enhancement of database systems such as PASS to include input from organisations outside of homeless provision where consents allow and in keeping with GDPR requirements.

4. Housing First

4.1 National Implementation Plan 2018-2021

The original approach to homelessness in Ireland was to emphasise a step by step “housing ready” rehabilitation program; those who found themselves homeless would be given access to shelters or halfway houses, treatment and rehabilitation, and then given a chance at permanent housing. However, the “Housing First” approach has been Government policy in Ireland for a number of years. The National Implementation Plan 2018-2021 aims to roll out the approach across the State. It sets targets for LAs, with the expectation they will work with AHBs to expand the supply of single person housing.

4.1.1 Core Principles of Housing First

Housing First principles align housing and health policy to create:

- Adequate housing as a human right.
- A recovery-oriented model,

- centred on providing people experiencing homelessness adequate, independent, permanent housing,
- with choice and control for service users.
- It should separate housing and treatment, so that if the tenancy fails, unconditional and non-time-limited rapid rehousing, and wraparound supports and services continue for as long as is required.
- Engagement is active, but without coercion.
- These supports and services adhere to person-Centred Planning.

This is a rights-based approach, not contingent on being “housing ready”, but rather, contingent on the philosophy that all people have a right to adequate housing, and that this is a precondition for recovery. Those experiencing the trauma of homelessness, may also be experiencing mental health issues, addiction issues, or may be in other key affected or underserved groups. If prevention of homelessness has failed, rapid rehousing and services such as tenancy sustainment, independent living skills, addiction and health services, social work services, training, education and employment supports step in as an unconditional right. This right includes person-centred planning that is assertive without being coercive, a focus on harm reduction, with choice and control for services users.^{72 73 74 75}

The social costs of homelessness are hard to measure in total, but they include the underdevelopment of children, and an increase in the most vulnerable people, including the elderly, those experiencing mental health issues, young people leaving state care, and so on, sleeping rough. The economic costs have fallen to LAs as they endeavour to supply emergency accommodation. Resources and expenditure have not kept pace with the needs of those at risk of, or experiencing homelessness. Evidence for financial cost effectiveness comes with the caveat that it is impossible to compare the social costs of homelessness (the future health costs of children’s underdevelopment, and the increased healthcare costs of rough sleeping, for example) to the social and health costs saved with the implementation of the Housing First model. That said, the Housing First model is shown to be cost effective as

⁷² Housing First Europe Hub, Housing First Guide Europe (2020). Core Principles of Housing First <https://housingfirsteurope.eu/guide/core-principles-housing-first/>

⁷³ Gov.ie Rebuilding Ireland, Housing First National Implementation Plan 2018-2021 (2018) <https://rebuildingireland.ie/wp-content/uploads/2018/09/Housing-First-Implementation-Plan-2018.pdf>

⁷⁴ Homeless Hub Canadian Observatory on Homelessness (2019) Housing First <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

⁷⁵ Dowling D; (2018) An Exploration of the Housing First Approach from Practitioner Perspectives . Social Care Ireland, <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

it significantly reduces: the need and associated costs of emergency homeless shelters and other emergency accommodation; the use of emergency medical and psychiatric services; and arrests, imprisonment and associated costs of criminal justice services. If longitudinal research showed effectiveness in facilitating the take up of paid work, it could prove to be cost saving.⁷⁶

Social Care Ireland found that there are a number of barriers to the implementation of and fidelity to the Housing First Model.

1. Practitioners, outreach workers and similar lone workers working in homeless services in Ireland are expected to carry a high caseload, and have specific ‘lone working’ safety risks. There are limited resources and training, and inconsistent supports to address practitioners’ needs. Burnout; stress; isolation; and trauma are all impacts of working in Housing First on Social Care Workers. Resulting high staff turnover impedes fidelity to the principles of Housing First.
2. The most key affected groups have difficulties accessing Housing First Services.
3. There are no supports ‘out of hours’ - between 5pm and 9am.
4. Poor relationships and coordination between service providers.
5. There is poor access to suitable accommodation and the PRS in cities, especially single-person units, leaving clients with a lack of choice.
6. Community Resistance.⁷⁷

4.1.1 Policy Points

- All measures must be taken, according to Green Party policy on Housing, to ensure the provision of affordable and adequate housing. Affordable and adequate housing is key to delivering the SDGs.
- The Housing First Implementation Plan must be given adequate funding and resources to roll out Housing First across the state. This must be carried out in a manner that enables service providers to cooperate fully, with policy ensuring consistent standards, both in employment of practitioners, and deployment of services. Out of hours support must be initiated.

⁷⁶European Observatory on Homelessness/Feantsa, Pleace, N
https://www.feantsaresearch.org/download/housing_first_pleace3790695452176551843.pdf
⁷⁷ <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

- Housing First workers must have a small caseload. This depends on the intensity of support needed, but the optimum number differs depending on the research source. Ireland’s Housing First Implementation Plan recommends small caseloads for intensive support of a maximum of 12, but other jurisdictions recommend teams of 6-9, or a maximum of 10. In order to deliver flexible and personalised support, staff need to have capacity to be responsive to the needs of those they support.^{78 79 80}
- Housing First workers must be provided with the forum to voice their support needs, including those risks associated with lone workers, and the new risks from COVID-19. They must be listened to, and appropriate, consistent resources, supports and supervision put in place.⁸¹
- The most key affected individuals and groups experiencing homelessness must be facilitated and enabled to access Housing First services through the adoption of a multidisciplinary/agency approach. This should include the initiatives outlined below in Inclusion Health, and Case Management approach.
- Community support must be negotiated. This can be initiated in two ways:
 1. Create integrated, energy-efficient and sustainable neighbourhoods, designed to maximise wellbeing by ensuring meaningful social community bonds and connectedness.^{82 83 84}
 2. Initiate open community information and debate from the planning stage of any Housing First project. Listening carefully to community concerns, showing honesty and openness and involving all stakeholder groups such as service users; supporters/ambassadors; concerned neighbours/potential opponents; and elected representatives (this must be done bearing in mind that the most disenfranchised are the hardest stakeholders to identify, and the most powerful are the easiest). Openness, honesty and fairness in liaising with

⁷⁸ Dowling D; (2018) An Exploration of the Housing First Approach from Practitioner Perspectives . Social Care Ireland, <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

⁷⁹ Housing First National Implementation Plan 2018-2021 <https://www.homelessdublin.ie/content/files/Housing-First-Implementation-Plan-2018-2021-final.pdf>

⁸⁰ Pleace, N; (2017) Housing First Guide Europe https://housingfirsteurope.eu/assets/files/2017/03/HFG_full_Digital.pdf

⁸¹ Dowling D; (2018) An Exploration of the Housing First Approach from Practitioner Perspectives . Social Care Ireland, <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

⁸² Cohousing (2020) What is Cohousing? <https://www.cohousing.org/what-cohousing/cohousing/>

⁸³ Feeling Safe and Subjective Well-being, Eduardo Wills, 2015 https://www.researchgate.net/publication/290446281_Feeling_Safe_and_Subjective_Well-being

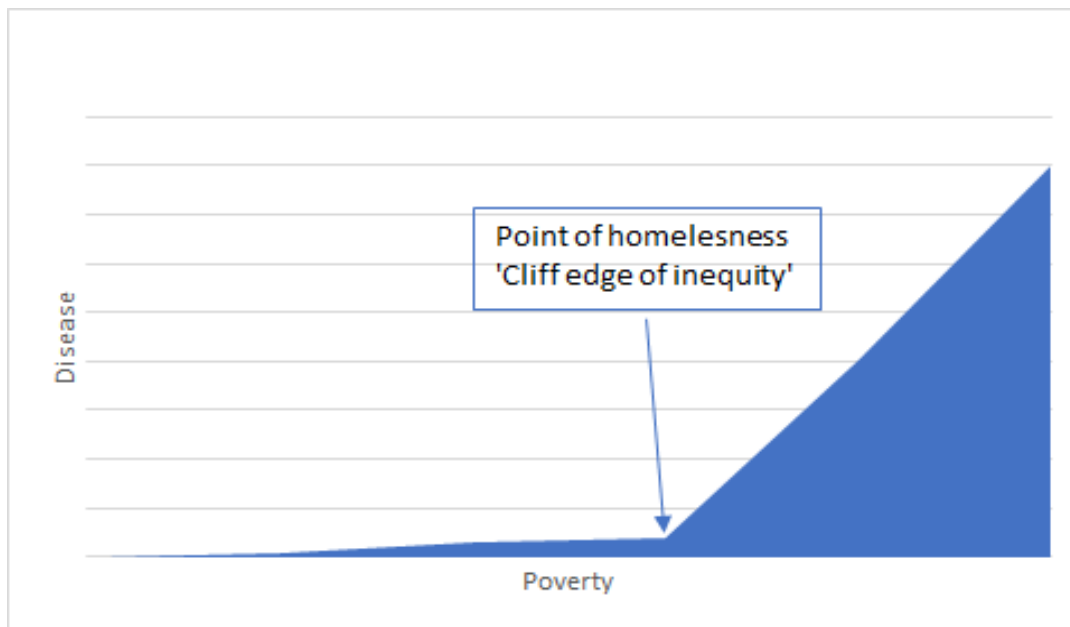
⁸⁴ Design Council Towards better integration of urban design and mental health promotion, Designing good mental health into cities: the next frontier for urban design, <https://www.designcouncil.org.uk/news-opinion/designing-good-mental-health-cities-next-frontier-urban-design>

stakeholders builds the trust within the community necessary to create the community support needed for Housing First Projects.⁸⁵

4.2 Wraparound Care/Services - Health

4.2.1 Health and Inequity

Disease is distributed according to a social gradient, whereby those with lower socioeconomic status are disproportionately affected by disease. This relationship is particularly pronounced at the junction of 'homelessness' to the extent that 'homelessness' is said to mark the "cliff edge of inequity". As a result, people experiencing homelessness are more likely to suffer from disease, have a reduced life quality and a dramatically lower life expectancy. The reasons behind these health inequities are complex but include a range of environmental and personal factors associated with homelessness.⁸⁶



Many people who experience homelessness arrive to the experience from a personal, familial or community background of socioeconomic disadvantage and/or homelessness. Many are the second or third generation in their families to experience homelessness due to historical and systematic neglect of socioeconomically deprived areas. The link between socioeconomic

⁸⁵ <https://www.homelesshub.ca/sites/default/files/SSRN-id1018536.pdf>

⁸⁶ Story, A. (2013). Slopes and cliffs in health inequalities: comparative morbidity of housed and homeless people. The Lancet [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62518-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62518-0/fulltext)

disadvantage, and particularly homelessness, and disease is clearly established. Conversely, socioeconomic status in the form of housing (for example, through Housing First programmes), education and employment associated with better health outcomes. As a result, the prevention of homelessness, the provision of housing and the maintenance and building of social capital (employment, education, relationships, and so on) should be considered the foundation of disease prevention in the homelessness context.

In the current system, people frequently move between homeless services on a daily, weekly, monthly or 6-month basis. This is uncondusive to health for a range of reasons. Firstly, the instability of living day by day waiting each day for a service allocation can cause a range of mental health issues. Secondly, these services are often less than ideal: cramped spaces; limited food options; uncomfortable beds and frequent occurrences of thefts, violence and ambulance calls. Good sleep, a vital cornerstone of health, is hard to get in many of these services. Thirdly, many services are “one night only” (ONO) which means that no matter how harsh the weather conditions service users must leave the service during the day. Health issues can occur due to standing and walking for long periods - for example, damage and weakening of veins - as well as sitting on the cold ground (for example, kidney issues). Cold and wet environments, and boredom, can also lead to negative mental health issues and unhealthy coping mechanisms such as engaging in alcohol and other drug use or addictive behaviours (gambling, for example). Fourthly, long term follow up and engagement with patients is difficult in this context for a range of issues including the inadequacy of services to meet some complex needs (for example, wheelchair access) and the potential loss to follow up due to bouncing between services. In this context, multi and inter agency working and partnership between the various stakeholders (for example, hospital, social workers, homeless services, outreach workers) must be implemented. Best practices in this regard include the inclusion health approach led by St. James’ hospital, Safety Net Primary Care, Merchants Quay, the Health Service Executive and others in Dublin and multi-agency approach led by the Health Service Executive in Cork.^{87 88}

⁸⁷ O’Reilly, F; Barror, S; Hannigan, A; Scrivener, S; Ruane, L; MacFarlane, A; O’Carrol, A; (2015) Homeslessness: An Unhealthy State. health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin. The Partnership for Health Equity. <https://www.drugsandalcohol.ie/24541/1/Homelessness.pdf>

⁸⁸ See Green Party policy on Specialised and Supported Housing for sustainable integrated community housing responses for best health and wellbeing outcomes.

Unfortunately, there is also a significant link with trauma and homelessness. Those experiencing homelessness are far more likely to have four or more adverse childhood experiences (ACEs) such as verbal abuse, physical abuse or sexual abuse.⁸⁹ Many people experiencing homelessness report abuse and trauma whilst in the care of state and/or religious services. Concurrently, the likelihood of experiencing ACEs is dramatically increased in socioeconomically disadvantaged areas and ACEs are linked to the disruption of various neurodevelopmental processes, unhealthy coping behaviours and disease.⁹⁰ Some people experiencing homelessness may have been the victim of abuse at home - escaping that abuse may have led to their situation of homelessness. Trauma often manifests in a wide range of behaviours including, but not limited to aggression and hypervigilance - behaviours which are often considered 'problematic' and treated punitively. In this context, a trauma informed approach must be adopted in all forms of service provision for those affected by the experience of homelessness.

Homelessness carries significant stigma and people who experience homelessness often also experience discrimination which influences their uptake and engagement with services.⁹¹ Early service provision can prevent disease progression and reduce hospital admissions. In order to do this, health provision should be culturally appropriate and non-judgemental by following an inclusion health-based approach.⁹²

4.2.2 *Inclusion Health*

Inclusion health is “a research, service and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and marginalised people in a community”.⁹³ In the context of homelessness, there are a number of specific challenges

⁸⁹ Exploring the connection between early trauma and later negative life events among Cork Simon service users. Extracted and elaborated information from Cork Simon Community: Moving Towards Trauma Informed Care. A Model of Research and Practice. By Dr. Sharon Lambert & Graham Gill-Emerson. 2017 https://www.drugsandalcohol.ie/27968/1/ACEs_at_Cork_Simon.pdf

⁹⁰ Walsh, D; McCartney, G; Smith, M; Armour, G; 2019. Relationship between childhood socioeconomic position and adverse childhood experiences. *BMJ* Volume 73, Issue 12. (ACEs): a systematic review <https://jech.bmj.com/content/73/12/1087>

⁹¹ *Frontiers in Psychology* (2015) Johnstone, M; Jetten, J; Dingle, G; Parsell, C; Walter, Z C. Discrimination and well-being amongst the homeless: the role of multiple group membership <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450171/>

⁹² This report gives ample evidence in detail of the benefits of early and inclusive health supports: O'Reilly, F., Barror, S., Hannigan, A., Scriver, S., Ruane, L., MacFarlane, A. and O'Carroll, A. (2015) *Homelessness: An Unhealthy State*. Health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin: The Partnership for Health Equity. <https://www.drugsandalcohol.ie/24541/1/Homelessness.pdf>

⁹³ Royal College of Physicians, (2020) *Inclusion health: Designing services* <https://www.rcpmedicalcare.org.uk/designing-services/themes/inclusion-health>

which can reduce the likelihood of people experiencing with homelessness engaging with health services:

- The inherently stressful nature of homelessness can mean that people experiencing it may be unlikely to prioritise their healthcare;
- Stigma and discrimination from healthcare staff surrounding homelessness, drug use, sex work or other intersectional issues;
- Issues related to difficult and challenging behaviour which may be related to trauma-induced neurodevelopmental issues;
- Physical or mental impairments;
- The lack of a physical address and safe storage areas can lead to the loss of medication.

Inclusion health programs aim to address many of these issues. They are effective and can reduce hospital admissions and costs.⁹⁴

4.2.3 Policy Points

- Ensure there are dedicated staff which work directly with all hospital admitted patients which have indicated a homeless status upon intake (for example, Dr. Cliona Ni Ceallaigh, Nurse Anne Marie Lawlee⁹⁵ and the rest of the team at St. James' hospital).
- Ensure managed hospital discharges and intakes in liaison with a range of stakeholders through in person meetings (for example, weekly multidisciplinary team meetings in Merchants Quay Ireland) and multi-agency care plans pioneered by HSE Cork and Kerry.
- Ensure that adequately resourced step up, step down services like that operated by Dublin Simon Community are implemented across the State.
- Implement the roll-out of Health hubs such as the Merchant Quay Drop-in Centre and Summer Hill Inclusion Health Hub across the State.⁹⁶
- Implement the roll-out of Inreach services into homeless services such as that operated by SafetyNet Primary Care in Cork, Limerick and Dublin.

⁹⁴ Cheallaigh, C.N., Lawlee, A.-M., Sears, J. and Dowds, J., 2018. The Development of an Inclusion Health Integrated Care Programme for Homeless Adults in Dublin, Ireland. *International Journal of Integrated Care*, 18(s2), p.184. <https://www.ijic.org/articles/abstract/10.5334/ijic.s2184/>

⁹⁵ <https://www.who.int/news-room/feature-stories/detail/nursing-homeless-people-in-ireland>

⁹⁶ <http://www.neic.ie/news/countrys-first-social-inclusion-hub-opens-in-neic>

4.3 Wraparound Care/Services - Case Management Approach

In addressing homelessness, the Green Party supports a Case Management approach where appropriate. This approach provides a more effective, client-centred, multi-agency approach where many of the support needs of an individual or family can be addressed. This involves one service ‘inviting’ other appropriate services (for example, prevention and tenancy support services, occupational health, social work, community health, psychiatric health or addiction services) to come together to support the individual or family with their consent and in accordance with their support needs.

Focus Ireland reports that, according to research on homelessness, 95% of respondents who had been supported in a co-ordinated, multi-agency fashion, still remained in secure housing after six months. It is essential therefore, that the provision of a co-ordinated, multi-agency or case management approach is adequately funded and resourced.⁹⁷

4.3.1 Policy Points

- Case management should be initiated in a timely manner by any agency:
 - where an individual or family are deemed to be at risk of homelessness;
 - where an eviction notice is to be served;
 - where homelessness is deemed imminent, or;
 - where it is reported that they are already experiencing homelessness and;
 - where no such supports appear to be already provided. This means a Case Management Approach could be initiated in the first instance, for example, by a LA, social worker, a homelessness organisation, a hospital social worker or the prison services.
- A Case Manager should be appointed to each case. This person should be from a housing or homeless prevention service or from the service in which the individual or family derives the most support. The Case Manager will then have the role of coordinating further supports and managing case meetings to meet the individual or families’ needs.

⁹⁷ Case Management in Focus Ireland, 2018. <https://www.focusireland.ie/case-management-focus-ireland/>

- The Green Party supports the establishment of dedicated core multi-agency teams for the provision of homelessness support. This team could include representatives from services such as:
 - Homeless Prevention, Tenancy Sustainment and Housing Supports.
 - Social Care Support Workers.
 - Substance Use and Relapse Prevention Services.
 - Occupational Health.
 - Trauma Informed Care Ireland.
 - Local Authority Social Work Department.
 - Probation Services.
 - Tusla.
 - Support to Live Independently (SLI) or similar.
 - Community Mental Health, or Mental Health Tenancy Sustainment.
 - Primary Health Care Services.
 - HSE Social Work Departments
 - LA /HAP/RAS accommodation standards
 - Advice and Information support services.
 - All other support workers.

4.4 Underserved and Key Affected Groups

4.4.1 Living with Mental Health Issue

Adverse childhood experiences (ACEs), adverse childhood environments and other later life traumas are preventable causes of both mental health and homelessness. ACEs and other traumas can lead to profoundly negative impacts on mood and emotional regulation, learning and other forums neurodevelopment. They are associated with a range of factors but appear to be particularly linked with experiences of stigma, discrimination and marginalisation; poverty; experience of living in state-run or religious care and other forms of socioeconomic

disadvantage. ACEs are directly linked to experiences of homelessness and serious mental health issues in later life.^{98 99}

The experience of homelessness can be profoundly traumatic for a range of reasons including isolation, exposure to violence and a lack of privacy and self-control. Such factors disempower people who experience homelessness and decrease their resilience towards life hassles and events which make up the experience of homelessness. Best practices include empowering individuals; adopting trauma-informed practices and structuring psychologically-informed environments.

Unfortunately, people who experience serious mental health issues are disproportionately affected by homelessness. As the experience of homelessness can be intrinsically traumatic and disempowering this can be particularly harmful when living with mental health conditions. The Green Party believes that people living with serious mental health conditions should be prioritized for independent and supported housing as outlined in the Supported Housing Policy.

4.4.2 Policy Points

- Focus on reducing socioeconomic disadvantage to address both mental health issues and the likelihood of homelessness.
- Adopt an empowering approach that aims to deinstitutionalize people within the system.
- Adopt a trauma informed model for the delivery of all services both within health and law enforcement domains.
- Ensure psychologically informed environments.
- Prioritise people living with serious mental health issues for independent and supported housing.

4.4.3 Substance Use

The reasons why people experiencing homelessness are more likely to use substances are complex. People who experience homelessness are more likely to have experienced adverse

⁹⁸ Mental Health Reform; Murphy, R; Mirchell, K; McDaid, S (2017) Homelessness and Mental Health: Voices of Experience <https://www.mentalhealthreform.ie/wp-content/uploads/2017/06/Homelessness-and-mental-health-report.pdf>

⁹⁹ Addiction Centre (2020) The Connection Between Homelessness and Addiction <https://www.addictioncenter.com/addiction/homelessness/>

childhood experiences, adult trauma, mental illness, poverty and other forms of socioeconomic disadvantage which are often interlinked and frequently associated with substance use. Traumas experienced by children and families, and the real trauma of homelessness are covered in the Family, and Children and Young People sections of this policy, along with the research informed policies we are putting forward to help avoid or at least mitigate such adverse experiences - such as the wraparound services that involve inclusion health, and Trauma Informed Care. The link between socioeconomic disadvantage and drugs has been literally mapped out for over two decades.¹⁰⁰ Concurrently, people experiencing homelessness may ‘self-medicate’ against some of the extreme hardships associated with homelessness (coldness, wetness, anxiety, depression, boredom) with drug use.¹⁰¹

4.4.4 Policy Points

The Green Party advocates for the prevention, and reduction of drug use, and to reduce the harms as it relates to drug use in a homeless context:

1. Prevent and or reduce drug use:

In order to prevent or reduce drug use the underlying reasons and motivations for drug use must be considered and tackled. The problems and traumatic experiences lived through by some children and young people that make them vulnerable to homelessness - a traumatic experience in itself - have been discussed separately. The Green Party supports Trauma Informed Care where appropriate for those who have lived through the underlying reasons and motivations for drug use.

2. Reduce the harms associated with drug use:

Table: Type of Substance, Associated Harms and Ideal Services

Type of Substance Use	Associated Harms	Ideal services offered in homeless context
Alcohol use	Strong associations with several diseases, violence, aggression. Physical dependencies, dangerous withdrawals, seizures, potential deaths.	Managed alcohol programmes to be rolled out where feasible to promote health and discourage illicit use. Vitamin B supplementation encouraged to prevent Wernicke’s.

¹⁰⁰ First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996) p. 40. <https://www.drugsandalcohol.ie/5058/1/309-3090251.pdf>

¹⁰¹ Addiction Centre (2020) Homelessness and Addiction <https://www.addictioncenter.com/addiction/homelessness/>

		Community and inpatient detox and recovery programs.
Tobacco use	Strong associations with heart diseases, lung diseases and cancers in this population group.	Tobacco smoking to be considered in all care plans. Nicotine replacement therapy and other forms of medication, treatments and aids to be offered for assistance to reduce or quit tobacco smoking.
Prescription drug use	Physical dependencies, dangerous withdrawals, seizures, potential deaths.	Benzodiazepine agonist maintenance treatments to be provided free of charge to promote health and discourage illicit use as piloted during the COVID-19 pandemic.
Stimulant use	Psychological dependencies, viral transmission	Crack and methamphetamine pipes to be offered within services. Pilots to be conducted on stimulant replacement therapies. Supervised smoking areas to be piloted to reduce viral transmission, public drug use, drug litter and to link to treatment.
Injecting drug use	Injecting-related harms including blood borne viruses, overdoses, injecting-related injuries, inadequate disposal of equipment, public injecting.	Supervised injecting areas to be piloted to reduce viral transmission, public drug use, drug litter and to link to treatment. Injecting equipment to be available on-site. Supervised smoking areas to be piloted to reduce viral transmission, public drug use, drug litter and to link to treatment.
Opioid drug use	Overdose risks	Naloxone availability on-site in both IM and nasal form. Train the train sessions with peers. Supervised smoking areas to be piloted to reduce viral transmission , public drug use, drug litter and to link to treatment.
Cannabis use	Motivational issues, acute psychosis, potential neurodevelopmental issues.	Pilots to be conducted on cannabinoid replacement therapies to promote health and discourage illicit use.
Dual Diagnosis: Co-existence of mental health disorders and substance use.	Anxiety around or reluctance of mental health workers to provide care. Increased potential of self-harm, harm to others or death. ¹⁰²	In-patient Dual Diagnosis Programme; Stepdown Programme; Outpatient Aftercare Programme to support recovery. Peer supported, person-centred, and very active inclusive role in treatment plan. ^{103 104}

¹⁰² Co-existing Problems of Mental Disorder and Substance Misuse (dual diagnosis) An Information Manual (2002) The Royal College of Psychiatrists' Research Unit <http://www.dualdiagnosis.co.uk/uploads/documents/originals/pracmanualrepsych.pdf>

¹⁰³ Outpatient services subject to COVID-19 restrictions.

¹⁰⁴ St Patrick's Mental Health Services Dual Diagnosis Programme. <https://www.stpatricks.ie/media/1589/spmhs-dual-diagnosis-programme.pdf>

4.4.5 *The Traveller and Roma Communities*

4.4.5.1 *The Traveller Community*

The Traveller community is an indigenous ethnic group. This group experiences very high levels of discrimination, social exclusion and inequality, including lack of access to adequate accommodation, which, according to OHCHR must fit the criteria of taking into account expressions of cultural identity.¹⁰⁵ ¹⁰⁶ ¹⁰⁷ The Irish Traveller Movement states that we need to work towards the development of accommodation that is culturally appropriate, where families live in resourced accommodation of their choice, which should include nomadic provision.¹⁰⁸ The Housing (Traveller Accommodation) Act 1988 set an onus on each local authority to establish a Local Traveller Accommodation Consultative Committee (LTACC) to consult, plan and deliver culturally appropriate accommodation on a four year rolling basis to meet the existing and projected accommodation needs of travellers in their area. However, to date, the provision of Traveller specific housing has been inadequate and ineffective. The Irish Traveller Movement point out that Traveller accommodation is often substandard, overcrowded, walled, isolated and situated on the outskirts of towns and away from mainstream public services. In addition, traveller accommodation to date does not meet the cultural needs of this population. In 2019, an Independent Expert Review on Traveller Accommodation found issues in relation to four main areas;

- **Delivery Reflecting Need:** the current methods of assessing Travellers' accommodation needs are inadequate, there is a lack of appropriate support for Travellers living in the private rented sector and the allocation of social housing to Travellers is ineffective.
- **Planning:** the review found a lack of coordination between local authority planning departments and traveller accommodation groups and there are inconsistencies in planning where LA's seek to meet the requirements of traveller housing needs through mainstream housing schemes.

¹⁰⁵ Oireachtas Library & Research Service | Spotlight, Traveller Accommodation: The challenges of implementation, Dr. Anna Visser Senior Parliamentary Researcher (Social Science), 2018. https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2018/2018-10-01_spotlight-traveller-accommodation-the-challenges-of-policy-implementation_en.pdf

¹⁰⁶ Traveller Accommodation Expert Review (2019) <https://www.paveepoint.ie/wp-content/uploads/2019/07/Expert-Review-Group-Traveller-Accommodation.pdf>

¹⁰⁷ 'Housing is not adequate if it does not respect and take into account the expression of cultural identity.' UN Habitat (2019) Homelessness and the SDGs https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/07/SALCEDO_Jesus_Presentation_2-1.pdf

¹⁰⁸ Irish Travellers Movement/Strategic Priorities/Accommodation/ Key Issues, 2019 <https://itmtrav.ie/strategic-priorities/accommodation/accommodation-key-issues/>

- Capacity and Resources; there are issues in the availability of funding and inadequacies in LA's drawing down on funds. The design of traveller specific housing is inadequate in meeting traveller needs. There is a lack of motivation by LAs to adequately maintain traveller accommodation or to remedy the immediate needs of families through refurbishment programmes which would prioritise some of the worst sites and group housing schemes in the country and bring a significant amount of families into a higher standard of living. The role of the PRS and the voluntary sector in housing is also an issue. Discrimination against Traveller families in accessing accommodation, especially in accessing emergency accommodation, has contributed to increasing and unprecedented levels of homelessness. Travellers are eleven times more likely to become homeless and twenty-two times more likely to be discriminated against by private landlords.
- Governance:
 - Accountability for LAs has been largely non-existent. Monitoring and review mechanisms need to be urgently put in place.
 - There are no sanctions in place for failure to deliver on Traveller-specific housing.
 - Legislation such as the Trespass legislation for the removal of temporary dwellings as introduced in Section 10 of the Housing (Miscellaneous Provisions) Act, 1992 needs urgent review, as does the trespass legislation in Section 24 of the Housing (Miscellaneous Provisions) Act 2002, with regard to public land. The latter legislation is in effect a contradiction to the provisions of the Traveller Accommodation Act 1988. Until an appropriate network of transient provision has been provided (as envisaged in the 1998 Act), this legislation represents prohibition on nomadism - a fundamental aspect of traveller culture. This effectively means the delivery of Traveller appropriate accommodation to meet their specific needs was destined to fail, according to the Irish Traveller Movement.
 - There are now over five times the number of traveller families sharing accommodation facilities since Traveller housing legislation came into effect. It was found that 4,460 members of the Travelling community were living in overcrowded halting sites and housing in 2017¹⁰⁹ ¹¹⁰

¹⁰⁹ <https://www.paveepoint.ie/wp-content/uploads/2019/07/Expert-Review-Group-Traveller-Accommodation.pdf>

¹¹⁰ <https://itmtrav.ie/wp-content/uploads/2018/11/Ask-Final-Emergency-Accommodation-For-Print.docx>

4.4.5.2 Policy Points

- Support the Irish Traveller Movement (ITM) in its call to repeal trespass legislation Section 24 of the Housing (Miscellaneous Provisions) Act 2002, with regard to public land and;
- develop an appropriate network of transient provision, as envisaged in the Traveller Accommodation Act 1988.
- We propose the creation of a network of officers within each local council to specifically service the housing needs of travellers and who hold an inter departmental brief that maintains a knowledge transfer network between local authorities to ensure an integrated strategy.
- We propose the provision of Traveller-specific emergency accommodation hubs in each local authority area.
- We propose that all local authorities are tasked to provide a percentage of halting sites as their social housing provision. The maintenance of such sites (whether on private or public land) must be subject to an annual health and safety review, including a fire safety check.
- We propose that mechanisms are put in place immediately to ensure that local authorities are accountable for the effective management of funding for traveller specific accommodation. This should ensure that all available funding is applied for, that draw-down on these funds are assured and that these funds are spent in their entirety. We also propose a mechanism to monitor progress in meeting Local Area Traveller Accommodation Plans.
- Put sanctions in place for Councils that fail to deliver on Traveller-specific housing.
- We propose for a refurbishment programme that will prioritise some of the worst sites and group housing schemes in the country. This refurbishment Programme would bring a significant number of families into a higher standard of living.
- We propose that vacant Traveller accommodation be refurbished and brought up to standard by local authorities in consultation with the Traveller community.
- We propose that Local Authorities use their emergency powers to provide emergency accommodation to families living on roadside encampments, pending permanent accommodation.

4.4.5.3 The Roma Community

The Roma community faces considerable discrimination in accessing accommodation. This discrimination has been heightened by the current housing crisis. Roma people report feeling hopeless, living in absolute poverty, with no work, no house, no income and suffering social exclusion. Many report living without basic necessities in accommodation - no fridge, cooker, or kitchen. Service providers have reported finding families living without food, power, or water. Roma families suffer unacceptable child welfare issues, with children not having enough food and going to school hungry, and even suffering malnutrition. Many are not entitled to social protection payments as they are not habitual residents, and can only find occasional work. Some fear coming into contact with service providers in case their children are taken into care - a real fear as Roma children are overrepresented in care throughout Europe. People in the Roma community live day to day in a struggle to survive that precludes them from full participation in society.¹¹¹

4.4.5.4 Policy Points

- Tusla must train and resource a network of community workers to work with Roma, to increase family supports and address child welfare.
- There must be a humanitarian response to alleviate the extreme poverty of those living without food and basic accommodation facilities.
- Roma people must be provided with documentation for homelessness and housing supports, with enhanced support in finding alternative models of evidential support of eligibility, rights and entitlements as migrants.

4.4.6 The Migrant Community, Asylum Seekers and Direct Provision

4.4.6.1 The Migrant Community

EU and non-EU individuals and families are more likely to be dependent on the PRS - almost two-thirds, compared to an eighth of Irish national households. The PRS is anything but long-term and secure, with limited regulations on accommodation standards, inspection, security of tenure and long-term leases, or rent control. Additionally, there is a high cost to moving between rented accommodation for people struggling with financial hardship. This means that

¹¹¹ Pavee Point (2015) Roma in Ireland: A National Needs Assessment <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

EU, and non-EU migrant families are overrepresented among those presenting as newly homeless to services in Ireland. The main reasons for presenting to homeless services are: receiving a NOT on private rented accommodation; changes in family circumstances; overcrowding; and receiving refugee status, which means having to leave Direct Provision Centres. Many that have received refugee status have been forced to remain in Direct Provision (DP) because they have been unable to find affordable, adequate housing. The social protections available to migrants at risk of, or experiencing homelessness, are the Habitual Residence Condition (HRC), and the “right to reside” test. In order to qualify for social protection (jobseekers allowance, child benefit and rent supplement, for example) and services, the HRC must be met, with each case assessed individually, leaving uncertainties for those seeking to prove the HRC. Conditions may include: length/continuity of residence; length and purpose of any absences; the nature of employment; future intentions. This is assessed alongside the legal test of “right to reside”. This right is not extended to people in the asylum, or leave to remain processes, undocumented, or irregular migrants.¹¹² With no access to social protection, it is all too easy for migrants either waiting for their HRC and right to reside to be assessed, or having had this refused, to be at particular risk of homelessness. Language and other barriers may make it difficult to then access NGO services, and pathways out of homelessness.

A particularly vulnerable demographic among the undocumented migrant community are women and girls trafficked for sexual exploitation, for exploitative marriages and other forms of sexual and reproductive exploitation. The Immigrant Council of Ireland (ICI) campaigns against the practice of sending victims of trafficking for sexual exploitation to Direct Provision Centres, arguing that gender-specific accommodation is needed to aid victims’ recovery.¹¹³ Providing victims of trafficking for sexual and reproductive exploitation, and those trafficked for labour, with safe and appropriate accommodation is a requisite of the EU Anti-Trafficking Directive 2012/29/EU minimum standard on rights, supports and protection of victims of crime, and is a pathway to both recovery and independence. The Migrant Rights Centre Ireland (MRCI) recommends that Gardaí are no longer the only State body able to identify victims of trafficking - the HSE and Tusla should be among State bodies given this

¹¹² Irregular migrants include over-stayers, unsuccessful asylum applicants and persons who enter illegally [http://emn.ie/media/5_IrregularMigrationinIrelandFinal\(2\)1.pdf](http://emn.ie/media/5_IrregularMigrationinIrelandFinal(2)1.pdf)

¹¹³ The Immigrant Council of Ireland, Ending Human Trafficking. <https://www.immigrantcouncil.ie/campaign/ending-human-trafficking>

remit in order to enable more people to come forward and become eligible for social protection. The Green Party supports the work of ICI, and also the MRCI, the findings of the Houses of the Oireachtas Joint Committee on Justice and Equality Report on Immigration, Asylum and the Refugee Crisis, February, 2017, and the Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (The Day Report), October, 2020.^{114 115}

4.4.6.2 Policy Points

- Time-bound regularisation of undocumented migrants, family reunification and easier access to the labour market administered on a case by case basis. Regularisation increases security, is compliant with the UN Committee of the Rights of the Child, and the 2030 Agenda for Sustainable Development, and is mindful of the humanitarian response for undocumented people, especially children. Regularisation will address barriers to integration and social cohesion, when implemented alongside the establishment of a new independent National Expert Body for Minority Ethnic Communities, Integration and Interculturalism.
- We propose that regularisation is supported by continued funding from the Department of Justice and Equality to train all staff across agencies such as Case Management and child support services, on human trafficking, providing the relevant skill sets to assist migrant individuals and families living in homelessness, including Trauma Informed Care.
- Early legal advice and Early Legal Intervention.
- An end to vulnerable women and girls in age determination processes that have been trafficked for sexual exploitation, pregnant women, or single parents with minor children being referred to Direct Provision Centres. Until the end of Direct Provision has been achieved, private, secure rooms should be designated.
- Identification of victims of trafficking should be carried out by HSE and Tusla as well as An Garda Síochána.

¹¹⁴ Houses of the Oireachtas Joint Committee on Justice and Equality Report on Immigration, Asylum and the Refugee Crisis February 2017, pp 11-12. https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/reports/2017/2017-06-29_report-on-asylum-immigration-and-the-refugee-crisis_en.pdf

¹¹⁵ Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (2020) <https://www.gov.ie/en/publication/634ad-report-of-the-advisory-group-on-the-provision-of-support-including-accommodation-to-persons-in-the-international-protection-process/>

- Provide all victims of all types of trafficking with appropriate accommodation according to the EU Anti-Trafficking Directive 2012/29/EU minimum standard on rights.
- Appropriate, gender-specific support and accommodation should be provided for undocumented women and children that addresses their needs and vulnerabilities, especially the victims of trafficking for sexual exploitation, and exploitative marriages. This should include the resourcing of geographically spread rented accommodation around the country, with integrated, specialist support, including medical, material, and legal assistance.
- Habitual Residence Conditions (HRC decisions) from the social welfare appeals office should be published to ensure that applicants can identify criteria they must meet and to ensure transparency, consistency and confidence in the process.
- In the case where an appeal for residency status is pending, homeless migrants should, at a minimum, continue to have access to temporary emergency accommodation.

4.4.6.3 *Direct Provision*

Direct Provision aims to meet the basic needs of shelter and food directly, along with a small personal allowance, while claims for asylum are being assessed. This system is overseen by the Reception and Integration Agency (RIA). A majority of Ireland’s Direct Provision Centres are privately owned and operated, with inconsistent and varying living conditions. In 2015, the McMahon Working Group report made 173 recommendations for improvement, including Labour Market Access Permission for those waiting over 9 months for their first instance decision on asylum. After little reform, The Joint Committee on Justice and Equality, in their report from December 2019, described Direct Provision as ‘not fit for purpose’ and a flawed system needing fundamental reform, or preferably replacement.¹¹⁶ The Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (the Day Report), released in September 2020, points to two key concerns - the length of time people seeking international protection in Ireland spend in the system, and the type of accommodation and support received during that time.¹¹⁷ This

¹¹⁶ Houses of the Oireachtas. Joint Committee on Justice and Equality report finds Direct Provision ‘not fit for purpose’ and calls for fundamental reform of ‘flawed’ international protection application process <https://www.oireachtas.ie/en/press-centre/press-releases/20191212-joint-committee-on-justice-and-equality-report-finds-direct-provision-not-fit-for-purpose-and-calls-for-fundamental-reform-of-flawed-international-protection-application-process/>

¹¹⁷ Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (2020) Day, D; Gov.ie. <https://www.gov.ie/en/publication/634ad-report-of-the-advisory-group-on-the-provision-of-support-including-accommodation-to-persons-in-the-international-protection-process/>

leaves people staying in what was meant to be emergency accommodation for extended periods, and sharing a room with three or more people, who are often unrelated. This is not tenable in a world suffering the pandemic of Covid-19.¹¹⁸ This shared, institutionalised living does not respect rights to privacy and human dignity. There are inadequate supports and services for the needs of vulnerable people entering Ireland looking for asylum, and there are serious issues relating to children living in this system. Further, the Day Report recognises that not all those who are refused residency permission can return to the countries of origin. Return may interfere with the right to a family life; they may not be able to obtain travel documents; their country of origin may refuse return. Non-returnables may currently live for long periods in Direct Provision. However, this does not comply with the right to live a normal life with dignity. It is a reality that must be dealt with through policy, which the Day Report states could be to grant temporary or tolerated leave to remain.¹¹⁹

4.4.6.4 Policy Points

- The Green Party supports the recommendations of the Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (The Day Report).
- The recommendations of this Report must be given the necessary support, commitment and resources needed to finally end the Direct Provision system, which is deemed not fit for purpose.
- Applications must be given a fixed deadline for completion - 6 months from the date of application, with an additional 6 months for the appeals stage.
- The State must provide humane reception conditions, with LAs or AHBs providing own door accommodation for individuals and families that complies with best practice, (in accordance with the COVID-19 Guidance Note, by the OHCHR Special Rapporteur on the right to adequate housing) within 3 months of the application for protection.
- Weekly allowances must include housing support such as HAP and social assistance payments that are equivalent to the range of income supports available to Irish citizens.

¹¹⁸ The Ombudsman & Direct Provision: Update for 2019 A commentary by the Ombudsman <https://www.ombudsman.ie/publications/reports/the-ombudsman-direct-prov-1/Direct-Provision-Report-2019-FINAL.pdf>

¹¹⁹ Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process (2020) The Department of Justice. <https://www.gov.ie/en/publication/634ad-report-of-the-advisory-group-on-the-provision-of-support-including-accommodation-to-persons-in-the-international-protection-process/>

- Provide accommodation that maximises the opportunity for integration with local communities, with access to public transport, services, amenities, and employment.
- Legislate for non-returnables to be granted temporary or tolerated leave to remain.
- Conduct vulnerability assessments.
- Provide support workers trained in Trauma Informed care, sexual abuse, domestic violence, and mental health issues, as well as specialist children’s supports services.
- Provide gender-specific accommodation where needed.
- Provide support and accommodation appropriate to the needs of people with disabilities or members of the LGBTIQ+ community
- Provide a transition plan for those who are granted refugee status. A multi-agency approach should be implemented helping to find accommodation, and with employment and integration.

4.4.7 People who are Prisoners and People Leaving Prison

How successfully a person re-enters society after leaving prison not only has consequences for the person in question, but also the community into which the person returns. Re-entry can present many challenges, from reconnecting with family and friends, to finding employment, and finding adequate accommodation. It is also a challenge for the communities into which people leaving prison will re-enter, as they are most likely to be characterised by high levels of deprivation, and so they are the least able to cope with a person’s re-entry. Homelessness is a considerable problem for people who are prisoners, or leaving prison. The current housing crisis, and deficit of suitable accommodation have made it difficult to ensure people leaving prison are not homeless on release and are a factor in declining numbers availing of early release under the Community Return Programme. Sentence planning and an interagency support plan post-release are crucial for re-integration and a reduction in recidivism, but the provision of adequate accommodation must be addressed, alongside other factors that challenge re-entry.^{120 121}

¹²⁰ Justice.ie (2018) Annual Report of the Interagency Group for a Fairer and Safer Ireland
http://www.justice.ie/en/JELR/Annual_Report_of_the_Interagency_Group_for_a_Fairer_and_Safer_Ireland_2018.pdf/Files/Annual_Report_of_the_Interagency_Group_for_a_Fairer_and_Safer_Ireland_2018.pdf

¹²¹ <https://pips.iprt.ie/>

The Irish Penal Reform Trust (IPRT) points to systemic issues that see imprisonment in Ireland as not only a punishment, but also a response for the failures of policy outside of the justice system. For example, IPRT highlights the link between problems experienced in childhood, lack of aftercare, and the ensuing increased risk of cycles of homelessness and adult incarceration. Additionally, there are many people on remand in prison who have specific mental health needs, while the prison psychology service is under-resourced. This persists, despite research demonstrating that prison exacerbates existent mental health problems. This has been especially problematic during the COVID-19 pandemic as measures to keep COVID-19 out of prisons served to impact on family contact.^{122 123 124}

Once released, re-entry into communities is thwarted by short-term hostel accommodation, poverty and homelessness, alongside the lack of opportunity that accompanies disclosure of criminal convictions.^{125 126}

4.4.7.1 Policy Points

- Ensure interagency cooperation in maintaining/strengthening people who are prisoners' engagement in family life, while in prison, and on release from prison.
- People should be prepared for release from prison, with structured release plans in place. A Case Management Approach for the integration and rehabilitation of people leaving prison must ensure they have the means for easy access to public services, adequate housing, and health services. Continuity of care must be assured for ongoing medical and mental health conditions.
- Improve procedures for applying for medical cards, pre-release and maintain access to medical cards for eligible prisoners post release.

¹²² Irish Penal Reform Trust (2011) Youth Homelessness and Imprisonment <https://www.iprt.ie/youth-justice/youth-homelessness-and-imprisonment/>

¹²³ Irish Penal Reform Trust (2019) Prison is being used to warehouse the effects of social policy failures, and that has to stop. <https://www.iprt.ie/latest-news/prison-is-being-used-to-warehouse-the-effects-of-social-policy-failures/>

¹²⁴ Irish Prison Reform Trust (2020) "I am worried about the lasting impact this will have": The experiences of people with a family member in prison during COVID-19 https://www.iprt.ie/site/assets/files/6775/results_of_families_of_prisoners_survey_final_web-1.pdf

¹²⁵ Irish Penal Reform Trust (2019) Prison recidivism rates must be reduced through improved post-release supports <https://www.iprt.ie/latest-news/prison-recidivism-rates-must-be-reduced-through-improved-post-release-supports-iprt/>

¹²⁶ Irish Penal Reform Trust (2020) Rehabilitated offenders need opportunity of fresh start <https://www.iprt.ie/latest-news/rehabilitated-offenders-need-opportunity-of-fresh-start/>

4.5 Domestic Violence and Homelessness

The Green Party welcomes the ratification of the Istanbul Convention on preventing and combating violence against women and domestic violence, in 2019. We also welcome the National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 Action Plan. The Action Plan acknowledges intimate partner violence in the straight, and the LGBTQI+ communities, bringing to light male on male and female on female abuse in intimate relationships and therefore advocates for female and male victims of domestic violence. The Action Plan provides guidance to LAs for a consistent response in assisting domestic abuse and violence victims, also reflected in ‘Rebuilding Ireland’. Further, it aims to assist in providing emergency accommodation, and new tenancies for those affected who qualify for social housing support.¹²⁷ However, development and oversight of services, including refuges, rests with the Child and Family Agency, Tusla and not LAs. A refuge provides victims with emergency wraparound services such as counselling, advocacy and court accompaniment, legal and medical assistance, and children’s support services, all in the one location - a best practice response to domestic violence. But people in emergency refuges are not automatically deemed homeless, despite being without secure, adequate housing. Further, they are not included in the PASS system and so not taken into account in homelessness figures.^{128 129}

Producing the burden of proof needed by LAs to recognise someone fleeing domestic violence as being in urgent housing need can lead to the invasion of privacy and safety of the victim. Rent allowance and other supports are not high enough to meet current rents, and deposits are hard to secure from Community Welfare Officers. Also, the allocation of rent allowance is often dependent on being resident/renting in the area for 6 months before receiving the allowance, which presents very obvious problems for someone fleeing violence. Some LAs insist that a legal separation order is being sought before rent allowance is allocated, with obvious implications of delay as Legal Aid has long waiting lists. If the partner fleeing violence is the joint owner of the property they are fleeing, this puts further barriers in the

¹²⁷ Second National Strategy on Domestic, Sexual and Gender-based Violence 2016 - 2021

<http://www.cosc.ie/en/COSC/Second%20National%20Strategy.pdf/Files/Second%20National%20Strategy.pdf>

¹²⁸ Department of Housing, Planning, Community and Local Government, Guidance for Housing Authorities in Relation to Assisting Victims of Domestic Violence with Emergency and Long-term Accommodation Needs.

https://www.housing.gov.ie/sites/default/files/publications/files/guidance_for_housing_authorities_in_relation_to_assisting_victims_of_domestic_violence.pdf

¹²⁹ <https://www.housing.gov.ie/housing/homelessness/other/homelessness-data>

way of seeking safe accommodation as they will not be entitled to social housing or rent supplements. This leaves people fleeing domestic violence staying in refuge accommodation for longer than should be necessary and creates a log jam in provision of emergency refuge space.¹³⁰ Added to this, necessary responses to the Covid-19 pandemic have led to women self-isolating and working from home being more at risk of abuse, adding further strain to the refuge system, alongside their inadequacy as congregate living spaces.

Migrant women who do not have immigration status in their own right, but rather are dependent on a partner (the primary migrant), are likely to endure domestic abuse for longer than non-migrants. As a dependent migrant, leaving an abusive partner leaves them at risk of becoming undocumented, being deported, being separated from their children, and losing supports. Ireland is one of only a few EU countries that has opted out of Council Directive 2003/86/EC which offers autonomous status to those in situations of domestic violence.¹³¹

4.5.1 Policy Points

- The Green Party supports the recommendations of The Irish Human Rights and Equality Commission (IHREC) on assisting victims of Domestic Violence.¹³²
- Those people who present to domestic violence refuge services should come within the statutory definition of homelessness and be included in the PASS system's data.
- Improve data collection and reporting mechanisms, with those in refuges to be taken into account in homelessness figures so that services can meet needs.
- Provide adequate resources for specialist support services, bearing in mind that recent reports indicate the State has less than a third of the required amount of domestic violence refuges needed to meet EU standards, with many counties having no refuges at all. We believe Tusla must be given the State funding and support it needs to develop and oversee an adequate number of refuges, in every county, with separate refuge services developed for men affected by domestic violence.

¹³⁰ Safeireland, No Place to Call Home. Domestic Violence & the State We Are In, 2016. <https://www.safeireland.ie/wp-content/uploads/Final-Homeless-Report-.pdf>

¹³¹ Joint submission to Citizens' Assembly on Violence Against Migrant Women. A barrier to achieving gender equality in Ireland Prepared by the Immigrant Council of Ireland in cooperation with Akidwa, Stamp-3-Association, Ruhama, Nasc and Sexual Violence Centre Cork <https://www.immigrantcouncil.ie/sites/default/files/2020-03/2020JointSubmissiononViolenceAgainstMigrantWomenCitizensAssembly.pdf>

¹³² Irish Human Rights and Equality Commission, Istanbul Convention Combating Violence Against Women Enters Force in Ireland, 2019. Human Rights and Equality Commission Sets out Priority Areas for State Action. <https://www.ihrec.ie/istanbul-convention-combatting-violence-against-women-enters-force-in-ireland/>

- Acknowledge the violence experienced by specific groups of people, such as those with disabilities, women from the Traveller and Roma communities, migrant women, LGBTI+ people, and those living in institutional settings.
- Asylum, reception and support services for asylum seekers should be gender sensitive, with protection of women from violence imperative to reforms on immigration.
- Grant autonomous/independent applicant status to migrant women so that they have equal access to State services for domestic violence, welfare supports, and housing.
- Prioritise those experiencing Domestic Violence as in need of social housing support.
- Increase rent supplements such as HAP to keep pace with current rental levels, and make rent supplements available as a matter of urgency, and without imposing a burden of proof that adds extra barriers to those seeking to flee domestic violence.
- Develop a joined-up response between LAs and Domestic Violence Services/Tusla.

4.6 Gender and Homelessness

Homelessness is intrinsically gendered, and often, men and women experience different pathways into and out of homelessness. Most commonly, statistics report that the homeless population is predominantly male, but true statistics on homelessness, especially by gender, are hard to determine, and the homeless population is generally difficult to track. According to Focus Ireland research, women make up 41% of adults living with homelessness in Ireland. This figure is much higher than the European average, and likely to be an under-representation. A lack of female-appropriate services, means that many women choose not to engage with services and so fall into the category of hidden homeless, often choosing to live or ‘sofa surf’ with other family members and friends. They may also be among the unreported homeless if staying in a Domestic Violence refuge under the remit of Tusla Child and Family Agency. Incredibly, there are no safe beds or refuges for men and their children fleeing domestic abuse.

Additionally, there has been a huge rise in family homelessness, with an overrepresentation of female-headed single parent families (lone mothers account for 86% of lone parents). Many of these families are accommodated in B&Bs, hotels and family hubs. Refuges, and emergency family accommodation are only supposed to be emergency and temporary responses to homelessness, but both have turned into long-term responses due to a lack of

affordable and social housing and rent supports that have not kept pace with rent, and fail to supply long-term, secure and adequate housing. Emergency responses are the more costly and less effective of long-term solutions, and lead to an institutionalisation of vulnerable women in Irish society.¹³³ Women's experience of homelessness is most often detrimental to their health, with one study reporting that almost 90% of women who participated had been diagnosed with a physical or mental health problem for which specialist, trauma informed medical care is needed, including care after domestic violence, and sexual violence.^{134 135 136} Victims of gender-based violence, such as trafficked women and girls are particularly vulnerable and require specialist care and gender-specific accommodation. Trafficked women and girls are most often undocumented and therefore remain unrepresented in homelessness figures.

The LGBTQI+ community are also overrepresented in the homelessness population - specifically amongst youth homelessness, with international studies reporting up to 40% of young people who experience homelessness are LGBTQI+. Family rejection is cited as a contributing factor to this, coupled with a lack of homeless prevention and support services to meet the needs of LGBTQI+ adults and youths.^{137 138}

4.6.1 Policy Points

- We will take a disaggregated, intersectional/gendered perspective on prevention, reporting, and support of those at risk, or living with homelessness.

5. Evaluation of Outcomes

Research throughout Europe has found the best successes in Housing First based services are linked to fidelity to its fundamental principles, regardless of differences in social, health and housing and homelessness systems. Therefore, evaluating the outcomes of homelessness

¹³³ Focus Ireland: Shining a Light on Women's Homelessness, 2019. <https://www.focusireland.ie/shining-light-womens-homelessness/>

¹³⁴ Focus Ireland, Young Families in the Homeless Crisis: Challenges and Solutions, 2018 <https://www.focusireland.ie/wp-content/uploads/2018/12/Lambert-et-al-2018-Young-Families-in-the-Homeless-Crisis-Full-Report-1.pdf>

¹³⁵ National Women's Council of Ireland. The Impact of Homelessness on Women's Health, 2018 https://www.nwci.ie/images/uploads/NWCI_Womens_Health_and_Homelessness_-_6th_April_2018.pdf

¹³⁶ Men's Aid Ireland <https://www.mensaid.ie/>

¹³⁷ Focus Ireland. Understanding LGBTQI+ Youth Homelessness in Ireland, 2019 <https://www.focusireland.ie/understanding-lgbtqi-youth-homelessness-in-ireland/>

¹³⁸ Focus Ireland (2020) A Qualitative Study of LGBTQI+ Youth Homelessness in Ireland https://www.focusireland.ie/wp-content/uploads/2020/09/LGBTQI-Youth-Homelessness-Report_FINAL-VERSION.pdf

services, and their fidelity to the core principles of Housing First are crucial assessments of the work being carried out. If the fundamental principles are not being followed, then the model being used cannot be described as an example of Housing First.¹³⁹

As discussed above, Social Care Ireland has found considerable barriers to fidelity to the implementation of Housing First in Ireland.¹⁴⁰ At the same time, while the numbers of people relying on emergency homeless accommodation has been reduced from its peak of 10,514 in October 2019, there are still over 8,600 people recorded as being housed in emergency homeless accommodation, despite the State's Housing First National Implementation plan. This figure excludes those in 'own door' emergency accommodation, those in emergency refuges, in Direct Provision, or sleeping rough. The biggest drop in numbers was from January 2020 to June, remaining relatively constant since then. The twice yearly Dublin rough sleeper count also shows a decrease.¹⁴¹ Peter McVerry Trust reports finding more housing units such as apartments available as COVID-19 travel restrictions affect AirBnB bookings, while quieter streets have made rough sleeping people easier to find and get off the street and into supported accommodation units.¹⁴² By measuring both the effectiveness of services (what they are achieving), and fidelity to the Housing First model, it can be discerned whether success or failure to achieve the outcomes intended are due to a temporary increase in housing units due to COVID-19, the successful implementation of Housing First principles, or something else. This gives a knowledge-based opportunity to improve services and outcomes.

5.1 Evaluation Measures

The Housing First Europe Hub, Housing First Guide Europe gives a full toolkit for process and effectiveness evaluation.¹⁴³ In order to evaluate the effectiveness of the Housing First programme, validated measures can be used. These are questions made available that have been tested and give consistent results generally acknowledged as accurate. This is the most expensive, but constant and comparable method of evaluation. Alternatively, simple observational techniques, or open questions to service users can be used to evaluate the

¹³⁹ Housing First Europe Hub, Housing First Guide Europe (2020). 5.2. Process and Effectiveness Evaluation. <https://housingfirsteurope.eu/guide/evaluating-housing-first/process-and-effectiveness-evaluation/>

¹⁴⁰ <https://socialcareireland.ie/wp-content/uploads/2018/11/SCI-Presentation-David-Dowling.pdf>

¹⁴¹ Focus Ireland (2020) Latest figures: Homelessness in Ireland <https://www.focusireland.ie/resource-hub/latest-figures-homelessness-ireland/>

¹⁴² Irish Examiner (April, 2020) Peter McVerry Trust calls for AirBnB apartments to be used to house homeless <https://www.irishexaminer.com/news/arid-30993612.html>

¹⁴³ Housing First Europe Hub, Housing First Guide Europe, Process and Effectiveness Evaluation <https://housingfirsteurope.eu/guide/evaluating-housing-first/process-and-effectiveness-evaluation/>

outcomes of Housing First programmes. The latter is the most cost efficient, but subjective measure. These measures aim to assess:

- Housing sustainment and lasting exit from homelessness. This is a simple observational measure - if a service user has been living in the same adequate accommodation for a year, this is indicative of housing sustainment. Validated measures or open questions can be used to assess how service users feel about their homes, and how settled they are in terms of safety; affordability; amenities; adequacy; and the social geography of the neighbourhood.
- Enhanced health and wellbeing of Housing First Service users. This includes physical and mental health, limiting illness and disability, and substance use where this has been an issue. Validated measures or open questions can assess any improvements to the health and well-being of a Housing First programme.
- Improving social integration, including social support and esteem; social inclusion; productive activity and economic integration; and attention to work on anti-social behaviour if this has been an issue. Measurement of social integration could ask whether the user is in contact with family and/or friends, or whether they have a partner? Do they feel valued? Do they have access to support, and companionship? Do they have people they can easily approach for help and advice? Measurement of social and economic integration could include questions on participation in the community; their relationships and socialising in their neighbourhood; political enfranchisement; are they in education or paid work?
- Cost-effectiveness, especially in comparison with other homelessness services, and the savings for services such as health and other public spending.

There are a number of tests designed to assess Housing First fidelity to core principles. Examples of criteria are:

- Housing availability - whether rapid rehousing into permanent housing units of participants' choice is available.
- Housing availability of choice in terms of affordability through subsidies, or a reasonable amount of the income - the optimum being 30% or less.
- Permanent housing tenure, with the optimum being no expected time limits on housing tenure.

- Integrated housing. The optimum is access not determined by disability, or Housing First participation.
- Privacy, with the optimum being that participants do not share any living areas with other tenants.
- Housing supports, with optimum being full wraparound social, mental and physical health supports as needed, including nursing services.
- Integrated substance use treatment to the full extent necessary.
- Supported employment services.

5.2 Policy Points

- The Green Party believes that the Government must be held to account for ensuring fidelity to Housing First Principles and improving the outcome of homelessness policy.
- The Minister for Housing, Local Government and Heritage will have responsibility for annual reporting of evaluations of the impacts and effectiveness of policies on homelessness and fidelity to Housing First Principles.
- The data will be used to monitor and improve the outcome of the Housing First programme in order to relieve the trauma of homelessness in Ireland.